

**PAEDIATRIC SURGERY (DIRECT 6 YEAR COURSE) PART-I**

**PAPER-II**

PED SURG 1/D/18/30/II

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:**

- Enlist indications for surgical management of gastroesophageal reflux disease (GERD). 4+2+4
  - Enlist the aims of surgical treatment of GERD.
  - Mention advantages and disadvantages of the surgical technique of your choice.
- Enlist poor prognostic factors for caustic injury of the esophagus. 2+2+6
  - Enlist severity grading of caustic esophageal injury on endoscopy.
  - What are three different routes of positioning the esophageal substitute in case esophageal substitution is mandated? Cite advantages and disadvantages of each one of them.
- Define short bowel syndrome (SBS). 1+2+2+5
  - Enlist etiology of SBS.
  - Enlist factors influencing severity of SBS.
  - Various procedures for surgical management of SBS.
- Define long-gap esophageal atresia. 1+4+5
  - Procedures that have been used for esophageal lengthening peri-operatively.
  - Procedures that have been used for esophageal lengthening intra-operatively.
- Enumerate the causes and types of portal hypertension (PH) in children. 4+2+4
  - Enlist and classify different operative modalities for PH.
  - Enlist pre-requisites, preoperative workup, and operative steps, advantages and disadvantages of Rex shunt.

P.T.O.

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6. a) Define recto-anal inhibitory reflex (RAIR). 1+3+6  
b) Enlist the controversies surrounding the transanal pull through operation for Hirschsprung's disease(HD).  
c) Enlist different types of operations available for reconstruction in children with long-segment HD citing advantages and disadvantages of them.
7. a) Enlist the histopathological features that differentiate congenital cystic adenomatoid malformation (CCAM) from other congenital lesions and normal lung. 3+2+2+3  
b) How does one calculate CCAM volume ratio (CVR) and what is its clinical significance?  
c) What features of CCAM prognosticate the outcome?  
d) Outline the management of CCAM.
8. a) Describe the Krickenbeck classification of anorectal malformation. 2+6+2  
b) Draw decision-making algorithms for the treatment of both male and female new-borns with an anorectal malformation.  
c) How the sacral ratio is calculated and what is its significance?
9. a) What are branchial arches, clefts and pouches? 3+2+2+3  
b) What are the derivatives of second branchial arch, cleft/ pouch?  
c) Enumerate first branchial cleft anomalies.  
d) What important adjacent structures are at risk of injury while operating on first and second branchial arch anomalies?
10. a) What do you understand by the acronym PHACE syndrome? 1+3+3+3  
b) How do you classify vascular malformations?  
c) Enumerate non-surgical modalities available for management of hemangiomas.  
d) Enumerate the recent pharmacotherapies described for intractable lymphangiomas and mention their mechanism of action.

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