

**The West Bengal University of Health Sciences**  
**MBBS 3rd Professional Part-II Examination (New Regulation)**  
**March - April 2025**

**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 70 year old male with history of Type 2 Diabetes Mellitus and hypertension presented to the emergency with shortness of breath. No history of fever. What are the various possibilities? How will you approach for managing the case? 5+10
- b) A 18 year old female patient hailing from a village is brought with alleged history of poisoning. Her mother gives history that the patient had consumed half a tube of Rat killer paste about 4 hrs back. Patient is conscious, oriented, vitals stable and systemic examination unremarkable. 5+3+3+4
- i) Discuss the first line of management.
- ii) Describe the clinical features and complications you expect in the patient.
- iii) How will you manage the complications?
2. Answer the following:
  - a) A 35 year old female came to OPD with weakness and multiple joint pain for long time. She has problem for walking in early morning. What are the possibilities? Describe briefly the investigations and treatment of the case. 2+3+5
  - b) Write down the clinical features and management of Scrub Typhus. 5+5
  - c) Describe the clinical features and laboratory work up of ulcerative colitis. Mention the complications of the condition. 7+3
3. Write short notes on the following: 2 x 5
  - a) Informed consent is must before performing procedure in Medical ward.
  - b) Turner's syndrome.
4. Explain the following statements: 5 x 4
  - a) Role of Biosimilars in reducing the cost of medical therapy.
  - b) Vegans are more susceptible to megaloblastic anemia.
  - c) Role of Rifaximin is necessary for prevention of HE in CLD cases.
  - d) Serum electrolytes are important to direct the cause of altered sensorium.
  - e) Microvascular complications are more common in falciparum malaria.



**The West Bengal University of Health Sciences**  
**MBBS 3<sup>rd</sup> Professional Part II Examination, March - April 2025**  
**(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. Enumerate the causes of Ascites. Write briefly the investigation and management of a case of Ascites. 2+4+4
  
2. Answer **any one** of the following:
  - a) A 45 year old male presented with bleeding from mouth at emergency. How do you differentiate hematemesis from hemoptysis? How do you approach to find out the cause of hematemesis and what is the management of hematemesis due to portal hypertension? 2+3+5
  
  - b) What is pyrexia of unknown origin? How you will approach a case of Pyrexia of unknown origin? 3+7
  
3. Write short notes on **any five** the following: 5 x 4
  - a) Microalbuminuria.
  - b) Paroxysmal supraventricular tachycardia.
  - c) Tropical sprue.
  - d) Philadelphia chromosome.
  - e) Cardiac biomarker of AMI.
  - f) BCR-ABL fusion gene.
  - g) Massive splenomegaly.
  
4. Write short notes on **any five** of the following: 5 x 4
  - a) Erythropoietin.
  - b) Osteomalacia.
  - c) Serological markers of Hepatitis B.
  - d) Constrictive pericarditis.
  - e) Management of dog bite with unknown status.
  - f) Acute kidney injury.
  - g) Jugular venous pulse.

**The West Bengal University of Health Sciences**  
**MBBS 3rd Professional Part-II Examination (New Regulation)**  
**March - April 2025**

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

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

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

1. a) A 50 year old lady having history of low grade fever, malaise and anorexia for more than 2 months. She has multiple area lymph nodes swelling. What are the causes? How will you approach for diagnosis and management of the case? 4+5+6
- b) A 18 year old boy was brought to the emergency department with history of sudden onset gradually progressive weakness of both his lower limbs for last 20 days with areflexia. There are neither bladder and bowel symptoms nor any band like sensation over the trunk, cranial nerve symptoms or cortical symptoms. How will you investigate, monitor and treat this case? 5+5+5
2. Answer the following:
  - a) What is Nosocomial pneumonia? Discuss briefly the causes, clinical features and management of a case of Nosocomial Pneumonia. 2+2+2+4
  - b) How will you classify Leprosy based on histological and immunological features? How will you manage Paucibacillary leprosy? 5+5
  - c) What is subclinical hypothyroidism? When to treat subclinical hypothyroidism? What are the causes of subclinical hypothyroidism? 3+4+3
3. Write short notes on the following: 2 x 5
  - a) Steps of basic life support
  - b) Clinical features of major depression
4. Explain the following statements: 5 x 4
  - a) Anticoagulation therapy is used in Covid -19 infection.
  - b) Use of inhalation therapy is better than oral therapy for treatment of COPD.
  - c) Neuroleptic malignant syndrome may be precipitated by a host of drugs.
  - d) Shock in adrenal deficiency.
  - e) Imatinib is not used in all cases of CML.

