## **SURGICAL GASTROENTEROLOGY**

## PAPER - I

SURG.GASTRO/D/16/46/I

Time : 3 hours
Max. Marks : 100
Important instructions:

- Attempt all questions in order.
- Each question carries 10 marks.
- Read the question carefully and answer to the point neatly and legibly.
- Do not leave any blank pages between two answers.
- Indicate the question number correctly for the answer in the margin space.
- Answer all the parts of a single question together.
- Start the answer to a question on a fresh page or leave adequate space between two answers.
- Draw table/diagrams/flowcharts wherever appropriate.

## Write short notes on:

1.	<ul> <li>a) Enumerate causes of upper gastrointestinal haemorrhage.</li> <li>b) Provide an algorithm for the resuscitation and evaluation of a patient with massive upper gastrointestinal haemorrhage.</li> <li>c) List the indications for surgical intervention in a patient with massive upper gastrointestinal haemorrhage.</li> </ul>	2+5+3
2.	<ul><li>a) Couinaud's segmental anatomy of the liver- Diagrammatic representation.</li><li>b) Glissonian approach to liver resection.</li></ul>	4+6
3.	Compare the risks and benefits of trans-thoracic vs trans-hiatal esophageal resection in a middle third esophageal carcinoma.	5+5
4.	<ul><li>a) Lymphatic drainage of the stomach.</li><li>b) Draw a diagram to illustrate the position of various lymph node stations in relation to D2 gastrectomy for carcinoma stomach.</li></ul>	6+4
5.	<ul><li>a) Evaluation and management of an incidentally detected, asymptomatic gastrointestinal stromal tumour (GIST) in the fundus of the stomach.</li><li>b) List the indications for adjuvant therapy in such tumors.</li></ul>	(3+4)+3
6.	<ul><li>a) List causes of faecal incontinence.</li><li>b) Pathophysiology of faecal incontinence.</li></ul>	3+7
7.	How would you assess and manage a duodenal stump 'blow out' after a BILLROTH II gastrectomy for a giant duodenal ulcer?	3+7
8.	<ul><li>a) Indications and contraindications for neoadjuvant chemoradiotherapy in a patient with esophageal carcinoma.</li><li>b) How will you assess such a patient after completion of therapy?</li></ul>	(4+3)+3
9.	Pathophysiological basis of pain in patients with chronic pancreatitis.	10
10.	<ul><li>a) List motility disorders of the esophagus.</li><li>b) How will you evaluate a patient with a suspected motility disorder of the esophagus?</li></ul>	3+7