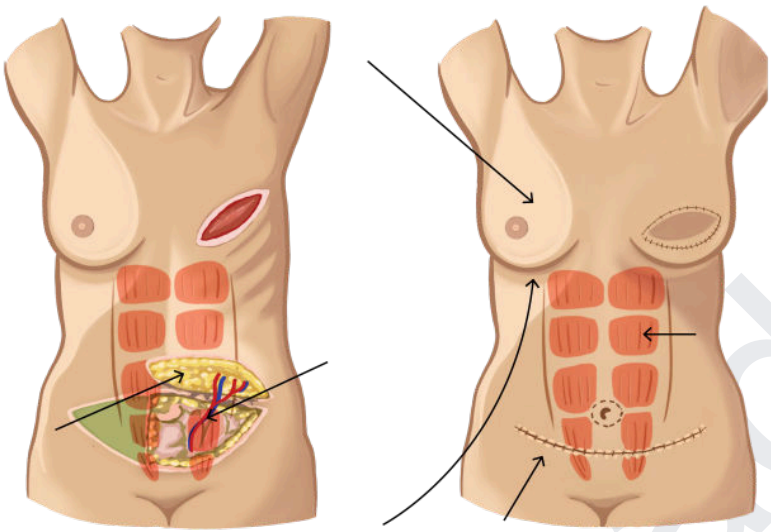
Last 5 Year PYQs in Surgery for NEET PG

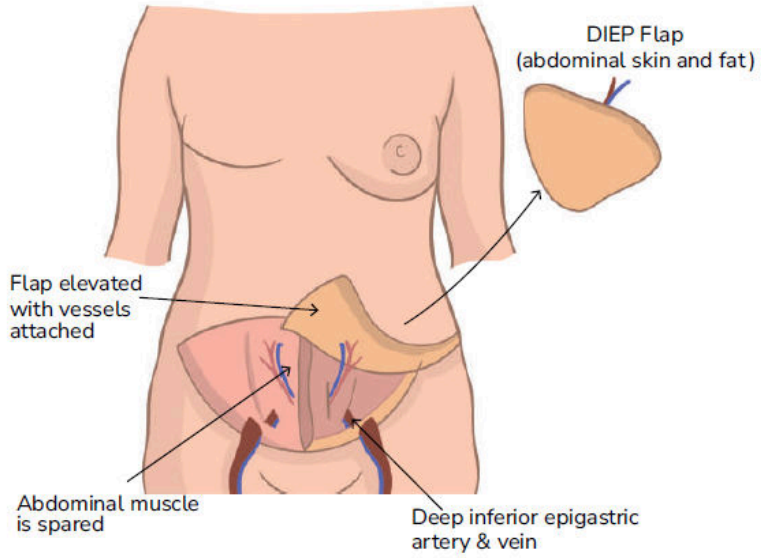
Q1. Which of the following is true about the flap given in the image?



1. Pedicled TRAM based on superior epigastric artery
2. Free TRAM based on superior and inferior epigastric artery
3. DIEP based on deep inferior epigastric artery
4. Lower Abdominal fat-based inferior epigastric vessels

Ans. 3) DIEP based on deep inferior epigastric artery

- The DIEP flap procedure, which stands for Deep Inferior Epigastric Perforator, involves the transfer of skin and fat from the lower abdomen to reconstruct the breast.
- The blood supply for the flap is solely from the deep inferior epigastric artery, preserving the rectus abdominis muscle.
- This option accurately describes the flap shown in the image.



Q2. In MEN 1 syndrome, where is the most frequent occurrence of gastrinoma observed?

1. Jejunum
2. Ileum
3. Duodenum
4. Stomach

Ans. 3) Duodenum

- The duodenum is the most common site of gastrinoma in MEN 1 syndrome.
- Gastrinomas arising in the duodenum can cause a condition called Zollinger-Ellison syndrome, characterized by excessive gastric acid production and the development of peptic ulcers.

Q3. What is the probable diagnosis for a 50-year-old male who is a long-term smoker and experiences pain in both thighs and buttocks while walking approximately 500 meters?

1. Arterial disease involving the superficial femoral artery
2. Arterial disease with aortoiliac involvement
3. Femoral venous insufficiency
4. Arterial disease involving the profunda femoris artery

Ans. 2) Arterial disease with aortoiliac involvement

- The muscle group affected in claudication is one anatomical level below the level of arterial disease.
- The patient's symptoms of intermittent claudication pain in both the thigh and buttock region on walking are indicative of arterial disease with aortoiliac involvement.
- The aortoiliac arteries, including the abdominal aorta and iliac arteries, supply blood to the lower extremities.
- Narrowing or blockage of these arteries due to atherosclerosis, often associated with chronic smoking, can lead to reduced blood flow and cause symptoms of intermittent claudication.