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

10x1

i) Hyper resonant note and absent breath sounds are found in:

- a) Pleural effusion
- b) Pneumothorax
- c) Pneumonia
- d) Emphysema

ii) A patient has serum calcium level of 13.5 mg/dl on routine examination. Which of the following test will be most helpful for diagnosing primary hyperparathyroidism?

- a) Serum phosphate
- b) USG Neck
- c) Serum PTH
- d) Serum ionized calcium

iii) Purse lip breathing is a feature of:

- a) Asthma
- b) COPD Emphysema
- c) Heart failure
- d) Pneumonia

iv) On EEG, 3 Hz spike and wave pattern is typical of which of the following?

- a) Absence seizure
- b) Grand mal seizure
- c) Simple partial seizure
- d) Myoclonic seizure

v) Which of the following is not the diagnostic test of Acromegaly?

- a) Dexamethasone suppression test
- b) Glucose tolerance test
- c) Hand and heel X-Ray
- d) Serum IGF-1 level

vi) A 25 year old male patient presented with well demarcated silvery white plaques on extensor surface of the limbs and scalp. What is the most likely diagnosis?

- a) Vitiligo
- b) Psoriasis
- c) Lichen planus
- d) Contact dermatitis

vii) Waddling gait is typically seen in:

- a) Spastic paraparesis
- b) L4-L5 Radiculopathy
- c) Cerebrovascular disease
- d) Proximal myopathy

viii) The earliest clinical feature of diabetic nephropathy is:

- a) Increased serum creatinine
- b) Microalbuminuria
- c) Haematuria
- d) Nephrotic syndrome

ix) Which of the following drug act by increasing incretin effect?

- a) Teneligliptin
- b) Voglibose
- c) Glimeperide
- d) Pramlintide

x) Which statement is true in GB syndrome?

- a) Bladder and bowel dysfunction occurs in early phase.
- b) Systemic steroid is the mainstay of treatment.
- c) Decreased nerve conduction velocity is seen.
- d) Follows remitting and relapsing course.

**The West Bengal University of Health Sciences**  
**MBBS 3<sup>rd</sup> Professional Part II Examination, March - April 2025**  
**(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. What is Epilepsy? Enumerate different causes of it. Discuss briefly the management of Status Epilepticus. 2+3+5
  
2. Answer **any one** of the following:
  - a) Briefly discuss the clinical features, diagnosis and management of iron deficiency anemia. 3+7
  
  - b) A 46 year old lady has presented with a history of palpitation and weight loss for the last three months. On examination she is found to have a smooth swelling in front of the neck which moves with deglutition. How will you approach this patient to make a diagnosis? Briefly outline the management of this patient. 5+5
  
3. Write short notes on **any five** the following: 5 x 4
  - a) Megaloblastic Anemia.
  - b) Chancroid.
  - c) Post exposure prophylaxis for HIV infection.
  - d) Hyperosmolar non-ketotic coma.
  - e) Interpretation of pulmonary function test.
  - f) Adult immunization.
  - g) Bell's palsy.
  
4. Write short notes on **any five** of the following: 5 x 4
  - a) Hypercalcemia.
  - b) Pemphigus.
  - c) Clinical feature of motor neuron disease.
  - d) Treatment of Depression.
  - e) Types of tremor.
  - f) Horner's syndrome.
  - g) Common side effects of 1<sup>st</sup> line anti-tubercular drugs.

**The West Bengal University of Health Sciences**  
**MBBS 3rd Professional Part-II Examination (New Regulation)**  
**March - April 2025**

**Subject: Pediatrics**

**Full Marks : 100**

**Time : 3hours**

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

1. a) What are the anatomical types of Ventricular septal defect? Discuss in brief the clinical features, hemodynamics, natural course and complications of Ventricular septal defect. How will you manage a two year old child with ventricular septal defect?  

2+2+3+2+3+3
  
- b) A 4 year old baby girl is brought to the ER with 3 days history of cola colored scanty urine. On examination, her BP is found to be high. What is the provisional diagnosis? Mention two features you will try to elicit in past history. Mention the commonest etiological agent involved. Mention at least three complications of this condition. Enumerate the lab investigations to confirm your diagnosis. Describe the management of such a case.  

