

**The West Bengal University of Health Sciences**  
**MBBS 3<sup>rd</sup> Professional Part II Examination, March - April 2024**  
**(Old Regulation)**

Subject: Obstetrics & Gynaecology  
Paper : I

Full Marks: 40  
Time : 2 hours

*Attempt all questions. The figures in the margin indicate full marks.*

1. Define antepartum haemorrhage. Write down the etiology of APH. Outline the management of abruptio placentae in a primigravida at 35 weeks of gestation. 2+3+5
2. Define maternal mortality ratio. Enumerate causes of maternal in India. Outline the management of atonic PPH. 2+3+5
3. Write short notes on **any two** of the following: 2 x 5
  - a) Complications of twin pregnancy.
  - b) Uses of misoprostol in obstetrics & gynaecology.
  - c) Prenatal screening for genetic disorder.
  - d) Causes of puerperial pyrexia.
4. Answer briefly **any two** of the following: 2 x 5
  - a) Active management of third stage of labour (AMTSL) should be done in all cases.
  - b) Routine episiotomy is not mandatory during normal vaginal delivery.
  - c) Misoprostol is a very useful drug in obstetric practice.
  - d) Vacuum extraction (Ventouse) is a better option than obstetric forceps in modern day practice.

**The West Bengal University of Health Sciences**  
**MBBS 3rd Professional Part-II Examination (New Regulation)**  
**March - April 2024**

Subject: Obstetrics & Gynaecology  
 Paper: I

Full Marks:100  
 Time: 3 hours

*Attempt all questions. The figures in the margin indicate full marks.*

1. a) A 32 year old primigravida at 37 weeks of gestation presented with active bleeding per vagina. 1+3+4+7
  - i) What is the diagnosis?
  - ii) How can you differentiate the causes for this clinical condition?
  - iii) Write down the immediate management.
  - iv) What is the definitive management of this patient?
- b) A 30 year old primigravida with twin pregnancy at 34 weeks of gestation attended emergency for mild pain abdomen with twin pregnancy. What are the predisposing factors for twin pregnancy? How can you determine chorionicity? What are the complications of multiple pregnancy? Outline the management of the case till delivery. 2+3+4+6
2. a) Compare the WHO labor care guide with modified WHO Partograph. Describe the components of active management of third stage of labor (AMTSL). 3+7
- b) What are the causes of hyperglycemia in pregnancy? How will you screen the patient? What are the fetal complications? 3+3+4
- c) Outline the guidelines for antenatal anti-D prophylaxis in Rh negative pregnancy. What are the neonatal complications in Rh-negative pregnancy? 6+4
3. Write short notes on the following: 2 x 5
  - a) Psychological counseling of a mother presented with IUFD.
  - b) Parenteral iron therapy.
4. Explain the following statements: 5 x 4
  - a) Antenatal corticosteroids should be given in preterm delivery.
  - b) Anomaly scan is mandatory in modern obstetrics.
  - c) PCPNDT act – a boon to reduce female foeticide.
  - d) Exclusive breastfeeding should be encouraged.
  - e) Asymptomatic bacteriuria must be treated during pregnancy.

**P.T.O**

5. Choose the correct option for each of the following:

- a) In cardiotocography which one is the hallmark of oxygenation?  
 i) Baseline ii) Baseline variability  
 iii) Acceleration iv) Deceleration
- b) Urgency of Caesarian section is classified into:  
 i) Two categories ii) Three categories  
 iii) Four categories iv) Five categories
- c) Fetal hemopoiesis first occurs in:  
 i) Yolk sac ii) Fetal spleen  
 iii) Fetal liver iv) Fetal bone marrow
- d) Causes of hydramnios are all except:  
 i) Anencephaly ii) Spina bifida  
 iii) Diabetes mellitus iv) Hypothyroidism
- e) Which of the following is not true about maternal and perinatal health in India and Globally:  
 i) SDG targets MMR reduction  $\leq 70$  per 1 lakh live births.  
 ii) Target for NMR is  $\leq 12$  per 1000 live births.  
 iii) Hemorrhage is the lead cause of maternal death globally.  
 iv) The target year for the SDG goals to achieve is 2025.
- f) Commonest cause of puerperal pyrexia is:  
 i) Genital infection ii) Urinary infection  
 iii) Mastitis iv) Thrombophlebitis
- g) Ultrasonography at 10 weeks can diagnose:  
 i) Hydrocephalus ii) Anencephaly  
 iii) Microcephalus iv) Abruptio placentae
- h) Which antihypertensive is not used in pregnancy?  
 i) Labetalol ii) Enalapril  
 iii) Methyldopa iv) Nifedipine
- i) Ominous signs of eclampsia are all except:  
 i) Headache ii) Blurred vision  
 iii) Bleeding per vagina iv) Epigastric pain
- j) Retained placenta is declared when placenta is not separated from uterus by:  
 i) 30 min ii) 20 min  
 iii) 10 min iv) 45 min

