

TOPIC 1 : BREAST CARCINOMA

- 1 . Carcinoma breast with high incidence of involving opposite breast is A . Lobular carcinoma B . Medullary carcinoma C . Scirrhus adenocarcinoma D . Atrophic scirrhus carcinoma
- 2 . Which ca breast is B/L A . Lobular B . Paget ' s ds . C . Medullary D . None . . .
- 3 . Best diagnostic method for breast lump is A . USG B . Mammogram C . biopsy % D . FNAC
- 4 . On which of following does prognosis in male breast Ca depend A . Duration of disease B . Nipple discharge C . Ulceration of nipple D . Lymph node status
- 5 . For CA breast best chemotherapeutic regimen : A . Cyclophosphamide , methotrexate , 5 - fluorouracil B . Methotrexate , cisplatin C . Cisplatin , Adriamycin , steroid D . Methotrexate , Adriamycin , steroid
- 6 . In case of CA breast most prognostic factor is : A . Size of tumour B . Lymph node status C . Presence of estrogen receptor D . Age of menopause
- 7 . Large breast is Not seen in : A . Filariasis B . Giant fibroadenoma C . Cystosarcoma phylloides D . Scirrhus carcinoma .
- 8 . Commonest type of ca breast is : A . Papillary ca B . Pagets disease C . Fibrosarcoma D . Infiltrative ductal ca . .
- 9 . For Breast carcinoma which of the following is best indicator of prognosis : A . Estrogen receptor status B . Lymph node status - C . Metastasis D . Size of tumour
- 10 . Breast ca which is multicentric and bilateral : A . Ductal B . Lobular C . Mucoïd D . Colloid
- 11 . AU are TRUE about CA breast , EXCEPT A . Affected sibling is a risk factor B . Paget ' s disease of nipple is intraductal type of CA C . Common in aged nulliparous D . Increased incidence with prolonged breast feeding
- 12 . Peau d ' orange is due to A . Arterial obstruction B . Blockage of subdermal lymphatics C . Invasion of skin with malignant cells D . Secondary infection
- 13 . Least amenable to screening is A . Breast B . Cervix C . Oral cavity D . Lung
- 14 . Which of the following stage of Breast Ca corresponds with following feature - > Breast mass of 6 x 3 cm . size with hard mobile ipsilateral axillary lymph node and ipilateral supraclavicular lymph node . 20 . N , M . A . T4 B . T3 C . N2 , Mo D . T , N2MO . .
- 15 . Malti , a 45 years female pt . with a family h / o breast carcinoma . Showed diffuse microcalcification on mammography . Intraductal carcinoma in situ was seen on biopsy . Most appropriate management is : A . Quadrantectomy B . Radical mastectomy C . Simple mastectomy D . Chemotherapy
- 16 . Use of tamoxifen in carcinoma of breast patients does not lead to the following side effects . A . Thromboembolic events B . Endometrial Carcinoma C . Cataract D . Cancer in opposite breast
- 17 . All of the following are used for reconstruction of breast except : A . Transverse rectus abdominus myocutaneous flap B . Latissimus dorsi myocutaneous flap C . pectoralis major myocutaneous flap D . Transversus rectus abdominus free flap
- 18 . A female pt . present with a hard , mobile lump in her it . breast . Which investigation would be most helpful in making on diagnosis : A . FNAC B . Needle biopsy C . Excision biopsy D . Mammography . .
- 19 . On mammogram all of the following are the features of a malignant tumor except : A . Spiculation B . Microcalcification C . Macrocalcification D . Irregular mass
- 20 . Breast conservation surgery for breast cancer is indicated in one of the following conditions : A . T1 breast tumor B . Multicentric mor C . Extensive in situ cancer D . T4b breast tumor . . .
- 21 . A 14 year old healthy girl of normal height and weight for age , complains that her right breast has developed twice the size of her left breast since the onset of puberty at the age of 12 . Both breasts have a similar consistency on palpation with normal nipples areolae . The most likely cause for these findings is : A . Cystosarcoma phyllodes B . Virginal hypertrophy C . Fibrocystic disease D . Early state of carcinoma
- 22 . The most important prognostic factor in breast carcinoma is : A . Histological grade of the tumor B . Stage of the tumor at the time of diagnosis C . Status of estrogen and progesterone receptors D . Over expression of p - 53 tumour suppressor gene
- 23 . In which of the following types of breast carcinoma would you consider biopsy of opposite breast ? A . Adenocarci - noma poorly differentiated B . Medullary carcinoma C . Lobular carcinoma D . Comedo carcinoma .

- 24 . The tumor , which may occur in the residual breast or overlying skin following wide local excision and radiotherapy for mammary carcinoma , is : A . Leiomyosarcoma B . Squamous cell carcinoma C . Basal cell carcinoma D . Angiosarcoma
- 25 . Which of the following carcinomas is familial : A . Breast B . Prostate C . Cervix D . Vaginal
- 26 . A 45 year old woman presents with a hard and mobile lump in the breast . Next investigation is : A . FNAC B . USG C . Mammography D . Excision biopsy
- 27 . Sentinel lymph node biopsy is an important part of the management of which of the following conditions ? A . Carcinoma prostate B . Carcinoma breast C . Carcinoma lung D . Carcinoma nasopharynx
- 28 . Which histological variant of breast carcinoma is multicentric and bilateral A . Ductal Ca B . Lobular Ca C . MucoïdCa D . Colloid CA
- 29 . In breast carcinoma metastasis , prognosis depends best upon : A . Estrogen receptor status B . Axillary lymphnode status C . Size of tumor D . Site of tumor
- 30 . The risk factor for increased incidence relapse in stage I , carcinoma breast includes all except : A . - ve estrogne / progesterone receptor status B . High V phase C . Aneuploidy D . Decreased Her - 2 / neu oncogene
- 31 . Best prognosis amongst the following histological variants of breast carcinoma is seen with : A . Intraductal B . Colloid C . Lobuiar D . Ductal
- 32 . Peaud ' orange is due to : A . Skin involvement B . Contraction of ligaments C . Lymphatic permeation D . Bacterial infection . . .
- 33 . All are indicators of malignancy in mammography except : 135 A . Nodular calcification B . Speckled margin C . Attenu ated architecture D . Irregular mass
- 34 . 4 cm breast tumour with 2 frpsilateral involved lymphonodes come under : A . TNB . T , NC . TNDT N
- 35 . Risks for carcinoma breast are : A . First degree relative B . Atypical hyperplasia C . Sclerosing adenosis D . Increased fat intake
- 36 . Cancers assoicated with excess fat intake are / is : A . Breast B . Colon C . prostate D . Lung E . Thyroid
- 37 . Breast cancer is more common in . A . Those who avoid breast - feeding to the infant B . Multiparity C . Nulliparity D . High fat diet E . Family history of breast cancer .
- 38 . Breast cancer is epidemiologically commoner with : A . Smoking B . Nulliparity C . Oral contraceptives D . Multiparity E . First pregnancy after 30 years
- 39 . Conservative surgery in breast cancer is not to be done in : A . Low socio - economic status B . Age > 40 years C . Multicentricity D . Lymph node involvement in axilla E . Family history of breast cancer . . .
- 40 . Lymphatic drainage of breast : A . Axillary . B . Supraclavicular C . Internal mammary D . Mediastinai E . Celiac .
- 41 . True about adjuvent therapy in Breast ca : A . Prognosis better if given in young female . B . t survival by 20 % C . Nodal status positive gives good result . D . Hormone receptor positive gives good result . E . Not associated with t survival
- 42 . Sentinel node mapping done in : A . Breast Ca B . Melanoma C . Colonic Ca
- 43 . Breast conservation surgery includes : A . Lumpectomy B . Radiotherapy C . Chemotherapy D . Axillary clearance E . Hormonal therapy
- 44 . True about familial breast cancer : A . Associated with BRCA - 1 and BRCA - 2 B . Association of BRCA - 1 in breast ca incidence is more than 50 % C . BRCA - 1 is alw ovarian cancer D . BRCA - 1 gene is located in chromosome 20 . E . After BI L mastectomy the chances of cancer recurrence in lifetime is nil .
- 45 . Breast conservation surgery not indicated : A . Large pendular breast B . SLE C . Diffuse microcalcification D . Bilateral carcinoma E . Family history
- 46 . Which of the following indicate Ca breast : A . Serous discharge B . Recent retraction of nipple C . Ulceration of nipple D . Cracked nipple E . Cellular atypia
- 47 . Breast cancer more commonly seen in : A . Increased risk in relatives B . Early marriage < 20 yrs . C . Nullipara D . High fat diet E . Wino avoided breast feeding
- 48 . Ca Breast stage I and II managed by : A . Total mastectomy B . Modified radical mastectomy C . Lumpectomy and axillary clearance D . Lumpectomy axillary clearance and radiotherapy .
- 49 . Which of the following is a / w - ed risk of breast cancer ? A . Sclerosing adenosis B . Atypical hyperplasia C . Fibro adenoma D . Florid hyperplasia

