

MCQ
MCQ'S

1. In HCC:
 - a. Arterial bruit is present in 80% cases
 - b. Two third patients present with signs of liver disease
 - c. Hemoperitoneum in 7% patients
 - d. Percutaneous biopsy is mandatory for diagnosis
2. Most common cause of non-traumatic hemoperitoneum:
 - a. Hepatic adenoma
 - b. FNH
 - c. HCC
 - d. Hemangioma
3. Tumor marker of HCC:
 - a. AFP
 - b. Alpha fucosidases
 - c. DCGP
 - d. Carbohydrate antigen
4. In high risk population, HCC is best detected by:
 - a. USG
 - b. CT
 - c. MRI
 - d. PET scan
5. All are true about AFP except:
 - a. Not return to normal after hepatic resection
 - b. Levels >400 ng/mL with typical radiological findings is diagnostic of HCC
 - c. Can be raised in other benign conditions
 - d. Fibrolamellar HCC has normal levels
6. All are true about fibrolamellar HCC except:
 - a. Associated with cirrhosis
 - b. Recurrences are seen despite of better prognosis
 - c. Increased neurotensin & vitamin B12 binding factor
 - d. Lymph node metastasis is seen
7. Normal CBD pressure:
 - a. 0-5 cm H₂O
 - b. 5-15 cm H₂O
 - c. 15-25 cm H₂O
 - d. 25-35 cm H₂O
8. Similarity between FNH & hepatic adenoma are all except:
 - a. Hemoperitoneum is common
 - b. Biliary abnormalities are seen
 - c. More common in females
 - d. Associated with OCPs
9. Most common source of liver abscess:
 - a. Biliary tree
 - b. Portal vein
 - c. Hematogenous
 - d. Direct extension
10. All are true about prognosis of cholangiocarcinoma except:
 - a. Scirrhou type has better prognosis than papillary
 - b. Major prognostic factors are margin status & tumor stage
 - c. Bile duct resection alone is associated with high chances of recurrence
 - d. Curative resection includes hepatic resection + bile duct resection + lymphadenectomy
11. APBDJ is associated with:
 - a. Cholangiocarcinoma
 - b. CA GB
 - c. Choledochal cyst
 - d. All of the above
12. CCK causes all except:
 - a. Contraction of sphincter of oddi
 - b. Inhibits gastric emptying
 - c. Increases bile flow
 - d. Enhances small intestinal & colonic motility
13. In extrahepatic obstruction:
 - a. GGT is raised
 - b. ALP is normal
 - c. Bilirubin is always raised
 - d. GGT is normal but ALP is raised
14. A farmer patient, staying 400 kms from hospital presents with history of repeated episodes of bleeding, treatment:
 - a. Elective linorenal shunt
 - b. EVL
 - c. Endoscopic sclerotherapy
 - d. TIPS
15. A patient with child's C score presents with variceal bleed. Ideal treatment:
 - a. TIPS
 - b. Endoscopic sclerotherapy
 - c. Esophageal transection
 - d. Surgical shunt
16. A patient with child's C score with repeated episodes of variceal bleeding with ascites. Treatment of choice:
 - a. Liver transplant
 - b. TIPS
 - c. EVL
 - d. Surgical shunt
17. Most common cause of hemobilia:
 - a. Trauma
 - b. Iatrogenic
 - c. Parasites

MCQ

- d. Tumors
18. Metastatic glucagonoma is best detected by:
- SRS
 - CT
 - MRI
 - USG
19. Liver abscess ruptures most commonly in:
- Pleural cavity
 - Peritoneal cavity
 - Pericardial cavity
 - Bronchus
20. Focal lesion of liver is best detected by:
- MRI
 - CT
 - USG
 - PET scan
21. Prophylactic cholecystectomy is done in:
- Calcified GB
 - Diabetes
 - Asymptomatic gall stones
 - Family history of gall stones
22. All are true about CBD stones except:
- Associated with GB stones in 10% cases
 - Secondary stones are usually brown
 - Laboratory values may be normal in one third cases of choledocholithiasis
 - Retained stones are discovered after 2 years of cholecystectomy
23. Choledochal cyst:
- Resection decreases the incidence of malignancy but risk persists
 - 80% cases have stones
 - Treated by Roux-en-Y cystojejunostomy
 - Type IV is most common
24. Treatment of choice in choledochal cyst:
- Roux-en-Y hepaticojunostomy
 - Cystojejunostomy
 - Choledochooduodenostomy
 - Choledochojunostomy
25. All are true about bile duct injury except:
- Incidence is equal in laparoscopic & open cholecystectomy
 - After experience of 20 cases, bile duct injury rate decreases
 - Errors leading to laparoscopic bile duct injuries stem from misperception, not errors of skill, knowledge or judgment
 - Primary cause of error in most of the cases is visual perceptual illusion
26. Laparoscopic cholecystectomy was done, on histopathology, stage was T2. Next line of treatment
- Observation
 - Extended cholecystectomy
 - Port side excision
 - Chemotherapy
27. All are true about gall stone ileus except:
- May be diagnosed with abdominal X-ray
 - Most common fistula is to duodenum
 - Tumbling obstruction
 - Cholecystectomy should be done in same episode
28. False about pancreatic development:
- Pancreas divisum incidence is 5-10%
 - Dorsal pancreatic bud forms body & tail
 - Ventral pancreatic bud forms uncinata process & inferior part of head
 - Pancreatic buds fuse after 8 weeks
29. Secretin causes all except:
- Increases enzyme rich fluid
 - Bicarbonate rich fluid
 - Fluid poor in chloride
 - In absence of secretin stimulation, pancreatic juice has plasma like composition
30. All are true except:
- Uncinate process receives blood supply from SMA
 - Most of the cells in pancreas are acinar cells
 - Duct cells make only 5% of pancreatic mass
 - Venous drainage of pancreas is by splenic, SMV & portal vein
31. In acute severe pancreatitis:
- Dynamic CT is gold standard for pancreatic necrosis
 - Refers to presence of infected necrosis
 - Carries high mortality
 - In gall stone induced pancreatitis, TOC is cholecystectomy in same admission
32. All are true about pancreatic duct except:
- MPD is 5 mm in tail normally
 - With age duct diameter increases
 - Crosses vertebral column between T12 & L2
 - Duct in head is 3-5 mm & in tail is 1-2 mm
33. All are true about pancreatic ascites except:
- Conservative treatment is effective in only 1/4th of the patients
 - ERCP should be done before surgery
 - Metaplastic cells are present
 - Resolution of pancreatic ascites within 2-3 weeks of conservative treatment
34. Most common oncogene mutated in CA head of pancreas:
- K-ras
 - p53
 - C-myc
 - BRCA 2