1+2+1+3+4+4
  
2. Answer the following:
  - a) Discuss the etiopathogenesis, clinical features and management of Pyogenic meningitis in children.  

3+2+5
  
  - b) What is the WHO classification of Xerophthalmia? Write in brief The National Prophylaxis Program against Nutritional Blindness.  

5+5
  
  - c) Describe briefly bilirubin metabolism in relation to physiological jaundice in newborn. A 5 days old term baby has presented with jaundice noted on 2<sup>nd</sup> day of life delivered at home. Enumerate the possible causes. How will you approach for diagnosis and management?  

3+2+5
  
3. Write short notes on the following: 2 x 5
  - a) Ethical consideration when we counsel the parents of a child with Down's syndrome.
  - b) Developmental milestone of a normal child of one year of age.
  
4. Explain the following statements: 5 x 4
  - a) Diuretics should be used judiciously to reduce edema in nephrotic syndrome.
  - b) A baby on exclusive breast feeding does not need to be fed water in the first few months of life even in summer months.
  - c) Premature babies are more prone for hypothermia than term babies.
  - d) Zero dose (birth dose) of Hep B vaccine should be given to all neonates.
  - e) Platelet transfusion does not help much in ITP.

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

10x1

i) Fast breathing at 2 months to one year of age when respiratory rate is:

- a) 60 and above
- b) 50 and above
- c) 40 and above
- d) 30 and above

ii) Moderate transfusion regimen in Thalassemia is defined as when pre-transfusion hemoglobin level is maintained between:

- a) 8-9.5 gm/dl
- b) 10-11.5 gm/dl
- c) 9-10.5 gm/dl
- d) 11-12.5 gm/dl

iii) A 5 year old child has presented with intellectual disability. On examination, he has the features of mongoloid slant of eyes, sandal gap of toes and clinodactyly of little finger. Which chromosomal anomaly is seen in Karyotyping?

- a) Trisomy 13
- b) Trisomy 18
- c) Trisomy 21
- d) XXY Syndrome

iv) Which of the following congenital infections causes periventricular calcification?

- a) Herpes Simplex
- b) Cytomegalovirus
- c) Rubella
- d) Varicella Zoster

v) Moderate acute malnutrition is identified by:

- a) Mental apathy
- b) Skin changes
- c) Bilateral pedal edema
- d) Anthropometry

vi) Which of the following is not a sign of raised intracranial tension?

- a) Sunset sign
- b) Bulging anterior fontanelle
- c) 6<sup>th</sup> cranial nerve palsy
- d) Hypotension

vii) According to WHO, cold stress in a neonate is defined as:

- a) Core temperature less than 32 deg C
- b) Core temperature between 32 deg C - 35.7 deg C
- c) Core temperature between 36.5 deg C - 37 deg C
- d) Core temperature between 36 deg C - 36.4 deg C

viii) BCG vaccination reduces incidence of:

- a) Miliary TB
- b) Primary complex
- c) Congenital TB
- d) Lymph node TB

ix) Drug of choice for absence seizure is:

- a) Sodium valproate
- b) ACTH
- c) Ethosuximide
- d) Carbamazepine

x) The commonest cause of hypokalemia in children is:

- a) Acute gastroenteritis
- b) Use of loop diuretics
- c) Diabetic ketoacidosis
- d) Distal tubular acidosis

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**The West Bengal University of Health Sciences**  
**MBBS 3<sup>rd</sup> Professional Part II Examination, March - April 2025**  
**(Old Regulation)**

Subject: Paediatrics

Full Marks: 40

Time: 2 hours

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

1. Write briefly the pathogenesis of cerebral oedema in children. How to manage a child with raised intracranial tension? 5+5
  
2. Write briefly *any two* of the following: 2 x 5
  - a) Limitations for infants of diabetic mother.
  - b) Advantages of exclusive Breast feeding.
  - c) Common causes of pathological jaundice in newborn.
  
3. Write short notes on *any three* of the following: 3 x 4
  - a) Febrile Convulsion.
  - b) Modified Jones criteria.
  - c) Pneumococcal Vaccine.
  - d) Congenital Hypothyroidism.
  
