

I.T.S DENTAL COLLEGE, HOSPITAL & RESEARCH CENTRE

.47, KNOWLEDGE PARK -III, GREATER NOIDA

3rd YR. B.D.S Regular Batch (2008 Batch)

2nd INTERNAL ASSESSMENT EXAMINATION -THEORY

Subject: - General Surgery

Date: 30/06/11

Max. Marks: 50

Time: 3 hours

Note:

1. Attempt all the questions.
2. Draw neat and well labelled diagrams wherever necessary.
3. Use separate answer sheets for part A & part B

PART -A

Q.1- Define gangrene? What are the different causes of Gangrene? Mention treatment of Gas Gangrene.. (8)

Q.2- Define shock? What are the causes of shock? How will you manage a case with haemorrhagic shock? (8)

Q.3- Short notes:

a) Complications of Blood transfusion.

b) Grave's disease.

c) Cancrum oris.

PART- B

Q.1 Classify fractures depending on the plane of fractures. Describe open reduction of fractures. (8)

Q.2 Classify of Goitres. What are the complications of Thyroidectomies? (8)

Q.3 Comment on : (3X3=9)

a) Healing of fractures

b) HIV prophylaxis from Patient to healthcare Personnale

c) Gonorrhoea

MCQ

Max. Marks 20

Q1. Immediate management of a patient with multiple # & fluid loss includes the infusion-

- a) Blood
- b) Dextran
- c) Normal saline
- d) Ringer Lactate

Q2. Features of Hypovolemic shock are all except-

- a) Oliguria
- b) Bradycardia
- c) Low BP
- d) Acidosis

Q3. One of the following is the earliest indication of concealed/ Acute bleeding-

- a) Tachycardia
- b) Postural hypotension
- c) Oliguria
- d) Cold & clammy hands

Q4. Best way to prevent Gas Gangrene is-

- a) Immunoglobulins
- b) Hyperbaric Oxygen
- c) Proper wound debridement
- d) Anti Gas Gangrene serum

Q5. Commonest form of Actinomycosis is-

- a) Facio-cervical
- b) Thoracic
- c) Rt. Iliac fossa
- d) Liver

Q6. Within 48 hrs. of transplantation, skin graft survives due to-

- a) Amount of Saline in Graft
- b) Plasma Imbibition
- c) New vessels growing from the donor tissue
- d) Connection between donor & recipient capillaries

Q7. What does "take in/ up" means in case of skin graft-

- a) Revascularisation of graft
- b) Return of sensation
- c) When graft becomes adherent to recipient site
- d) Non-adherent graft is shed-off.

Q8. Medullary carcinoma of thyroid arises from-

- a) Parafollicular C cells
- b) Cells lining the acini
- c) Capsule of thyroid
- d) Stroma of Gland

Q9. Most probable malignancy that develops in a case of long standing goitre is-

- a) Follicular Ca
- b) Anaplastic Ca
- c) Papillary Ca
- d) Medullary Ca

Q10. Wash leathery slough is present in-

- a) Carbuncle
- b) Marjolin's ulcer
- c) Gumma
- d) Vincent angina

IIIrd INTERNAL ASSESMENT –III (2008 odd)

Date- 25-6-12.

General Surgery

All questions are to be Attempted

Max marks-70

Duration-3Hrs

Please be Specific & write relevant answers only. Draw the well labelled diagrams wherever necessary.

Part-I

Q.1- Discuss the approach to a case of multiple injured patient, and describe the management of Facial trauma. (8+8)16

Q.2-Write short notes on-

- | | |
|-------------------|---|
| i. Nerve Injuries | 5 |
| ii. Tracheostomy | 5 |

Q.3- Write short notes on-

- | | |
|--------------------------------|---|
| I. Mixed Parotid Tumour | 3 |
| II. Tubercular lymphadenopathy | 3 |
| III. Gumma | 3 |

Part-II

Q.1 Give characteristic features of a case of carcinoma of cheek. Describe the management of a case of carcinoma of Cheek 11

Q.2 Short Notes on-

- | | |
|-----------------------|---|
| iii. Dry Gangrene | 5 |
| iv. Ludwig's Angina | 5 |
| v. Plasma Substitutes | 5 |

Q.3 Comment on

- | | |
|--|---|
| a) Admantinoma | 3 |
| b) HIV prophylaxis from Patient to healthcare Personnale | 3 |
| c) Wedge Biopsy | 3 |