Sikkim Public Service Commission
Main Written Examination for the Post of General Duty Medical Officer
Paper III
Surgery, Gynaecology & Obstetrics

Time Allowed : 3.00 Hrs.  Maximum Marks : 300

INSTRUCTIONS TO CANDIDATES

Read the following instructions carefully before answering the questions :-

1. IMMEDIATELY AFTER THE COMMENCEMENT OF THE EXAMINATION, YOU SHOULD CHECK THAT THIS TEST BOOKLET DOES NOT HAVE ANY UNPRINTED OR TORN OR MISSING PAGES OR ITEMS ETC. IF SO, GET IT REPLACED BY A COMPLETE TEST BOOKLET.

2. Use only Black Ball Point Pen to fill the OMR sheet.

3. Do not write anything else on the OMR Answer Sheet except the required information.

4. This Test Booklet contains two sections, Section A (Surgery) & Section B (Gynaecology & Obstetrics) of 150 marks each of MCQ & Conventional paper.

5. Question No. 1 of each section consists of 50 multiple choice questions of 2 marks each. Candidates are required to attempt all of them on the OMR sheet provided.

6. Question No. 2 of each section contains 10 short answer type question of 4 marks each. Candidates are required to attempt ANY 5 of these questions. Question No. 3 of each section contains 4 Long Answer type question of 15 marks each. Candidates are required to attempt ANY 2 of these questions from each sections.

7. Candidates are required to attempt Question No. 2 and Question No. 3 of each Section in a separate Answer Book provided, clearly marking the answer book as SECTION-A & SECTION-B.

8. Marking Scheme

THERE WILL BE NEGATIVE MARKING FOR WRONG ANSWERS MARKED BY A CANDIDATE IN THE OBJECTIVE TYPE QUESTION PAPERS.

(i) There are four alternatives for the answer to every question. For each question for which a wrong answer has been given by the candidate, one-third of the marks assigned to that question will be deducted as penalty.

(ii) If a candidate gives more than one answer, it will be treated as a wrong answer even if one of the given answers happens to be correct and there will be same penalty as above to the question.

(iii) If a question is left blank, i.e., no answer is given by the candidate, there will be no penalty for that question.

DO NOT OPEN THIS TEST BOOKLET UNTIL YOU ARE ASKED TO DO SO
SECTION-A (Surgery)

Q.No.1. Multiple Choice Questions 50x2=100

1. Which of the following is not a test for varicose veins?
   A. Schwartz test
   B. Fegan's test
   C. Pemberton test
   D. Modified Perthe's test

2. The inter pectoral lymph nodes are called?
   A. Delphian nodes
   B. Irish Nodes
   C. Rotter's Nodes
   D. Sister Mary Joseph's Nodes

3. An 'Onion Peel' appearance on CT is suggestive of
   A. Chondroma
   B. Ewing's sarcoma
   C. Plasmacytoma
   D. Osteosarcoma

4. Virchow's triad is characterized by
   A. Stasis
   B. Endothelial injury
   C. Hypercoagulability
   D. All of the above
5. The Most common cause of small bowel obstruction
   A. Malignancy
   B. Crohn’s disease
   C. Post-operative adhesions
   D. Incarcerated Hernia

6. All of the following make up Alvarado Score except
   A. Anorexia
   B. Left shift of Neutrophils
   C. Iliopsoas sign
   D. Right lower quadrant pain

7. ‘Double-bubble’ Sign on X-ray is characteristic of
   A. Duodenal atresia
   B. Jejunal atresia
   C. Meconium ileus
   D. Pyloric stenosis

8. Orphan Annie eye Nuclei is seen in
   A. Papillary carcinoma thyroid
   B. Medullary carcinoma thyroid
   C. Anaplastic carcinoma thyroid
   D. Follicular carcinoma thyroid
9. FAST stands for
A. Focused assessment for sonography for trauma
B. Focused abdominal sonography for trauma
C. Fast assessment with sonography for trauma
D. Fast assignment with sonography and tomography (Computed)