**The West Bengal University of Health Sciences**  
**MBBS 3<sup>rd</sup> Professional Part II Examination, March - April 2024**  
**(Old Regulation)**

Subject: Obstetrics & Gynaecology  
Paper : II

Full Marks: 40  
Time : 2 hours

*Attempt all questions. The figures in the margin indicate full marks.*

1. Define primary amenorrhoea. Enumerate four causes of primary amenorrhoea. How will you manage a case of imperforate hymen?  
2+2+6
2. Define primary infertility. What are the common causes of primary infertility? What are the basic investigations done to find out the cause of primary infertility? How are you going to manage a woman aged 25 year having irregular menstruation and anovulation?  
2+2+2+4
3. Write short notes on **any two** of the following: 2 x 5
  - a) Dermoid cyst.
  - b) Semen analysis.
  - c) Pelvic part of ureter and its importance.
  - d) Progesterone only contraceptive.
4. Answer briefly **any two** of the following: 2 x 5
  - a) Empirical treatment of PID to be started based on minimal criteria for diagnosis.
  - b) Ovarian malignancy is diagnosed at later stage.
  - c) Vaginal hysterectomy is not an ideal operation in all cases of genital prolapse.
  - d) Visual inspection after application of acetic acid (VIA) is important for cervical cancer screening in a country like India.

**The West Bengal University of Health Sciences**  
**MBBS 3rd Professional Part-II Examination (New Regulation)**  
**March - April 2024**

Subject: Obstetrics & Gynaecology  
 Paper: II

Full Marks: 100  
 Time: 3 hours

*Attempt all questions. The figures in the margin indicate full marks.*

1. a) A 26 year old married woman presented with abnormal uterine bleeding (AUB) with a mass just palpable suprapelvicly. 3+2+3+7
  - i) How can you differentiate between uterine & ovarian mass clinically?
  - ii) How can you confirm the diagnosis?
  - iii) Enumerate degenerative changes in fibroid.
  - iv) Outline management if fibroid is of 6 cm in diameter on the fundal region (intramural).
- b) A post menopausal woman aged 55 year C/O something down per vagina for last 3 year. She has five living children, all are home delivered. 2+4+5+4
  - i) What is your provisional diagnosis?
  - ii) What are the risk factors for the development of this condition?
  - iii) Describe the supports of uterus.
  - iv) How will you manage this case?
2. a) Define infertility. Write common causes of female infertility. How will investigate the tubal factors of female infertility. 2+4+4
- b) What are the different types of genitourinary fistula? What are its causes? How will you diagnose a case of VVF? 3+3+4
- c) A 15 year old girl complains of amenorrhea with periodic pain in lower abdomen. How do you proceed to diagnose such a case? What will the management of such case? 5+5  
2 x 5
3. Write short notes on the following:
  - a) Three swab test.
  - b) Imperforate hymen.
4. Explain the following statements: 5 x 4
  - a) Laparoscopy gives more diagnostic information than hysterosalpingography.
  - b) HRT can prevent post-menopausal osteoporosis.
  - c) Ovarian malignancy is a silent killer.
  - d) Emergency contra caption should not be used as a regular contraception.
  - e) Uterine artery embolization is a promising newer method of treatment of symptomatic fibroid.

5. Choose the correct option for each of the following:

10x1

a) Which of the following tumor markers is used for the diagnosis of ovarian germ cell tumor?

- i) CA-125                      ii) LDH                      iii) TAG-72                      iv) CEA

b) Contraindication of prostaglandin F<sub>2α</sub> (PGF<sub>2α</sub>) is:

- i) Anemia                      ii) Jaundice  
iii) Asthma                      iv) Diabetes Mellitus

c) All are surgical management of stress urinary incontinence (SUI) except:

- i) Burch colposuspension                      ii) Midurethral sling  
iii) Kelly stitch                      iv) Fothergill stitch

d) The commonest cause of precocious puberty is:

- i) Pituitary tumour                      ii) Granulosa cell tumor of ovary  
iii) Dermoid cyst of ovary                      iv) Constitutional

e) The commonest site of pelvic endometriosis is:

- i) Uterosacral ligament                      ii) Ovary  
iii) Rectovaginal septum                      iv) Pelvic peritoneum

f) The most reliable method of diagnosis of genital tuberculosis is:

- i) Endometrial curettage in late secretory phase followed by histological and bacteriological examination  
ii) Hysterosalpingography  
iii) Hysteroscopy and laparoscopy  
iv) PCR for nucleic acid amplification from specimen

g) What is not a criteria for diagnosis of bacterial vaginosis?

