PROVISIONAL ANSWER KEY

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Question1:-Eosinophilic granules of Paneth cells contains all of the following except

A:-α-Defensins

B:-Phospholipase A2

C:-Chromogranin A

D:-Lysozyme

Correct Answer:- Option-C

Question2:-Regarding Abernethy malformation, which of the following is not true?

A:-It is more common in boys

B:-It may be associated with congenital cardiac defects

C:-It may be associated with variceal bleeding

D:-It may be associated with focal nodular hyperplasia of liver

Correct Answer:- Option-A

Question3:-Which of the following modulators decreases lower oesophageal sphincter (LES) Pressure?

A:-Gastrin

B:-Motilin

C:-Substance P

D:-Secretin

Correct Answer:- Option-D

Question4:-Which is the most common hematological manifestation of Shwachman Diamond syndrome?

A:-Neutropenia

B:-Elevated fetal haemoglobin

C:-Leukopenia

D:-Pancytopenia

Correct Answer:- Option-A

Question5:-Regarding Bile acid formation and enterohepatic circulation of bile acids, which transporter gene in the hepatocyte is located in canalicular membrane?

A:-NTCP (SLC10A1)

B:-OATP1B1 (SLC01B1)

C:-OATP1B3 (SLC01B3)

D:-BSEP (ABCB11)

Correct Answer:- Option-D

Question6:-Which of the following clinical condition is least likely to progress to Hepatocellular carcinoma?

A:-Chronic Hepatitis B

B:-Chronic Hepatitis C

C:-Wilson disease

D:-Haemochromatosis

Correct Answer:- Option-C

Question7:-Which of the following clinical condition is least likely to associated with secondary iron overload?

A:-Hepatitis B

B:-Hepatitis C

C:-NASH

D:-Wilson disease

Correct Answer:- Option-D

Question8:-In which among the following Porphyrias, the site of expression is not liver?

A:-Acute Intermittent Porphyria

B:-Variegate Porphyria

C:-Congenital Erythropoitic Porphyria

D:-Porphyria Cutanea Tarda

Correct Answer:- Option-C

Question9:-In Auto immune hepatitis, the diagnostic accuracy of Smooth Muscle Antibodies (SMA) if Anti Nuclear Antibodies (ANA) also present is

A:-100%

B:-60%

C:-74%

D:-63%

Correct Answer:- Option-C

Question10:-Which of the following is an endogenous agonist of intestinal fluid and electrolyte absorption?

A:-Aldosterone

B:-Adenosine

C:-Arachidonic acid

D:- Acetyl choline

Correct Answer:- Option-A

Question11:-A 24-year-old woman presents with chronic watery diarrhea, weight loss, iron deficiency anemia and recurrent oral ulcers. Tissue transglutaminase IgA is positive.
Which histological finding is most characteristic?

A:-Crypt abscesses with continuous colitis

B:-Villous atrophy with crypt hyperplasia and increased intraepithelial lymphocytes

C:-Caseating granulomas

D:-Pseudomembrane formation

Correct Answer:- Option-B

Question12:-A 5-year-old child presents with acute bloody diarrhea, abdominal pain and fever. Which organism is most likely to cause inflammatory diarrhea by invading colonic mucosa?

A:-Vibrio cholerae

B:-Rotavirus

C:-Shigella dysenteriae

D:-Enterotoxigenic Escherichia coli

Correct Answer:- Option-C

Question13:-A 32-year-old man has heartburn occurring twice weekly without alarm symptoms. Initial management should be:

A:-Immediate upper GI endoscopy

B:-Ambulatory pH monitoring

C:-Empirical proton pump inhibitor therapy with lifestyle modification

D:-Esophageal manometry

Correct Answer:- Option-C

Question14:-A patient with recurrent dysphagia undergoes endoscopy showing concentric rings and linear furrows. Biopsy demonstrates >15 eosinophils/HPF. Diagnosis?

A:-Achalasia

B:-GERD

C:-Eosinophilic esophagitis

D:-Esophageal candidiasis

Correct Answer:- Option-C

Question15:-Which feature best differentiates ulcerative colitis from Crohn disease?

A:-Skip lesions

B:-Transmural inflammation

C:-Continuous involvement beginning in the rectum

D:-Perianal fistula

Correct Answer:- Option-C

Question16:-Anorectal manometry shows paradoxical anal sphincter contraction during attempted defecation. First-line treatment?