4. A 5 year old boy admitted with fever for last 3 days and respiratory distress for one day. On examination, temp 101 degree F, RR is 50/min, chest retraction and nasal flaring present. What is the most probable diagnosis? Outline the management of this case. 2+6

**The West Bengal University of Health Sciences**  
**MBBS 3rd Professional Part-II Examination (New Regulation)**  
**March - April 2025**

**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 25 year old 2<sup>nd</sup> gravida came to your ANC at her 36 weeks of gestation. On examination, it is a breech presentation. She had term vaginal delivery in the previous pregnancy and wants vaginal delivery this time also. She said that in internet she has seen some manoeuvre on the abdomen to correct this condition. What is the manoeuvre? Enumerate the contraindications of this manoeuvre. What is the preferred timing of this manoeuvre and why? Detail the manoeuvre procedure. 1+5+3+6
- b) A 38 year old 2<sup>nd</sup> gravida with post ceasarian delivery came to OBGY emergency with complain of pain abdomen. She is at her 38 weeks of gestation. 1+1+5+5+3
- i) Will you admit the patient or send her home with advice after examination?
- ii) What is scar dehiscence?
- iii) How to diagnose scar dehiscence?
- iv) Differentiate between lower segment and upper segment uterine scar.
- v) Enumerate the risk factors for scar rupture.
  
2. Answer the following:
  - a) Define puerperial sepsis. Enumerate the risk factors of puerperial sepsis. Outline the principles of treatment. 1+4+5
  - b) Define maternal mortality ratio (MMR) and explain how it is calculated. Discuss the major causes of maternal mortality and the strategies to reduce it. 3+3+4
  - c) Write different methods of antepartum assessment of fetal well being. 10
  
3. Write short notes on the following: 2 x 5
  - a) Succenturiate lobe of placenta
  - b) Preconception counseling
  
4. Explain the following statements: 5 x 4
  - a) Post partum contraception is a must for maternal health.
  - b) Universal screening of gestational diabetes mellitus should be done in all cases of pregnancy.

- c) Early diagnosis of tubal ectopic decreases the requirement of surgical intervention.
- d) Treatment of subclinical hypothyroidism during pregnancy should be done.
- e) Delayed cord clamping has advantages.

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

10x1

a) Vaginal wall become hyperemic and swollen with bluish discoloration during pregnancy. This sign is termed as:

- i) Chadwick's sign      ii) Goodell's sign      iii) Oslander's sign      iv) Hegar's sign

b) In APH, conservative management is known as:

- i) ACT regime      ii) EMA-CO regime
- iii) Pritchard regime      iv) Johnson-McAfee regime

c) Which one of the following is not a component of Deep Transverse Arrest?

- i) Head is deep into the pelvic cavity
- ii) Sagittal suture is placed in the transverse bispinous diameter
- iii) No descent of head even after ½ - 1 hr following full dilatation
- iv) Membranes intact

d) Pregnancy is contraindicated in which heart disease?

- i) Mitral stenosis      ii) Mitral regurgitation      iii) Aortic stenosis      iv) Eisenmenger's complex

e) Best timing of giving episiotomy where necessary is:

- i) On engagement of presenting part      ii) Before crowning
- iii) After crowning      iv) Head at '0' station

f) Following biochemical tests are used for screening of early trimester aneuploidy except:

- i) Free beta hcg      ii) PAPP-A      iii) Oestriol      iv) AFP

g) Carbetocin dose for PPH is:

- i) 100 microgram      ii) 50 microgram      iii) 150 microgram      iv) 75 microgram

h) Biophysical score includes all except:

- i) NST      ii) Fetal muscle tone
- iii) Amniotic fluid volume      iv) Doppler velocimetry of umbilical artery

i) Microcytic hypochromic anemia in pregnancy is found in all of the following cases except:

- i) Hemoglobinopathies      ii) Sideroblastic anemia
- iii) Iron deficiency anemia      iv) Isolated B12 deficiency anemia

j) The general consensus on administering antenatal corticosteroids is between:

- i) 20-24 weeks      ii) 24-34 weeks
- iii) 36-39 weeks      iv) 34-36 weeks

**The West Bengal University of Health Sciences**  
**MBBS 3<sup>rd</sup> Professional Part II Examination, March - April 2025**  
**(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. What are the causes behind fundal height less than period of gestation? Discuss the diagnosis and management of fetal growth restriction. 2+3+5
2. Write down the clinical features of multiple pregnancies. What are the common complications of multiple pregnancies? How can you diagnose multiple pregnancies with chorionicity in 2<sup>nd</sup> trimester? 3+4+3
3. Write short notes on *any two* of the following: 2 x 5
  - a) Couvelaire uterus.
  - b) Deep transverse arrest.
  - c) Development of placenta.
  - d) Missed abortion.
4. Answer briefly *any two* of the following: 2 x 5
  - a) All antenatal mothers should be screened for hyperglycaemia in our country – comment.
  - b) Iron folifer tablet supplementation in pregnancy is necessary- justify.
  - c) Fetal Doppler study is vital in management of Rh-immunized mother - comment.
  - d) Tubal pregnancy does not always need surgical intervention - explain.