- i) Presence of 'clue-cells'                      ii) Fishy odor of vaginal secretion on alkalinization  
iii) Plenty of lactobacilli                      iv) Vaginal pH greater than 4.5

h) What is the correct descending order of incidence of malignancy of female genital organ in India?

- i) Endometrium, Cervix, Ovary                      ii) Cervix, Ovary, Endometrium  
iii) Ovary, Cervix, Endometrium                      iv) Cervix, Endometrium, Ovary

i) Excessive amount of cyclical bleeding at normal intervals is termed as:

- i) Menorrhagia                      ii) Metrorrhagia  
iii) Epimenorrhea                      iv) Oligomenorrhea

j) Followings are contraindications of IUCD except:

- i) Irregular vaginal bleeding                      ii) PID  
iii) Following MTP                      iv) Uterine didelphys

**The West Bengal University of Health Sciences**  
**MBBS 3rd Professional Part-II Examination (New Regulation)**  
**March - April 2024**

Subject: General Medicine  
 Paper: I

Full Marks : 100  
 Time : 3 hours

*Attempt all questions. The figures in the margin indicate full marks.*

1. a) A 30 year old female patient presented with gradual onset of shortness of breath, orthopnea, history of PND, on examination there is mid diastolic murmur at mitral area. What is your diagnosis? Describe the pathophysiology of this clinical condition. Outline the management of this case. 2+7+6
- b) A 55 year old male patient with past history of jaundice, presented with abdominal distension with altered mental status. What is your diagnosis? Describe the etiology and clinical features of the disease. Outline the investigation and complications of this case. 2+3+4+3+3
2. a) What are the causes of vitamin B12 deficiency? Mention the clinical presentations of such condition. How will you treat a case of vitamin B12 deficiency? 2+4+4
- b) What are the clinical forms of Leishmaniasis? What are the investigations to diagnose Leishmaniasis? How the disease will be treated? 3+3+4
- c) A 15 year old boy presents with puffiness of face and breathlessness, with active urinary sediments. How will you approach the case? Outline its management. 6+4
3. Write short notes on the following: 2 x 5
  - a) Role of physician in society.
  - b) Paraquat poisoning.
4. Explain the following statements: 5 x 4
  - a) Genetic counseling is important in preventing some disease.
  - b) Acute rheumatic fever is a criteria based diagnosis.
  - c) Jugular venous pulse wave can provide diagnostic clue in complete heart block.
  - d) Hepatorenal syndrome can be managed with Terlipressin.
  - e) Long-standing use of proton pump inhibitors (PPI) is harmful to the human body.

5. Choose the correct option for each of the following:

10x1

- i) Which medication is commonly used for the acute management of hyperkalemia by shifting potassium into cells?
- a) Loop diuretics
  - b) Calcium gluconate
  - c) Sodium bicarbonate
  - d) Insulin with glucose
- ii) Haemophilia type A follows which type of genetic inheritance:
- a) Autosomal Recessive
  - b) X-Linked Dominant
  - c) X-Linked Recessive
  - d) Autosomal Dominant
- iii) Regarding hypertensive emergency, all are true except:
- a) Blood pressure must be reduced within 5 minutes to prevent hypertensive encephalopathy
  - b) Sublingual nifedipine is indicated
  - c) Aortic dissection is complication
  - d) Mannitol is indicated to reduce cerebral edema
- iv) What is the most common cause of acute myocardial infarction?
- a) Atherosclerosis
  - b) Hypertension
  - c) Hypercholesterolemia
  - d) Atrial fibrillation
- v) Which autoantibody is not found in SLE?
- a) Anti ds DNA
  - b) ANA
  - c) Anti smith
  - d) Anti CCP
- vi) Oliguria in adult is defined as urinary output less than:
- a) 0.1ml/kg/hr
  - b) 0.3ml/kg/hr
  - c) 1.5ml/kg/hr
  - d) 0.8ml/kg/hr
- vii) A 20 year old known case of mitral regurgitation presented with high fever, toxic look, clubbing and splenomegaly. Ophthalmoscopy likely to reveal:
- a) Roth spots
  - b) Copper wiring
  - c) Flame shaped haemorrhage
  - d) Macular edema
- viii) Hypothermia is found in case of:
- a) Malaria
  - b) Heat stroke
  - c) Myxoedema coma
  - d) Neuroleptic malignant syndrome
- ix) Anti-phospholipid antibodies is associated with an increased risk of which clinical manifestation?
- a) Renal involvement
  - b) Cutaneous vasculitis
  - c) Thrombosis
  - d) Pulmonary fibrosis
- x) Which one of the following is responsible for hypercalcemia?
- a) Hypomagnesemia
  - b) Adrenal insufficiency
  - c) Sarcoidosis
  - d) Chronic kidney disease