- 50 .** Adjuvant therapy is done in A . Estrogen and progesterone receptors are positive B . Menopausal status C . Her / neu over expression D . Fibro blast growth factor positive E . DNAploidy . . .
- 51 .** Absolute contraindication of conservative breast cancer therapy is ? A . Large pendulous breast B . History of previous radiation C . Axillary node involvement D . Subareolar tissues present E . 1st trimester pregnancy
- 52 .** C . 1 . for redical mastectomy in Ca breast : A . Distant metastasis B . Fixity to chestwall C . Axillary L . N . involvement D . Supraclavicular L . N . Involvement
- 53 .** Breast Ca good prognosis markers : A . ER + ve (receptors) B . Progesterone (receptors) + ve : C . HER - 2 / neu (receptors) + ve D . CD44 receptor + ve E . P53 gene + ve : .
- 54 .** B / L Breast Ca : A . Lobular Ca B . Ductal Ca C . Comedo Ca D . Cystosarcoma phylloids E . Schirrous Ca
- 55 .** Breast lump is best diagnosed by A . FNAC B . Bilateral mammography C . USG D . CECT of breast E . Chest X ray .
- 56 .** True about screening mammography A . Indicated in 50 - 70 years of age B . Mortality reduced by 30 % C . Radiation due to mammography can cause carcinoma D . MRI is better than mammography E . USG is better than mammography
- 57 .** True about Sentinel Lymph node biopsy A . Special OT is required B . Blue dyes injected C . Contraindicated if axillary LN is involved D . It is done to avoid inadvertent axillary LN biopsy E . Radioactive dye is used
- 58 .** True about lymphatic spread of Ca breast : A . Axillary nodes are most commonly involved . B . Internal mammary nodes are also involved . C . If supraclavicular LN IS involved , then it is N3 D . Axillary nodes are treated by surgical resection
- 59 .** Breast cancer is conservatively treated by following methods : A . It is based on relative size of breast tumor . B . Radiotherapy is given C . Chemotherapy is given D . Surgery is best modality of treatment
- 60 .** 4 cm breast nodule with ipsilateral mobile LN In axilla staging : A . T2N1MO B . T2 N2 MO C . T1N1MO D . T3 N2M1
- 61 .** Breast carcinoma is seen in women who : A . Consume fatty food B . Have early menopause C . Smoke D . Have nuptile sex - partners E . Did not breastfeed their children .
- 62 .** 30 yrs female presented with unilateral breast cancer associated with axillary lymph node enlargement . Modified radical mastectomy was done , further treatment plan will be A . Observation and followup B . Adriamycin based chemo therapy followed by tamoxifen depending on estrogen / progesterone receptor status C . Adriamycin based chemotherapy only D . Tamoxifen only
- 63 .** True about treatment of early breast carcinoma A . Aromatase inhibitors are replacing tamoxifen in premenopausal women B . Postmastectomy radiation therapy is given when 4 or more lymph nodes are positive . C . Tamoxifen is not useful in post - menopausal women D . In premenopausal women , multidrug chemotherapy is given in selected patients
- 64 .** A 43 - year - old lady presents with a 5 cm lump in right breast with a 3 cm node in the supraclavicular fossa . Which of the following TNM stage she belongs to as per the latest AJCC staging system A . B . C . T2N3M0 D . T2N2Mo
- 65 .** Features , which are evaluated for histological grading of breast carcinoma , include all of the following except - A . Tumour necrosis B . Mitotic count C . Tubule formation D . Nuclear pleomorphism ,
- 66 .** In Patients with breast cancer , chest wall involvement means involvement of any one of the following structures except - A . Serratus anterior B . Pectoralis Major C . Intercostal Muscles D . Ribs . . .
- 67 .** Least risk of CA breast is seen in - A . BRCA1 B . BRCA2 C . Li - Fraumeni syndrome D . Ataxia telangiectasia ,
- 68 .** Regarding cystic disease of breast which one is true : A . Common in 25 years of age B . Excision is the treatment C . may turn into malignant D . Aspiration is the treatment
- 69 .** Not true about CA breast in India A . Incidence is 20 / 1 , 00 , 000 B . Average age 42 yrs . C . Positive family history is a risk factor D . More common in muslims
- 70 .** All are risk factors for Ca breast EXCEPT A . Ovarian malignancy B . Family h / o breast Ca C . Fibroadenosis D . Multiparity

TOPIC 2 : THYROID CARCINOMA

- 71 . Metastasis in thyroid gland come most commonly from carcinoma of : A . Testis B . Prostate C . Breast D . Lungs
- 72 . Most common cause of solitary thyroid nodule is A . Papillary carcinoma B . Adenomatous goiter C . Follicular goiter D . Papillary adenoma . . .
- 73 . Occult thyroid malignancy with nodal metastasis is seen : A . Medullary carcinoma B . Follicular ca C . papillary ca D . Anaplastic ca .
- 74 . For screening of Medullary ca which of the following is estimated : A . Serum HCG B . Serum AFP C . Serum Calcium D . Serum calcitonin
- 75 . For solitary thyroid nodule T / t of choice is : A . Radical thyroidectomy B . Hemithyroidectomy C . Total thyroidectomy D . Subtotal thyroidectomy
- 76 . Neoadjuvant chemotherapy is not used in : A . CA thyroid B . CA breast C . CA Oesophagus D . Calung . . .
- 77 . Carcinoma thyroid with blood borne metastasis is : A . Follicular B . Papillary C . Mixed D . Medullary .
- 78 . In case of a long standing goitre . , ca most probable to occur is : A . Follicular B . Papillary C . Anaplastic D . Medullary
- 79 . Most common solitary thyroid nodule is A . Follicular adenoma B . Hurthle cell carcinoma C . Papillary carcinoma D . Solitary idiopathic goiter
- 80 . Medullary carcinoma thyroid arises from A . Parafollicular cells B . Cells lining the acini C . Capsule of thyroid D . Stroma of the gland . . .
- 81 . Amyloid stroma is seen in which Ca thyroid A . Papillary Ca B . Medullary Ca C . Anaplastic Ca D . FollicularCa
- 82 . In Postoperative room after thyroid surgery Pt . developed sudden respiratory distress , dressing was removed and it was found to be slightly blood stained and wound was bulging . What will first thing to be done . A . Tracheostomy B . Cricothyroidotomy C . Laryngoscopy and intubation D . Remove the stitch and take the Pt . to O . T .
- 83 . A patient presented with headache and flushing . He has a family history of his relative having died of a thyroid tumour . The investigation that would be required for this patient would be : - A . Chest X - ray B . Measurement of 5 HIAA . C . Measure ment of catecholamine D . Intravenous pyelography
- 84 . Lateral aberrant thyroid refers to A . Congenital thyroid abnormality B . Metastatic foci from primary in thyroid C . Struma ovarii D . Lingual thyroid
- 85 . In a patient presenting with a swelling of the thyroid , the radionuclide scan showed a cold nodule and the ultrasound showed a non cystic solid mass . The management of this patient would be : - A . Lobectomy B . Hemithyroidectomy C . Eltroxin D . Radio iodine therapy
- 86 . Bone Metastasis is common in which thyroid tumor : A . Follicular B . Papillary C . Hurthle cell tumour D . Anaplastic
- 87 . A 45 year old pt . presents with thyroid swelling and lymph node in neck , on aspiration amyloid material was found , management is : A . Total thyroidectomy with neck dissection B . Hemithyroidectomy C . Hemithyroidectomy with neck dissection D . Total thyroidectomy with neck irradiation
- 88 . A pt . has pituitary tumour and pheochromocytoma and a thyroid nodule . Which Ca is most likely to occur : A . FollicularCa B . Medullary Ca C . Papillary Ca D . Anaplastic Ca . . .
- 89 . Which malignancy would occur in prolonged multinodular goitre : A . Papillary Ca B . Follicular Ca C . Anaplastic Ca D . Medullary Ca .
- 90 . Treatment of choice for solitary thyroid nodule is : A . Removal of the nodule B . Hemithyroidectomy C . Subtotal thyroidectomy D . Total thyroidectomy
- 91 . Least malignant thyroid cancer is : A . Papillary carcinoma B . Follicular carcinoma C . Medullary carcinoma D . Anaplastic carcinoma
- 92 . Which of the following is not a histological variant of thyroid neoplasm ? A . Follicular B . Merkelcell C . Insular D . Anaplastic .
- 93 . All of the following are true about Lymphoma of the thyroid except : A . More common in females B . Slow growing C . Clinically confused with undifferentiated tumours D . May present with respiratory distress and dysphagia . .