**The West Bengal University of Health Sciences**  
**MBBS 3rd Professional Part-II Examination (New Regulation)**  
**March - April 2025**

**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 17 year old girl presents to the clinic with complaints of never having had a menstrual period. She has normal secondary sexual characteristics. Her external genitalia is female but examination reveals a blind ending vaginal pouch. 1+2+2+4+6
  - i) What is your diagnosis?
  - ii) Define the clinical condition.
  - iii) List four important causes of the above condition based on patient presentation.
  - iv) What diagnostic tests would you perform to confirm the clinical diagnosis?
  - v) Briefly outline the management of this condition.
  
- b) A 55 year old post-menopausal lady has attended OPD with complain of bleeding per vagina since last few days. 2+2+3+4+4
  - i) Define menopause.
  - ii) How menopause is diagnosed?
  - iii) Enumerate six important causes of post-menopausal bleeding.
  - iv) How will you investigate this case?
  - v) Briefly mention the management of early endometrial cancer.
  
2. a) Describe the FIGO staging of carcinoma cervix. Outline the management of carcinoma cervix stage IIA. 6+4
  
- b) How will you assess ovulation in a sub-fertile couple? Discuss about different ovulation inducing drugs. 5+5
  
- c) What is the mechanism of action of IUCD? What are the causes of missing thread? How will you manage a case of IUCD with missing thread? 2+4+4
  
3. Write short notes on the following: 2 x 5
  - a) Premenstrual syndrome.
  - b) Chocolate cyst of ovary.
  
4. Explain the following statements: 5 x 4
  - a) Medical management of intramural fibroid is an alternative to hysterectomy.
  - b) Diagnosis of Stress urinary incontinence (SUI) is done mainly clinically.

- c) Laparoscopy is gold standard for diagnosis of endometriosis.
- d) LASER is an important tool in modern Gynaecology.
- e) Lactobacillus is the regulator of normal vaginal flora.

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

10x1

- a) Tobacco pouch appearance in HSG is seen due to:
  - i) Calcification of fallopian tube      ii) Hydrosalpinx
  - iii) Intrauterine adhesion              iv) Small uterine cavity
  
- b) Most common malignant ovarian tumor in adolescent girls is:
  - i) Dermoid cyst                              ii) Serous cystadenocarcinoma
  - iii) Yolk sac tumor                        iv) Dysgerminoma
  
- c) Location of Bartholin's cyst:
  - i) Anterior vaginal wall                  ii) Lateral vaginal wall
  - iii) Posterior vaginal wall               iv) Anterolateral vaginal wall
  
- d) Vaginal pH is maintained by:
  - i) Anaerobic streptococci                ii) Dordlein's bacilli
  - iii) E coli                                      iv) Diphtheroids
  
- e) The most common cause of precocious puberty in a 6 year old girl is:
  - i) Idiopathic                                ii) PCOS
  - iii) CNS tumor                              iv) McCune Albright syndrome
  
- f) A pregnant woman presents with red degeneration of fibroid. The management is:
  - i) Myomectomy                            ii) Hysterectomy
  - iii) Conservative                         iv) Termination of pregnancy
  
- g) Most common cause of ureteric injury during abdominal hysterectomy is:
  - i) Infundibulo-pelvic ligament          ii) Ureteric tunnel
  - iii) Vaginal vault                         iv) Where ureter passes beneath the uterine vessels
  
- h) Primary dysmenorrhea can be treated by all except:
  - i) Antiprostaglandins      ii) Cyclic combined estrogens and progestogen preparation
  - iii) Presacral neurectomy                iv) Uterine curettage
  
- i) Following are true regarding Transvaginal Ultrasonography(TVS) except:
  - i) Obesity does not cause difficulties      ii) Narrow vagina is a difficulty
  - iii) Full bladder needed                        iv) Full bladder not needed
  
