

GASTROENTEROLOGY

PAPER-II

Time: 3 hours
Max. Marks:100

GASTRO/J/19/10/II

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:

1. a) Tropical malabsorption syndrome. 4+3+3
b) Pathophysiology of short bowel syndrome.
c) HIV enteropathy
2. Acute on chronic liver failure(ACLF): 3+4+3
a) Definition and Classification.
b) Etiopathogenesis.
c) Management.
3. NASH: 3+4+3
a) Epidemiological spectrum.
b) Pathogenesis.
c) Management beyond life style modifications.
4. a) Recent advances in pathogenesis & diagnosis of 5+5
inflammatory bowel disease (IBD).
b) Newer therapies in IBD.
5. a) Molecular and genetic basis in pancreatic disorders. 3+3+4
b) Prognostic criteria in severe acute pancreatitis.
c) Autoimmune pancreatitis.
6. a) Approach to a case of incidentally detected HBsAg 3+3+4
positive subject.
b) Treatment of chronic Hepatitis B and C co-infection.
c) Treatment goals in Chronic Hepatitis B.
7. a) Pathogenesis of ascites in cirrhosis. 3+4+3
b) Diagnosis & management of spontaneous bacterial
peritonitis.
c) Management of refractory ascites.

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| 8. | Hepatocellular Carcinoma (HCC): | 3+4+3 |
| | a) Molecular & genetic basis in pathogenesis. | |
| | b) Management strategies for early HCC. | |
| | c) Liver transplantation in HCC - When and Why? | |
| 9. | a) Pathogenesis and prognostic scores in Severe Alcoholic Hepatitis(SAH). | 4+3+3 |
| | b) Status of liver transplant in SAH. | |
| | c) Non transplant management of SAH. | |
| 10. | a) Management of primary sclerosing cholangitis. | 4+3+3 |
| | b) IG4 cholangiopathy. | |
| | c) Clinical presentations of portal biliopathy. | |