10. Which organisms is responsible for Gas Gangrene?
A. Cl. Botulinum
B. Cl. Difficile
C. Cl. Perfringens
D. Cl. Tetani

11. Shock is clinically best assessed by
A. Pulse
B. Blood pressure
C. Urine Output
D. Skin turgor

12. Which colour of triage is given highest priority
A. Red
B. Green
C. Yellow
D. Black
13. Solubility of Cholesterol in Bile is determined by
   A. Cholesterol, calcium, Bilirubin
   B. Cholesterol, Bile Salts, Lechthin
   C. Bile Salts, Cholesterol, Bilirubin
   D. Calcium, Cholesterol, Bile salts

14. The most common cause of Atrial septal defect is
   A. Sinus venous defect
   B. Ostium Primum defect
   C. Ostium Secundum Defect
   D. Combined primum and Secundum defect

15. Which is not a component of Systemic Inflammatory response syndrome [SIRS]
   A. Temperature
   B. WBC Count
   C. Blood Pressure
   D. Heart rate

16. A clean incised wound heals by
   A. Primary intention
   B. Secondary intention
   C. Excessive scarring
   D. None of the above
17. Most common Nosocomial infection
   A. Surgical site infection
   B. Respiratory tract infection
   C. Urinary tract infection
   D. Skin and soft tissue infection

18. In which of the tumours Alpha feto Protein is elevated
   A. Choriocarcinoma
   B. Neuroblastoma
   C. Hepatocellular carcinoma
   D. Seminoma

19. Best investigation for bone metastasis is
    A. MRI
    B. CT
    C. Bone Scan
    D. X-ray

20. Normal value of Ankle Brachial index is
    A. 0.8
    B. 1
    C. 1.2
    D. 0.3
21. Drug used for sclerotherapy of Varicose Veins are all except
   A. Ethanolamine Oleate
   B. Polidocanol
   C. Ethanol
   D. Sodium tetradecyl Sulphate

22. Most common tumour of parotid gland
   A. Warthin’s
   B. Pleomorphic adenoma
   C. Adenocarcinoma
   D. Hemangioma

23. Triple assessment for Ca Breast includes
   A. History, Clinical examination and mammogram
   B. History, Clinical examination and FNAC
   C. USG, Mammogram and FNAC
   D. Clinical examination, Mammogram and FNAC

24. Barrett’s oesophagus is diagnosed by
   A. squamous Metaplasia
   B. Intestinal Metaplasia
   C. Squamous dysplasia
   D. intestinal dysplasia
25. Risk factor for adenocarcinoma oesophagus
A. Barrett’s Oesophagus
B. Corrosive injury
C. Achalasia Cardia
D. All of the above

26. The consistently largest artery of stomach is
A. Right gastric
B. Left gastric
C. Right Gastroepiploic
D. Left Gastroepiploic

27. Highly selective vagotomy preserves
A. Nerves of Latarjet
B. Nerves of Kuntz
C. Nerves of Mayo
D. None of the above

28. Root of Mesentery is how long?
A. 5 cms
B. 15 cms
C. 25 cm
D. 35 cms
29. Constricting type of colonic carcinoma is seen in
   A. Left colon
   B. Right colon
   C. Transverse colon
   D. Caecum

30. Commonest presentation of carcinoma rectum is
   A. Diarrhoea
   B. Constipation
   C. Bleeding PR
   D. Feeling of incomplete defecation

31. Haemorrhoids that have to be reduced manually are?
   A. Grade I
   B. Grade II
   C. Grade III
   D. Grade IV

32. Jeep’s Disease is also known as
   A. Anal incontinence
   B. Haemorrhoids
   C. Pilonidal sinus
   D. Anal Fissure
33. Treatment of strangulated Hernia is
   A. Observation
   B. Immediate surgery
   C. Manual reduction
   D. Analgesics

34. Hesselbach's triangle is bounded by the following except
   A. Rectus Abdominis muscle
   B. Transverse Abdominis Muscle
   C. Inferior Epigastric artery
   D. Inguinal Ligament

35. Kehr's Sign is seen in
   A. Splenic injury
   B. Liver injury
   C. Renal Injury
   D. Mesenteric Hepatoma

36. Portal triad is not formed by
   A. Hepatic artery
   B. Hepatic vein
   C. Bile duct
   D. Portal vein
37. Vitamin to be corrected in obstructive jaundice is
   A. Vitamin K
   B. Vitamin C
   C. Vitamin D
   D. Vitamin B12

