

PAEDIATRIC SURGERY

PAPER – III

PED.SURG/J/17/29/III

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. Fetal surgery under following heads: 4+4+2
 - a) Scope
 - b) Limitations
 - c) Its role in resource challenged nations
2.
 - a) MIBG scan 2+2+3+3
 - b) Cortical transit time in diuretic renography
 - c) SILS
 - d) EXIT
3. Management of antenatally diagnosed ventriculomegaly 3+2+4+1
under following heads:
 - a) Definition and criteria of assessment
 - b) Investigative modalities
 - c) Antenatal and postnatal management
 - d) Prognosis
4.
 - a) Clean intermittent catheterization – Techniques. 3+4+3
 - b) Transverse testicular ectopia.
 - c) VURD Syndrome – Diagnosis.
5. Write briefly about two major management philosophies of bladder exstrophy epispadias complex citing their indications, merits and demerits. 5+5
6. Write briefly about the entity of dysfunctional elimination syndrome under following heads: 1+2+3+4
 - a) Definition
 - b) Pathophysiology
 - c) Investigative modalities
 - d) Treatment

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7. Disorder of sexual differentiations under following heads: 3+3+4
a) Embryology
b) Classification (recent)
c) Management
8. a) Embryology of normal testicular descent. 2+2+(3+3)
b) Enumerate causes of non-descent.
c) Mention the complications of undescended testis including their chance and counseling the family.
9. a) Multicystic dysplastic kidney – Pathophysiology. 3+3+4
b) Valve bladder syndrome: Clinical features & treatment.
c) Persistent Mullerian duct syndrome: Clinical presentation.
10. Antenatally diagnosed unilateral hydronephrosis: 3+4+3
Classification, investigative modalities and management.
