

**MANIPAL ACADEMY OF HIGHER EDUCATION****MS (GENERAL SURGERY) DEGREE EXAMINATION – NOVEMBER 2025****PAPER I (NEW SCHEME)**

Monday, November 10, 2025

Time: 14:00 – 17:00 Hrs.

Max. Marks: 100

✍ **Answer ALL the questions.**

✍ **Illustrate with diagrams charts and/or flow charts where necessary.**

1. Discuss rational use of antibiotics. Add a note on antibiotic resistance.
2. Discuss the qualities of an ideal suture material. Write a note on Surgical silk.
3. A 40-year-old man is retro-viral positive. He has been on treatment for the same since last 3 months. He is diagnosed to have acute suppurative appendicitis. How will you go about managing him? Add note on role of Surgery in patients with AIDS and the briefly on pre-exposure and post-exposure prophylaxis.
4. A 60-year-old lady has undergone a modified radical mastectomy. What is the Peri & Post operative management of this lady. What are the important points to look for in the histopathology report of this patient and its Onco-surgical importance.
5. What are the different aspects of pre-operative work up of a patient with phaeochromocytoma?
6. You have done a laparoscopic cholecystectomy for a patient with 4mm cholelithiasis. You were unable to show the calculi to the patient's relatives. A few months later the same patient presents with a distal Common bile duct calculi with obstructive jaundice. How would you deal with an accusation of negligence levelled at you by the patient's family?
7. Enumerate the organism causing skin and subcutaneous tissue infections. Discuss in detail about streptococcus as an organism and management of its infection.
8. A 40-year-old lady consults you with painless brawny oedema of her left leg and foot, of more than six years duration. What is your diagnosis? Discuss the etiology, clinical features & management of the same.
9. Enumerate in detail the regulation of Serum calcium. Add note on management of various types of Hyperparathyroidism.
10. A hairy young driver presents with multiple discharging sinuses in his natal cleft. He has a few episodes of infection in the same area which was treated conservatively by local doctor. What is your diagnosis? What are the Surgical options you will offer him?

(10 marks × 10 = 100 marks)



**MANIPAL ACADEMY OF HIGHER EDUCATION**  
**MS (GENERAL SURGERY) DEGREE EXAMINATION – NOVEMBER 2025**  
**PAPER II (NEW SCHEME)**

Tuesday, November 11, 2025

Time: 14:00 – 17:00 Hrs.

Max. Marks: 100

✍ **Answer all the questions.**

✍ **Illustrate with diagrams charts and/or flow charts where necessary.**

1. A 50-year Lady presents with progressive painless swelling in the right breast. On examination, swelling is of 6X5 cm in size, well defined, smooth, hard, non-tender; mobile but is adherent to pectoralis muscle on its contraction. Axilla on examination is normal. No history of cough or haemoptysis.

- 1A. What is your diagnosis?
- 1B. Enumerate the detailed staging of this disease.
- 1C. How do you evaluate her?
- 1D. Enumerate how this patient is to be managed

(1+2+2+5 = 10 marks)

2. A 30-year-old female comes with progressive, painless swelling in front of the neck which moves upwards on deglutition. Swelling extends both sides with multiple nodules, skin is free, deeper to sternocleidomastoid muscle on contraction, not adherent. No history of voice change or stridor. Ultrasound suggests TIRADS 4c.

- 2A. What is your differential diagnosis?
- 2B. What other relevant clinical examination will you do?
- 2C. How will you manage this patient?
- 2D. List out the complications of surgical management in this patient.

(2+2+4+2 = 10 marks)

3. “*Stones, Bones, Abdominal Groans and psychic moans*” signify symptomatology of which condition. How will you investigate and manage the same?

(10 marks)

4. A 35-year-old male presents with sudden onset abdominal pain around umbilicus which rapidly becomes diffused. He is toxic with tachycardia, tachypnoea, and reduced urine output. Abdomen is tense with tenderness, rebound tenderness, guarding and rigidity with dull flank. Liver dullness is obliterated.

- 4A. What is the clinical diagnosis?
- 4B. What are the common causes for same?
- 4C. What are the relevant investigations you will do to diagnose and stabilize this patient?
- 4D. How is it managed if it is due to typhoid?

(2+2+3+3 = 10 marks)

5. A young man is brought to the emergency room following a road traffic accident with chest injury. He is acutely breathless with fracture crepitus and subcutaneous emphysema on the right thoracic wall.

- 5A. What is the most likely cause and how will you diagnose it?
- 5B. How will you survey the patient?
- 5C. What are the emergency and long-term management of the same?
- 5D. Add a note on Beck’s Triad and its clinical importance.