- 94 . Most common histological type of the thyroid carcinoma is : A . Medullary type B . Follicular type C . Papillary type D . Anaplastic type
- 95 . The most common histologic type of thyroid cancer is : A . Medullary type B . Follicular type C . Papillary type D . Anaplastic type
- 96 . A patient with long standing multinodular goitre develops hoarseness of voice ; also the swelling undergoes sudden Increase in size . Likely diagnosis is A . Follicularca B . Papillary ca C . Medullary ca D . Anaplastic ca
- 97 . Needle biopsy of solitary thyroid nodule in a young woman with palpable cervical lymph nodes on the same sides demonstrates amyloid in stroma of lesion . Likely diagnosis is A . Medullary carcinoma thyroid B . Follicular carcinoma thyroid C . Thyroid adenoma D . Multi nodular goitre
- 98 . A 26 year woman presents with a palpable thyroid nodule , and needle biopsy demonstrates amyloid in the stroma of the lesion . A cervical lymph node is palpable on the same side as the lesion , the preferred treatment should be A . Removal of the involved node , the isthmus , and the enlarged lymph node . B . Removal of the involved lobe , the isthmus , a portion of the opposite lobe , and the enlarged lymph node . C . Total thyroidectomy and modified neck dissection on the side of the enlarged lymph node . D . Total thyroidectomy and irradiation of the cervical lymph nodes
- 99 . Lymph node metastasis is least commonly seen with A . Papillary Ca Thyroid B . Medullary Ca Thyroid C . Follicular Ca Thyroid D . Anaplastic Ca Thyroid
- 100 . FNAC is useful in all the following types of thyroid carcinoma except A . Papillary B . Follicular C . Anaplastic D . Medullary
- 101 . Serum calcitonin is a marker for A . Anaplastic carcinoma B . Papillary carcinoma C . Medullary carcinoma D . Follicular carcinoma
- 102 . Thyroid carcinoma with pulsatile vascular skeletal metastasis is A . Papillary B . Follicular C . Medullary D . Anaplastic
- 103 . Radiation exposure during infancy has been linked to which one of the following carcinoma A . Breast B . Melanoma C . Thyroid D . Lung
- 104 . What is the most appropriate operation for a solitary nodule in one lobe of thyroid A . Lobectomy B . Hemithyroidectomy C . Nodule removal D . Partial lobectomy with 1 cm margin around nodule
- 105 . Which type of thyroid carcinoma has the best prognosis A . Papillary Ca B . Anaplastic Ca C . Follicular Ca D . Medullary Ca
- 106 . Most probable malignancy that develops in a case of long - standing goiter is A . Follicular Ca B . Anaplastic Ca C . Papillary Ca D . Medullary Ca
- 107 . MEN - II is seen with the following type of thyroid carcinoma : A . Papillary B . Medullary C . anaplastic D . Follicular
- 108 . Screening method for medullary carcinoma thyroid is : A . Serum calcitonin B . S . calcium C . S . alkaline phosphate D . S . acid phosphatase
- 109 . True about papillary carcinoma thyroid is : A . Comprises 10 - 15 % of all thyroid cancers B . Cells have intranuclear vacuolation C . Amyloid deposition seen D . Encapsulated
- 110 . Which of the following is true regarding medullary carcinoma of the thyroid : A . Arises from parafollicular cells B . Secretes calcitonin C . Occurs in families D . Amyloid in stroma E . Commonly malignant
- 111 . Psammoma body found in : A . Papillary ca thyroid . B . Follicular ca thyroid . C . Medullary ca thyroid . D . Anaplastic ca thyroid . E . Lymphoma thyroid
- 112 . Papillary Ca of thyroid with bone metastasis treated by : A . Subtotal thyroidectomy + Radioiodine B . Subtotal thyroidectomy + Radiotherapy C . Near total thyroidectomy + Radioiodine D . Near total thyroidectomy + Radiotherapy E . Total thyroidectomy + chemotherapy
- 113 . MC tumor of thyroid A . Medullary Ca B . FollicularCa C . Papillary Ca D . Anaplastic Ca E . Lymphoma
- 114 . Thyroid Ca true about : A . Follicular Ca worst prognosis than Papillary B . Papillary Ca spreads by hematogenous route frequently than Follicular C . Papillary Ca have increased mortality than Follicular D . Follicular ca are bilateral than Papillary E . Follicular Ca have more male incidence than Papillary
- 115 . In solitary thyroid nodule true about : A . THM - Ab B . Lined by columnar epithelium C . - Diffuse hyperplasia of thyroid D . Common in female E . Thyroidectomy done
- 116 . Low risk in Ca thyroid : A . Men < 50 yrs B . Women < 40 yrs C . Papillary Ca < 5 cm D . Metastasis E . Follicular Ca > 5 cm
- 117 . A patient comes with single thyroid nodule initial investigation of choice is : A . FNAC B . Thyroid function test C . Radio nuclide scan D . MRI

- 118 .** Cervical lymph node involvement in papillary ca thyroid , best treatment is : A . Radio active iodine
B . Chemotherapy C . Radical neck dissection D . Steroid
- 119 .** Treatment of papillary Ca of Thyroid with bony metastasis A . Radiotherapy . B . Radioiodine . C .
Near total thyroidec tomy with radiotherapy . D . Near total thyriodectomy with radioiodine . E . Near
total thyroidectomy with radioiodine & radiotherapy . . .
- 120 .** True about anaplastic Ca of thyroid A . Common in elderly . B . Surrounding neck tissues - are free .
C . Lymphatic infillration occurs . D . Radiotherapy cures . E . P53 mutation
- 121 .** Indication of surgery in a case of Thyroid swelling is / are A . Cosmetic . B . Pressure symptoms . C
. Myxoedema . D . Pain . E . Swelling with symptoms
- 122 .** Treatment of Medullary Ca of thyroid with lymph node metastasis : A . Subtotal thyroidectomy +
Radiolodine B . Subtotal thyroidectomy + Radiotherapy C . Neartotal thyroidectomy + Radioiodine D .
Neartotal thyroidectomy + Radio therapy E . Total thyroidectomy + Radiotherapy
- 123 .** Compared to follicular Ca , papillary Ca of thyroid have : A . More male preponderance B . B / L C
. Local recurrence common D . Increased mortality . E . Increased lymph node metastasis .
- 124 .** Which of the following is used in the treatment of thyroid malignancy : A . 131I B . 125I C . Tc D .
32P E . Strontium
- 125 .** Treatment of choice for medullary carcinoma of thyroid to : A . Total thyroidectomy B . Partial
thyroidectomy C . 1131 ablation D . Hemithyroidectomy
- 126 .** RET proto oncogene mutation is a hallmark of which of the following tumors ? A . Medullary
carcinoma thyroid B . Astrocytoma C . Paraganglionoma D . Hurthle cell tumor thyroid .
- 127 .** One of the following is not correct in papillary carcinoma of thyroid : A . Can be reliably diagnosed
using fine needle aspiration cytology B . Always unifocal C . Typically spreads to the cervical lymph
nodes D . Requires a a total thyroidectomy for large tumours
- 128 .** A 20 - year - old female patient presented with a thyroid swelling . Most probably , the fine needle
aspiration cytology will not diagnose - A . Papillary carcinoma of thyroid B . Medullary carcinoma of
thyroid C . Non - Hodgkin ' s lymphoma of thyroid D . Follicular carcinoma of thyroid . . .
- 129 .** The treatment of choice for Anaplastic carcinoma of thyroid infiltrating trachea and sternum will be
- A . Radical excision B . Chemotherapy C . Radiotherapy D . Palliative / Symptomatic treatment .
- 130 .** Which of the following is the commonest tumour of thyroid - A . Anaplastic carcinoma B .
Follicular carcinoma C . Papillary carcinoma D . Medullary carcinoma
- 131 .** A 45 year old male presents with 4X 4 cm , mobile right solitary thyroid nodule of 5 months
duration . The patient is euthyroid . The following statements about his management are true except - A .
Cold nodule on thyroid scan is diagnostic of malignancy B . FNAC is the investigation of choice C . The
patient should undergo hemithyroidectomy if FNAC report is inconclusive D . Indirect laryngoscopy
should be done in the preoperative period to assess mobility of vocal cords
- 132 .** A case of solitary thyroid nodule , Investigation of choice is : A . T3 , T4 estimation B . Thyroid
scan C . FNAC D . Excision biopsy . . .
- 133 .** In Medullary _ Carcinoma thyroid Tumour marker is : A . TSH B . Calcitonin C . T3 , T4andTSH D
. Alpha Feto protein
- 134 .** In case of Adenomatoid goitre which carcinoma is commonest to occur : A . Medullary Ca B .
FollicularCa - C . Papillary Ca D . Anaplastic Ca . . .

