

National Board of Examinations

Question Paper Name :	DrNB Surgical Gastroenterology Paper2
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DrNB Surgical Gastroenterology Paper2

Group Number :	1
Group Id :	3271872062
Group Maximum Duration :	0
Group Minimum Duration :	180
Show Attended Group? :	No
Edit Attended Group? :	No
Group Marks :	100
Is this Group for Examiner? :	No
Examiner permission :	Cant View
Show Progress Bar? :	No

DrNB Surgical Gastroenterology Paper2

Section Id :	3271872065
Section Number :	1
Section type :	Offline

Mandatory or Optional :	Mandatory
Number of Questions to be attempted :	10
Section Marks :	100
Enable Mark as Answered Mark for Review and Clear Response :	Yes
Maximum Instruction Time :	0
Sub-Section Number :	1
Sub-Section Id :	3271872069
Question Shuffling Allowed :	No
Is Section Default? :	null

Question Number : 1 Question Id : 32718720312 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

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. What are locally advanced and /or borderline gall bladder cancers? Discuss the multidisciplinary approach to locally advanced gall bladder cancers. Discuss the controversies based on evidence. [2+5+3]

Question Number : 2 Question Id : 32718720313 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Enumerate the functions of spleen based on its histology. Give a pictorial anatomy of the gastro-splenic section of the portal circulation. Enumerate the histo-pathological effect of portal

hypertension on spleen. Enumerate steps of laparoscopic splenectomy in a case of ITP. [2+2+3+3]

Question Number : 3 Question Id : 32718720314 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Debate on the statement, *"The abnormal arterial anatomy of liver is actually normal"*. Give a pictorial description of the micro-lobular architecture of the liver. Enumerate the histological changes in and around the zones in a case of alcoholic cirrhosis. [4+3+3]

Question Number : 4 Question Id : 32718720315 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

- a) Parenchymal preserving hepatectomy. [3]
- b) How to do Cholecystectomy in a grossly cirrhotic liver? [3]
- c) Hepatico-duodenostomy vs hepatico-jejunostomy. [4]

Question Number : 5 Question Id : 32718720316 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

Discuss the organ donation infrastructure and regulations of India. What are the challenges of liver transplant in public sector? Briefly discuss the future of Donation after Circulatory Determination of Death to increase donor pool in India . [5+2+3]

Question Number : 6 Question Id : 32718720317 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

- a) Making PJ safe after Pancreatico-duodenectomy. [4]

- b) Minimally invasive pancreatic necrosectomy. [3]
- c) Role of total pancreatectomy and islet cell transplantation. [3]

Question Number : 7 Question Id : 32718720318 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

- a) Liver transection techniques and use of energy sources. [5]
- b) Biliary reconstruction after LDLT: options, choice and outcomes. [5]

Question Number : 8 Question Id : 32718720319 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

- a) Approach to a 28 year patient of NCPF with history of multiple episodes of major bleed despite repeated endotherapy with features of hypersplenism. [5]
- b) Current status of minimally invasive liver surgery. [5]

Question Number : 9 Question Id : 32718720320 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

- a) Conservative surgery for pancreatic neuroendocrine tumour. [4]
- b) Approach to a difficult Uncinate cancer. [3]
- c) Salvage procedures for chronic pancreatitis. [3]

Question Number : 10 Question Id : 32718720321 Question Type : SUBJECTIVE Consider As Subjective : Yes Calculator : None Response Time : N.A Think Time : N.A Minimum Instruction Time : 0

Correct Marks : 10

- a) Discuss the etiology and pathogenesis of hilar cholangiocarcinoma. [3+2]

b) How to differentiate it from cancer neck of gall bladder? [2]

c) Give an account of the principles of management. Mention a few lines about the Japanese approach. [3]