**The West Bengal University of Health Sciences**  
**MBBS 3<sup>rd</sup> Professional Part II Examination, March - April 2024**  
**(Old Regulation)**

Subject : Medicine  
Paper : I

Full Marks : 60  
Time : 2 ½ hours

*Attempt all questions.*

*The figures in the margin indicate full marks in each question.*

1. Define acute coronary syndrome. Briefly discuss the diagnosis and management of acute coronary syndrome. 2+4+4
  
2. Answer **any one** of the following:
  - a) A 65 year old male presented with painless progressive jaundice for two month. Describe your approach to diagnose the case. Discuss briefly the management of the patient. 5+5
  
  - b) Discuss the clinical features and investigations of rheumatoid arthritis. Write the treatment of Rheumatoid arthritis in brief. 4+3+3
  
3. Write short notes on **any five** the following: 5 x 4
  - a) Scrub typhus- Diagnosis and management.
  - b) Adult Immunization.
  - c) Post streptococcal glomerulonephritis.
  - d) Complications of inflammatory bowel disease.
  - e) Turner syndrome.
  - f) Vitamin B12 deficiency.
  - g) Dengue shock syndrome.
  
4. Write short notes on **any five** of the following : 5 x 4
  - a) Extra-intestinal manifestations of ulcerative colitis.
  - b) Drugs for treatment of Kala Azar.
  - c) Gastro-esophageal reflux disorder (GERD).
  - d) Malignant hypertension.
  - e) Tumor lysis syndrome.
  - f) Hepatitis C-diagnosis and treatment.
  - g) Indication of hemodialysis in acute kidney injury.

**The West Bengal University of Health Sciences**  
**MBBS 3rd Professional Part-II Examination (New Regulation)**  
**March - April 2024**

**Subject: General Medicine**  
**Paper: II**

**Full Marks: 100**  
**Time: 3 hours**

*Attempt all questions. The figures in the margin indicate full marks.*

1. a) A 18 year old boy was brought to the emergency department with history of fever, impaired consciousness and convulsion. What are the possibilities of this case? How will you investigate to reach a diagnosis? Write the treatment outline in brief. 5+5+5
- b) A 40 year old patient with shortness of breath, heaviness of the right side of the chest and low grade fever for last three weeks. There was stony dullness on percussion of right side of thorax. 2+3+4+6
  - i) What is the probable diagnosis?
  - ii) What other clinical findings do you expect to find in this patient?
  - iii) What are the differential diagnosis in this condition?
  - iv) What investigations will you do to confirm the diagnosis?
2. a) A 20 year old lady attends medical OPD with fever for 7 days along with gum bleeding, severe pallor and purpuric spots. What is your provisional diagnosis? How will you investigate and manage the case? 2+4+4
- b) What is Thyrotoxicosis? What are the different causes? Discuss briefly clinical features and management of myxoedema coma. 2+2+2+4
- c) Define anemia. Enumerate the clinical features in patients with haemolytic anemia. Discuss the essential laboratory investigations in a case of haemolytic anemia. 2+4+4
3. Write short notes on the following: 2 x 5
  - a) Obsessive compulsive disorder.
  - b) Toxic epidermal necrolysis. 5 x 4
4. Explain the following statements:
  - a) Clinical classification of leprosy is necessary for planning treatment.
  - b) Some drugs to be used with caution in psychiatric illness patients to avoid risk of serotonin syndrome.
  - c) Impaired glucose tolerant people do not routinely need anti-diabetic drugs.
  - d) Steven Johnson Syndrome and DRESS (drug reaction with eosinophilia and systemic symptoms) are not synonymous.
  - e) Bone marrow examination is necessary in pancytopenia.

**P.T.O**

a) In the CURB-65 scoring system for pneumonia, which is not included?

- i) Blood urea nitrogen (BUN)
- ii) Respiratory Rate
- iii) Cyanosis
- iv) Age

b) A 55 year old man presents with early satiety, weight loss and abdominal fullness. Physical examination reveals splenomegaly. Peripheral blood smear shows increased basophils and the presence of the Philadelphia chromosome. What is the most likely diagnosis?

- i) Acute myeloid leukemia (AML)
- ii) Chronic lymphocytic leukemia (CLL)
- iii) Chronic myeloid leukemia (CML)
- iv) Hodgkin lymphoma

c) 'Row of tombstones' appearance is seen in:

- i) Herpes Zoster
- ii) Pemphigus
- iii) Pemphigoid
- iv) Irritant dermatitis

d) Which anti-tubercular drug is contraindicated in pregnancy?

