

To be filled by the candidate)

Booklet S. No. \_\_\_\_\_

Roll No. (In figures) \_\_\_\_\_

Roll No. (In words) \_\_\_\_\_

Name of the Candidate : \_\_\_\_\_

Father's Name : \_\_\_\_\_

Center of Examination : \_\_\_\_\_

**Total No. of Questions : 50**

**Paper Code-2608**

**Name of Examination- Senior Resident/Specialist Tutor Entrance 2026  
Specialty-General Surgery**

**Time Allowed : 90 Minutes**

**Maximum Marks : 200**

**IMPORTANT NOTE:**

- (i) OMR Answer Sheet will be supplied by the Examination Centre Superintendent for answering the questions.
- (ii) Use **Blue/Black Ink/ Ball Pen only**, to darken the appropriate circle in the OMR Answer Sheet.
- (iii) Darken one circle deeply for each question in the OMR Answer Sheet, as faintly darkened circle might be rejected by the Optical Scanner.
- (iv) Darkening of more than one circle shall be rejected by the scanner. **Over-writing, cutting, erasing or use of White Fluid is not allowed.**
- (v) Before dealing with the question paper, fill-up the required information with Blue/Black Ball Pen correctly both in the Question Booklet and in the OMR Answer Sheet.
- (vi) Do not fold the OMR Answer Sheet nor put any mark here and there to avoid rejection by the Optical Scanner.
- (vii) Write Roll. No. carefully on the OMR Answer Sheet and darken the appropriate circle properly.
- (viii) **Each question carries Four Marks while 1 mark shall be deducted for each incorrect response.**
- (ix) **Use of Calculator is not allowed.**
- (x) **No over-writing, cutting, erasing or use of white fluid is allowed.**
- (xi) Rough work be done on the sheet(s) at the end.
- (xii) **MOBILE TELEPHONES (EVEN ON SWITCH-OFF MODE) AND SUCH OTHER ELECTRONIC DEVICES ARE NOT ALLOWED INSIDE THE EXAMINATION HALL.**
- (xiii) The question paper-booklet will be retained by the candidate after the entrance test is over.



Q1. Which of the following is true regarding the arcuate line?

- A. It is usually located a few centimeters above the umbilicus
- B. Below this line, the internal oblique aponeurosis splits
- C. Below this line, the rectus muscle lies on the transversalis fascia
- D. Below this line, the posterior rectus sheath is thinner

Q2. Which of the following is true regarding retroperitoneal sarcomas?

- A. They are best managed by enucleation
- B. Prognosis is best determined by histologic grade
- C. Fibrosarcomas are the most common type
- D. Lymph node metastasis is common

Q3. A 45-year-old male presents with hematemesis two weeks after a motor vehicle accident in which he suffered a liver injury that was managed non-operatively. Laboratory values show elevated bilirubin, alkaline phosphatase, and significant anemia. This patient most likely has:

- A. Arterioportal vein fistula
- B. Arteriohepatic vein fistula
- C. Arterial pseudoaneurysm
- D. Portal venous pseudoaneurysm

Q4. During a laparoscopic cholecystectomy, the common bile duct is inadvertently transected. An experienced hepatobiliary surgeon is available. The best operative repair is:

- A. End-to-end CBD anastomosis
- B. Choledochojejunostomy
- C. Hepaticoduodenostomy
- D. Hepaticojejunostomy

Q5. A 30-year-old man with a history of alcohol abuse presents with fever, right upper quadrant pain, and leukocytosis. Imaging reveals a 5-cm rim-enhancing fluid collection in the right lobe of the liver. The cause of this collection is best determined by:

- A. Blood cultures
- B. Stool cultures
- C. Percutaneous aspiration of the liver lesion
- D. Serologic tests

Q6. The most common primary liver malignancy in children is:

- A. Hepatocellular carcinoma
- B. Hepatoblastoma
- C. Intrahepatic cholangiocarcinoma
- D. Giant cell carcinoma

Q7. Jaundice with absent urine urobilinogen is most consistent with:

- A. Hepatitis
- B. Cirrhosis
- C. Hemolysis
- D. Biliary obstruction

Q8. A 45-year-old woman with diabetes mellitus and a BMI of 35 kg/m<sup>2</sup> presents with an intermittent painful bulge in the mid-abdomen over a prior midline laparotomy scar. Examination reveals a reducible midline hernia with a 7 × 3 cm fascial defect.

The most appropriate management is:

- A. Laparoscopic hernia repair with mesh
- B. Open hernia repair with onlay mesh
- C. Open hernia repair with sublay mesh
- D. Component separation with primary repair

Q9. A 50-year-old man with a history of Roux-en-Y gastric bypass presents with epigastric pain and fullness two months after acute pancreatitis. CT scan shows an 8-cm pancreatic pseudocyst abutting the gastric fundus. The most appropriate management is:

- A. Endoscopic cystogastrostomy via the gastric remnant
- B. Percutaneous drainage
- C. Surgical cystogastrostomy via the gastric remnant
- D. Roux-en-Y cystojejunostomy

Q10. A 40-year-old female with immune thrombocytopenic purpura is planned for splenectomy. Her platelet count is 40,000/μL. Which of the following statements regarding perioperative platelet transfusion is correct?