(2+2+4+2 = 10 marks)

6. A 45-year-old male presents with history of pain right hypochondriac region, fever with chills of 5 days duration. Earlier he had history of dysentery which subsided on its own in few days. On examination, smooth, soft, tender horizontally placed mass palpable below the right costal margin which moves on respiration; one cannot insinuate fingers under right costal margin. Right side intercostal tenderness is elicited. What is the likely clinical diagnosis? How patient is evaluated and managed? What are the indications for surgical intervention?  
(10 marks)
7. 25-year young met with a bike accident. He became unconscious for short period and recovered. In casualty, no external injury was observed. He was complaining of mild headache. He was conscious with normal blood pressure and pulse rate and breathing. He was sent back home from casualty stating that he is fine. Next day morning, he was brought back with vomiting, severe headache, drowsiness, declining Glasgow coma scale with altered pupillary reaction.
- 7A. What is the diagnosis?  
7B. Why was he alright for certain period before deteriorating?  
7C. How do you manage this patient?  
7D. Write briefly on management of patients presenting following history of sustaining head injury.  
(1+2+4+3 = 10 marks)
8. A 60-year-old female who is diabetic presents with short duration intermittent jaundice, intermittent fever and pain in right hypochondriac region. Tender smooth liver is palpable; gall bladder is not palpable. Her direct bilirubin is 8.5 mg%, indirect was 2.0 mg%. Total count is 15,000/. Enzymes are altered.
- 8A. What is possible clinical diagnosis?  
8B. What differential diagnosis will you have and how will you confirm or rule out your diagnosis?  
8C. Highlight the management algorithm for your diagnosis.  
(2+2+6 = 10 marks)
9. A 32-year-old male with previous history of splenectomy for trauma few months back comes with high grade fever, chills and rigors with toxicity and hypotension. What possible condition comes to your mind in relation to post splenectomy status? How to manage and outline how to prevent?  
(10 marks)
10. A 70-year-old male has sudden inability to pass urine with onset of suprapubic pain at midnight and appeared in casualty. He gives earlier history of frequency and urgency in urination. He used to get back pain on and off recently for which he used to take analgesics.
- 10A. What is the immediate management required in casualty?  
10B. Enumerate various causes for his symptoms.  
10C. If his creatinine was 3.8 and PSA was 150 ng / ml. What is the possible final diagnosis and What further management should be planned in him?  
(2+2+6 = 10 marks)



**MANIPAL ACADEMY OF HIGHER EDUCATION****MS (GENERAL SURGERY) DEGREE EXAMINATION – NOVEMBER 2025****PAPER III (NEW SCHEME)**

Wednesday, November 12, 2025

Time: 14:00 – 17:00 Hrs.

Max. Marks: 100

✍ **Answer ALL the questions.**

✍ **Draw neat labeled diagrams, flow charts or algorithms where appropriate.**

1. A 30 years old female presented with symptoms of thyrotoxicosis for 3 months and on examination was detected to have a solitary nodule in the left lobe. Discuss the management of this patient.
2. A 58 years old male smoker and alcoholic presented with a painless progressive ulceroproliferative growth measuring 3.5 x 3.5 cms in the left lower gingivo-buccal sulcus. A wedge biopsy revealed well differentiated squamous cell carcinoma. Discuss the management of this patient.
3. Off-pump coronary artery bypass surgery.
4. Describe the operative steps of TAPP for inguinal hernia.
5. A 34 years old, P1 L1 female, presented with a painless progressive lump in the right breast of 3 months duration. A FNAC report from an outside hospital revealed chronic inflammation with few ill formed granulomas. Discuss the management of this patient.
6. Management of pancreatico duodenal injuries.
7. Surgical treatment of hydatid cyst of liver.
8. A 56 years old hypertensive female presents with acute onset severe headache, vomiting and history of becoming unresponsive since 4 hours. On examination she has neck rigidity, photophobia and third nerve palsy. What is your probable diagnosis? How will you manage this patient?
9. Surgical management of phaeochromocytoma.
10. A 38 years old male presented with pain in the right inguinal region. On examination he had an inguinoscrotal swelling with the right testis being absent. Discuss your management strategy.

(10 marks × 10 = 100 marks)





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**MANIPAL ACADEMY OF HIGHER EDUCATION**  
**MS (GENERAL SURGERY) DEGREE EXAMINATION – NOVEMBER 2025**  
**PAPER IV (NEW SCHEME)**

Thursday, November 13, 2025

Time: 14:00 – 17:00 Hrs.

Max. Marks: 100

- ✍ **Answer ALL the questions.**  
✍ **Draw neat labeled diagrams, flow charts or algorithms where appropriate.**

1. Diagnosis and principles of treatment of undescended testis.
2. Discuss various types of meshes used in Laparoscopic hernia surgery.
3. Minimal Access Thyroid Surgery.
4. Roux en Y bypass for obesity.
5. Sperm retrieval techniques.
6. Principles of angiosome concept in revascularization of the limb.
7. MELD score and technique of Liver Transplantation.
8. Radiofrequency ablation in surgery.
9. Describe any 2 techniques of breast reconstruction.
10. Describe lymph node stations and their relevance in D2 gastrectomy.

(10 marks × 10 = 100 marks)



