

**1. In patients with neuroblastoma, which of the following prognostic factors would predict decreased survival?**

- a. patient age less than one year
- b. *N-myc* amplification greater than 10 copies
- c. thorax as the primary site
- d. normal serum catecholamine level
- e. nodular, well-differentiated histology pattern

**B**

**2. In Hirschsprung's disease, during balloon distension of the rectum, typical anorectal manometry will show**

- a. partial relaxation of the internal sphincter
- b. elevated external sphincter pressure
- c. failure of relaxation of the internal sphincter
- d. inhibition of contraction of the internal sphincter
- e. relaxation of the external sphincter

**C**

**3. A newborn with an antenatal diagnosis of a cystic lung lesion has no symptoms. His initial chest x-ray is normal.**

**Subsequent management should include**

- a. computerized tomography (CT) scan of the chest at three months
- b. serial chest ultrasound
- c. serial chest x-rays
- d. CT scan of the chest at school age
- e. observation only

**A**

**4. A one year old phenotypic female is referred for asymptomatic bilateral inguinal hernias.**

**At surgery a testis is found in the right inguinal hernia sac. The diagnosis is:**

- a. androgen insensitivity syndrome
- b. congenital adrenal hyperplasia
- c. true hermaphrodite
- d. mixed gonadal dysgenesis
- e. Turner's syndrome

**A**

**5. What is the most frequently associated anomaly with Vaginal atresia**

- a. ventricular septal defect
- b. tracheoesophageal fistula
- c. tethered spinal cord
- d. renal agenesis
- e. sacral agenesis

**D**

**6. The guidelines from the National Wilms' Tumor Study call for preoperative chemotherapy**

- a. when the tumor extends across the midline
- b. if the patient is over five years of age
- c. when there is a history of Wilms' tumor in the family
- d. if there is a tumor thrombus extending into the right atrium

**D**

**7. Which is the Gold standard test to diagnose biliary atresia?**

- a. ultrasound
- b. HIDA Scan
- c. Duodenal aspiration
- d. cholangiography
- e. serum lipoprotein X

**D**

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**8. Which is the most common complication of Hypospadias repair**

- a. Bleeding
- b. Impotence
- c. Fistula
- d. Glanular dehiscence

**C**

**9. What is the most common cause of Antenatal Hydroureter in newborns**

- a. PUJ obstruction
- b. Vesicoureteral Reflux
- c. Primary obstructing Megaureter
- d. PUV

**A**

**10. Which is the most commonly performed procedure for distal penile hypospadias**

- a. Theirsch Duplay Urethroplasty
- b. Snodgrass Urethroplasty
- c. Duckett Procedure
- d. Koyanagi Procedure

**B**

**11. A five-year-old boy is referred for evaluation of a large right-sided varicocele. He is asymptomatic. A scrotal ultrasound obtained by the pediatrician demonstrated normal testes bilaterally, with equal volume measurements.**

**The next step in management is:**

- a. observation and serial exams
- b. doppler venography of the iliacs
- c. abdominal CT or US
- d. laparoscopic right varicocele ligation
- e. venous embolization

**C**

**12 A male child is referred for possible testicular torsion; a hard non-tender mass is palpable in the left hemiscrotum. Ultrasound demonstrates normal flow, and a 1.2 cm solid mass in the lower pole of the left testis. AFP is significantly raised**

**The next step is:**

- a. inguinal exploration, vascular occlusion, and biopsy with frozen section
- b. left orchiectomy and right orchidopexy
- c. trans scrotal biopsy
- d. follow-up US in 6 wks
- e. preoperative CT of the chest, abdomen, and pelvis

**A**

**13 A two-year-old male presents to the emergency room (ER) for the second time with rectal prolapse. The prolapse is reduced by the ER physician. The child is referred to your office for definitive therapy.**

**The next best step in management is:**

- a. laparoscopic posterior rectopexy
- b. perianal mucosal resection
- c. ring or purse string anoplasty (Thiersch wire)
- d. high fiber diet
- e. sclerosing submucosal injection

**D**

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**14 A two-month-old male is referred to your office because of an empty right scrotal sac. On exam, a left testes is palpable in the scrotum and a right testes is non-palpable. Which of the following is the next best step?**