Q4. Which statement regarding retrosternal goitre is accurate?

1. Operated in all patients regardless of symptoms
2. Sternal incision is always required to operate
3. It receives blood supply from the thoracodorsal artery
4. Most of the retrosternal goiters can be removed by a neck incision

Ans. 4) Most of the retrosternal goiters can be removed by a neck incision

- Retrosternal goiter refers to an enlarged thyroid gland that extends into the chest, behind the sternum.
- A neck incision is the most common method of removing retrosternal goiters.
- This approach provides access to the lower part of the goiter and allows for its safe removal without a sternal incision.

Q5. What stage of Hinchey's classification is indicated when a patient with clinical features suggestive of peritonitis presents with a diverticular perforation and fecal peritonitis during surgery?

1. Stage 1
2. Stage 2
3. Stage 3
4. Stage 4

Ans. 4) Stage 4

- The correct Hinchey's stage for a patient presenting with a diverticular perforation and fecal peritonitis is Stage 4.
- Stage 4: This stage represents diverticulitis with generalized fecal peritonitis. It signifies a perforation of the diverticulum with the spread of fecal material throughout the peritoneal cavity, leading to widespread inflammation and contamination.

Q6. A 75-year-old man with prostate carcinoma presents to you with a PSA of 9 ng/mL with a small tumor focus. His Gleason score is 6. What will be your most likely management?

1. Radical prostatectomy
2. External beam radiation
3. Brachytherapy
4. Active surveillance

Ans. 4) Active surveillance

- Active surveillance is the most appropriate management according to patient condition, as the gleason score is 6.

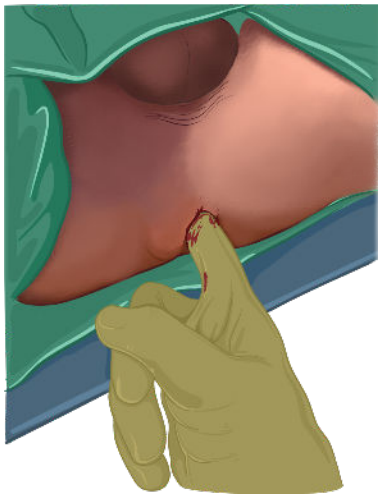
Q7. A patient after a road traffic accident presented with pain in the abdomen. The resident examined the child and found that vitals were stable and tenderness was present in the left lumbar region. Which is the best investigation of choice?

1. Contrast enhanced CT scan
2. Retrograde urethrogram
3. Wait and watch
4. Emergency laparotomy

Ans. 1) Contrast enhanced CT scan

- A CT scan is a non-invasive imaging modality that can provide detailed information about the abdominal organs, including the presence of any injuries or abnormalities. In the case of a patient with pain in the abdomen after a road traffic accident, a CT scan can help identify any intra-abdominal injuries, such as organ damage, bleeding, or fractures.

Q8. A patient with rectal prolapse underwent surgery. The postoperative image is given below. Identify the procedure.



1. Stapled hemorrhoidopexy
2. Well's procedure
3. Thiersch wiring
4. Altemeier repair

Ans. 3) Thiersch wiring

- Thiersch wiring is a surgical technique for managing certain types of rectal prolapse. It involves applying wires or sutures to the rectal mucosa to create a supportive framework and provide mechanical support to the rectum.

Q9. A patient arrives after being involved in a motorcycle road traffic accident. The patient does not report any pain or injury. Upon examination, there is evidence of blood at the urethral meatus. What would be your subsequent course of action in terms of managing this patient?

1. Foley's catheterization
2. Wait and watch
3. Nephrogram
4. Suprapubic cystostomy

Ans. 2) Wait and watch

- In the case described, blood at the tip of the urethral meatus suggests a potential urethral injury.
- Foley's catheterization is contraindicated when blood is present at the meatus as it can worsen the injury by converting a partial tear into a complete tear.

- Nephrogram is not indicated in this scenario. A nephrogram is an imaging study of the kidneys after contrast dye injection and is not relevant to the evaluation of a potential urethral injury.
- Suprapubic cystostomy is a definitive management option for posterior urethral injuries.
- However, it is not the immediate next step in management. Instead, a conservative approach is taken initially, especially when there are no symptoms of urinary retention or significant pelvic hematoma.

