

# National Board of Examinations

**Question Paper Name :** DrNB Vascular Surgery Paper2  
**Subject Name :** DrNB Vascular Surgery Paper2  
**Duration :** 180  
**Total Marks :** 100  
**Display Marks:** No

**Maximum Instruction Time :** 0

**Question Number : 1 Question Id : 32718741115 Consider As Subjective : Yes**

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 68-year-old male, known case of chronic kidney disease on hemodialysis through right internal jugular vein temporary catheter. Both upper limb cephalic veins are thin.

- What are the alternate options for vascular access? [5]
- Discuss common causes of arterio-venous fistula failure and its management. [5]

**Question Number : 2 Question Id : 32718741116 Consider As Subjective : Yes**

A 58-year-old hypertensive male presents with sudden severe abdominal pain, hypotension and pulsatile abdominal mass.

- What is the differential diagnosis? [2]
- What are the management options available for this patient? [3]
- Outline the indications, techniques and outcomes of open versus EVAR (Endovascular aneurysm repair). [5]

**Question Number : 3 Question Id : 32718741117 Consider As Subjective : Yes**

A 75-year-old male post aorto bifemoral bypass presenting with hematemesis.

- a) Discuss the pathophysiology. [5]
- b) How do you manage this patient? [5]

**Question Number : 4 Question Id : 32718741118 Consider As Subjective : Yes**

A 58-year-old male presents with bilateral buttock claudication, absent femoral pulses, impotence and gangrene big toe. CTA shows complete aortic bifurcation occlusion.

- a) Discuss the treatment options. [4]
- b) What factors influence decision-making? [3]
- c) What are the long-term patency and complication rates of endovascular vs open repair? [3]

**Question Number : 5 Question Id : 32718741119 Consider As Subjective : Yes**

A 50-year-old hypertensive male presents with abdominal pain. CTA shows isolated superior mesenteric artery (SMA) dissection without bowel ischemia.

- a) What is the natural history of isolated SMA dissection? [3]
- b) What is the initial management (medical vs interventional)? [2]
- c) When is endovascular stenting indicated? [3]
- d) What are all the complications? [2]

**Question Number : 6 Question Id : 32718741120 Consider As Subjective : Yes**

A 19-year-old man presents with varicocele, intermittent painless gross haematuria and left-sided flank pain. She has no history of infection or stones. Urine microscopy shows numerous red blood cells.

- a) What anatomical abnormality you may identify? Classify. [3]
- b) What investigation would you order to confirm your diagnosis? [3]
- c) What are all the treatment options? [4]

**Question Number : 7 Question Id : 32718741121 Consider As Subjective : Yes**

A 58-year-old man presents with left arm rest pain and digital ulceration. Duplex shows chronic total occlusion of proximal subclavian artery.

- a) What are the endovascular techniques to cross and recanalize long occlusions? [3]
- b) When is open surgical bypass preferred over stenting? [2]
- c) What open surgery would you prefer? Explain its technique. [5]

**Question Number : 8 Question Id : 32718741122 Consider As Subjective : Yes**

A 45-year-old male presents with symptomatic varicose veins and duplex shows both superficial and deep venous reflux.

- a) How do you differentiate isolated superficial vs combined deep venous disease? [3]
- b) What is the role of intervention if deep venous reflux is present? [2]
- c) How does the management change if there is deep venous obstruction /compression? [5]

**Question Number : 9 Question Id : 32718741123 Consider As Subjective : Yes**

A 68-year-old woman with severe osteoarthritis undergoes primary total knee replacement (TKR). Immediately post-op, she develops severe pain, pallor, coldness and absent distal pulses in the operated leg.

- a) What is your differential diagnosis in acute ischemia after TKR? [2]
- b) What are the risk factors for popliteal artery injury in TKR? [2]
- c) What is the management algorithm? [4]
- d) What precautions can prevent popliteal artery injury in TKR? [2]

**Question Number : 10 Question Id : 32718741124 Consider As Subjective : Yes**

A 55-year-old woman with no major risk factors is incidentally found to have a 2.5 cm celiac artery aneurysm on CTA.

- a) What is the threshold size for repair of celiac artery aneurysms? [2]
- b) What are the options for treatment: open ligation/resection vs endovascular coil/stent graft? Discuss. [5]
- c) What is the risk of rupture? [3]