- i) Ethambutol
- ii) Streptomycin
- iii) Rifampicin
- iv) INH

e) Elderly man presented to OPD with gradual onset of weakness of all four limbs, he also has florid fasciculation of both upper arm, most likely diagnosis is:

- i) Amyotrophic lateral sclerosis
- ii) GB syndrome
- iii) Myasthenia Gravis
- iv) Chronic inflammatory demyelinating polyneuropathy

f) Weight gain occurs in all except:

- i) Pheochromocytoma
- ii) Cushing's syndrome
- iii) Hypothyroidism
- iv) Insulinoma

g) Right 12<sup>th</sup> cranial nerve damage leads to:

- i) Tongue deviation toward left on protrusion
- ii) Tongue deviation to right on protrusion
- iii) Nasal tonation of voice
- iv) Scanning of speech

h) Conversion disorder is treated by:

- i) Psychotherapy
- ii) Electroconvulsive therapy
- iii) Lithium
- iv) Venlafexine

i) Beevor's sign is seen in:

- i) Abdominal muscle
- ii) Facial muscle
- iii) Respiratory muscle
- iv) Tongue muscle

j) What is primary defect of Thalassemia major?

- i) Impaired iron absorption
- ii) Increased red blood cell production
- iii) Decreased synthesis of one of the globin chains of hemoglobin
- iv) Abnormal clotting factors

**The West Bengal University of Health Sciences**  
**MBBS 3<sup>rd</sup> Professional Part II Examination, March - April 2024**  
**(Old Regulation)**

Subject : Medicine  
Paper : II

Full Marks : 60  
Time : 2 ½ hours

*Attempt all questions.*

*The figures in the margin indicate full marks in each question.*

1. Discuss the etiopathogenesis, diagnosis and management acute bacterial meningitis. 3+3+4
  
2. Answer **any one** of the following:
  - a) A 20 year old boy presented with episodic breathlessness during winter season for last three years. Discuss the clinical features, diagnosis and management of this patient. 2+4+4
  
  - b) Outline the clinical features and management of diabetic ketoacidosis. 2+8
  
3. Write short notes on **any five** the following: 5 x 4
  - a) Treatment of Hodgkin's Lymphoma.
  - b) Hyperpigmentation.
  - c) Panic Disorder.
  - d) Vertigo.
  - e) Management of Organophosphorus poisoning.
  - f) Megaloblastic anemia.
  - g) Status epilepticus.
  
4. Write short notes on **any five** of the following : 5 x 4
  - a) Psoriasis.
  - b) Acromegaly.
  - c) Clinical significance of Glasgow Coma Scale.
  - d) Immune thrombocytopenic purpura.
  - e) Anorexia nervosa.
  - f) Clinical features of diphtheria.
  - g) Importance of CSF study.

**The West Bengal University of Health Sciences**  
**MBBS 3rd Professional Part-II Examination (New Regulation)**  
**March - April 2024**

**Subject: Pediatrics**

**Full Marks : 100**

**Time : 3 hours**

*Attempt all questions. The figures in the margin indicate full marks.*

1. a) A 2 year old male child presented to emergency with a history of fever, cough and cold for 1 day. Today in the morning while at home the child had an episode of abnormal movement of all four limbs with upward rolling of the eye balls and incontinence of bowel and bladder and transient loss of consciousness lasting for 3 minutes. The child was febrile during the episode, but now he is active and playful. What is your provisional diagnosis? Enumerate three differential diagnoses. Discuss the clinical features, investigations and treatment of the above mentioned case. 1+3+3+4+4
- b) A 15 month old baby presents to the hospital with a history of fever, cough and cold for 5 days and during last 2 days, the baby has developed respiratory distress. Enumerate three causes of this presentation. Discuss the clinical features, investigations and treatment of congestive cardiac failure. 3+4+3+5
2. a) Describe methods of heat loss in newborn. What are the grades of hypothermia? Mention components of warm chain for prevention of hypothermia in newborn. 3+2+5
- b) Define and classify epilepsy. Describe types, clinical features and management of febrile convulsion. 5+5
- c) Describe the pathogenesis, clinical manifestations and management of Henoch-Scholein Purpura. 3+3+4
3. Write short notes on the following: 2 x 5
  - a) Ethical consideration during withdrawal of life support.
  - b) Clinical features and management of foreign body aspiration in children.
4. Explain the following statements: 5 x 4
  - a) Vitamin K injection must be given to all the newly born babies at birth.
  - b) Breast milk is the first vaccine baby receives.
  - c) Evaluation of hematocrit is more important than platelet count in the management of dengue.
  - d) Delayed cord clamping in the current practice during birth.
  - e) Low osmolar ORS is better than conventional ORS of WHO.