TOPIC 5 : CARCINOMA COLON

- 210 .** Ramu is 60 year old male with CA Descending colon presents with acute intestinal obstruction . In emergency department t / t of choice is : A . Defunctioning colostomy B . Hartman ' s procedure C . Total colectomy D . Lt hemicolectomy
- 211 .** In which case Anterior resection is the method of t / t : A . Ca sigmoid colon B . ca rectum C . ca colon D . ca anal canal . . .
- 212 .** Which polyp has maximum malignant potential A . Sessile B . Pedunculated C . Superficial spreading D . Any of the above
- 213 .** Full bowel preparation is avoided hi all , except A . Carcinoma colon B . Hirschprung disease C . Ulcerative colitis D . Irritable bowel syndrome
- 214 .** In Emergency department , a 70 years old male presents with acute obstruction . He has Ca , descending colon , Mn of choice : A . Defunctioning colostomy B . Total Colectomy C . Hartmann ' s procedure D . Abdominoperineal resection
- 215 .** Complete bowel prepration is done in a case of A . Colonic carcinoma B . Hirchsprung ' s disease C . Irritable bowel disease D . Ulcerative colitis
- 216 .** True regarding Ca colon is : A . Lesion on Lt side of the colon presents with features of anemia B . Mucinous Ca . has a good prognosis C . Duke ' s A stage should receive adjuvant chemotherapy D . Solitary liver metastasis is not a C / I for surgery
- 217 .** In which of the following disease , the overall survival is increased by screening procedure ? A . Prostate cancer . B . Lung cancer . C . Colon cancer . D . Ovarian cancer
- 218 .** All of the following are significant risk factors for colonic carcinoma in an adenomatous polyp except : A . Peduncu lated polyp . B . Villous histology C . Size > 2cm D . Atypia
- 219 .** After undergoing surgery , for Carcinoma of colon a patient developed single liver metastatis of 2Cm . What you do next : A . Resection B . Chemo radiation C . Acetic acid injection D . Radio frequency ablation . . .
- 220 .** Strong correlation with colorectal cancer is seen in : A . Peutz - Jegher ' s polyp B . Familial polyposis coli . C Juvenile polyposis D . Hyperplastic polyp
- 221 .** A patient was operated for colonic carcinoma and later a solitary nodule was found in the liver . Treatment of choice is : A . Surgery B . Radiation C . Chemotherapy D . Conservative treatment .
- 222 .** Dietary factors associated with colon carcinoma : A . High fiber B . Low fiber C . Smoked fish D . High fat intake E . Japanese are common to develop Ca colon
- 223 .** True about Ca colon : A . 73rd of cases shows liver metastasis B . Obstruction common in sigmoid colon C . CEA is useful for prognostic importance D . King ' s staging in done E . Alternate bowel habit is common in Ca left colon . . .
- 224 .** Which of the following is true about colon carcinoma ? A . Rt sided colon Ca associated with young individuals B . Me site sigmoid colon C . Rt sided colon ca present as Chronic anemia D . Not resectable in case of metastasis E . Rt sided colon has better prognosis than Lt sided colon .
- 225 .** Rt . sided colon Ca associated with : A . Anemia B . Bleeding P / R C . Mass P / A D . Alternate constipation and diarrhoea E . Int . obstruction . .
- 226 .** Regarding antibiotics true are : A . No prophylaxis for clean contaminated surgery B . No prophylaxis for gastric ulcer surgery C . Prophylaxis for colorectal surgery D . Local irrigation with antibiotic contraindicated when systemic antibiotics given
- 227 .** Features of left side Ca colon are : A . Anemia B . Obstruction C . Altered bowel habit D . Melena E . Feculent vomiting . .
- 228 .** Carcinoma sigmoid colon with obstruction Management includes : A . Hartmann ' s procedure B . Resectiort and end to end anastomosis with proximal colostomy C . Proximal colostomy with distal ligation D . Sub - total colectomy
- 229 .** True about dietary factors in colorectal carcinoma : A . Low fiber diet B . High fiber diet and high fat intake _ C . Low fiber , high fat intake D . Smoked fish E . High fiber diet
- 230 .** A 60 years old man suffering from left colon Ca presented with acute Lt colonlc obstruction the treatment is : A . Primary resection and Hartman ' s procedure B . Defunctioning colostomy C . Rt . Hemicolectomy D . Resection of whole Lt . bowel and end to end anastomosis E . Conservative treatment
- 231 .** In case of elective surgery of Ca sigmoid colon , which of the following should be done A . Mechanical bowel wash B . Broad spectrum antibiotic given 48 hours before operation C . Broad spectrum antibiotic at the time of op eration

- 232 . True about left sided colon carcinoma : A . Anemia B . Obstruction C . Melena D . Feculant E . Sigmoid spared
- 233 . Which of these are associated with increased risk of colorectal ca : A . More intake of animal rat B . Aspirin C . Ulcerative colitis D . Amoebic colitis E . Polyps
- 234 . Abdomino - perineal resection is done in colorectal Ca on the basis of : A . Age of patient B . Distance from anal - verge C . Fixity of tumor D . Hepatic metastasis E . Extent of tumor . . . 235 . Carcinoma of right colon presents as : A . Anemia B . Mass in R1F C . BleedingPR D . Alternate constipation and diarrhea E . Presents with obstruction
- 236 . Predisposing factors for colon , ca are : A . Animal fat consumption B . Familial adenomatous polyposis C . Ulcerative colitis D . Crohn ' s disease E . TB
- 237 . CEA is associated with : A . Adenocarcinoma of colon B . Pancreatic ca C . Neuroblastoma D . Ovarian ca E . Prostatic ca
- 238 . Adjuvant chemotherapy is of definite value in A . CA colon B . CA pancreas C . CA gall bladder D . CA oesophagus . .
- 239 . In which case Immunoguided surgery is done A . CA colon B . CA pancreas C . CA jejunum D . CA anal canal
- 240 . Mr . C . P . Patel is having CA colon of left side , comes to emergency department with obstruction . What will be the best T / t to be given : A . Hartman ' s procedure B . Defunctioning colostomy C . Ileotransverse anastomosis D . Transverse colostomy
- 241 . True regarding cancer colon : A . Obstructive features are more common with right colon B . 40 % cases at presenta - tion show liver metastasis C . Resection possible in 25 % cases D . More common in AIDS patients
- 242 . Carcinoma right colon is most commonly of which type A . Stenosing B . Ulcerative C . Tubular D . Fungating
- 243 . What is the most commonly involved in carcinoma colon A . Caecum B . Rectosigmoid colon C . Transverse colon D . Ascending colon
- 244 . Obstructive symptoms are most common in lesions of A . Transverse colon B . Ascending colon C . Descending colon D . Jejunum
- 245 . Vimal , a 70 years old male presents with a h / o lower GI bleed for last 6 months . Sigmoidoscopic examination shows a mass , of 4 cms about 3 . 5 cms above the anal verge . The treatment of choice is : A . Colostomy B . Anterior resection C . Abdominoperineal resection D . Defunctioning anastomosis