Q10. A patient presents with a hernia medial to the inferior epigastric artery. What is the most likely diagnosis and appropriate management for the same?

1. Direct hernia and Bassini repair
2. Direct hernia and Lichtenstein mesh repair
3. Indirect hernia and Bassini repair
4. Indirect hernia and Lichtenstein mesh repair

Ans. 2) Direct hernia and Lichtenstein mesh repair

- The most likely diagnosis in this case is a direct inguinal hernia.
- The Lichtenstein mesh repair is the preferred approach for most inguinal hernias, including direct hernias. It involves placing a mesh patch over the hernia defect to provide support and prevent recurrence. The Lichtenstein mesh repair has been shown to have lower recurrence rates and a faster recovery compared to tissue-based repairs.

Q11. A 6-year-old boy came with a history of recurrent urinary tract infections. Imaging was done and is shown below. What is the diagnosis?

1. Vesicoureteric reflux
2. Urinary bladder diverticulum
3. Urinary bladder hernia
4. Vesicocolic fistula

Ans. 1) Vesicoureteric reflux

- Vesicoureteric reflux (VUR) is when urine flows backward from the bladder into the ureters or kidneys.
- It is a common cause of recurrent urinary tract infections in children. The imaging shown in the question is a voiding cystourethrogram (VCUG), which is a test that helps to diagnose VUR. In this test, a catheter is placed in the bladder, and a special dye is inserted through the catheter. X-ray images are taken while the child urinates, showing whether the dye flows backward into the ureters or kidneys.

Q12. A 45-year-old female patient underwent a thyroidectomy. Three days after the surgery, she developed perioral numbness. Which of the following investigations need to be done for her?

1. Free T3, T4
2. T3, T4, TSH
3. Radioiodine scan
4. Calcium, phosphate, and parathormone levels

Ans. 4) Calcium, phosphate and Parathormone levels

- Investigate levels of calcium, phosphate, and parathormone.
- After thyroidectomy, watch for perioral numbness indicating potential hypocalcemia due to parathyroid issues.
- Parathyroid glands are vulnerable during thyroidectomy, especially if the inferior thyroid artery is cut away from the thyroid, risking vascular infarction.
- Hypocalcemia symptoms typically appear 2 to 5 days post-surgery, including perioral tingling, numbness, and carpopedal spasm.

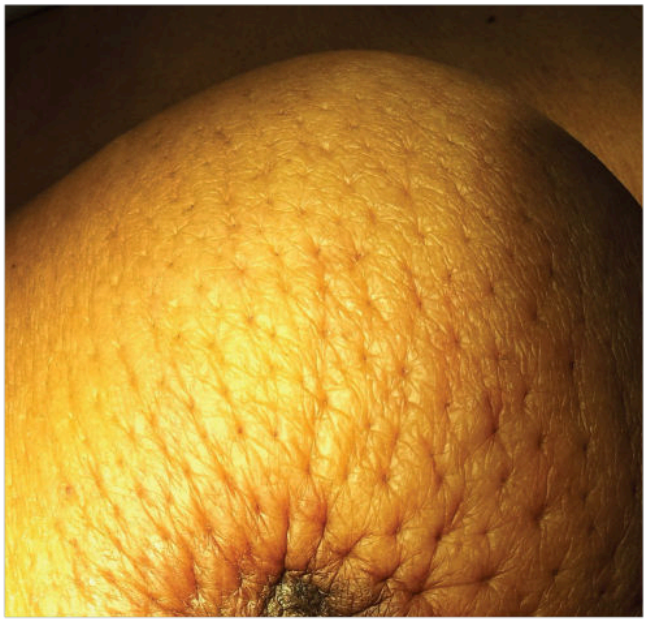
Q13. A patient presented with blunt trauma to the abdomen. On evaluation, liver injury was noted, for which primary repair was done. Coagulation function was monitored intraoperatively using the method shown below. What is the method used?

1. Thromboelastography
2. Plethysmography
3. Sonography
4. Elastography

Ans. 1) Thromboelastography

- Thromboelastography (TEG) is a method used to monitor coagulation function intraoperatively. It involves measuring the viscoelastic properties of whole blood as it clots, providing a comprehensive assessment of the clotting system.

Q14. A 59-year-old lady presents with a progressive, painless lump in the breast. What is the cause for the following skin change?