- A. Platelets should be transfused pre-operatively
- B. Platelets should be transfused post-operatively regardless of bleeding
- C. Platelets should be transfused at splenic vein ligation
- D. Platelets should be transfused only if bleeding persists after splenic artery ligation

Q11. The most common indication for elective splenectomy is:

- A. Staging for Hodgkin lymphoma
- B. Hereditary spherocytosis
- C. Immune thrombocytopenic purpura
- D. Thrombotic thrombocytopenic purpura

Q12. Esophageal manometry in a patient with a true paraesophageal hernia shows the lower esophageal sphincter to be:

- A. Above its normal position
- B. At the normal position
- C. Hypertensive
- D. Hypotensive

Q13. A 40-year-old man with severe epigastric pain is found to have multiple duodenal ulcers. Which cells normally secrete the hormone responsible for this condition?

- A. Stomach body
- B. Stomach antrum
- C. Pancreas
- D. Duodenum

Q14. Which statement regarding TNM staging of gastric adenocarcinoma is correct?

- A. CT scan is the most accurate test for T and N staging

B. EUS is more accurate for N than T staging

C. Fifteen lymph nodes are required for adequate staging

D. MRI should be routinely performed

Q15. A diabetic patient presents with early satiety, nausea, vomiting, and a large mass of undigested food obstructing the pylorus on endoscopy. Which statement regarding this condition is true?

A. Most patients require surgery

B. It can be treated with oral cellulase

C. Psychiatric treatment is critical in all cases

D. The patient likely has alopecia

Q16. A hemodynamically stable patient with a perforated duodenal ulcer and mild contamination is best managed with:

A. Graham patch with highly selective vagotomy

B. Graham patch with truncal vagotomy and pyloroplasty

C. Truncal vagotomy and antrectomy with Billroth I

D. Truncal vagotomy and antrectomy with Billroth II

Q17. A patient with a diverting loop ileostomy produces 1.9 L/day of output but has normal renal function and electrolytes.

Best management is:

- A. Hospital admission for IV fluids
- B. Oral loperamide with close follow-up
- C. Revision to a distal ostomy
- D. Methylnaltrexone
- E. Observation only

Q18. A hernia sac containing a Meckel diverticulum is known as:

- A. Littre hernia
- B. Grynfeltt hernia
- C. Spigelian hernia
- D. Richter hernia

Q19. Superior mesenteric artery (Wilkie) syndrome is best initially managed with:

- A. Surgical bypass
- B. Arteriography
- C. Endoscopic stenting
- D. Nutritional rehabilitation with weight gain

Q20. The best treatment for mild active Crohn disease is:

- A. Sulfasalazine

- B. Prednisone
- C. Budesonide
- D. Metronidazole

Q21. Appropriate preoperative staging for colon cancer includes:

- A. CT chest/abdomen/pelvis with transrectal ultrasound
- B. CT chest/abdomen/pelvis with CEA
- C. CT chest/abdomen/pelvis with brain MRI and CEA
- D. PET-CT and brain MRI

Q22. High-grade dysplasia detected on surveillance colonoscopy in long-standing ulcerative colitis is best managed with:

- A. Repeat colonoscopy
- B. Segmental colectomy
- C. Total proctocolectomy with ileostomy
- D. Restorative proctocolectomy with IPAA

Q23. Incidental appendectomy is best indicated during:

- A. Gastric bypass surgery
- B. Hysterectomy in a young woman
- C. Small bowel resection for Crohn disease
- D. Laparoscopic cholecystectomy

Q24. Most common presentation of appendiceal adenocarcinoma is:

- A. Palpable mass
- B. Acute appendicitis
- C. Ascites
- D. Incidental finding

Q25. The most common perianal lesion in Crohn disease is:

- A. Fissures
- B. Skin tags
- C. Perianal abscess
- D. Perianal fistula

Q26. A patient with UC and newly diagnosed primary sclerosing cholangitis should undergo:

- A. Immediate screening colonoscopy
- B. Immediate colonoscopy with biopsies
- C. Colonoscopy after 8–10 years
- D. Screening at age 50

Q27. Which statement regarding familial adenomatous polyposis is true?

- A. Microsatellite instability is the main mechanism
- B. No extraintestinal manifestations occur
- C. Upper endoscopy every 1–3 years is

recommended

- D. Proctocolectomy eliminates periampullary cancer risk

Q28. Gelatinous ascites with peritoneal implants from appendiceal origin represents:

- A. Appendiceal mucinous neoplasm
- B. Ovarian tumor
- C. Tuberculous appendicitis
- D. Salmonella infection

Q29. Best treatment for rectal prolapse in an elderly patient with comorbidities is:

- A. Perineal rectosigmoidectomy
- B. Ripstein repair
- C. Thiersch procedure
- D. Moschcowitz repair

Q30. Wide local excision of rectal cancer is appropriate when:

- A. Tumor  $\leq 4$  cm
- B. No inguinal nodal metastasis
- C. No lymphovascular invasion
- D. Tumor limited to serosa

Q31. Which statement regarding breast cancer chemotherapy is correct?