A:-Lactulose

B:-Subtotal colectomy

C:-Biofeedback therapy

D:-Lubiprostone

Correct Answer:- Option-C

Question17:-A bleeding duodenal ulcer (Forrest IIa) is found. Recommended endoscopic management?

A:-Biopsy alone

B:-Combination endoscopic hemostatic therapy

C:-Immediate surgery

D:-Oral PPI alone

Correct Answer:- Option-B

Question18:-Which fulfills Rome IV criteria for IBS?

A:-Abdominal pain atleast once weekly in last 3 months associated with defecation or change in stool frequency/form

B:-Pain after gastroenteritis only

C:-Painless diarrhea

D:-Weight loss with nocturnal diarrhea

Correct Answer:- Option-A

Question19:-Meckel diverticulum arises from persistence of which embryological structure?

A:-Vitelline duct

B:-Urachus

C:-Omphalomesenteric artery

D:-Median umbilical ligament

Correct Answer:- Option-A

Question20:-In acute variceal bleeding, which should be started before endoscopy?

A:-Corticosteroids

B:-Octreotide (or terlipressin) with prophylactic antibiotics

C:-Tranexamic acid alone

D:-Oral propranolol

Correct Answer:- Option-B

Question21:-Which of the following statement is/are correct about biliary atresia in infants?

(i) Diagnostic accuracy of hepatobiliary ultrasonography is only 40-50%

(ii) Bile ductular proliferation, portal fibrosis and widening of portal tracts are important histological findings in liver biopsy

(iii) Biliary atresia account for 70-80% cases among all aetiologies of neonatal cholestasis in Indian setting.

(iv) Hepatobiliary scintigraphy need to be done only when stool are ambiguous.

A:-Only (ii and iv)

B:-Only (i and iv)

C:-Only (iii and iv)

D:-Only (ii and iii)

Correct Answer:- Option-A

Question22:-Which of the following statement is/are correct about progressive familial intrahepatic cholestasis in children?

(i) BSEP gene is associated with a variety of extrahepatic manifestations like diarrhoea, pancreatitis and sensorineural hearing loss

(ii) Serum Gamma-glutamyl transferase (GGT) is elevated in Progressive Familial Intrahepatic Cholestasis 2

(iii) Progressive Familial Intrahepatic Cholestasis 2 have more rapid progression to cirrhosis without therapy

(iv) Progressive Familial Intrahepatic Cholestasis 1 show bland hepatocellular and canalicular cholestasis without inflammation in liver biopsy

A:-Only (iii)

B:-Only (ii and iv)

C:-Only (i and ii)

D:-Only (iii and iv)

Correct Answer:- Option-D

Question23:-Which of the following statement is incorrect about diagnosis and management of cerebral edema in paediatric acute liver failure?

A:-Factors associated with raised ICP are hyperacute ALF, younger age, higher grade HE, serum ammonia> 150 mmol/L

B:-Optic nerve sheath diameter > 4.6 mm suggests raised ICP in children

C:- Hypertonic saline should be used for the prevention and treatment of cerebral edema with target serum sodium level 155-160 meq/L

D:-Mannitol should be used cautiously in children with renal impairment or those with serum osmolality > 320 mosm/L

Correct Answer:- Option-C

Question24:-Which of the following statement is incorrect about aetiology of paediatric acute liver failure?

A:-Among neuroleptics valproic acid, phenytoin and carbamazepine are commonest

B:-Hepatitis A is most common cause in India

C:-Neonatal hemochromatosis is common aetiology in neonate because of excess iron intake by mother

D:-Acute acetaminophen toxicity should be suspected if history of an acute ingestion of 100—150 mg/kg of acetaminophen within a 24-hour period.

Correct Answer:- Option-C

Question25:-Which of the following statement is incorrect about of autoimmune liver disease (AILD) in children?

(i) Azathioprine is recommended as first line of immunosuppressive therapy
(ii) Acute liver failure due to AILD can be easily manage on immunosuppressive therapy.
(iii) Relapse is rare in LKM-1 antibody positive AILD
(iv) AILD with Autoimmune sclerosing cholangitis respond to same immunosuppressive treatment as recommended for AILD alone.

A:-only (i and iii)

B:-only (ii and iv)

C:-only (iii and iv)

D:-only (i, ii and iii)

Correct Answer:- Option-D

Question26:-Which of the following statement regarding management of ascites due to cirrhosis are/is true?