**P.T.O**

5. Choose the correct option for each of the following:

- a) Which of the following is TRUE regarding asymmetric IUGR?
- Time of insult is during early 1<sup>st</sup> trimester.
  - Size of cells mainly affected as compared to number of cells.
  - Ponderal index  $>2$
  - Maternal hypertension is not a risk factor.
- b) A boy was brought to the OPD with delayed puberty. He has webbed neck, intellectual disability, short stature and clinodactyly. What is the most common congenital heart disease you would expect in this child?
- Bicuspid aortic valve
  - Hypertrophic obstructive cardiomyopathy
  - Supravalvular pulmonary stenosis
  - Coarctation of aorta
- c) The following are characteristics of autosomal dominant inheritance except:
- Vertical transmission
  - Any of the parents carried the affected gene
  - Males and Females are equally affected
  - Male to male transmission
- d) Which of the following congenital infections causes cicatricial limb reduction defects?
- Cytomegalovirus
  - Herpes simplex
  - Rubella
  - Varicella Zoster
- e) Which of the following is high flow oxygen device?
- Venturi mask
  - Trans tracheal catheter
  - Partial non rebreathing mask
  - Non rebreathing mask
- f) All of the following are complications of pre-term delivery except:
- Necrotizing enterocolitis
  - Hyaline membrane disease
  - Meconium aspiration syndrome
  - Retinopathy
- g) Which of the reflexes are not found in a neonate?
- Moro reflex
  - Asymmetric tonic neck reflex
  - Palmer grasp reflex
  - Parachute reflex
- h) Pearly white lesions with foamy appearance are seen on the sclera of a child. Which of the following symptoms are related to deficiency of same micronutrient causing the mentioned lesion?
- Conjunctival xerosis
  - Angular stomatitis
  - Glossitis
  - Photosensitive rash
- i) Absolute contraindication to breastfeeding is:
- Maternal hepatitis C
  - Galactosemia in the infant
  - Maternal HIV
  - Maternal TB
- j) What is the maximum age by which anterior fontanelle is expected close?
- 5 months
  - 1 months
  - 18 months
  - 6 months

**The West Bengal University of Health Sciences**  
**MBBS 3<sup>rd</sup> Professional Part II Examination, March - April 2024**  
**(Old Regulation)**

Subject: Paediatrics (including Neonatology)

Full Marks: 40

Time: 2 hours

*Attempt all questions. The figures in the margin indicate full marks in each question.*

1. Write down the hemodynamics of ventricular septal defect (VSD). Write down the management of VSD. 5+5
  
2. Write briefly *any two* of the following : 2 x 5
  - a) Management of neonatal convulsion.
  - b) Prevention of neonatal hypothermia.
  - c) 'Not enough milk'.
  
3. Write short notes on *any three* of the following : 3 x 4
  - a) Management of dengue fever in children.
  - b) MR vaccine.
  - c) Hypoxic 'blue' spells.
  - d) Common causes and laboratory diagnosis of iron deficiency anaemia in children.
  
4. A 7 year old boy presented with the swelling of whole body starting in the face and scanty reddish urine last 4 days. What is your provisional diagnosis? What investigation would you like to do? Briefly outline the management of the patient. 1+3+4

**The West Bengal University of Health Sciences**  
**MBBS 3rd Professional Part-II Examination (New Regulation)**  
**March - April 2024**

Subject: General Surgery  
 Paper: I

Full Marks : 100  
 Time : 3 hours

*Attempt all questions. The figures in the margin indicate full marks.*

1. a) A 40 year old female presented in the OPD with a 2x3cm SOL in upper and outer quadrant of the right breast that is free from skin and underlying structures and having a single mobile palpable lymph node in ipsilateral axilla. Her chest X-ray and USG abdomen reports are within normal limits. What is the TNM classification of this patient? What is triple assessment? Briefly outline the treatment options of early breast carcinoma. 3+6+6
- b) A 65 year old male patient presented with recurrent vomiting especially in the evening over the last month. The vomitus contains old undigested food particles. He also complains of anorexia and unintentional weight loss for the last 3 months. On examination there was pallor, positive succussion splash and ausculto-percussion test. Serum sodium: 133 meq/l ; serum potassium 3.6 meq/l, Albumin 2.7g/dl. 1+2+5+3+4
  - i) What is your provisional diagnosis?
  - ii) Enumerate any four etiological factors for development of this disease.
  - iii) Discuss in brief any two important investigations to confirm your diagnosis and staging the disease.
  - iv) Discuss in brief the modes of spread of this disease.
  - v) How will you prepare this patient for surgery?
2. a) Classify parotid tumors. How will you manage a case of pleomorphic of the parotid in a 40 year old man? 4+6
- b) Discuss the management of burns involving 25% BSA in a 50 year old lady whose body weight is 55kg. 10
- c) A 55 year old male patient presented in the OPD with history of bleeding per rectum for last 7 days. What are the differential diagnosis? Briefly outline the treatment of acutely bleeding haemorrhoid. 5+5
3. Write short notes on the following: 2 x 5
  - a) Complications of TPN.
  - b) Roles of an IMG.
4. Explain the following statements: 5 x 4
  - a) Prolene mesh is used in direct inguinal repair.
  - b) Marjolin's ulcer is painless.
  - c) Keloid differs from hypertrophic scarring.
  - d) Frey's syndrome may occur after parotidectomy.
  - e) Splenectomy is indicated for hereditary spherocytosis.