TOPIC 6 : GALL STONE

- 246 .** In which condition , medical t / t of gail stone is indicated : A . Stone is < 15 mm size B . Radio opaque stone C . Calcium bilirubinate stone D . Non functioning gall bladder .
- 247 .** All are component of saint ' s triad Except : A . Rena ! Stones B . Hiatus hernia C . Diverticulosis coli D . Gall stones
- 248 .** Which is not required for visualisation of gall bladder in oral cholecystography : A . Functioning liver B . Motor mechanisms of gall bla ider C . Patency of cystic duct D . Ability to absorb water
- 249 .** Internal fistula is most common between gall bladder and A . Colon B . Duodenum Is1 part C . Jejunum D . Transverse colon
- 250 .** Incidence of gall stone is high hi A . Partial hepatectomy B . Heal resection C . Jejunal resection D . Subtotal gastrectomy . . .
- 251 .** Ramu , presents with recurrent attacks of cholelithiasis , U / S examination shows a dilated CBD of 1 cm . The next line of management is : A . ERCP B . PTC C . Cholecystostomy D . Intravenous cholangiogram
- 252 .** True statement about gall stones are All / EXCEPT : A . Lithogenic bile is required for stone formation B . May be associated with carcinoma gall bladder C . Associated with diabetes mellitus D . More common in males between 30 - 40 years of age
- 253 .** A 40 year old patient has undergone an open chlecystectomy . The procedure was reported as uneventful by thi operating surgeon . She has 100 ml of bile output from the drain kept in the gallbladder bed on the first post operativ day . On examination she is afebrile and anicteric . The abdomen is soft and bowel sounds are normally heard . As a attending physician . What should be your best possible advice ? A . Order an urgent endoscopic retrograd cholangiography and biliary stenting B . Urgent laparotomy C . Order an urgent hepatic iminodiacetic acid scintigraph (HIDA) D . Clinical observation
- 254 .** A 69 year old male patient having coronary artery disease was found to have gall bladder stones while undergoing a routine ultrasound of the abdomen . There was no history of biliary colic or jaundice at any time . What is the best treatment advice for such a patient for his gallbladder stones ? A . Open cholecystectomy B . Laparoscopic cholecystec - tomy C . No surgery for gallbladder stones D . ERCP and removal of gallbladder stones .
- 255 .** The most common site of intestinal obstruction in gallstone ileus is : A . Jejunum B . lleum C . Transverse colon D . Sigmoid colon . . .
- 256 .** Most common site for impaction of gell stones in gall stone lieus is : A . 1st part of duodenum B . lind part of duodenum C . Terminal ileum D . Colon
- 257 .** The commonest site of obstruction in Gall stone ileus is A . Proximal ileum B . Dislal ileum C . lleocecal junction D . Transverse Colon
- 258 .** A 70 year old male patient presented with history of chest pain and was diagnosed to have coronary artery disease . During routine evaluation , an ultrasound of the abdomen showed presence of gallbladder stones . There was no past history of biliary colic or jaundice . What is the best treatment advice for such a patient for his gallbladder stones : A . Open cholecystectomy B . Laparoscopic cholecystectomy C . No surgery for ' gallbladder stones D . ERCP and removal of gall bladder stones
- 259 .** Lithogenic bile has the following properties A . - Bile and Cholesterol ratio B . Bile and cholesterol ratio C . Equal bile and cholesterol ratio D . Cholesterol only
- 260 .** Stone formation in Gall bladder is enhanced by all expect A . Clofibrate therapy B . Ilial resection C . Choleslyramine therapy D . Vagal stimulation
- 261 .** All of the following are required for Visualization of gall bladder in an oral cholecystogram except : A . Motor mecha - nism of gall bladder B . Patency of cystic duct C . Ability to absorb water D . Functioning hepatocytes . .
- 262 .** Most common site of gall stone impactation is A . Duedenojejunal junction B . Proximal to iliocaecal junction C . Distal to iliocaecal unction D . Colon
- 263 .** The treatment of choice for silent stones in Gall bladder is : A . Observation B . Chenodeoxycholicacid C . Cholecyctectomy D . Lithorripsy . . .
- 264 .** Medical treatment for gall bladder stone is amenable for : A . Stones less than 15 mm in size B . Radioopaque stone C . Calcium bilirubinate oxalate stone D . Nonfunctioning stones associated with gall bladder
- 265 .** Gall blader stone formation in influenced by AJE A . Clofibrate therapy B . Hyperalimentation C . Primary biliary ! cirrhosis D . Hypercholesterolemia . . .

- 266 . Features of healthy gallbladder on laprotomy are : A . Typical " sea - green " colored B . Wall is thin & elastic C . Cannot be emptied D . Not easily visible
- 267 . Gallstones may be complicated by which among the following : A . Pancreatitis B . Choledocholithiasis C . Acute cholecystitis D . Carcinoma stomach E . Carcinoma pancreas 268 . On 7th postoperative day after laparoscopic cholecystectomy , pt developed it . Upper abdominal pain and 10 cm X 8cm collection . Treatment consists of : A . Immediate Laparotomy B . Percutaneous drainage C . Laparotomy & surgical exploration of bile duct and T tube insertion . D . Laparoscopic cystic duct ligation and percutaneous drain , E . Roux - en - Y loop hepatojejunostomy
- 269 . True about gall stones : A . More common in female B . Gall stones , hiatus hernia , CBD stones form Saints triad C . Limely bile precipitated D . Lithotripsy always done . . .
- 270 . Cholecystectomy done in : A . Symptomatic gallstones B . Asymptomatic gallstones C . G . B . Polyp D . Strawberry GB . E . Mucocele
- 271 . On 5th postoperative day after laparoscopic cholecystectomy , a 50 years old lady presented with it . upper quadrant pain with fever and 12 cm subhepatic collection on CT and ERCP shows cystic duct leak . The best management is A . Immediate laparotomy B . Percutaneous drainage of fluid C . Leparotomy and surgical exploration of bile duct and T - tube insertion D . Laparoscopic cystic duct ligation & percutaneous drain E . Roux en loop hepatojejunostomy
- 272 . The treatment of gall stone ileus A . Cholecystectomy alone B . Removal of obstruction C . Cholecystectomy , closure of fisiula and removal of stone by enterotomy D . Cholecystectomy with closure of fistula
- 273 . which among the following does not lead to pigment gallstones : A . TPN B . Clonorchis sinensis C . Hemolytic anemia D Alcoholic cirrhosis
- 274 . The most common site of intestinal obstruction in gallstone ileus is : A . Duodenum B . Jejunum C . lleum D . Sigmoid colon
- 275 . Which one of the following statements is incorrect in regard to stones in the gallbladder ? A . Pigment stones are due to increased excretion of conjugated bilirubin B . Are considered a risk factor for the development of gallbladder carcinoma C . 10 % of gallstones are radio - opaque D . A mucocele of the gallbladder is caused by a stone impacted in Hartmann ' s pouch .

TOPIC 18 : THYROIDECTOMY

- 546 .** Hypoparathyroidism following thyroid surgery occurs within - A . 24 hours B . 2 - 5 days C . 7 - 14 days D . 2 - 3 weeks
- 547 .** A 50 year old male is suffering from severe dyspnea after thyroid surgery - t / t of choice is : A . Tracheostomy B . Open the operative site C . Wait and watch D . Cricothyroidotomy
- 548 .** Which of the following will not lead to respiratory distress after Thyroid Surgery A . Laryngomalacia B . Bilateral recurrent laryngeal nerve injury C . Hypocalcemia D . Hematoma at local site
- 549 .** A patient operated for thyroid surgery for a thyroid swelling later in the evening developed difficulty in breathing . There was swelling in the neck . The immediate management would be : A . Epinephrine inj B . Tracheostomy C . IV calcium gluconate D . Open the wound sutures in the ward
- 550 .** Most dangerous complication in a pt . who had undergone thyroid surgery and develop hematoma at the operative site : A . Respiratory obstruction B . Recurrent laryngeal nerve palsy C . Dysphagia D . Shock
- 551 .** Pt . after thyroid surgery presents with perioral paresthesia , serum Ca level is 7 mg / dl . What will be the best m / n (management) : A . Oral vit D3 B . Oral vit D3 with Ca C . LV . Ca , gluconate D . Oral calcium
- 552 .** A 40 year old lady after subtotal thyroidectomy developed stridor in post op recovery room . There was some staining of the wound with blood . Least likely cause is : A . Tracheomalacia B . Hematoma formation C . Hypocalcemia D . Bilateral recurrent nerve palsy
- 553 .** In post operative ward a patient developed respiratory distress due to wound hematoma after thyroidectomy . T / t of choice is : A . Insertion of an orotracheal tube B . Determination of serum Ca cone . C . Immediate opening of the wound D . Administration of O2 by nasal canula
- 554 .** After thyroidectomy , pt . developed stridor within 2 hrs . All are likely cause of stridor except : A . Hypocalcemia B . Recurrent laryngeal nerve palsy C . Laryngomalacia D . Wound hematoma
- 555 .** Recurrent laryngeal nerve is in close association with : A . Superior thyroid artery B . Inferior thyroid artery C . Middle thyroid vein D . Superior thyroid vein
- 556 .** Hypoparathyroidism following thyroid surgery commonly occurs within : A . 24 hours B . 2 - 5 days C . 7 - 10 days D . 2 - 3 weeks
- 557 .** Complications of Hemithyroidectomy include all of the following Except ? A . Hypocalcemia B . Wound hematoma C . Recurrent laryngeal nerve palsy D . External branch of superior laryngeal nerve palsy
- 558 .** Thoracic extension of cervical goiter is usually approached through : A . Neck B . Chest C . Combined cervico - thoracic route D . Thoracoscopic
- 559 .** A Post - Thyroidectomy patient develops signs ai symptoms of Tetany . The management is : A . Calcium gluconate B . Bicarbonate C . Calcitonin D . Vitamin D
- 560 .** A pt . presents with swelling in the neck following a thyroidectomy ; what is the most likely resulting complication : A . Resp . obstruction B . Recurrent laryngeal nerve palsy C . Hypo volemia D . Hypocalcemia
- 561 .** A patient on the same evening following thyroidectomy presents with a swelling in the neck and difficult breathing . Next management would be ; A . Open immediately B . Intubate oro - tracheally C . Wait and watch D . Administer oxygen by mask
- 562 .** Patient presents with neck swelling and respiratory distress few hours after a thyroideftomy surgery . Next manage ment would be : A . Open immediately B . Trecheostomy C . Wait and watch D . Oxygen by mask
- 563 .** A patient undergoes thyroid surgery , following which he develops perioral tingling . Blood Ca is 8 . 9 meq ; Next step is : A . VitD orally B . Oral Ca and vit D C . Intravenous calcium gluconate and serial monitoring D . Wait for Ca to decrease to 7 . 0 before taking further action
- 564 .** Near total thyroidectomy means : A . Rt . lobectomy with isthmusectomy B . Lt . lobectomy with isthusectomy C . Bilateral lobectomy with isthmusectomy D . Rt . Lobectomy + isthmusectomy + Lt . Half lobectomy E . Rt . And Lt . Lobectomy .
- 565 .** Complications of total thyroidectomy include all except : A . Hoarseness B . Airway obstruction C . Hemorrhage D . Hypercalcaemia