- j) What is the recommended period for taking a post coital contraceptive pill after unprotected intercourse?
  - i) Within a week      ii) Within 4 days      iii) Within 3 days      iv) Within 5 days

The West Bengal University of Health Sciences  
MBBS 3<sup>rd</sup> Professional Part II Examination, March - April 2025  
(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 menorrhagia. What are the causes of puberty menorrhagia? How will you investigate and manage a case of puberty menorrhagia? 2+2+6
2. Describe the pathological classification of benign ovarian tumour. Discuss the diagnosis and management of twisted ovarian cyst. 3+2+5
3. Write short notes on **any two** of the following: 2 x 5
  - a) Emergency contraception.
  - b) Imperforate hymen.
  - c) Vulvo-vaginal candidiasis.
  - d) Evaluation of postmenopausal bleeding.
4. Answer briefly **any two** of the following: 2 x 5
  - a) Lymphatic drainage of Vulva.
  - b) Ureteric injuries in gynaecological surgeries.
  - c) Male factor is to be excluded first in infertility workup.
  - d) Curettage may cause Asherman's syndrome.

**The West Bengal University of Health Sciences**  
**MBBS 3rd Professional Part-II Examination (New Regulation)**  
**March - April 2025**

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 male with history of previous laparotomy about 6 months back for duodenal ulcer perforation having history of mid abdominal pain for about 24 hours was brought to OPD with colicky abdominal pain, visible intestinal peristalsis and frequent vomiting and obvious abdominal distension. What is your provisional diagnosis? How will you differentiate complete and partial small bowel obstruction? What are the signs of strangulation of gut? Mention the types of small bowel obstruction (SBO)? What will be your management in SBO? 1+3+3+3+5
  
- b) A 32 year old lady attended surgical OPD with painless multiple nodules of various size on both lobes of thyroid and isthmus causing mass in front of the neck and it is also looking ugly. There is no sign of malignancy and thyrotoxicity. What is your diagnosis? What investigations are needed to confirm your diagnosis? How will you manage the patient? Discuss the post-operative complications after thyroid surgery. 1+4+5+5
  
2. Answer the following:
  - a) Write down the etiology, clinical features, investigations and treatment of acute pancreatitis. 2+3+2+3
  - b) What do you mean by FNAC? Mention its clinical implications. Write down the advantages and disadvantages of FNAC. 2+3+5
  - c) Write down the causes and management of Surgical Site Infection (SSI). Discuss the management of burst abdomen. 5+5
  
3. Write short notes on the following: 2 x 5
  - a) Mismatched blood transfusion
  - b) Medical negligence
  
4. Explain the following statements: 5 x 4
  - a) Preservation of small bowel length is very important considering resection and anastomosis in Crohn's disease when it is needed.
  - b) Patients of abdominal surgical problems need P/R examination.
  - c) Post operative large midline incisional hernia should be treated as early as possible after three months of operation.
  - d) The edge of tuberculous ulcer is undermined.
  - e) Nulliparity is a risk factor for breast carcinoma.

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

10x1

i) The central venous pressure is high in:

- a) Hypovolaemic shock
- b) Anaphylactic shock
- c) Septic shock
- d) Obstructive shock

ii) Capitonage is used in treatment of:

- a) Choledochal cyst
- b) Hydatid cyst
- c) Dermoid cyst
- d) Renal cyst

iii) Technetium 99 scan produce hot spot in:

- a) Pleomorphic adenoma of parotid
- b) Adenoid cystic carcinoma of parotid
- c) Muco-epidermoid carcinoma of parotid
- d) Adenolymphoma of parotid

iv) The characteristic feature of basal cell carcinoma is:

- a) Epithelial pearls
- b) Orphan annie eye nuclei
- c) Palisading islands
- d) Cell nests

v) "Peritoneal Mice" comes from:

- a) Appendices epiploicae
- b) Pseudomyxoma peritonei
- c) Peritoneal seedlings of tumor
- d) Endometriosis

vi) Cellulitis is:

- a) Nonsuppurative and non invasive
- b) Suppurative and non invasive
- c) Nonsuppurative and invasive
- d) Suppurative and invasive

vii) A 50 kg man having 40% second degree burns. How much fluid will be required in the first 8 hours?