- a. hormonal therapy
- b. magnetic resonance imaging (MRI)
- c. laparoscopy
- d. inguinal exploration
- e. observation upto 6 months of age

E

**15. A newborn has an omphalocele major. The defect measures about 10 cm and there is bowel and liver inside the intact sac. The infant also has respiratory distress and is intubated.**

**Your treatment plan is:**

- a. topical silver sulfadiazine and delayed repair
- b. operative resection of sac and primary repair
- c. operative placement of silo for serial reductions
- d. operative placement of prosthetic patch

A

**16. What is the Gold Standard for diagnosis of Hirschsprungs disease**

- a. Manometry
- b Clinical examination
- c Rectal contrast study
- d Rectal biopsy

D

**17. A newborn has ambiguous genitalia and appears ill with poor perfusion, lethargy and recent glucose level of 45.**

The next best step in management is:

- a. genetics consultation
- b. echocardiogram
- c. clitoral recession and vaginoplasty
- d. serum electrolytes
- e. abdominal and pelvic ultrasound

D

**18 The most common anomaly associated with Prune Belly Syndrome is:**

- a. pulmonary agenesis
- b. cryptorchidism
- c. intestinal malrotation
- d. myelomeningocele
- e. jejunoileal atresia

B

**19. 2 year old child with empty scrotum and impalpable unilateral testis on examination next appropriate step is**

- a. US andomen
- b. laparoscopic exploration
- c. CT Abdomen
- d. HCG

B

**20. Patient with high cardiac output failure and chest mass, most likely diagnosis is**

- a. CPAM
- b. Pulmonary Sequestration
- c. Pulmonary emphysema
- d. CDH

B

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**21. Newborn baby has drooling of Saliva. &, gasless abdomen on AXR. NG couldn't be passed. What is the Probable diagnosis.**

- a. Pure esophageal atresia
- b. Esophageal atresia with fistula
- c. H Type tracheoesophageal atresia
- d. Both upper and lower pouch fistula

A

**22. A 1month male child presented to your OPD with reducible inguinal hernia. When will you date him for surgery**

- a. Immediately on emergency basis
- b. next available elective theater
- c after 6 months
- d. after 2 years

B

**23. One week infant with history of bilious vomiting for one day & no abdominal distension, most important investigation is :**

- a. US
- b. Xray
- c. Upper GI study
- d. Barium enema

C

**24. Age of Chest wall deformity repair (nuss bar)**

- a. 11-14 years
- b. 5-8 years
- c. 3-5 years
- d. 2-4 years

A

**25. Which of the following is the most frequent finding in a patient with Wilms tumor?**

- a. Abdominal pain
- b. Hematuria
- c. Nausea and vomiting
- d. Painless, palpable abdominal mass

D

**26. Which of the following is the content of sliding inguinal hernia**

- a. intestines
- b. omentum
- c. appendix
- d. bladder

D

**27. Children with which of the following should receive screening renal ultrasounds for nephroblastoma (Wilms' tumor)?**

- a. a teenager who had unilateral Wilms' at four years of age
- b. Denys-Drash syndrome
- c. end stage renal failure
- d. cryptorchidism
- e. isolated Wilms' tumor in a sibling

B

**28. The absolute indication of Laparotomy in Necrotising enterocolitis is**

- a. Portal venous gas
- b. Hemodynamic instability
- c. bilious vomiting
- d. Pneumoperitoneum

D

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**29. Which of the following is bad prognostic sign for Omphalocele:**

- a. polyhydramnios
- b. liver herniation
- c. small bowel dilation
- d. prenatal diagnosis

**B**

**30. Which of the following is true**

- a. Gastroschisis has bad prognosis than Omphalocele
- b. Omphalocele has bad prognosis than gastroschisis
- c. omphalocele is associated with intestinal atresias
- d. Omphalocele always needs emergency surgery

**B**

**31. Which of the following is not an indication for MCU**

- a. VUR
- b. Febrile UTI
- c. PUJ Obstruction
- d. Primary Obstructing megaureter

