

National Board of Examinations

Question Paper Name :	DrNB Medical Gastroenterology Paper2
Subject Name :	DrNB Medical Gastroenterology Paper2
Creation Date :	2025-01-19 09:52:29
Duration :	180
Total Marks :	100
Display Marks:	No
Share Answer Key With Delivery Engine :	No
Actual Answer Key :	No

DrNB Medical Gastroenterology Paper2

Group Number :	1
Group Id :	3271872835
Group Maximum Duration :	0
Group Minimum Duration :	180
Show Attended Group? :	No
Edit Attended Group? :	No
Break time :	0
Group Marks :	100

DrNB Medical Gastroenterology Paper2

Section Id :	3271872838
Section Number :	1
Section type :	Offline
Mandatory or Optional :	Mandatory
Number of Questions :	10
Number of Questions to be attempted :	10
Section Marks :	100
Maximum Instruction Time :	0
Sub-Section Number :	1
Sub-Section Id :	3271872842
Question Shuffling Allowed :	No

Question Number : 1 Question Id : 32718729634 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

Please write your answers in the answer booklet within the allotted pages as follows:-

Question Number	Answer to be attempted within	Question Number	Answer to be attempted within
Q. 1	Page 1-5	Q. 6	Page 26-30
Q. 2	Page 6-10	Q. 7	Page 31-35
Q. 3	Page 11-15	Q. 8	Page 36-40
Q. 4	Page 16-20	Q. 9	Page 41-45
Q. 5	Page 21-25	Q. 10	Page 46-50

1. a) ALBI score. [3]
- b) Role of SBRT in HCC: current status. [4]
- c) LEGACY study. [3]

Question Number : 2 Question Id : 32718729635 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Stride II consensus. [3]
- b) Upadacitinib in IBD: Current status. [3]
- c) How to choose between infliximab & cyclosporine as a rescue therapy in ASUC? [4]

Question Number : 3 Question Id : 32718729636 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Immunopathogenesis of AIH. [3]
- b) Refractory AIH. [3]
- c) Role of biologics in AIH. [4]

Question Number : 4 Question Id : 32718729637 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Disorders of Gut Brain Interaction (DGBI) - Definitions & classification. [3]
- b) Differentiate between supragastric and gastric belching. [3]
- c) Functional diarrhea vs IBS-D. [4]

Question Number : 5 Question Id : 32718729638 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Definitions of ACLF & discuss their pros and cons. [5]
- b) Bile cast nephropathy in ACLF. [2]
- c) Natural history of portal vein thrombosis (PVT) in cirrhosis. [3]

Question Number : 6 Question Id : 32718729639 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Nutritional management in acute pancreatitis. [3]
- b) Role of PERT in acute pancreatitis. [2]
- c) Type 3 autoimmune pancreatitis. [2]
- d) Approach to a patient with recurrent acute pancreatitis. [3]

Question Number : 7 Question Id : 32718729640 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Indeterminate biliary strictures. [4]
- b) HIV cholangiopathy. [3]
- c) Strasberg classification of biliary duct injury. [3]

Question Number : 8 Question Id : 32718729641 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Tropical sprue vs tropical enteropathy. [3]
- b) Terminal ileitis: How to approach? [4]
- c) Enteropathy associated T cell lymphoma (EATL). [3]

Question Number : 9 Question Id : 32718729642 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Tokyo classification of cholangitis. [3]
- b) Precut fistulotomy. [3]
- c) Mirizzi syndrome. [4]

Question Number : 10 Question Id : 32718729643 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

- a) Paris classification of colonic polyps. [2]
- b) Microscopic colitis. [3]
- c) Sporadic colorectal cancer (CRC) vs IBD-CRC. [3]
- d) Pseudomelanosis coli. [2]