- a) 8 litres
- b) 4 litres
- c) 2 litres
- d) 6 litres

viii) Most common retroperitoneal tumor is:

- a) Rhabdomyosarcoma
- b) Neuroblastoma
- c) Leomyosarcoma
- d) Liposarcoma

ix) The most effective prophylactic measure in gas gangrene is:

- a) Thorough debridement of wound
- b) Anti gas-gangrene serum in appropriate dose
- c) Thorough irrigation with normal saline
- d) Exposure to hyperbaric oxygen

x) Most common cause of benign stricture in esophagus:

- a) Achalasia cardia
- b) Foreign body in esophagus
- c) Strictures due to alkalis and caustics
- d) Congenital

**The West Bengal University of Health Sciences**  
**MBBS 3rd Professional Part-II Examination (New Regulation)**  
**March - April 2025**

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 questions*

1. a) A 50 year old gentleman, a bus conductor by profession, complained of pain and swelling in his left lower limb which was aggravated especially in the evening. On examination, there is a swelling in the course of the Great Saphenous vein of the left lower limb with a 3 x 4 cm ulcer near the region of medial malleolus. 2+4+2+6+1
  - i) State with reasons your provisional diagnosis.
  - ii) Discuss the course of great saphenous vein and enumerate its tributaries in the groin, thigh and leg.
  - iii) Discuss one important investigation to investigate the above patient that would help you to confirm your clinical diagnosis.
  - iv) Discuss only the principles of management of varicose vein and venous ulcer.
  - v) Name one minimally invasive procedure done for varicose veins.
  
- b) Classify bone tumor. Write in brief the clinical features, investigations and treatment of giant cell tumor of lower end of radius. 4+3+3+5
  
2. Answer the following:
  - a) What is cleft lip and cleft palate? Write down the management of cleft lip and cleft palate. 2+2+3+3
  
  - b) What are the types of congenital hydrocele? Write in short clinical features and treatment of acquired hydrocele. 4+3+3
  
  - c) What is Tension pneumothorax? Write down the clinical features and management of Tension pneumothorax. 2+4+4
  
3. Write short notes on the following: 2 x 5
  - a) Adamantinoma.
  - b) Epidural anaesthesia.
  
4. Explain the following statements: 5 x 4
  - a) Diathermy (electro surgical unit) is very useful in modern surgical operation theatre.
  - b) ABI (Ankle Brachial pressure index) measured in suspected case of Diabetic foot shows a high value.

- c) Hypercalcemia may occur in renal cell carcinoma.
- d) Carbon dioxide is used in pneumoperitoneum.
- e) GCS score can never be zero.

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

10x1

i) Plain abdominal X ray shows "Double bubble" sign in:

- a) Duodenal atresia
- b) Ileal atresia
- c) Meconium ileus
- d) Malrotation and midgut volvulus

ii) Wolfe graft is:

- a) Thin split thickness graft
- b) Thick split thickness graft
- c) Medium split thickness graft
- d) Full split thickness graft

iii) Umbilical hernia in pediatric age group:

- a) May result partly from absence of the Richet's fascia
- b) Commonly strangulated below the age of 3 years
- c) If symptomless, should be operated below the age of 2 years
- d) Should be operated by hernioplasty to prevent recurrence

iv) Painless effusion in joints in congenital syphilis is called:

- a) Clutton's joint
- b) Banton's joint
- c) Charcot's joint
- d) Synovitis

v) Which is not seen in complete ectopic vesicae?

- a) Umbilical hernia
- b) Visible uretero vesical reflux
- c) Hypospadias
- d) Waddling gait

vi) Which bladder stone is not radiopaque?

- a) Tripple phosphate
- b) Uric acid
- c) Xanthine
- d) Cysteine

vii) Common site for extradural hemorrhage:

- a) Frontal
- b) Occipital
- c) Temporoparietal
- d) Brainstem

viii) Whitaker test is done in:

- a) Posterior urethral valves
- b) Ureteric opening distal to external spincter
- c) Ureterocele
- d) Benign prostatic hyperplasia

ix) Dietl's crisis is associated with all except:

- a) Renal colic
- b) Swelling in the loin
- c) Haematuria
- d) Swelling disappears after passage of large volume of urine

x) As a rule which of the following is not seen in Carcinoma penis?

- a) Fungation of glans
- b) Lymphatic spread to groin
- c) Urinary obstruction
- d) Phimoses