**C**

**32. Which of the following is not a feature of Anderson hynes pyeloplasty**

- a. Dismembered
- b. funnel shaped
- c. antigravity
- d. depedant

**C**

**33. Which of the following are indications for splenectomy in a patient with sickle cell anemia?**

- a. anemia requiring a single transfusion
- b. splenic infarction
- c. two episodes of minor sequestration crisis
- d. a single episode of major sequestration crisis

**D**

**34. An eight-year-old sustains trauma in a road traffic accident. His evaluation shows a stable patient with a Grade IV renal injury. On the second hospital day, he develops increased flank pain with no fever. Repeat imaging demonstrates an enlarging urinoma.**

**The next step in this patient's management should be:**

- a. placement of a ureteral stent
- b. laparoscopic drainage of the urinoma
- c. nephrectomy since the kidney function will be poor
- d. continued observation

**A**

**35. A 15-year-old boy collides with a teammate while trying to catch a baseball. He presents to a regional hospital the following day after being unable to tolerate oral fluids for 24 hours. He is transferred to your hospital with epigastric pain approximately 48 hours after the injury. The computerized tomography (CT) scan shows an injury to the tail of the pancreas, with probable transection of the gland.**

**The next best step in management is:**

- a. endoscopic retrograde cholangiopancreatography (ERCP) and stent placement
- b. laparotomy and drain placement
- c. spleen sparing, distal pancreatectomy
- d. naso-jejunal tube placement and supportive care

**C**

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**36. Double bubble sign is a feature of**

- a. Hypertrophic pyloric stenosis
- b. Meconium ileus
- c Duodenal atresia
- d Jejunal atresia

**C**

**37. Bag and Mask ventilation is contraindicated in**

- a. Lobar emphysema
- b. Oesophageal atresia with distal fistula
- c. Pure oesophageal atresia
- d. Congenital diaphragmatic hernia

**D**

**38. Which shunt within the fetal circulation carries blood from the umbilical vein to the vena cava?**

- a. Ductus arteriosus
- b. Ductus venosus
- c. Omphalomesenteric duct
- d. Urachus

**B**

**39. The physiological response to increased intracranial pressure is characterized by which one of the following combination?**

- a. Bradycardia, hypertension and fever
- b. Bradycardia, hypertension and irregular breathing
- c. Tachycardia, hypertension and irregular breathing
- d. Tachycardia, hypotension and irregular breathing
- e. Bradycardia, hypotension and increased respiratory rate

**B**

**40. Which one of the following is the most important prognostic factor in hepatoblastoma?**

- a. Serum alpha fetoprotein level
- b. Histological subtype of tumour
- c. Over-expression of c-myc oncogene in tumour cells
- d. Circulating antibody to p53 mutations
- e. Resectability

**E**

**41. A patient with cerebral palsy has undergone a percutaneous endoscopic placement of a gastrostomy. It has been demonstrated that on the first postoperative day that the gastrostomy is leaking into the abdominal cavity. Which one of the following is the correct initial treatment in this situation?**

- a. Laparotomy and revision of gastrostomy
- b. Replace the gastrostomy tube with a larger size
- c. Increase the inflation volume of the gastrostomy balloon
- d. Pass a large calibre nasogastric tube
- e. Place on broad spectrum antibiotics only

**A**

**42 . Which of the following circulating tumour marker(s) have the best sensitivity and specificity for the diagnosis of malignant germ cell tumours of the thorax?**

- a. Vanillinmandelic acid (VMA), homovanillic acid (HVA)
- b. Anti-myosin globulin (AMG)
- c. Myc-N amplification
- d.  $\alpha$ -feto protein (AFP),  $\beta$ -human chorionic gonadotropin ( $\beta$ -HCG)
- e Lactate dehydrogenase (LDH)

**D**

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**43. Which one of the following is the most common clinical presentation of a urachal anomaly?**

- a. Urinary tract infection (UTI)/dysuria
- b. Lower abdominal pain
- c. Periumbilical mass
- d. Periumbilical leakage
- e. Palpable mass

**D**

**44. The risk of developing bladder cancer after bladder augmentation is higher if the patient underwent:**

- a. Colocystoplasty
- b. Enterocystoplasty
- c. Gastrocystoplasty
- d. There is no increased risk of bladder cancer after bladder augmentation
- e. The risk of bladder cancer is the same irrespective of which segment of bowel is used to augment the bladder