MCQ

35. Best tumor marker for CA head of pancreas:
a. CA 19-9
b. CEA
c. CA 125
d. AFP
36. True about pancreatic trauma:
a. Hyperamylasemia is not specific
b. Most common is type III & IV
c. Type II is MPD disruption
d. ERCP should be done in all patients
37. Most common splanchnic aneurysm:
a. Splenic artery
b. Hepatic artery
c. Gastroduodenal artery
d. Superior mesenteric artery
38. In mesenteric vein thrombosis:
a. CT is investigation of choice
b. Recurrence is rare
c. Angiography is investigation of choice
d. No role of family history
39. All are true about non-obstructive mesenteric ischemia except:
a. Vasopressor treatment
b. Cardiac shock
c. Burns
d. Hypercoagulable state
40. All are true about acute mesenteric ischemia except:
a. Branch point of middle colic artery is most common location for embolism
b. Acute venous thrombosis is best judged on CT
c. Non-obstructive mesenteric ischemia has very good prognosis
d. Gold standard investigation is angiography
41. All are signs of intestinal infarction on CT except:
a. Portal air
b. Intramural air
c. Thumb printing
d. Free intra-peritoneal air
42. All are true about mesenteric ischemia except:
a. Due to embolism to SMA
b. Most common cause is AF
c. Embolus gets lodged most commonly at branching of SMA from aorta
d. Most common cause of small bowel syndrome in adults
43. False about gut rotation:
a. Counter clockwise rotation in non-rotation
b. Gut herniates during 4-6 weeks and returns by 10 weeks
c. Most common is non-rotation
d. Malrotation can be completely asymptomatic
44. False about cecal volvulus:
a. Mostly resolve with colonoscopic reduction
b. More common than cecal basecule
c. Right hemicolectomy is TOC
d. Truly is cecocolic volvulus
45. Colonic motility:
a. Increased by meals
b. No effect of SCFA
c. Increased in pseudo-obstruction
d. Consist of prograde contraction only
46. False about Peptide YY:
a. Produced by proximal small bowel
b. Inhibits gastric secretion
c. Inhibits pancreatic secretion
d. Inhibits GB contraction
47. False about adhesive obstruction:
a. There is no evidence that use of monofilament mesh reduces incidence of obstruction
b. Use of bioabsorbable mesh decreases adhesion formation
c. High incidence of obstruction after pouch formation
d. Early post-operative obstruction resolve with conservative treatment
48. In ulcerative colitis, after colectomy least likely to resolve is:
a. Ankylosing spondylitis
b. PSC
c. Pyoderma gangrenosum
d. Erythema nodosum
49. False about malignancy in ulcerative colitis:
a. Poorly differentiated with higher stage
b. Related to extent of disease
c. Poor prognosis as compared to sporadic
d. Evenly distributed
50. After subtotal colectomy for toxic megacolon in CD, lowest recurrence is with:
a. Complete proctectomy with Brooke ileostomy
b. Ileorectal anastomosis
c. Koch's pouch
d. IPAA
51. False about indications of local resection in CA rectum:
a. T2N0, T1N1
b. <10 cm from anal verge
c. <4 cm or <40% of circumference involved
d. Well differentiated with no LN involvement
52. All are predisposing factor for colorectal carcinoma except:
a. Turcot's syndrome