5. Choose the correct option for each of the following:

10x1

i) Commonest organism causes cellulitis is:

- a) Staphylococcus
- b) Streptococcus
- c) E.coli
- d) Hemophilus

ii) Felon is:

- a) Mid palmer space infection
- b) Pulp space infection
- c) Infection of ulnar bursa
- d) Infection of radial bursa

iii) The following are different phases of wound healing except:

- a) Inflammatory phase
- b) Proliferative phase
- c) Ischemic phase
- d) Remodeling phase

iv) Which of the following blood products is best suited for treating a patient having active bleeding due to multiple clotting factors deficiency?

- a) Packed RBCs
- b) Cryoprecipitate
- c) Platelets
- d) Fresh frozen plasma

v) Changes in the body metabolism that occurs in response to trauma are all except:

- a) Lipolysis
- b) Hypoglycaemia
- c) Gluconeogenesis
- d) Protein breakdown

vi) Coffee bean sign is usually seen in:

- a) Sigmoid volvulus
- b) Pyloric obstruction
- c) Intussusception
- d) Strangulated epigastric hernia

vii) Ramsted's operation is performed for:

- a) Hirschsprung's disease
- b) Congenital hypertrophic pyloric stenosis
- c) Duodenal atresia
- d) Anorectal malformation

viii) Surgical treatment for varicose vein is contraindicated in the presence of:

- a) Venous ulcer
- b) Deep vein thrombosis
- c) Multiple incompetent perforators
- d) Sapheno-femoral incompetence

ix) Backwash ileitis is seen in:

- a) Colonic carconoma
- b) Crohn's disease
- c) Ulcerative colitis
- d) Colonic polyp

x) Which is the most common cause for pyogenic liver abscess?

- a) Trauma
- b) Biliary tract infection
- c) Colonic diverticulitis
- d) Appendicitis

**The West Bengal University of Health Sciences**  
**MBBS 3<sup>rd</sup> Professional Part II Examination, March - April 2024**  
**(Old Regulation)**

Subject: Surgery  
Paper: I

Full Marks: 60  
Time: 2 1/2 hours

*Attempt all questions. The figures in the margin indicate full marks.  
Use separate answer sheets for Question No.4*

1. Classify burn. How is the area of burns assessed? How will you manage a 50 year old lady with 40% burn? 4+3+8
  
2. Answer **any one** of the following :
  - a) Discuss the etiology, classification, clinical features, diagnosis and management of Gall stone. 2+2+3+4+4
  
  - b) Classify salivary gland tumor. Outline the clinical presentation, diagnosis and management of pleomorphic adenoma. 3+3+4+5
  
3. Write short notes on **any three** of the following: 3x5
  - a) Parotid fistula.
  - b) O.P.S.I.
  - c) Preoperative preparation in a case of obstructive jaundice.
  - d) Femoral hernia.
  - e) Blood substitutes.
  
4. Write short notes on **any three** of the following: 3x5
  - a) Anatomical changes in Congenital Talipes Equino Varus.
  - b) Myositis Ossificans.
  - c) Tension band wiring.
  - d) Ewing's sarcoma.
  - e) Sequestrum.

**The West Bengal University of Health Sciences**  
**MBBS 3rd Professional Part-II Examination (New Regulation)**  
**March - April 2024**