TOPIC 19 : ESOPHAGEAL CARCINOMA

- 566 . Ca oesophagus is characterized by following except : A . Adenocarcinoma B . Middle 1 / 3 affected C . Dysphagia is characteristic D Cornea D . Pernicious anemia often present . .
- 567 . Site for Adenocarcinoma is A . Upper oesophagus B . Middle oesophagus C . Barret ' s oesophagus D . None of the above
- 568 . After oesophagectomy , best substitute of oesophagus is : A . Stomach B . Jejunum C . Left colon D . Rt colon .
- 569 . In oesophageal ca which Neoadjuvant chemotherapy is used : A . Cisplatin B . Cyclophosphamide C . Doxorubicin D . Methotrexate .
- 570 . M . C - site of CA oesophagus is : A . Middle 1 / 3rd B . Upper 1 / 3rd C . Lower 1 / 3rd D . Lower end of esophagus
- 571 . Adenocarcinoma in oesophagus occurs in A . middle esophagus B . upper esophagus C . Barret ' s ulcer D . None of the above . . .
- 572 . The commonest site of carcinoma esophagus in India is : A . Upper 1 / 3 " 1 B . Middle 1 / 3 " 1 C . Lower 1 / 3 " 1 D . GE junction
- 573 . Most common site for squamous cell ca . esophagus A . Upper third B . Middle third C . Lower third D . Gastro esophageal junction .
- 574 . Which neo - adjuvant chemotherapy is used in Esophageal carcinoma A . Cisplatin B . Cyclophosphamide C . Doxorubicin D . Methotrexate
- 575 . Best substitute of esophagus after esophagectomy is A . Stomach B . Jejunum C . Left colon D . Right
- 576 . Adenocarcinoma of esophagus is commonly found in : A . Achlasia acardia B . Barret ' s oesophagus C . Plummer vinson syndrome D . Chronic smoking
- 577 . Predisposing factors for carcinoma oesophagus : A . Tylosis B . Plummer vinson syndrome C . Reflux esophagitis D . Lye stricture
- 578 . True about ca esophagus : A . MC in middle 1 / 3rd . B . Adenocarcinoma is common variety . C . Carcinoma develops at the achalasia segment . D . Smoking is a risk factor . E . Endoscopy is the investigation of choice
- 579 . A 60 yrs old pt presenting with dysphagia of 6 wks duration with solid foods now can swallow only liquids . Investiga tions done to diagnose here : A . CxR . B . Ba Swallow . C . Endoscopy D . USG . E . CT Scan
- 580 . In ca esophagus predisposing factors : A . Tylosis B . Smoking C . Lye stricture D . Reflux erophagitis E . Plummer vihson syndrome .
- 581 . True about esophageal Ca ? A . Adenocarcinoma is on the rise B . Surgery is best treatment C . Hoarseness of voice occur in late cases D . Presentation is early E . Prognosis is good because of its site . .
- 582 . Predisposing factors of Ca esophagus : A . Tylosis B . Achalasia C . Barrett ' s esophagus D . Hiatus hernia E . Corrosive ingestion .
- 583 . Esophageal carcinoma is not predisposed by : A . Achalasia B . Scleroderma C . Corrosive intake D . Barret ' s esophagus .
- 584 . Transhiatal esophagectomy was planned for adenocarcinoma of lower end of esophagus . The approach would be in the following order : A . Abdomen - Neck B . Abdomen - Thorax - Neck C . Neck - Thorax - Abdomen D . Abdomen - Thorax
- 585 . By mucosal resection which carcinoma can be diagnosed early : A . Oesophageal Carcinoma) B . Anal Carcinoma C . Colon Carcinoma) D . Pancreatic Carcinoma
- 586 . Commonest cause for mortality in liver resections A . Pulmonary atelectasis B . Anastomotic leak C . Thoracic duct fistula D . Subdiaphragmatic collection . . .
- 587 . True about Ogilvie ' s syndrome are all except : A . It is caused by mechanical obstruction of the colon B . It involves entire / part of the large colon C . It occurs after previous surgery D . It occurs commonly after narcotic use (ogilvie syndrome)
- 588 . Prolonged Post - op ileus is best treated by : A . Long tube insertion B . Calcium pentothenate C . Laparotomy and exploration D . Peristaltic stimulants (paralytic ileus)
- 589 . Spastic ileus is seen in : A . Porphyria B . Retroperitoneal abscess C . Hypokalemia D . MI (paralytic ileus)

- 590** . Paralytic ileus is seen in : A . Spinal cord injury B . Hypocalcemia C . Hypermagnesemia D . Uremia (paralytic ileus)
- 591** . Regarding adhesive intestinal obstruction , TRUE is A . Avoid surgery for initial 48 - 72 hours B . Never operate C . Operate after minimum 10 days of conservative treatment D . Immediate operation . .
- 592** . In case of new born the commonest cause of intestinal obstruction is : A . Annular pancreas B . Duodenal Atresia C . Jejuna ! Atresia D . Oesophageal atresia
- 593** . Colonic Pseudo - obstruction occurs in all , except A . Diabetes mellitus B . Dermatomyositis C . Scleroderma D . Hyperthyroidism
- 594** . A women of 35 - year old comes to emergency department with symptoms of pain in abdomen and bilious vomiting but no distension of bowel . Abdominal x - ray showed no air fluid level . Diagnosis is : A . CA rectum B . Duodenal obstruction C . Adynamic ileus D . Pseudoobstruction
- 595** . Bowel can get strangulated in all of the following space except : A . Rectouterine pouch B . Ileocolic recess C . Paraduodenal recess D . Omental bursa
- 596** . Multiple strictures in intestine are found in : A . Radiation enteritis B . Duodenal ulcer C . Ulcerative colitis D . Gastric erosion
- 597** . A 56 year old woman has not passed stools for the last 14 days . Xray shows no air fluid levels . Probable diagnosis is : A . Paralytic ileus B . Aganglionosis of the colon C . Intestinal pseudo - obstruction D . Duodenal obstruction . .
- 598** . Distended abdomen in intestinal obstruction is mainly due to A . Diffusion of gas from blood B . Fermentation of residual food C . Bacterial action D . Swallowed air
- 599** . Which of the following is most suggestive of neonatal small bowel obstruction : A . Generalized abdominal distension B . Failure to pass meconium in the first 24 hours . C . Bilious vomiting D . Refusal of feeds . . .
- 600** . The most common cause of small intestinal obstruction is A . Intussusception B . Iatrogenic adhesions C . Trauma D . Carcinoma .
- 601** . Major causes of distension in intestinal obstruction : A . Gas produced by coliform organism B . - Swallowed air C . Diffuse from arterial surface D . Not known
- 602** . Recurrent pain abdomen with intestinal obstruction and mass passes per rectum goes in favour of : A . Internal herniation B . Stricture C . Strangulated hernia D . Intussusception
- 603** . What are the features of colonic obstruction : A . No passage of gas absolutely (obstipation) B . No passage of stools absolutely C . Distention of abdomen D . Mild fever initially E . Fecal vomitus
- 604** . In intestinal obstruction , investigations needed are : A . Barium swallow B . Intestinal barium meal C . Stomach barium meal D . Erect X - ray abdomen E . Supine X - ray abdomen . . .
- 605** . Acute intestinal obstruction is characterized by : A . Vomiting is common in duodenal obstruction . B . Pain after each attack of vomiting is characteristic of ileal obstruction . C . In colonic obstruction distension is common than vomiting . D . X ray erect posture is diagnostic . E . Colicky pain to steady pain indicates strangulation
- 606** . What is the investigation for small intestine abnormalities except A . Enteroclysis B . Radionucleide C . MRI enteroclysis L . CT enteroclysis E . USG enteroclysis
- 607** . Most common cause of acute intestinal obstruction : A . Adhesions B . Carcinoma C . Int . hernia D . Lymphoma
- 608** . Features of intestinal obstruction : clinically / investigation by : A . Abdominal distension B . Vomiting C . Fluid level in X ray > 4 D . Localized tenderness E . Diarrhea . . .
- 609** . 30 years old lady presented with acute pain abdomen , constipation and vomiting suspecting acute Intestinal obstruction . The Investigation of choice for the patient Is A . X - ray abdomen erect posture B . Ba enema C . USG D . CT scan

