

CARDIOTHORACIC SURGERY

PAPER - II

CTS/D/13/04/II

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.

1. a) Enumerate causes of pleural effusion. 3+3+4
b) Mention the criteria to label an effusion as a transudate or exudate.
c) Management of malignant pleural effusion.
2. a) Enumerate names of 6 trials comparing CABG with PCI. 3+2+5
b) What is MACE?
c) What are the recent outcomes from the syntax trial?
3. a) Describe the blood supply of the spinal cord. 4+3+3
b) Classify thoraco-abdominal aneurysms with diagram(s).
c) Describe landing zone criteria.
4. a) What are modified Duke's criteria for diagnosing native valve endocarditis (NVE)? 4+2+4
b) Enumerate the organisms responsible for NVE.
c) What is the guideline for surgery in NVE?
5. a) Enumerate the congenital coronary artery anomalies. 5+5
b) What are the different options available for treating ALCAPA?
6. a) What are the Choussat's criteria for single ventricle repair? 4+3+3
b) Describe the concept of one and a half ventricle repair? Where is it indicated?
c) Enumerate complications of single ventricle repair.
7. a) Enumerate complications of MI. 5+5
b) Briefly describe the surgical management of post MI VSD
8. a) What do you mean by (i) bridge to transplant (ii) destination therapy (iii) bridge to recovery? 6+4
b) What are the different types of long term mechanical circulatory support devices? Briefly discuss its follow-up.
9. a) What is post-operative renal dysfunction? 2+(2+2)+4
b) Mention its etiology and diagnosis.
c) Briefly describe management of this disorder.
10. a) Enumerate the PDA dependant circulation. 2+5+3
b) How will you maintain patency of the PDA in such a case and mention complications of such therapy?
c) What is differential cyanosis and mention its causes?