Subject: General Surgery  
 Paper: II

Full Marks: 100  
 Time: 3 hours

*Attempt all questions. The figures in the margin indicate full marks.*

*Use separate answer script for Orthopaedics*

1. a) What are the clinical features of primary hyperparathyroidism? How will you investigate a case of primary hyperparathyroidism? How will you treat it? 6+5+4
- b) A 60 year old gentleman has come to the surgery OPD with complain of painless hematuria for 2 weeks duration. 5+4+6
  - i) Briefly discuss any five causes of painless hematuria in this patient.
  - ii) Discuss the investigations you would do to confirm your diagnosis.
  - iii) Briefly discuss the management of a renal cell carcinoma affecting the lower pole of the right kidney.
2. a) A 25 year old male labor has come to the OPD with a history of recurrent purulent discharge from right upper leg for last 10 years. Clinical features and x-ray findings are suggestive of chronic osteomyelitis.
  - i) Discuss the clinical features (History, Symptoms & Signs) of chronic osteomyelitis.
  - ii) Mention at least three diagnostic findings on plain X-ray film in this case.
  - iii) Mention at least two complications of chronic osteomyelitis. 5+3+2
- b) Discuss the clinical features, investigations and treatment of benign hypertrophy of the prostate. 10
- c) Briefly discuss the clinical presentations, diagnosis and management of flail chest. 3+2+5
3. Write short notes on the following: 2 x 5
  - a) ERCP.
  - b) Write the difference between dental cyst and dentigerous cyst.
4. Explain the following statements: 5 x 4
  - a) We avoid per rectal examination in acute anal fissure.
  - b) Cuffed endotracheal tube is used in general anesthesia.
  - c) For bladder irrigation sterile water should not be used.
  - d) Giant cell tumour of bone has the highest chance of recurrence.
  - e) NCCT brain is a necessary investigation tool to differentiate between extradural and subdural hematoma.

5. Choose the correct option for each of the following:

- i) All are true about undescended testis except:
  - a) Orchidopexy decreases the malignancy risk associated with undescended testis.
  - b) Recommended timing for orchidopexy is at or near 1 year.
  - c) If both testes are non-palpable, human chorionic gonadotrophin level confirm the presence of functioning testicular tissue.
  - d) For non-palpable testes laparoscopy has proven to be useful with 95% sensitivity.
- ii) All are true about ureteric colic except:
  - a) Radiates to the groin, penis, scrotum or labium as the stone progresses down the ureter.
  - b) The severity of the colic related to the size of the stone.
  - c) Hematuria is very common.
  - d) There may be few physical signs.
- iii) Which of the following is not an external factor of bladder cancer?
  - a) Aromatic amines    b) Smoking    c) Alcohol    d) Cyclophosphamide
- iv) Serum calcium is a marker of:
  - a) Anaplastic cancer    b) Medullary cancer    c) Follicular cancer    d) Papillary cancer
- v) Hydradenitis suppurativa is found to occur in:
  - a) Axilla    b) Circumoral    c) Scalp    d) Groin
- vi) Most common site of acute aortic dissection is:
  - a) Right lateral wall of ascending aorta    b) Arch of aorta
  - c) Suprarenal abdominal aorta    d) Infrarenal abdominal aorta
- vii) Gold standard to diagnose pulmonary embolism:
  - a) Chest X ray    b) Pulmonary angiography
  - c) Ventilation perfusion scintiscan    d) CT chest
- viii) Surgical correction in cleft palate primarily aims at all of the following except:
  - a) Control of nasal regurgitation    b) To promote normal dentition and facial growth
  - c) To get a normal speech    d) Normal appearance of lips, nose and face
- ix) Which of the following is skeletal muscle relaxant?
  - a) Atracurium    b) Rocuronium
  - c) Rapacuronium    d) Suxamethonium
- x) All are signs of increased intracranial tension due to cerebral edema except:
  - a) Hypotension    b) Bradycardia    c) Papilloedema    d) Vomiting

**The West Bengal University of Health Sciences**  
**MBBS 3<sup>rd</sup> Professional Part II Examination, March - April 2024**  
**(Old Regulation)**

Subject: Surgery  
Paper: II

Full Marks: 60  
Time: 2 1/2 hours

*Attempt all questions. The figures in the margin indicate full marks.*  
*Use separate answer sheets for Question No.4*

1. What are the clinical features of primary hyperparathyroidism? How will you investigate a case of primary hyperparathyroidism? How will you treat it?  
6+5+4
2. Answer **any one** of the following :
  - a) A 30 year old male patient suffering from unilateral scrotal swelling. What are the differential diagnosis? How will you proceed for confirmation your diagnosis? Outline the principles of different type of surgery for unilateral vaginal hydrocele.  
4+6+5
  - b) What are the causes of urolithiasis? Enumerate different types of renal stones. How will you proceed for management of right ureteric colic?  
5+4+6
3. Write short notes on **any three** of the following: 3x5
  - a) Split thickness skin grafts.
  - b) Glasgow coma scale.
  - c) Axonotmesis.
  - d) Flail chest.
  - e) Hypospadias.
4. Write short notes on **any three** of the following: 3x5
  - a) Adamantinoma.
  - b) Brachytherapy.
  - c) Spinal anaesthesia.
  - d) Thyroglossal cyst.
  - e) Lucid interval.