**C**

**45. A keloid is a sharply demarcated, benign, dense growth of connective tissue that forms in the dermis after trauma. Of the following, the least characteristic feature of keloid is**

- a. Firm
- b. Raised
- c. Pink
- d. Rubbery
- e. Pruritic

**E**

**46. The most common location for occurrence of mucocoeles is**

- a. Upper lip
- b. Floor of mouth
- c. Lower lip
- d. Palate

**C**

**47. The most common site of a branchial (pharyngeal) fistula is the**

- a. dorsal aspect of neck
- b. anterior border of sternocleidomastoid muscle
- c. superior mediastinum
- d. midline close to the hyoid bone
- e. base of the tongue

**B**

**48. The most common branchial cleft fistula originates from the**

- a. First branchial cleft
- b. Second branchial cleft
- c. Third branchial cleft
- d. Fourth branchial cleft

**B**

**49. Which of the following has the highest risk of recurrence of a thyroglossal duct cyst?**

- a. Associated lingual thyroid
- b. Double tracts, one of which is overlooked
- c. Retained hyoid segment
- d. Postoperative wound infection
- e. Use of nonabsorbable suture material

**C**

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**50. Clinical manifestations of pheochromocytomas include the following, except:**

- a. Hypertension
- b. Convulsions
- c. Pulmonary edema
- d. Obesity
- e. Good appetite

**D**

**51. The most common location for a congenital pulmonary adenomatoid malformation is in the:**

- a. Right upper lobe
- b. Lingula
- c. Left upper lobe
- d. Right lower lobe

**D**

**52. The most common mediastinal tumor in children is:**

- a. Neurogenic
- b. Lymphoma
- c. Thymoma
- d. Germ cell tumor
- e. Cyst

**A**

**53. The most common type of congenital diaphragmatic hernia is caused by:**

- a. defect in the central tendon.
- b. Eventration of the diaphragm in the fetus.
- c. A defect through the space of Larrey.
- d. An abnormally wide esophageal hiatus.
- e. A defect through the pleuroperitoneal fold.

**E**

**54. The blood supply to the esophagus is derived from which three vessels?**

- a. Inferior thyroid artery, descending aorta, left gastric artery
- b. Internal carotid, descending aorta, esophageal artery
- c. Lateral thoracic artery, phrenic artery, right gastric artery
- d. Pharyngeal artery, long thoracic artery, phrenic artery
- e. Ascending aorta, common hepatic artery, left gastric artery

**A**

**55. A 12-year-old boy is rushed to the emergency room after ingesting a caustic material. Following initial resuscitation and stabilization, what is the next most important intervention?**

- a. Induction of emesis
- b. Oral ingestion of activated charcoal
- c. Steroid therapy
- d. Barium swallow
- e. Esophagoscopy

**E**

**56. The following are known to be associated with esophageal atresia, Except:**

- a. Maternal oligohydramnios
- b. Cyanosis on feeding
- c. Cyanosis relieved by crying
- d. Cardiovascular malformations
- e. Distended abdomen

**A**

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**57. Which of the following is most common after primary repair of esophageal atresia with a distal tracheoesophageal fistula?**

- a. Anastomotic leak
- b. Esophageal stricture
- c. Recurrent tracheoesophageal fistula.
- d. Gastroesophageal reflux
- e. Tracheomalacia requiring aortopexy

**D**

**58. The most sensitive study to evaluate for the presence of GE reflux is:**

- a. Barium esophogram
- b. Gastroesophageal scintigraphy
- c. Twenty-four hour esophageal pH monitoring
- d. Upper gastrointestinal endoscopy
- e. Bronchoscopy

**C**

**59. Physical examination of a 3-day-old male infant reveals urine leaking from the area of the umbilicus. What is the correct diagnosis?**

- a. Balanoposthitis
- b. Meckel's cyst
- c. Meckel's diverticulum
- d. Omphalocele
- e. Urachal fistula

**E**

**60. Spontaneous closure of which of the following congenital abnormalities of the abdominal wall generally occurs by the age of 4?**

- a. Umbilical hernia
- b. Patent urachus
- c. Patent omphalomesenteric duct
- d. Omphalocele
- e. Gastroschisis

**A**

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