1. Infiltration of subdermal lymphatics
2. Infiltration of the lactiferous duct
3. Involvement of Cooper's ligament
4. Spread of the tumor to the anterior chest wall

Ans. 1) Infiltration of subdermal lymphatics

- Peau d'orange refers to the dimpled, pitted appearance of the breast skin resembling the texture of an orange peel, as shown in the image. This occurs due to lymphatic obstruction and subsequent edema.
- The lymphatic obstruction caused by tumor cells entering the skin's lymphatics is responsible for the characteristic appearance known as Peau d'orange (French for "orange peel skin").

Q15. A child with a prior incident of being stabbed in the front part of the abdomen. The child's vital signs are stable. What will be the subsequent step in managing this case?

1. Emergency laparotomy
2. Observation
3. Intravenous hydration
4. Wait and watch

Ans. 1) Emergency laparotomy

- In cases of penetrating trauma, such as a stab wound to the abdomen, particularly if there's a prior incident and the vital signs are stable, an emergency laparotomy is necessary.
- This is because there's a risk of peritonitis, shock, and other serious complications due to potential internal organ damage.
- The laparotomy allows for direct exploration of the abdomen to assess and manage any internal injuries, preventing further complications.

Q16. Predominantly osteoblastic secondaries are seen in which of the following?

1. Prostate carcinoma
2. Breast carcinoma
3. Stomach carcinoma
4. Bone carcinoma

Ans. 1) Prostate carcinoma

- Predominantly osteoblastic secondaries refer to the presence of bone metastases in which there is an excessive production of bone by osteoblasts, leading to increased bone density.
- Prostate carcinoma commonly metastasizes to bone, and the resulting bone metastases are typically osteoblastic in nature.

Q17. Which of the following drugs cause carcinoma bladder?

1. Cyclophosphamide
2. Cisplatin
3. Taxane
4. Tamoxifen

Ans. 1) Cyclophosphamide

- Cyclophosphamide is an alkylating agent and an immunosuppressant that is used in the treatment of various cancers, including bladder cancer. However, long-term or high-dose use of cyclophosphamide has been associated with an increased risk of developing bladder carcinoma. It is important to note that the risk of bladder carcinoma is a potential side effect of cyclophosphamide, but not everyone who takes the drug will develop this condition.

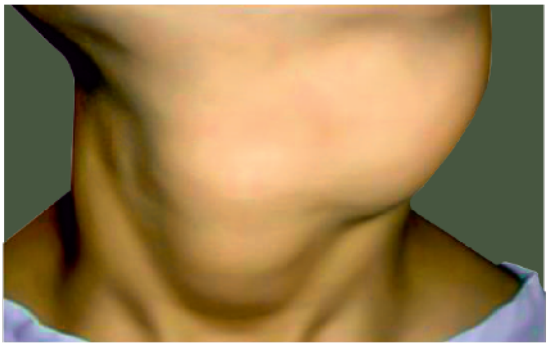
Q18. The most common site of branchial cyst is___.

1. Junction of upper and middle third of the sternomastoid muscle
2. Junction of middle and lower third of the sternomastoid muscle

3. Middle of the sternomastoid muscle
4. Between the two heads of the sternomastoid muscle

Ans. 1) Junction of upper and middle third of the sternomastoid muscle

- Branchial cysts are congenital abnormalities that occur due to incomplete closure or abnormal development of the branchial clefts, which are embryonic structures in the neck. The cysts typically develop along the anterior border of the sternocleidomastoid muscle, typically at the junction of the upper and middle thirds of the sternocleidomastoid.



Q19. Dohlman's procedure is for:

1. Meckel's diverticulum
2. Zenker's diverticulum
3. Bochadlek hernia
4. Menetrier's disease

Ans. 2) Zenker's diverticulum

- Dohlman's procedure, also known as pharyngoesophageal myotomy, is a surgical approach used to treat Zenker's diverticulum. It involves making a small incision or myotomy in the muscular wall between the esophagus and the diverticulum. This allows for the release of the pressure and improves the emptying of the diverticulum, relieving the associated symptoms.

Q20. Parathyroid gland post-surgery is commonly transferred to?

1. Triceps
2. Biceps
3. Sartorius
4. Brachioradialis

Ans. 4) Brachioradialis

- In cases of parathyroid surgery, particularly in hyperparathyroidism caused by parathyroid hyperplasia, if a gland needs to be removed, it's common practice to transplant a portion of the remaining gland to ensure adequate parathyroid function.
- The parathyroid tissue is typically divided into small pieces and transplanted into the brachioradialis muscle of the patient's non-dominant arm.
- This transplantation allows the parathyroid tissue to continue its function of regulating calcium levels in the body.