

PEDIATRIC SURGERY

PAPER – II

PED.SURG /D/17/29/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:

1. a) Enumerate derivatives of 6 branchial arches, clefts and pouches with representative diagrams. 8+2
b) Embryology of thyroid gland.
2. a) Enumerate causes of torticollis in infants and children. 5+3+2
b) Enumerate secondary effects of torticollis.
c) Enumerate indications of surgery in children with torticollis.
3. a) How would you differentiate between biliary atresia and infantile variety of choledochal cyst? 2+5+3
b) Role, merits and demerits of Kasai's porto-enterostomy in infants with biliary atresia.
c) Forme fruste choledochal cyst.
4. a) Etiology of empyema thoracis. 2+3+2+3
b) Staging of empyema thoracis.
c) Diagnosis of empyema thoracis.
d) Stage-wise management of empyema thoracis.
5. a) Enlist the difference between exomphalos and gastroschisis. 4+3+3
b) What would be the sequelae of very tight abdominal closure in a patient of exomphalos?
c) How would you decide intra-operatively that patient may have abdominal compartment syndrome post-operatively?
6. a) Draw schematic representations of 3 commonly performed surgical procedures for Hirschsprung's disease. 3+2+5
b) Diagnosis of total colonic aganglionosis.
c) Role of laparoscopy in the management of Hirschsprung's disease

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| 7. | a) What is congenital pouch colon (CPC)?
b) Prevailing classifications of CPC.
c) Diagnosis of CPC.
d) Different operative procedures for CPC and mention your choice citing reasons. | 2+3+1+4 |
| 8. | a) The usual problems encountered by male and female infants /children having undergone surgical management of ano-rectal malformations.
b) Principle of bowel management in such patients.
c) Sacral index. | 3+5+2 |
| 9. | a) Etiology of upper gastrointestinal bleeding in children.
b) Indications of shunt surgery for portal hypertension in children.
c) Different types of splenorenal shunt. | 4+3+3 |
| 10. | a) Indications of thoracoscopy in children
b) Foker's techniques.
c) Role of esophageal diversion in patients of esophageal atresia in today's era. | 3+3+4 |