MCQ

- b. Muir Torre syndrome
c. Cowden's syndrome
d. Juvenile polyposis coli
53. False about Lynch syndrome:
a. Associated with MLH1 & MSH6 genes
b. Treatment is prophylactic colectomy in all
c. Prognosis of CRC is better in HNPCC than sporadic
d. Cancers commonly have signet ring histology with poor differentiation and inflammatory cell infiltrate
54. False about vascular ectasia:
a. Associated with cutaneous lesions
b. The bleed is usually small and recurrent and never massive
c. The treatment may involve subtotal colectomy in some cases
d. Associated with aortic stenosis
55. False about paraduodenal hernia:
a. Left sided is found in fossa of Landzert
b. Right sided is found in fossa of Kolb
c. Congenital
d. More common on right side
56. All are true about esophageal anatomical landmarks except:
a. Pharyngoesophageal junction at C6
b. Enters in chest at T2
c. Tracheal bifurcation at T4
d. LES at T11
57. Best result in esophageal carcinoma in-situ with:
a. Endoscopic mucosal resection
b. THE
c. TTE
d. PDT
58. In CA esophagus, T3N0 stage (7th AJCC) is:
a. IIa
b. IIb
c. IIIa
d. IIIb
59. Most common complication after Nissen's fundoplication:
a. Esophageal injuries
b. Stomach injuries
c. Liver injuries
d. Pneumothorax
60. In gastric ulcer, increased acid production is associated with all except:
a. Type I
b. Type II
c. Type III
d. Both B & C
61. Treatment of of type II & type III gastric ulcer:
a. Vagotomy + antrectomy
b. HSV
c. Total gastrectomy
d. Truncal vagotomy & drainage
62. Efficacy of Tc-Perthechnate scan is increased by all except:
a. Glucagon
b. Pentagastrin
c. Cimetidine
d. Metoclopramide
63. Gastric atony occurs in all except:
a. Billroth I
b. Billroth II
c. HSV
d. Posterior selective vagotomy with anterior seromyotomy
64. In case of early dumping:
a. Various hormones are involved
b. Proved by glucose provocative test
c. Characteristic features
d. Surgical correction has good results
65. Diffuse & intestinal variant of CA stomach both have:
a. E-cadherin
b. APC
c. p53
d. Microsatellite instability
66. All are true about Diefoy's lesion except:
a. Submucosal tortuous artery
b. Mucosal erosion by arterial pulsation
c. Amenable to endoscopic treatment
d. Angiographic embolization
67. All are true about organoaxial gastric volvulus except:
a. Borchardt's triad is present
b. Usually associated with diaphragmatic defect
c. Endoscopy usually derotate
d. Occurs in elderly
68. Which cell is found in body only?
a. ECL cells
b. D cells
c. Mucus secreting cells
d. G cells
69. Largest endocrine organ:
a. Liver
b. Small intestine
c. Thyroid
d. Breast
70. Which is not absorbed in small intestine?
a. Water
b. Minerals
c. Cellulose
d. Lipids
71. All are true about Menetrier's disease except:

MCQ

- a. Protein loss
 - b. Hyperchlorhydria
 - c. Cobblestone appearance of mucosa
 - d. Associated with CMV & H. pylori
72. MELD score doesn't include:
- a. INR
 - b. S. bilirubin
 - c. S. creatinine
 - d. Blood urea
73. Survival rate in CA colon penetrating muscularis propria:
- a. 90%
 - b. 75%
 - c. 50%
 - d. 25%
74. Patient with proximal CA colon with endometrial and ovarian carcinoma has:
- a. Lynch syndrome
 - b. Gardener's syndrome
 - c. Cowden's disease
 - d. Cronkhite Canada syndrome
75. In growth at hepatic flexure of the colon, which structure is not ligated in surgery?
- a. Right colic artery
 - b. Ileocolic artery
 - c. Middle colic artery
 - d. Left colic artery
76. Recommended treatment of FAP involving sigmoid colon:
- a. Total colectomy with ileorectal anastomosis
 - b. Total colectomy with IPAA
 - c. Segmental resection
 - d. Total proctocolectomy with IPAA
77. In cecal volvulus:
- a. Resolves with endoscopic treatment as frequently as sigmoid volvulus
 - b. Right hemicolectomy is the treatment of choice
 - c. Conservative management
 - d. Colonoscopic decompression
78. Are true about FAP except:
- a. >100 polyps for diagnosis
 - b. Mutation in APC gene
 - c. Budesonide prevent CA colon
 - d. Endometrial carcinoma is a prominent association
79. Healthy male patient presents with single metastatic lesion in liver with sigmoid growth. Treatment:
- a. Resection with colostomy and after 3 months colostomy closure with hepatic resection
 - b. Simultaneous hepatic resection with colostomy
 - c. Hepatic resection with sigmoid colectomy & anastomosis
 - d. None
80. SQUID is use in:
- a. Ileocolic intususception
 - b. Bowel perforation
 - c. Mesenteric ischemia
 - d. Diverticulitis
81. FISH is used in:
- a. Bile duct malignancy
 - b. HCC
 - c. CA GB
 - d. CA Pancreas
82. All are true about gastrinoma except:
- a. Mostly found in gastrinoma triangle
 - b. Increases acid production
 - c. Most common site is pancreas
 - d. Lymphadenectomy is not required as there is no improvement in survival
83. Best investigation for neuroendocrine tumors of pancreas:
- a. Portal venous sampling
 - b. CECT
 - c. EUS
 - d. SRS
84. Least common tumor of liver:
- a. Hepatic adenoma
 - b. HCC
 - c. FNH
 - d. Mesenchymal hamartoma
85. CECT with nodular enhancement is suggestive of:
- a. Hepatic adenoma
 - b. FNH
 - c. Hemangioma
 - d. HCC
86. Simple hepatic cyst, all are true except:
- a. Asymptomatic
 - b. Lined by columnar epithelium
 - c. Intracystic bleeding is common & deroofting is mandatory
 - d. Congenital
87. Zone for centrilobular necrosis in hypotension:
- a. Zone I
 - b. Zone II
 - c. Zone III
 - d. Periportal zone
88. Periportal zone is involved in all except:
- a. Glucose uptake and release
 - b. Synthesis of albumin & fibrinogen
 - c. Synthesis of AFP & alpha antitrypsin
 - d. Bile formation
89. Nitrogen recycling occurs in:
- a. Colon
 - b. Rectum