38. Mercedes Benz or Seagull Sign is seen in
   A. CBD Stones
   B. Renal Stones
   C. Gall stones
   D. Hydatid Cyst

39. Grey turner sign is seen in
   A. Acute pyelonephritis
   B. Acute cholecystitis
   C. Acute Pancreatitis
   D. Acute peritonitis

40. Commonest presentation of Wilm’s tumour is
   A. Hematuria
   B. Abdominal Lump
   C. Hydronephrosis
   D. Pain in Abdomen
41. Thimble bladder is seen in
   A. Schistosomiasis
   B. Neurogenic Bladder
   C. Tuberculosis
   D. Ectopia vesicle

42. Lentiform OR lens-shaped hyper dense lesion on CT scan is seen in
   A. Extradural Hematoma
   B. Subdural Hematoma
   C. Sub-arachnoid Hematoma
   D. None

43. Most commonly used resuscitation formula in burns patient is
   A. Wallace
   B. Brooke’s
   C. Parkland
   D. Barclay’s

44. Air Embolism in Neurosurgery is most commonly seen in which position
   A. Sitting
   B. Supine
   C. Trendelenburg
   D. Left Lateral
45. Most commonly injured organ in underwater explosion is
A. Tympanic membrane
B. GIT
C. Lung
D. Liver

46. Toxic Megacolon is seen in
A. Carcinoma colon
B. Ulcerative colitis
C. Amoebic colitis
D. Gastrocolic fistula

47. Pulled up Caecum is seen in
A. Carcinoma colon
B. Carcinoid tumor
C. Ileocaecal Tuberculosis
D. Regional Enteritis

48. Inhalational agent of choice in children is
A. Isoflurane
B. Desflurane
C. Halothane
D. Sevoflurane
49. Bruising over mastoid process following trauma is
   A. Battle sign
   B. Boas sign
   C. Courvoisier's sign
   D. Ten Horn sign

50. Colour of fluorescein staining in corneal ulcer is
   A. Yellow
   B. Blue
   C. Green
   D. Royal Blue

Q.No.2. Write short notes on any five of the following. \(5 \times 4 = 20\)

I. Raynaud's disease

II. Pre malignant lesions of the oral cavity

III. Lymphatic drainage of breast

IV. Rodent Ulcer

V. Pheochromocytoma

VI. Normal wound healing

VII. Ochsner-Sherren Regimen

VIII. Dumping Syndrome
IX. Renal tuberculosis

X. Fournier's Gangrene

Q.No.3. Explain in detail *any two* of the following.  \[2 \times 15 = 30\]

I. Classify Thyroid Cancers. Explain the clinical features, etiopathogenesis and management of Papillary Carcinoma of Thyroid.

II. Write down the differential diagnosis of leg ulcers. Describe etiopathogenesis and management of diabetic ulcer.

III. Describe etiology, clinical features, classification, investigation and treatment of gastric cancer.

IV. Lower gastrointestinal bleeding.
Q.No.1.     Multiple Choice Questions

1. Foetal sex can be determined at which age?
   A. 14 weeks
   B. 16 weeks
   C. 18 weeks
   D. 20 weeks

2. Folic acid supplementation reduces the risk of?
   A. Neural tube defect
   B. Toxaemia of pregnancy
   C. Down’s syndrome
   D. Placenta previa

3. Ligamentum teres is formed after
   A. Obliteration of umbilical vein
   B. Obliteration of the ductus venous
   C. Obliteration of ductus arteriosus
   D. Obliteration of the hypogastric artery

4. The clotting factor which is not increased in pregnancy?
   A. Factor2
   B. Factor7
   C. Factor10
   D. Factor11

5. The term placental sign denotes?
   A. Alteration of FHR on pressing the head into the pelvis
   B. Spotting on the expected date of period in early months of pregnancy
   C. Permanent lengthening of the cord in third stage of labour
   D. Slight gush of bleeding in third stage of labour
6. Earliest detection of pregnancy by ultrasound is by
   A. Gestational sac
   B. Foetal node
   C. FSH
   D. Foetal skeleton