TOPIC 24 : INTESTINAL POLYP

- 668** . Following are premalignant except : A . Tubulo villous adenoma B . Hyperplastic polyp * C . Familial adenomatosis D . Villous adenoma
- 669** . Incidence of malignancy is maximum in : A . Villous adenoma B . Juvenile polyps C . Hyperplastic polyps D . Tubular adenoma
- 670** . Not true about Familial polyposis coli is : A . loss of APC gene B . Results from defect in colonic mucosa leading to abnormal proliferative pattern C . Associated with abnormal mucins D . Decreased expression of c - myc gene . . .
- 671** . All the following statements regarding malignant potential of colorectal polyps are true except : A . Polyps of the familial polyposis coli could invariably undergo malignant change . B . Pseudopolyps of ulcerative colitis has high risk of malignancy . C . Villous adenoma is associated with high risk of malignancy . D . Juvenile polyps have little or no risk
- 672** . All the following polyps are premalignant except A . Juvenile polyposis syndrome B . Familial polyposis syndrome C . Juvenile polyp D . Peutzjeger syndrome
- 673** . Which of the following has least malignant potential A . Juvenile polyps in Juvenile Polyposis Syndrome B . Hamar tomatous Polyps in Peutz Jaghers Syndrome C . Adenomatous Polyps in Familial colonic Polyposis D . Adenomatous polyps in FfNPCC .
- 674** . Gardener ' s syndrome is a rare hereditary disorder involving the colon . It is characterized by : A . Polyposis colon , cancer thyroid , skin tumours . B . Polyposis in jejunum , pituitary adenoma and skin tumours . C . Polyposis colon , osteo mas , epidermal inclusion cysts and fibrous tumours in the skin . D . Polyposis of gastrointestinal tract , Cholangiocarcinoma and skin tumours . .
- 675** . In children MC type of polyp is : A . Juvenile poly B . Solitary polyp C . Familial polyposis D . Multiple adenomatous polyp . . .
- 676** . All are premalignant except : A . Adenomatous polyps B . Juvenile polyps C . Familial polyposis coli . D . Peutz - jegher synd
- 677** . True about adenomatous polyp of large intestine : A . A symptomatic polyp don ' t require any treatment B . Treated with colonoscopic surgery C . Villous adenomas are more malignant D . Adenomatous polyposis have 100 % chance of malignancy
- 678** . Commonly undergoing malignant transformation is / are : A . FAP B . Crohn ' s disease C . Ulcerative colitis D . Enteric colitis E . Juvenile polyposis
- 679** . Which of the following polyps is not premalignant A . Juvenile polyposis syndrome B . Peutz jegher ' s syndrome C . Ulcerative colitis D . Familial polyposis coli E . Cronkite Canade syndrome
- 680** . True about neoplastic colorectal polyps : A . Sessile polyps > 1 cm is malignant B . MC site is colon and rectum C . Adenomatous polyp is premalignant D . Tubular adenoma is malignant E . Pseudopolyps are premalignant
- 681** . Which is most malignant : A . Villous adenoma B . Tubulovillous adenoma C . Tubular adenoma D . Familial polyposis
- 682** . Turcot ' s syndrome is associated with A . Duodenal polyps B . Familial adenomatous polyposis C . Brain tumors D . Villous adenoma E . Hyperplastic polyps
- 683** . Which of the following colonic polyps is not premalignant - A . Juvenile polyps B . Hamartomatous polyps associated with Peutz - Jegher ' s syndrome C . Villous adenoma D . Tubular adenomas
- 684** . Metabolic abnormality seen in large colorectal villous adenoma A . Hypokalemic metabolic alkalosis B . Hypokalemic metabolic acidosis C . Chlorine sensitive metabolic acidosis D . Chlorine resistant metabolic alkalosis .
- 685** . The most common facial abnormality seen in Gardener ' s syndrome is - A . Ectodermal dysplasia B . Odontomes C . Multile osteomas D . Dental cysts
- 686** . Which of the following colonic polyps is not premalignant - A . Juvenile polyps B . Hamartomatous polyps associated with Peutz - Jegher ' s syndrome C . Villous adenomas D . Tubular adenomas . .
- 687** . Following genetic counselling in a family for Familial polyposis coli (FPC) next screening test is A . Flexible sigmoi doscopy B . Colonoscopy C . Occult blood in stools D . APCgene

TOPIC 38 : ACHALASIA

- 873** . Heller ' s operation is done for A . Achlasia cardia B . Pyloric stenosis C . Peptic ulcer D . CA Esophagus
- 874** . A young patient presents with history of dysphagia more to liquid than solids . The first investigation you will do is : A . Barium Swallow B . Esophagoscopy C . Ultrasound of the chest D . C . T . Scan of the chest
- 875** . Corkscrew esophagus is seen in which of the following conditions ? A . Carcinoma esophagus B . Scleroderma C . Achalasia cardia D . Diffuse esophagus spasm
- 876** . Treatment for achlasia associated with high rate of recurrence : A . Pneumatic dilatation B . Laproscopic myotomy C . Open surgical myotomy D . Botullin toxin
- 877** . Cork screw oesophagus is seen in : A . Diffuse oesophageal spasm B . Achalasia cardia C . Ca . oesophagus D . Pulsion diverticulum
- 878** . Investigation of choice for dysphagia for solids : A . Barrium swallow B . Endoscopy C . X - ray chest D . C . T . scan
- 879** . LES sphincter is relaxed by : A . Nitrates B . HL blockers C . Morphine D . Atropine E . Calcium channel blockers
- 880** . Lower oesophageal sphinter is relaxed by A . Alcohol B . Coffeine / Tea C . Diazepam D . Antacid . . .
- 881** . In achalasia cardia , true is : A . Pressure at distal end t with no peristalsis B . Low pr . at LES with no periotalins C . Pressure > 50 mm Hg with peristalsis
- 882** . A patient presents with dysphagia of 4 weeks duration . Now he is able to swallow liquid food only . Which of the following is the one investigation to be done : A . Barium studies are the best in this case B . Upper GI endoscopy is to betdone C . CT scan is needed D . Esophageal manometry
- 883** . True about achalasia cardia is : A . Dysphagia is a presenting symptom B . The cause is the absence of Auerbach ' s plexus C . Esophagectomy is the treatment D . Motility - improving agents are used in treatment E . Barium swallow shows irregular filling - defect in lower esophagus
- 884** . A 40 - year - old female patient presented with dysphagia to both liquids and solids and regurgitation for 3 months . The dysphagia was non - progressive . What is the most likely diagnosis ? A . Caricnoma of the esophagus B . Lower oesoph - ageal mucosal ring C . Achalasia cardia D . Reflux esophagitis with esophageal stricture