- A. Neoadjuvant therapy is superior in ER-positive disease
- B. Triple-negative cancers almost always achieve complete response
- C. 21-gene recurrence score guides therapy in ER-positive node-negative disease
- D. Chemotherapy is most effective in low Ki-67 tumors

Q32. A persistent eczematoid nipple lesion unresponsive to steroids requires:

- A. Change in topical therapy
- B. Punch biopsy
- C. Cytology of discharge
- D. Observation

Q33. The most serious adverse effect of trastuzumab is:

- A. Hepatic toxicity
- B. Renal toxicity
- C. Cardiac toxicity
- D. Pulmonary toxicity

Q34. A thyroid nodule with FLUS on FNA is best managed with:

- A. Diagnostic lobectomy
- B. No role for molecular testing

- C. Ultrasound follow-up only
- D. Total thyroidectomy

Q35. The thyroid gland is derived embryologically from:

- A. First pharyngeal arch
- B. Third pharyngeal pouch
- C. Third pharyngeal arch
- D. Fourth pharyngeal pouch

Q36. Which statement regarding laryngeal nerves is true?

- A. External SLN is sensory
- B. Bilateral SLN injury causes airway obstruction
- C. Right RLN loops under the subclavian artery
- D. RLN is purely motor

Q37. The most accurate test for hyperthyroidism is:

- A. Free T4
- B. Total T4
- C. Total T3
- D. TSH

Q38. Best management for a hemodynamically stable patient with rectal GSW and equivocal findings is:

- A. Antibiotics and observation
- B. Diverting colostomy
- C. Exploratory laparotomy with repair and diversion
- D. Presacral drainage alone

Q39. A 75% circumferential injury to the first portion of the duodenum is best treated with:

- A. Pyloric exclusion
- B. Resection and anastomosis
- C. Primary repair
- D. Whipple procedure

Q40. Claudication symptoms improve most with:

- A. Pentoxifylline
- B. Aspirin
- C. Cilostazol
- D. Clopidogrel

Q41. A venous ulcer with superficial, deep, and perforator incompetence is best managed with:

- A. Vein stripping
- B. RFA and perforator sclerotherapy
- C. RFA and compression
- D. Continued compression only

Q42. Trauma patients at highest risk of VTE have:

- A. Head injury
- B. Femur fracture
- C. Pelvic fracture
- D. Spinal cord injury

Q43. An infant with biliary atresia should undergo:

- A. Kasai portoenterostomy
- B. Liver transplantation
- C. Biliary drainage
- D. Endoscopic stenting

Q44. Which statement regarding skin grafts is correct?

- A. FTSGs imbibe better than STSGs
- B. Allografts vascularize permanently
- C. Nonviable wound bed causes most failures
- D. Primary contraction inversely correlates with dermis

Q45. Painful priapism lasting >6 hours is best treated with:

- A. Observation
- B. Oral phenylephrine
- C. Doppler ultrasound
- D. Corporal aspiration and irrigation

Q46. Which statement regarding salivary gland tumors is true?

- A. Parotid tumors are most malignant
- B. Submandibular tumors are less malignant than minor glands
- C. Pleomorphic adenomas may become malignant
- D. Warthin tumors are malignant

Q47. Enteral nutrition in a stable trauma patient should begin:

- A. After bowel sounds return
- B. After extubation
- C. Within 6–12 hours
- D. Within 24–48 hours

Q48. Which pathway is NOT part of the catabolic response to injury?

- A. Ubiquitin-proteasome
- B. Lysosomal cathepsins
- C. mTOR pathway
- D. Calcium-calpain pathway

Q49. Gold standard method for training and assessing surgical non-technical skills is:

- A. Command-and-control leadership
- B. Simulation training
- C. Coworker reporting systems
- D. OSCE

Q50. Development and demonstration of effective leadership skills are essential during surgical training. Which of the following is considered the gold standard for training and assessment of clinical and non-technical skills with high reliability and validity?

- A. Command-and-control leadership
- B. Simulation training
- C. Coworker observation reporting system
- D. Objective structured clinical examination (OSCE)

## Answer Key

Q No. Answer

1 C

2 B

3 C

4 D

5 C

6 B

7 D

8 C

9 A

10 D

11 C

12 B

13 B

14 C

15 B

16 A

17 B

18 A

19 D

20 C

21 B

22 D

23 B

Q No. Answer

24 B

25 D

26 B

27 C

28 A

29 A

30 C

31 C

32 B

33 C

34 A

35 B

36 C

37 D

38 B

39 C

40 C

41 B

42 D

43 A

44 C

45 D

46 C

47 C

Q No. Answer

48 C

49 B

50 B

**Rough Page**

---

**Rough Page**

---