# PLASTIC SURGERY

## PAPER – II

**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. a) **TNM classification as applied to squamous cell carcinoma of the cheek.**
   - b) Enumerate non-microvascular options for resurfacing a full thickness check defect.
   - c) Various types of neck dissections with a schematic diagram.

2. a) Describe with diagram(s) any one operative repair of the complete unilateral cleft lip.
   - b) What is sphincter pharyngoplasty and how to choose the right patient for this procedure?

3. a) How are congenital upper limb anomalies classified?
   - b) Development of the basic structure of the upper limb.
   - c) Principles of treatment of Grade IV unilateral radial ray hypoplasia.

4. a) How are congenital ear defects classified?
   - b) What are the stages of ear reconstruction for absence of the ear?
   - c) How is the reconstruction of ear framework planned in the first stage?

5. a) Principles of reconstruction of full thickness chest wall defects.
   - b) Surgical management of pectus excavatum.

6. a) How are haemangiomas and vascular malformations differentiated?
   - b) Indications for different lasers in treatment of vascular malformations.
   - c) How do the lasers exert their clinical effect?

---

**P.T.O.**
# PLASTIC SURGERY
## PAPER – II

<table>
<thead>
<tr>
<th>Question</th>
<th>Description</th>
<th>Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. a)</td>
<td>What are the methods to prevent pressure sores in a paraplegic patient with no hope of recovery?</td>
<td>5+5</td>
</tr>
<tr>
<td>7. b)</td>
<td>What surgical options are available in such a patient with bilateral ischial pressure sore?</td>
<td></td>
</tr>
<tr>
<td>8. a)</td>
<td>Classify surgical techniques for management of filarial lymphedema of the lower limb.</td>
<td>3+5+2</td>
</tr>
<tr>
<td>8. b)</td>
<td>What microsurgical procedures can help prevent further progression of lymphedema?</td>
<td></td>
</tr>
<tr>
<td>8. c)</td>
<td>What investigations are necessary?</td>
<td></td>
</tr>
<tr>
<td>9. a)</td>
<td>What are the clinical features of ulnar nerve compression at the elbow?</td>
<td>3+3+4</td>
</tr>
<tr>
<td>9. b)</td>
<td>What is the role of conservative management?</td>
<td></td>
</tr>
<tr>
<td>9. c)</td>
<td>How is surgical decompression of the ulnar nerve done to relieve symptoms?</td>
<td></td>
</tr>
<tr>
<td>10. a)</td>
<td>Advantages of using a free radial forearm flap for the acquired loss of the penis.</td>
<td>3+5+2</td>
</tr>
<tr>
<td>10. b)</td>
<td>How is this reconstruction planned?</td>
<td></td>
</tr>
<tr>
<td>10. c)</td>
<td>How can the donor morbidity be reduced or avoided?</td>
<td></td>
</tr>
</tbody>
</table>