(i) Total protein of ascites fluid <1.0 g/dL is associated high susceptibility to spontaneous bacterial peritonitis

(ii) Urinary sodium excretion determination assess the efficacy of any diuretic regimen

(iii) Rapid diuresis can be achieved safely in children in peripheral edema accompanies ascites

(iv) Ascites is associated less frequently with peripheral edema in children than in adults.

A:-(i), (ii), (iii) and (iv)

B:- only (ii and iv)

C:-only (iii and iv)

D:-only (i, ii and iii)

Correct Answer:- Option-A

Question27:-Which of the following statement regarding perinatal transmission of hepatitis B from mother to infants is incorrect?

(i) Maternal HBeAg positivity increase the chances of hepatitis B intection in neonate

(ii) High HBV DNA titre in mother increase the chance of liver dysfunction or liver failure in neonates

(iii) All neonate born to HbsAg positive mother should receive Hepatitis B immunoglobulin with in first 7 days with or without active immunization.

(iv) 90% of perinatally acquired hepatitis B infected baby developed cirrhosis or liver disease mostly in first 20 year of their age.

A:- (ii and iii)

B:-only (ii,iii and iv)

C:-only (iii and iv)

D:-only (i, ii and iv)

Correct Answer:- Option-B

Question28:-Which of the following statement regarding metabolic liver disease is/are incorrect?

(i) Glycogen storage disease type 1b present same as GSD type 1a with additional neutrophil dysfunction.

(ii) Kidney enlargement is commonly seen in GSD type III.

(iii) Gaucher disease type 1 presents in early infancy with hepatosplenomegaly and neurological involvement.

(iv) Pearson syndrome is a multisystem disorder of infancy that is characterized by exocrine pancreatic insufficiency and sideroblastic anemia.

A:-only (ii and iii)

B:-only (ii and iv)

C:-only (i and iii)

D:-only (i, ii and iv)

Correct Answer:- Option-A

Question29:-Which is the most common indication for Liver transplantation among the following disorders in pediatric age group?

A:-Alagille syndrome

B:-Biliary atresia

C:-Primary sclerosing cholangitis

D:-Progressive intrahepatic cholestasis

Correct Answer:- Option-B

Question30:-A 6-year-old child with chronic cholestatic Liver disease has severe pruritus causing excoriations, steep disturbance, and poor school performance despite maximal medical therapy. The next best management is:

A:-Continue antihistamines indefinitely

B:-Perform surgical biliary diversion

C:-List the child for Liver transplantation

D:-Observe until hepatic decompensation develops

Correct Answer:- Option-C

Question31:-Which of the following is/are components of PELD score?
(i) Albumin
(ii) Total bilirubin
(iii) Growth Failure
(iv) Age

A:-(i & iv)

B:-(i & iii)

C:-(i, ii, iii)

D:-All of the above

Correct Answer:- Option-D

Question32:-All of the following infections can have bile duct paucity except

A:- Hepatitis A

B:-Cytomegalovirus

C:-Herpes Simplex Virus

D:-Syphilis

Correct Answer:- Option-A

Question33:-Which infection is Least likely to be responsible for fever occurring within the first postoperative week after Liver transplantation?

A:-Gram-negative bacterial infection

B:-Surgical site infection

C:-Catheter-related bloodstream infection

D:-Viral infection

Correct Answer:- Option-D

Question34:-All of the following are causes for elevated transaminase levels in Transplant recipient except-

A:-Reperfusion injury

B:-Vascular thrombosis

C:-Thermal surface injury

D:-Graft congestion

Correct Answer:- Option-D

Question35:-Which complication has Limited the use of belatacept in pediatric solid organ transplantation?

A:-Hepatic artery thrombosis

B:-Chronic rejection

C:-Increased PTLD and serious CNS infections

D:-Hyperacute rejection

Correct Answer:- Option-C

Question36:-A child with biliary atresia develops recurrent cholangitis after Kasai portoenterostomy. The next definitive treatment is:

A:-Repeat Kasai procedure

B:-ERCP

C:-Liver transplantation

D:-Cholecystectomy

Correct Answer:- Option-C

Question37:-The minimum acceptable graft-to-recipient weight ratio (GRWR) is approximately:

A:-0.3%

B:-0.8%

C:-2.5%

D:-5%

Correct Answer:- Option-B

Question38:-Which among the following is an ABSOLUTE contraindication for liver transplantation in pediatric population?