TOPIC 41 : ANAL CARCINOMA

- 909 . For ca Anal canal t / t of choice is : A . Surgery B . Surgery + Radiotherapy C . Chemoradiation D . Chemotherapy
- 910 . Commonest type of Anal canal Ca is : A . Sq . cell Ca B . Adeno Ca C . Adenoacanthoma D . Papillary type
- 911 . Treatment of squamous cell carcinoma of anal canal is A . Cisplastin based chemotherapy followed by radical radiotherapy B . Abdomino perineal resection C . Radical radiotherapy D . Radical radiotherapy followed by mitomycinc based chemotherapy
- 912 . The treatment of choice for the management of carcinoma of the anal canal is : A Abdominoperineal resection B . Primary radiotherapy C . Combined radio - and chemotherapy D . Neoadjuvant chemotherapy and local excision
- 913 . The treatment of choice for squamous cell anal cancer is : A . Abdominoperennial resection B . Laser fulgaration C . Chemoradiotherapy D . Platinum - based chemotherapy
- 914 . Which of the following statements is true for Nigro ' s regimen : A . It is a regimen for anal canal neoplasm B . It incorporates chemotherapy with radiation as an alternative to surgery C . Has the advantage of preserving continence D . All of the above
- 915 . A 50 - year old male , working as a hotel cook , has four dependent family members . He has been diagnosed with an early stage squamous cell cancer of anal canal . He has more than 60 % chances of cure . The best treatment option is : A . Abdomino - perineal resection B . Combined surgery and radiotherapy C . Combined chemotherapy and radiotherapy D . Chemotherapy alone
- 916 . Anal carconoma is most commonly carconoma of type A . Adeno carcinoma B . Epidermoid C . Mixed D . None of the above
- 917 . Which type of malignancy is found in anorectal fistula : A . Sq . cell Ca B . Transitional cell Ca C . Adeno Ca ^ D . Collumnar Ca
- 918 . For Ca of Anal canal which one is t / t of choice : A . Radiotherapy + APR B . Only radiotherapy C . Chemoradiation D . Radiotherapy + chemotherapy
- 919 . CA

TOPIC 44 : RECTUM

- 942 . A new born baby presents with absent anal orifice and meconuria) What is the most appropriate management ? A . Transverse colostomy B . Conservative C . Posterior Saggital Anorectoplasty D . Perenial V - Y plasty (rectal agenesis) .
- 943 . The following are important in maintenance of norm ; fecal continence except A . Anorectal angulation B . Rectal innervation C . Internal sphincter D . Haustral valve (rectal agenesis)
- 944 . Rectal incontinence is due to involvement of : A . External anal sphincter B . Internal anal sphincter C . Ischiococcygeus D . Pubococcygeus - part of grasor one (rectal agenesis)
- 945 . Fecal soiling in children is most commonly due to : A . Hirschsprung ' s disease B . Chronic constipation C . Rectal atresia D . None of the above (rectal agenesis)
- 946 . A pt . comes with rectal carcinoma situated 6 cm above dentate line with no nodal metastasis T / t of choice will be : A . Ant resection B . APR C . Radiotherapy D . Hartman ' s procedure (rectal carcinoma)
- 947 . Sphincter saving surgery for rectal malignancy is not done in : A . Age over 50 years B . Lymph node involvement C . Infiltration of lamina propria D . More than 4 cm from anal verge E . High grade tumor (rectal carcinoma)
- 948 . True about rectal Ca : A . MC type adenocarcinoma B . Surgery is the treatment of choice . C . Surgical treatment indicated inspite of hepatic metastasis D . APR done in lesions of upper zone (rectal carcinoma)
- 949 . Which of the following is the investigation of choice for assessment of depth of penetration and perirectal nodes in rectal cancer - A . Trans rectal ultrasound B . CT Scan pelvis C . MRI Scan D . Double contrast Barium enema (rectal carcinoma)
- 950 . Most common cause of fresh bleeding per rectum hi a 5 year old child Is A . Volvulus B . Trauma , C . Worm infestation D . Rectal polyp (rectal polyp)
- 951 . Treatment of rectal prolapse in childhood is A . Lahaut ' s operation B . Incision of prolapsed mucosa C . Thiersch wiring D . Ripstein operation (rectal prolapse)
- 952 . True about solitary rectal ulcer syndrome is all / except A . Increased muscle layer proliferation B . Crypt distortion C . Lamina propria infiltration with lymphocyte D . Subepithelial fibrosis (rectal ulcer) . .
- 953 . Not true regarding solitary rectal ulcet . t - iuA - A . 20 % are multiple B . Recurrent rectal prolapse is a cause C . Involve Posterior wall . D . Managed by digital reposition (solitary rectal ulcer)

TOPIC 57 : CHOLANGITIS

- 1069** . Most common cause of cholangitis ' A . Viral infection B . CBD stone C . Surgery D . Amoebic infection
- 1070** . Charcot ' s triad ' is A . Fever , pain , vomiting B . Fever , stone , jaundice C . Fever , pain , jaundice D . Gall stone , vomiting , jaundice
- 1071** . Charcot ' s triad includes all of the following excep A . Pain B . Fever C . Jaundice D . Vomiting
- 1072** . Not included in charcot ' s triad is : A . Fever with chills B . Pain abdomen C . Shock D . Jaundice . .
- 1073** . Which of the following occurs in Charcot ' s triad : A . Pain abdomen B . Fever and chills C . Jaundice D . Shock E . Pruritus . .
- 1074** . Which of the following statements is true regarding cholangitis : A . Increased leucocyte count B . Increased tran saminases C . Increased bilirubin D . Increased alkaline phosphatase E . Association with fever and chills
- 1075** . Charcot ' s triad consists of : A . Biliary colic . B . Jaundice C . Fever with rigor D . Hypotension E . Pancreatitis . . .
- 1076** . Round worm causes following except : A . Gall stone B . Cholangitis C . Hemobilia D . Pancreatitis .

TOPIC 80 : REFLUX ESOPHAGITIS

- 1232** . Reflux esophagitis is prevented by : A . Long intraabdominal esophagus B . Increased intraabdominal pressure C . Right cms of diaphragm D . Increased intrathoracic pressure
- 1233** . What will be your advice to a 60 yr moderately obese patient with h / O 4 - 6 cup of coffee per day , 4 - 6 glass of wine day with 20 cigarettes per day . He is engaged as a salesman in a computer company A . Urgent wt . Reduction . B . Strict vegetarian diet . C . Stop alcohol D . Stop coffee E . Stop cigarette smoking
- 1234** . Increased intra abdominal " pressure is / are associated with A . T pul capillary wedge pressure B . t venous return C . T pul inspiratory pressure D . T renal blood flow E . t cardiac output
- 1235** . Intermittent dysphagia is caused by A . Stricture B . Reflux esophagitis C . Achalasia cardia D . Pharyngeal diverticu lum E . Diffuse esophageal spasm
- 1236** . Gold standard for reflux esophagitts is : A . Manometry B . Barium swallow C . 24 hours pH study D . X - ray abdomen
- 1237** . Which of the following mechanism can not prevent Gastroesophageal reflux : A . Looping fibres of rt cms of diaphragm B . Mucosal folds at gastroesophageal junction C . Circular muscle fibres of GE sphincter D . Angle made by the oesophagus with stomach . . .

TOPIC 82 : THYROIDITIS

- 1244** . A young patient has a midline , tender swelling In neck occurring after an attack of sore throat The diagnosis is A . Acute thyroiditis B . Thyroglossal cyst C . Sub acute thyroiditis D . Toxic goiter
- 1245** . Most common cause of Thyroiditis is : A . Reidi ' s Thyroiditis B . Subacute Thyroiditis C . Hashimoto ' s Thyroidilis D . Viral thyroiditis . .
- 1246** . A patient presents with B / L proptosis , heat intolerance and palpitations ; most unlikely diagnosis here would be A . Hoshimoto ' s thyroiditis B . Thyroid adenoma C . Diffuse thyroid goitre D . Reidel ' s thyroiditis
- 1247** . Not a feature of dequervan ' s disease : A . Autoimmune in etiology B . TESR C . Tends to regress spontaneously D . Painful & associated with enlargements of thyroid
- 1248** . " HurthJe cells 1 are seen in A . Agranulomatous Thyroiditis B . Hashimoto ' s Thyroiditis C . Papillary carcinoma of the thyroid D . Thyroglossal cyst
- 1249** . All the following are true of DeQuervan ' s Thyroiditis except A . Pain B . Increased ESR C . Increased radioactive iodine uptake D . Fever