NEUROSURGERY (Part 2)

PAPER - I

Time

: 3 hours

Max. Marks: 100

NS 2/D/10/21/I

Attempt all questions in order. Each question carries 10 marks

Write short notes on:

- Histomorphology of Pineal tumors.
- 2. Anatomical basis of various field defects.
- Cysterns at the base of brain.
- 4. Neurophysiological basis of decerebrate rigidity.
- 5. Intracranial pressure and its recording.
- Pathophysiology of cerebrospinal fluid dynamics and arrested hydrocephalus.
- 7. Chemosensitivity markers in brain tumors.
- 8. Pathophysiology of acute neurogenic pulmonary edema.
- 9. Pathphysiology of neurogenic bladder.
- 10. Hypophysio-hypothalamic axis.

NEUROSURGERY (Part 2)

PAPER -II

Time : 3 hours Max. Marks : 100

NS 2/D/10/21/II

Attempt all questions in order. Each question carries 10 marks

Write short notes on:

- Topical haemostatic agents.
- 2. Ependymoma of Filum.
- Radiosurgery for benign brain lesions.
- Management of Low grade Gliomas presenting with epilepsy.
- 5. Spontaneous cerebrospinal fluid rhinorrhoea.
- 6. SPECT: Current applications
- 7. Intracranial Aneurysms: Coiling or clipping.
- 8. Tumor of posterior pituitary.
- 9. Post-traumatic epilepsy.
- 10. P.E.T. (Position Emission Tomography): Current applications.

NEUROSURGERY (Part 2)

PAPER -III

Time

: 3 hours

Max. Marks: 100

NS 2/D/10/21/III

Attempt all questions in order. Each question carries 10 marks.

Write short notes on:

- Pathology, presentation & management of Colloid Cyst. 1.
- Management of vestibular Schwanoma: current views. 2.
- Enumerate techniques, advantages and limitations of minimally invasive 3. surgery of spine.
- Clinical features, investigations and management of Choroid Plexus 4. Papilloma.
- Classify odontoid fractures. Write treatment options for type II fractures. 5.
- Classification and surgical management of ossified posterior longitudinal 6. ligament.
- Evidence based Neurosurgery. 7.
- Neural Prosthesis and implants. 8.
- Endovascular techniques for cerebral vasospasm after subarachnoid 9. hemorrhage.
- Current management of Malignant Intracranial Hypertension. 10.