7. Ideal number of antenatal visits should be
   A. 6 to 8
   B. 7 to 9
   C. 10 to 11
   D. 12 to 14

8. Vaccine absolutely contraindicated in pregnancy
   A. Hepatitis-B
   B. Cholera vaccine
   C. Rabies
   D. Yellow fever

9. Following are the indications of early clamping except
   A. Premature delivery
   B. Post-dated pregnancy
   C. Birth asphyxia
   D. Maternal diabetes

10. Living ligature of the uterus is
    A. Endometrium
    B. Middle layer of myometrium
    C. Inner layer of myometrium
    D. Perimetrium
11. All of the following drugs are effective in cervical ripening during pregnancy except
A. Prostaglandin E2
B. Oxytocin
C. Progesterone
D. Misoprostol

12. Lochia in correct order is
A. Rubra, serosa, alba
B. Serosa, rubra, alba
C. Alba, serosa, rubra
D. Alba, mucosa, Serosa

13. In comparison to breast milk, colostrum has higher content of
A. Carbohydrates
B. Fat
C. Sodium
D. Potassium

14. Contraceptive method of choice in lactating mothers
A. Barrier method
B. Progesterone only pill
C. Oral contraceptive pills
D. Lactational amenorrhoea

15. All are the complications of formula fed baby over human milk fed baby except:
A. Necrotizing enterocolitis
B. Otitis media
C. Hypocalcemia
D. Vitamin K deficiency
16. The cause of postpartum blues is
   A. Decreased estrogen
   B. Decreased progesterone
   C. Increased prolactin
   D. Decreased estrogen and progesterone

17. Most common cause of first trimester abortions?
   A. Chromosomal abnormalities
   B. Syphilis
   C. Rhesus isoimmunisation
   D. Cervical incompetence

18. A women presents with amenorrhoea of two months duration, lower abdominal pain, facial pallor, fainting and shock. Diagnosis is
   A. Ruptured ovarian cyst
   B. Ruptured ectopic pregnancy
   C. Threatened abortion
   D. Septic abortion

19. Snowstorm appearance is seen in USG of
   A. Hydatiform mole
   B. Ectopic pregnancy
   C. Anencephaly
   D. None of the above

20. Most common site of metastasis of choriocarcinoma in pregnancy
   A. Lungs
   B. Brain
   C. Spine
   D. Liver

21. Hydatiform is a disease of
   A. Amnion
   B. Chorion
   C. Uterus
   D. Udecidua
22. A positive Stallworthy sign is suggestive of
   A. Twin pregnancy
   B. Breech presentation
   C. Vesicular mole
   D. Low lying placenta

23. Placenta previa is characterized by all except
   A. Painless bleeding
   B. Causeless bleeding
   C. Recurrent bleeding
   D. Presents after first trimester

24. In Bishop score everything is included except
   A. Effacement of cervix
   B. Dilatation of cervix
   C. Station of head
   D. Interspinal diameter

25. In ectopic pregnancy decidua is shed as
   A. Decidua vera
   B. Decidua basalis
   C. Decidua capsularis
   D. Decidua rubra

26. In which of the following heart disease maternal mortality during pregnancy is highest –
   A. Coarctation of aorta
   B. AS
   C. MS
   D. Eisenmenger syndrome
27. Which of the following pelvic structure support the vagina except-
   A. Perineal body
   B. Pelvic diaphragm
   C. Levator Ani Muscle
   D. Infundibulopelvic ligament

28. Maximum function of corpus luteum occur-
   A. At ovulation
   B. Before ovulation
   C. Days after ovulation
   D. 8-9 Days after ovulation

29. Following are the features of inhibin except-
   A. Non-steroidal water soluble protein
   B. Secreted by Graafian follicle
   C. Stimulates FSH secretion
   D. Increase secretion of inhibin occur in PCOD

30. The cut-off point of serum Estrogen level for the diagnosis of ovarian failure-
   A. 10 pg/ml
   B. 20 pg/ml
   C. 30 pg/ml
   D. 40 pg/ml