MCQ

- c. Ileum
d. Duodenum
90. Mainstay of treatment of variceal bleeding:
a. Pharmacotherapy
b. Endoscopy
c. TIPS
d. Sengstaken-Blackmore tube
91. In portal hypertension, variceal bleeding occurs at pressure of:
a. 12 mm Hg
b. 20 mm Hg
c. 22 mm Hg
d. 24 mm Hg
92. All are true about pigmented stones except :
a. Seen in cholangiohepatitis
b. Secondary CBD stones
c. Primary CBD stones
d. More common in Asians
93. Endoscopy is used in all except:
a. Papillary stenosis
b. CBD stone
c. Intrahepatic stone
d. Stenting
94. Child-Pugh score includes all except:
a. Clinical parameters
b. Hematological
c. Biochemical
d. Imaging
95. Surgery in acute pancreatitis is indicated in all except:
a. Necrotizing pancreatitis
b. Pancreatic abscess
c. Doubtful diagnosis
d. Pleural effusion
96. Metabolic complication of cirrhosis are all except:
a. Hypokalemia
b. Hyponatremia
c. Hypoglycemia
d. Hypoammonemia
97. Source of UGI bleeding in alcoholic patients are all except:
a. Mallory Weiss tear
b. Gastric ulcer disease
c. Varices
d. Portal biliopathy
98. Most common site of varices in splenic vein thrombosis:
a. Esophagus
b. Stomach
c. Rectum
d. Umbilicus
99. Type of mesenteric ischemia best visualized by CECT:
a. Mesenteric ischemia by embolic occlusion
b. Acute mesenteric artery thrombosis
c. Non-occlusive mesenteric ischemia
d. Acute mesenteric venous thrombosis
100. Risk factor for non-occlusive mesenteric ischemia are all except:
a. CABG
b. Shock
c. Major burns
d. Hypercoagulable state
101. All are true about liver hemangioma except:
a. CHF is very common
b. Incidental detection
c. Consumptive coagulopathy can occur
d. Spontaneous regression is seen
102. All are true about hepatic cystadenoma except:
a. Age >40 years & asymptomatic
b. Malignant predisposition
c. Surgical resection is required
d. Large projection with thickened wall is suggestive of malignancy
103. All are true about hepatoblastoma except:
a. Seen in <3 years
b. Treatment is chemotherapy with surgical resection
c. Pulmonary metastasis is not benefited from treatment
d. Associated with FAP & Beckwith-Wiedmann syndrome
104. Rectal prolapse in young male is treated with:
a. Abdominal rectopexy
b. Altmeir's
c. Delorme's
d. Thiersch
105. All are true about gastric polyps except:
a. Most common in fundus
b. Hyperplastic is most common type
c. Hyperplastic is premalignant
d. Usually asymptomatic
106. Not used to control variceal bleeding:
a. Somatostatin
b. NTG
c. Vasopressin
d. Prostaglandins
107. Dose of radiation causing small intestinal radiation enteritis:
a. 2300 rad
b. 5000 rad
c. 5500 rad
d. 6000 rad
108. Investigation of choice for pseudo-obstruction:
a. Water soluble contrast enema
b. Barium enema
c. CECT
d. Colonoscopy
109. Squeeze pressure is due to:

MCQ

- a. EAS
b. IAS
c. EAS + Puborectalis
d. Puborectalis
110. Most common symptom of CA head of pancreas:
a. Weight loss
b. Pain
c. Jaundice
d. Anorexia
111. Migratory skin necrosis in a diabetic patient is due to:
a. Somatostatinoma
b. Glucagonoma
c. Insulinoma
d. VIPoma
112. T3N0M0 corresponds to which stage of Dukes staging for colon?
a. B1
b. B2
c. C1
d. C2
113. After stimulation, intestinal mucosa secretes:
a. Ig A
b. Ig M
c. Ig G
d. Ig D
114. False about brown pigmented stones:
a. Associated with disorders of biliary motility and associated bacterial infection
b. More common in Caucasians
c. Soft & earthy in texture
d. High content of cholesterol & calcium palmitate
115. False about gall stone ileus:
a. 90% patients give history of biliary disease
b. Causes 1% of all SBO; around 25% cases in >70 years
c. Tumbling obstruction
d. Fistula is mostly formed between duodenum & gall bladder
116. False about pancreatic cancer association:
a. p53 inactivated
b. K-ras activated
c. BRCA activated
d. EGF overexpression
117. False about CBD injury:
a. Incidence in open cholecystectomy is 0.1-0.2%,
b. Incidence in laparoscopic cholecystectomy is 0.5-0.8%
c. After 20 cases of laparoscopic cholecystectomy incidence of bile duct injury decreases
d. Most common reason for bile duct injury is lack of techniques and errors of judgment
118. Which is a non-selective shunt?
a. DSRs
b. Inokuchi shunt
c. 12 mm interposition shunt
d. 8 mm interposition shunt
119. False about TIPSS:
a. Shunt thrombosis is more common than stenosis
b. Encephalopathy is more common
c. Improves ascites and hydrothorax
d. Much better control of bleeding than variceal ligation
120. Main nutrient of colon is:
a. Butyrate
b. Propionate
c. Glucose
d. Glutamine
121. False about GB polyps:
a. Adenomyomatosis <1 cm, pedunculated
b. Cholesterol polyps are most common
c. Symptomatic polyps are indication for cholecystectomy
d. Polyp with stone is an increased risk of malignancy
122. False about Ito cells:
a. Dendritic process is in contact with microvilli of hepatocytes & endothelium of sinusoids
b. Identified phenotypically by high protein
c. Extracellular collagen modification
d. Fibrogenesis
123. All are true about secondary prophylaxis of variceal bleeding except:
a. EVL is better than sclerotherapy
b. EVL + Beta blockers are better than EVL alone
c. Rebleed is <5% in one year
d. Endoscopic management is not preferred in non-compliant patient living in remote areas
124. Non-correctable lesion after colectomy for UC:
a. Skin lesions
b. Arthritis
c. PSC
d. Iritis
125. Characteristic features of LN involvement on EUS in CA esophagus are all except :
a. Round contour
b. Sharp border
c. Hyperechogenic
d. Size >1 cm
126. False about H. pylori:

MCQ

- a. Infection is more common in developed countries
 - b. More common in low socioeconomic status
 - c. Overcrowding predisposes the infection
 - d. After eradication as a part of ulcer treatment, ulcer recurrence is extremely rare
127. Which is not seen in blind loop syndrome?
- a. Vitamin A deficiency
 - b. Vitamin B deficiency
 - c. Vitamin C deficiency
 - d. Vitamin D deficiency
128. Not true about hemorrhoids:
- a. First degree- no prolapse
 - b. Excision for externo-internal piles
 - c. Third degree- no surgery
 - d. Conservative treatment in first degree
129. False about PSC:
- a. PSC in UC, the association is 30%
 - b. Low incidence of cholangitis
 - c. Increased incidence of colonic carcinoma in PSC + UC
 - d. Despite the presence of diffuse disease, hepatic duct bifurcation is most severely strictured segment
130. Method advocated for prevention of infection in severe pancreatitis:
- a. Prophylactic antibiotics
 - b. Antifungal drugs
 - c. Early enteral nutrition
 - d. Use of activated protein C
131. Best management of alkaline reflux gastritis after Billroth I & II:
- a. Conversion of Billroth I to II or viceversa
 - b. Roux-en-Y GJ
 - c. Total gastrectomy with esophago-jejunosomy
 - d. Conservative treatment
132. Which procedure is not advocated in PUD?
- a. HSV for intractable DU
 - b. Type I refractory- distal gastrectomy
 - c. Bleeding type I gastric ulcer- TV + antrectomy
 - d. Bleeding type II gastric ulcer- TV + distal gastrectomy
133. False about volvulus:
- a. Sigmoid volvulus is most common
 - b. In absence of ischemia, mesocolopexy is done
 - c. Ogilvie's syndrome refers to cecal volvulus
 - d. Elective sigmoid resection after detorsion
134. Strong risk factor for developing symptomatic gall stones:
- a. Rapid weight loss
 - b. BMI > 30 kg/m² with family history of gall stone
 - c. TPN
 - d. Fat, fertile female of forty
135. Most common organism isolated from perforated appendicitis:
- a. E. coli
 - b. Pseudomonas
 - c. Klebsiella
 - d. Enterococcus
136. Ectopic pancreatic tissue with islet cells are seen in:
- a. Stomach
 - b. Meckel's diverticulum
 - c. Omentum
 - d. Appendix
137. In VIPoma, not seen:
- a. Watery diarrhea
 - b. Hypokalemia
 - c. Hypercalcemia & hyperglycemia
 - d. Increased acid secretion
138. Least common site of gastrinoma:
- a. 1st part of duodenum
 - b. 2nd part of duodenum
 - c. 3rd part of duodenum
 - d. 4th part of duodenum
139. Not true about pancreatic ductal adenocarcinoma:
- a. Most common site is body & tail
 - b. Associated with desmoplastic changes with sattering of neoplastic glands
 - c. Body tumors are larger
 - d. Perineural invasion is characteristic feature
140. Most important predictor of post-operative survival in CA pancreas:
- a. R0 resection
 - b. DNA content
 - c. Tumor size
 - d. LN status
141. Not an indication for percutaneous aspiration in amebic liver abscess:
- a. Radiographically unresolved lesion after 6 months
 - b. Suspected diagnosis
 - c. Left lobe liver abscess
 - d. Compression or outflow obstruction of hepatic or portal vein
142. Which is seen in SIRS?
- a. Tissue hypoperfusion
 - b. Infection
 - c. End organ failure
 - d. Hyperthermia
143. Not a feature of severe sepsis:
- a. Lactic acidosis

MCQ

- b. Obtundation
c. Systolic BP < 120 but >90 mm Hg
d. Oliguria
144. All are true about bilhemia except:
a. Biliary pressure >portal pressure
b. Diagnosed by ERCP
c. Death due to embolism of bile in lungs
d. Patient has hyperbilirubinemia with raised enzymes
145. Hepatoblastoma:
a. Associated with FAP
b. Most cases <3 years
c. Prognosis is very poor with pulmonary metastasis
d. Treatment is chemotherapy followed by surgical resection
146. All are true about CEA except:
a. Post-operative rise in CEA is always associated with recurrence
b. Serial rise is significant
c. Non-smokers have lower levels than smokers
d. Raised in colorectal carcinoma
147. Which case of CRC with hepatic metastasis is associated with worst outcome?
a. Tumor <5cm, LN negative, interval >1 year
b. 2 lesions <5cm, LN positive, interval >1 year, CEA >200 ng/ml
c. Tumor <5cm, LN positive, interval >1 year, CEA >200 ng/ml
d. Tumor 5cm, LN positive, interval <1 year, CEA >200 ng/ml
148. Which is not done in serious intra-abdominal injury?
a. Supersaturated oxygen is given
b. Blood transfusion to raise Hb >10 gm%
c. Monitor input output
d. Fluid & electrolyte management
149. Not an indication for plasma transfusion:
a. Vitamin K deficiency
b. Coagulation factor deficiency
c. Volume replacement
d. After 3 elective blood transfusions
150. Serous cystadenoma, all are true except:
a. 30% are associated with malignancy
b. Mainly microcystic
c. More commonly located in the head
d. Glycogen rich cells on cytologic examination with central calcified stellate scar
151. All are true about IPMN except:
a. Seen in both small & large ducts
b. Equal incidence in males & females
c. Most common in head
d. Usually diagnosed by octreotide scan
152. Most commonly used chemotherapy regimen used in CA esophagus:
a. 5-FU + Cisplatin
b. Cisplatin + Vinblastine
c. Cisplatin + Paclitaxel
d. Cisplatin + Epirubicin
153. Which is not used in palliation in CA esophagus?
a. EMR
b. Photodynamic therapy
c. Laser therapy
d. Self expanding stents
154. Most common primary leading to secondaries in pancreas:
a. Lung
b. Breast
c. Colon
d. Stomach
155. Which of the following doesn't predispose to CA pancreas?
a. Familial breast cancer
b. HNPCC
c. PJS
d. Cronkhite Canada syndrome
156. Which is not true about familial polyposis?
a. FAP: 100% risk of CRC cancer
b. Juvenile polyposis: 20% risk of CRC cancer
c. HNPCC: 30-60% risk of endometrium cancer
d. Cowden's syndrome: 30% risk of CRC cancer
157. Which of the following is best indicator of survival in CA esophagus?
a. TNM stage
b. Resection margin
c. Histology & location
d. Size of tumor
158. Best diagnostic modality for sphincter defects in incontinence:
a. EUS
b. Manometry
c. Defecography
d. MRI
159. Which of the following is not true about polycystic disease of pancreas?
a. Associated with liver & renal cyst
b. 50% associated with VHL syndrome
c. Surgical intervention is required in most because of features of chronic pancreatitis
d. Lining of cyst wall is cuboidal
160. Beger's procedure:
a. DPPHR
b. LRLPJ
c. Caudal pancreaticojejunostomy
d. Longitudinal pancreaticojejunostomy

