## GASTROENTEROLOGY

PAPER – II

## GASTRO/D/15/10/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:

3.   4.   4.	<ul> <li>a) Medical therapy of pain due to chronic pancreatitis.</li> <li>b) Role of endotherapy in complications of chronic pancreatitis.</li> <li>c) Role of surgery in complications of chronic pancreatitis.</li> <li>Indeterminate biliary structures: <ul> <li>a) Various modalities for diagnosis &amp; their advantages &amp; limitations.</li> <li>b) Treatment strategy.</li> </ul> </li> <li>HBsAg quantification: <ul> <li>a) Role of HBsAg quantification in HBeAg positive and HBeAg</li> </ul> </li> </ul>	3+4+3 8+2
4. H t t	<ul> <li>a) Various modalities for diagnosis &amp; their advantages &amp; limitations.</li> <li>b) Treatment strategy.</li> <li>HBsAg quantification:</li> <li>a) Role of HBsAg quantification in HBeAg positive and HBeAg</li> </ul>	
a t c	a) Role of HBsAg quantification in HBeAg positive and HBeAg	<u> </u>
	<ul> <li>negative patients.</li> <li>b) Correlation of HBsAg with HBV DNA levels.</li> <li>c) Significance of HBsAg quantification and treatment response.</li> <li>d) The 'Stop Rule' for treatment using HBsAg quantification.</li> </ul>	3+3+2+2
a t	<ul> <li>Liver transplantation:</li> <li>a) Long term complications after liver transplant.</li> <li>b) Risk factors for post transplantation lympho proliferative disorder (PTLD).</li> <li>c) Clinical presentation of PTLD.</li> </ul>	4+3+3
a	<ul> <li>Acute on chronic liver failure (ACLF):</li> <li>a) Compare definitions according to APASL, AASLD: EASL Consensus and WGO.</li> <li>b) Pathophysiology.</li> </ul>	4+3+3

	<u>GASTROENTEROLOGY</u> PAPER – II	
7.	<ul> <li>An epidemiologist is conducting a survey to evaluate the presence of hepatitis B infection among the different age groups in a village with 5 lakh population. He also wants to identify the possible risk factors that may be associated with hepatitis B injection in this population.</li> <li>a) Briefly describe the kind of study that is being conducted.</li> <li>b) Describe the different sampling methods that can be used.</li> <li>c) Define the common measures of association of risk factors that the epidemiologist can use.</li> <li>d) What kind of bias is the researcher likely to encounter in this study?</li> </ul>	3+3+2+2
8.	<ul> <li>Regarding bile duct calculi:</li> <li>a) Define the 'difficult' bile duct calculus.</li> <li>b) What are different techniques available for bile duct clearance in these patients?</li> <li>c) Discuss results with these techniques.</li> <li>d) Suggest an algorithmic approach to bile duct clearance in patients with 'difficult' calculi.</li> </ul>	1+2+3+4
9.	<ul> <li>Histological features of following diseases:</li> <li>a) Alcoholic hepatitis.</li> <li>b) Autoimmune pancreatitis.</li> <li>c) Primary biliary cirrhosis.</li> <li>d) Non cirrhotic portal fibrosis.</li> <li>e) Primary sclerosing cholangitis.</li> </ul>	2x5
10.	<ul> <li>Hepatitis E virus infection:</li> <li>a) Chronic Hepatitis E infection.</li> <li>b) Extrahepatic manifestations.</li> <li>c) Treatment of chronic HEV infection.</li> <li>d) HEV Vaccine.</li> </ul>	3+3+2+2