31. All of the following associated with PCOD except
   A. Ovarian carcinoma
   B. Endometrial carcinoma
   C. Insulin resistance
   D. Osteoporosis
32. Rokitansky Kuster Hauser syndrome is associated with-
   A. Ovarian agenesis
   B. Absent fallopian tube
   C. Vaginal atresia
   D. Bicornuate uterus

33. First sign of puberty is
   A. Breast budding
   B. Growth spurt
   C. Menarche
   D. Pubic & axillary hair growth

34. Clue cells are seen in
   A. Bacterial vaginosis
   B. Candidiasis
   C. Trichomoniasis
   D. Gonorrhea

35. Strawberry vagina seen in –
   A. Candidiasis
   B. Bacterial vaginosis
   C. Trichomonas vaginalis
   D. Herpes

36. Postpartum vesicovaginal fistula best repaired after-
   A. At 6 week
   B. At 8 week
   C. At 3 months
   D. At 6 months

37. Kegel exercise should be begin
   A. Immediately after delivery
   B. 24 hours after delivery
   C. 3 weeks after delivery
   D. 6 weeks after delivery
38. According to WHO criteria minimum normal sperm count is
   A. 10 million/ml
   B. 15 million/ml
   C. 40 million/ml
   D. 60 million/ml

39. Best investigation to assess tubal patency-
   A. HSG
   B. Laparotomy
   C. Laparoscopic chromotubation
   D. Rubin test

40. Pearl index indicates-
   A. Malnutrition
   B. Population
   C. Contraception failure
   D. Low birth weight

41. Rise in body temperature after ovulation is due to-
   A. FSH
   B. LH
   C. Estrogen
   D. Progesterone

42. Red degeneration in uterine fibroid is most common in
   A. First trimester
   B. Second trimester
   C. Third trimester
   D. Puerperium

43. All of following drugs decrease vascularity of fibroid except –
   A. GnRH agonist
   B. Danazol
   C. Mifepristone
   D. Clomiphene citrate
44. Pain in endometriosis correlates with-
   A. Depth of invasion
   B. CA 125
   C. Multiple sites
   D. Stage of disease

45. All of the following are known risk factors of endometrial carcinoma except -
   A. Obesity
   B. Family history
   C. SE of HRT
   D. Early menopause

46. All are seen in gestational diabetes except:
   A. Previous macrosomic baby
   B. Obesity
   C. Malformation
   D. Polyhydramnios

47. 30 Year old primi female with 36 week of pregnancy with BP 160/110 and urinary albumin is 3+ and platelet count 80000/cmm. What will be the management except?
   A. MgSO₄
   B. Enalapril
   C. Labetalol
   D. Urgent LSCS

48. Earliest sign of MgSO₄ toxicity:
   A. Cardiac arrest
   B. Anuria
   C. Respiratory depression
   D. Depression of deep tendon reflex
49. Anti-tubercular drug contra indicated in pregnancy:
   A. Rifampicin
   B. INH
   C. Streptomycin
   D. Ethambutol

50. Non immune hydrops foetalis is seen in all of the following condition except:
   A. Parvovirus
   B. Rh-incompatibility
   C. Chromosomal anomaly
   D. Thalassemia

Q.No.2. Write short notes on any five of the following. $4 \times 5 = 20$

I. Write a short note on Hyperemesis gravidarum

II. Discuss the Management of Transverse lie.

III. Enumerate the causes of AUB

IV. Describe the Causes of secondary infertility

V. Write a short note on Screening of Ca. cervix

VI. Write a short note of nulliparous prolapse

VII. Write a note on Postpartum intrauterine contraceptive device

VIII. Write in brief about Methods of 2nd trimester abortion and the prerequisites

IX. What are the OCO’s available in National Family Welfare Programme and other OCP’s available in the market?

X. How will you manage the case of PPH?
Q.No.3. Attempt any two of the following. 2x15=30


II. Answer the questions given below:
   a. Mention all the type of genital tract infections with their causative organisms.
   b. Elaborate the sexually transmitted infections. How will you manage a case of HIV positive pregnant woman in labour?

III. What are the different methods of permanent sterilization in female? Explain Modified Pomeroy’s method of minilap sterilization and Laparoscopic sterilization.

IV. Define anaemia in pregnancy. Classify and write the management of the patient with severe anaemia at term pregnancy.