MCQ

161. Not true about mucinous cystadenoma:
- Lining is columnar
 - Ovarian stroma is found
 - Early surgery is indicated
 - 90% patients survive >10 years after surgery
162. BLEED risk criteria include all except:
- Ongoing bleeding
 - Low urine output
 - BP <100 mmHg
 - Altered mental status
163. In case of UGI bleeding, all are true about endoscopy except:
- Decreases transfusion requirement
 - Leads to early discharge of the patient
 - Can detect causes in all cases
 - Best tool for localization of bleeding
164. Hereditary pancreatic carcinoma is associated with all except:
- Ataxia telangiectasia
 - Peutz-Jeghers syndrome
 - Hereditary pancreatitis
 - FAP
165. Most common oncogene involved in pancreatic carcinoma is:
- p53
 - K-ras
 - APC
 - DCC
166. Duval procedure in case of chronic pancreatitis involves:
- Distal resection of tail of pancreas with end to end pancreaticojejunostomy
 - Distal resection of tail of pancreas with longitudinal opening of duct and pancreaticojejunostomy
 - Duodenum preserving pancreatic head resection
 - Local section of pancreatic head with longitudinal pancreaticojejunostomy
167. Not true in case of diffuse carcinoma stomach:
- More common
 - Poorly differentiated with signet ring cells
 - Transmural or lymphatic spread
 - Decreased E-cadherin
168. Not seen in intestinal type of gastric cancer:
- Decreased E-cadherin
 - APC
 - p16
 - p53
169. Most common cause of gastric varices is:
- Splenic vein thrombosis
 - Splenectomy
 - Cirrhosis
 - Mesenteric thrombosis
170. Gastric lymph node station no 5:
- Suprapyloric
 - Splenic hilum
 - Lesser curvature
 - Greater curvature
171. In case of upper GI bleeding due to stress gastritis, all of the following decreases bleeding risk except:
- Treatment of sepsis
 - Improvement of BP
 - Elective ventilation
 - Correction of coagulopathy
172. All are true about afferent loop obstruction after gastrojejunostomy except:
- Exclusively occurs after anterior gastrojejunostomy
 - Occurs within a month
 - Right to left herniation
 - Operative intervention is almost always necessary
173. In type IV gastric ulcer bleed with unstable patient, treatment:
- Csendes procedure
 - Pouchet procedure
 - Kelling Madlener procedure
 - Vagotomy and antrectomy
174. All are true about TME for CA rectum except:
- Decreases local recurrence
 - Decreases incidence of impotence
 - Decreases incidence of bladder dysfunction
 - Decreases survival
175. Most common abnormality after gastric resection and Billroth II:
- Vitamin B12 deficiency
 - Steatorrhea
 - Calcium deficiency
 - Vitamin D deficiency
176. Hyperplastic gastric polyps, all are true about:
- Most common
 - Associated with chronic gastritis
 - All polyps need to undergo polypectomy for biopsy
 - Typically <1.5 cm
177. Laparoscopy to detect occult metastases in case of carcinoma stomach is most effective in all except:
- Lymphadenopathy detected on CT
 - GE junction tumor
 - Diffuse tumor
 - Distal tumor
178. Genetic abnormality in case of late adenoma to carcinoma in CA colon:

MCQ

- a. APC
b. K-ras
c. DCC
d. p53
179. Most common associated cancer in FAP:
a. CA pancreas
b. Periapillary carcinoma
c. CA thyroid
d. Stomach
180. Colitis cystica profunda is seen in case of:
a. SRUS
b. Rectal carcinoma
c. Rectocele
d. Fissure
181. Local excision in CA rectum is done in all except:
a. Within 6 cm of anal verge
b. Lesion <4 cm
c. Involvement of <40% circumference
d. T1 & T2 cancer with or without lymph node involvement
182. Most common anorectal fistula:
a. Intersphincteric
b. Transsphincteric
c. Suprasphincteric
d. Extrasphincteric
183. Caudate lobe bile drains into :
a. Independent drainage
b. Segment 4 duct
c. Segment 6 duct
d. Segment 2 duct
184. About hepatic adenoma, all are true except:
a. Increased glycogen & fat in hepatocytes
b. Normal liver architecture
c. Bile ductules are not seen
d. Tumor markers are normal
185. In CA rectum, preoperatively:
a. Only RT is given
b. Only chemotherapy is given
c. Chemoradiation is given
d. Chemoradiation is given post-operatively only
186. Domino liver transplant is indicated in:
a. Glycogen storage disease
b. Urea cycle enzyme defect
c. Porphyria
d. Familial amyloidotic polyneuropathy
187. All of the following are true about caudate lobe except:
a. Blood supply from both right & left hepatic artery
b. Ductal drainage from both right & left duct
c. Venous drainage is mainly by left & middle hepatic vein
d. Supply by both branches of portal vein
188. All of the following are true regarding FNH except:
a. Not frequently associated with OCPs
b. Surgical resection is required due to risk of malignancy
c. Stellate scar is diagnostic
d. Typical hepatic vascularity is not seen with spoke wheel pattern
189. All of the following are true regarding Epithelioid hemangioendothelioma except:
a. Most common in males
b. Liver transplantation is treatment of choice
c. Associated with vinyl chloride
d. Factor VIII staining is used for diagnosis
190. All of the following are true regarding liver blood supply except:
a. Hepatic artery provides 25% of total blood supply
b. Portal vein provides <30% of total oxygen to the liver
c. ITO cells regulate hepatic vascular resistance
d. Ligation of proper hepatic arteries leads to revascularization mainly via a hypertrophied inferior phrenic circulation
191. Precancerous lesions of GB are all except:
a. Porcelain GB
b. Typhoid carrier
c. ABPDJ
d. Biliary ascariasis
192. All of the following are true regarding RPC except:
a. Equal incidence in males & females
b. More common in left lobe of liver
c. All are pigmented stones
d. GB stones are present in >50% cases
193. CA esophagus prevention is best achieved by:
a. COX-2 inhibitors
b. VEGF inhibitors
c. EGF inhibitors
d. TGF-alpha inhibitors
194. Best investigation for Zenker's diverticulum is:
a. Barium swallow
b. Endoscopy
c. CT
d. EUS
195. Most common complication of Whipple's procedure is:
a. Delayed gastric emptying
b. Bleeding
c. Exocrine insufficiency
d. Anastomotic leak
196. Gall stones are associated with which NET:

MCQ

- a. Insulinoma
 - b. VIPoma
 - c. Somatostatinoma
 - d. Glucagonoma
197. All are true about pancreatic serous cystadenoma except:
- a. Increased CEA
 - b. Honey comb appearance
 - c. Lined by single layer of low cuboidal epithelium
 - d. Malignancy is rare
198. All are autosomal dominant except:
- a. HNPCC
 - b. Ataxia telangiectasia
 - c. Peutz-Jegher's syndrome
 - d. FAMMM
199. Ectopic mucosa of Meckel's diverticulum is diagnosed by:
- a. Tc-99 radionuclide scan
 - b. Angiography
 - c. CT
 - d. Endoscopy
200. Diarrhea after ileal resection is treated by:
- a. Cholestyramine
 - b. SCFA
 - c. Ursodeoxycholic acid
 - d. Chenodeoxycholic acid

MCQ

GIT ANSWER KEY

1. C. Hemoperitoneum in 7% patients
2. A. Hepatic adenoma
3. A. AFP
4. A. USG
5. A. Not return to normal after hepatic resection
6. A. Associated with cirrhosis
7. B. 5-15 cm H₂O
8. A. Hemoperitoneum is common
9. A. Biliary tree
10. A. Scirrhus type has better prognosis than papillary
11. D. All of the above
12. A. Contraction of sphincter of oddi
13. A. GGT is raised
14. A. Elective linorenal shunt
15. A. TIPS
16. A. Liver transplant
17. B. Iatrogenic
18. A. SRS
19. B. Peritoneal cavity
20. A. MRI
21. A. Calcified GB
22. D. Retained stones are discovered after 2 years of cholecystectomy
23. A. Resection decreases the incidence of malignancy but risk persists
24. A. Roux-en-Y hepaticojejunostomy
25. A. Incidence is equal in laparoscopic & open cholecystectomy
26. B. Extended cholecystectomy
27. D. Cholecystectomy should be done in same episode
28. D. Pancreatic buds fuse after 8 weeks
29. A. Increases enzyme rich fluid
30. A. Uncinate process receives blood supply from SMA
31. B. Refers to presence of infected necrosis
32. A. MPD is 5 mm in tail normally
33. A. Conservative treatment is effective in only 1/4th of the patients
34. A. K-ras
35. A. CA 19-9
36. A. Hyperamylasemia is not specific
37. A. Splenic artery
38. A. CT is investigation of choice
39. D. Hypercoagulable state
40. C. Non-obstructive mesenteric ischemia has very good prognosis
41. C. Thumb printing
42. C. Embolus gets lodged most commonly at branching of SMA from aorta
43. A. Counter clockwise rotation in non-rotation
44. A. Mostly resolve with colonoscopic reduction
45. A. Increased by meals
46. A. Produced by proximal small bowel
47. A. There is no evidence that use of monofilament mesh reduces incidence of obstruction
48. B. PSC
49. C. Poor prognosis as compared to sporadic
50. A. Complete proctectomy with Brooke ileostomy
51. A. T2N0, T1N1
52. C. Cowden's syndrome
53. B. Treatment is prophylactic colectomy in all

MCQ

54. A. Associated with cutaneous lesions
55. D. More common on right side
56. B. Enters in chest at T2
57. A. Endoscopic mucosal resection
58. B. IIb
59. D. Pneumothorax
60. A. Type I
61. A. Vagotomy + antrectomy
62. D. Metoclopramide
63. C. HSV
64. D. Surgical correction has good results
65. C. p53
66. D. Angiographic embolization
67. C. Endoscopy usually derotate
68. A. ECL cells
69. B. Small intestine
70. C. Cellulose
71. B. Hyperchlorhydria
72. D. Blood urea
73. A. 90%
74. A. Lynch syndrome
75. D. Left colic artery
76. D. Total proctocolectomy with IPAA
77. B. Right hemicolectomy is the treatment of choice
78. D. Endometrial carcinoma is a prominent association
79. C. Hepatic resection with sigmoid colectomy & anastomosis
80. C. Mesenteric ischemia
81. A. Bile duct malignancy
82. C. Most common site is pancreas
83. D. SRS
84. D. Mesenchymal hamartoma
85. C. Hemangioma
86. C. Intracystic bleeding is common & deroofing is mandatory
87. C. Zone III
88. C. Synthesis of AFP & alpha antitrypsin
89. A. Colon
90. B. Endoscopy
91. A. 12 mm Hg
92. B. Secondary CBD stones
93. C. Intrahepatic stone
94. D. Imaging
95. D. Pleural effusion
96. D. Hypoammonemia
97. D. Portal biliopathy
98. B. Stomach
99. D. Acute mesenteric venous thrombosis
100. D. Hypercoagulable state
101. A. CHF is very common
102. A. Age >40 years & asymptomatic
103. C. Pulmonary metastasis is not benefited from treatment
104. A. Abdominal rectopexy
105. C. Hyperplastic is premalignant
106. D. Prostaglandins
107. B. 5000 rad

MCQ

108. A. Water soluble contrast enema
109. C. EAS + Puborectalis
110. C. Jaundice
111. B. Glucagonoma
112. B. B2
113. A. Ig A
114. B. More common in Caucasians
115. A. 90% patients give history of biliary disease
116. C. BRCA activated
117. D. Most common reason for bile duct injury is lack of techniques and errors of judgment
118. C. 12 mm interposition shunt
119. A. Shunt thrombosis is more common than stenosis
120. A. Butyrate
121. A. Adenomyomatosis <1 cm, pedunculated
122. B. Identified phenotypically by high protein
123. C. Rebleed is <5% in one year
124. C. PSC
125. C. Hyperechogenic
126. A. Infection is more common in developed countries
127. C. Vitamin C deficiency
128. C. Third degree- no surgery
129. A. PSC in UC, the association is 30%
130. A. Prophylactic antibiotics
131. B. Roux-en-Y GJ
132. C. Bleeding type I gastric ulcer- TV + antrectomy
133. C. Ogilvie's syndrome refers to cecal volvulus
134. B. BMI > 30 kg/m² with family history of gall stone
135. A. E. coli
136. A. Stomach
137. D. Increased acid secretion
138. D. 4th part of duodenum
139. A. Most common site is body & tail
140. A. R0 resection
141. A. Radiographically unresolved lesion after 6 months
142. D. Hyperthermia
143. C. Systolic BP < 120 but >90 mm Hg
144. D. Patient has hyperbilirubinemia with raised enzymes
145. C. Prognosis is very poor with pulmonary metastasis
146. A. Post-operative rise in CEA is always associated with recurrence
147. D. Tumor 5cm, LN positive, interval <1 year, CEA >200 ng/ml
148. B. Blood transfusion to raise Hb >10 gm%
149. C. Volume replacement
150. A. 30% are associated with malignancy
151. D. Usually diagnosed by octreotide scan
152. A. 5-FU + Cisplatin
153. A. EMR
154. A. Lung
155. D. Cronkhite Canada syndrome
156. D. Cowden's syndrome: 30% risk of CRC cancer
157. A. TNM stage
158. D. MRI
159. C. Surgical intervention is required in most because of features of chronic pancreatitis
160. A. DPPHR
161. D. 90% patients survive >10 years after surgery

MCQ

162. B. Low urine output
163. C. Can detect causes in all cases
164. D. FAP
165. B. K-ras
166. A. Distal resection of tail of pancreas with end to end pancreaticojejunostomy
167. A. More common
168. A. Decreased E-cadherin
169. C. Cirrhosis
170. A. Suprapyloric
171. C. Elective ventilation
172. A. Exclusively occurs after anterior gastrojejunostomy
173. C. Kelling Madlener procedure
174. D. Decreases survival
175. A. Vitamin B12 deficiency
176. C. All polyps need to undergo polypectomy for biopsy
177. D. Distal tumor
178. D. p53
179. B. Periampullary carcinoma
180. A. SRUS
181. D. T1 & T2 cancer with or without lymph node involvement
182. A. Intersphincteric
183. A. Independent drainage
184. B. Normal liver architecture
185. C. Chemoradiation is given
186. D. Familial amyloidotic polyneuropathy
187. C. Venous drainage is mainly by left & middle hepatic vein
188. B. Surgical resection is required due to risk of malignancy
189. A. Most common in males
190. B. Portal vein provides <30% of total oxygen to the liver
191. D. Biliary ascariasis
192. D. GB stones are present in >50% cases
193. A. COX-2 inhibitors
194. A. Barium swallow
195. A. Delayed gastric emptying
196. C. Somatostatinoma
197. B. Honey comb appearance
198. B. Ataxia telangiectasia
199. A. Tc-99 radionuclide scan
200. A. Cholestyramine