A:-Portomesenteric thrombosis

B:- Non-reversible pulmonary hypertension

C:-HIV positive status

D:-Severe psychosocial impediments

Correct Answer:- Option-B

Question39:-In calculating the Pediatric End-Stage Liver Disease (PELD) score for prioritizing organ allocation, which specific set of parameters is utilized that distinguishes it from the adult Model for End-Stage Liver Disease (MELD) score?

A:-Serum Bilirubin, Serum Creatinine, INR, and Etiology of liver Disease

B:-Serum Bilirubin, INR, Serum Albumin, Age (< 1 year), and Growth Failure parameters

C:-Serum Bilirubin, Serum Creatinine, Serum Sodium, and Weight-for-Age Z-score

D:-Serum Bilirubin, INR, Blood Urea Nitrogen, and Serum Potassium

Correct Answer:- Option-B

Question40:-A 7-year-old child presents 3 years post-liver transplantation with severe hypersplenism, esophageal variceal beeding, and intractable ascites, An angiogram demonstrates a complete presinusoidal obstruction/thrombosis of the extrahepatic portal vein with cavernous transformation, while the intrahepatic portal veins remain patent. What is the most anatomical and physiological surgical shunt procedure indicated for this condition?

A:- Distal Splenorenal Shunt (Warren Shunt)

B:-Side-to-side Portacaval Shunt

C:-Mesenterico-Left Portal Bypass (Rex Shunt)

D:-Meso-Caval Shunt using a synthetic graft

Correct Answer:- Option-C

Question41:-A 4-year-old child who underwent liver transplantation with a Roux-en-Y hepaticojejunostomy 1 year ago presents with fluctuating jaundice, pruritus, and multiple episodes of bacterial cholangitis. Magnetic resonance cholangiopancreatography (MRCP) reveals a tight localized isolation/stricture at the biliary-enteric anastomosis. What is the most appropriate initial interventional management strategy?

A:-Endoscopic Retrograde Cholangiopancreatography (ERCP) with trans-ampullary stenting

B:-Percutaneous Transhepatic Cholangiography (PTC) followed by balloon dilation and internal-external biliary drainage/stenting

C:-Urgent open revision of the Roux-en-Y limb anastomosis

D:-Long-term suppressive oral antibiotic therapy without mechanical intervention

Correct Answer:- Option-B

Question42:-A 2-year-old child develops early Hepatic Artery Thrombosis (HAT) on Postoperative Day 3 following a living donor lateral segment liver transplant. The patient is currently hemodynamically stable but demonstrates rising transaminases. Doppler ultrasound shows zero flow in the hepatic artery. What is the standard surgical management strategy of choice?

A:-Immediate percutaneous transhepatic thrombolysis in the radiology suite

B:-High-dose systemic anticoagulation with unfractionated heparin and close observation

C:-Urgent surgical re-exploration, thrombectomy, and revision of the arterial anastomosis

D:-Urgent listing for emergency re-transplantation as the first and only viable option

Correct Answer:- Option-C

Question43:-The most commonly used first-line imaging modality to evaluate graft perfusion immediately after pediatric liver transplantation is:

A:-MRI

B:-CT angiography

C:-Doppler ultrasonography

D:-PET-CT

Correct Answer:- Option-C

Question44:-A 3-year-old child is diagnosed with a biopsy-proven hepatoblastoma. Imaging demonstrates involvement of all four sectors of the liver (PRETEXT IV) along with involvement of the main portal vein trunk and all three major hepatic veins. There is no extrahepatic disease. What is the most appropriate definitive therapeutic strategy according to current international pediatric liver tumor consensus guidelines?

A:-Upfront extreme liver resection with vascular union/reconstruction

B:-Neoadjuvant chemotherapy followed by conventional extended right hepatectomy

C:-Neoadjuvant chemotherapy followed by definitive assessment for primary orthotopic liver transplantation if extrahepatic clearance is maintained

D:-Upfront living donor liver transplantation to avoid tumor progression during chemotherapy

Correct Answer:- Option-C

Question45:-

I. Alagelli syndrome Byler disease and non-syndromic intrahepatic biliary hypoplasia are disorders of biliary system that may require liver transplantation in pediatric age group.
II. Disorder of metabolism like Wilson disease, tyrosinemia, glycogen storage disorders and gaucher syndrome are the most common indications of liver transplantation In pediatric population
III. Growth retardation and development of metabolic bone disease are not indications for liver transplantation in pediatric population

A:-I, II and III are correct

B:-I, II and III are incorrect

C:-I correct, II and III incorrect

D:-I incorrect, II and III correct

Correct Answer:- Option-C

Question46:-Maldigestion of fat and protein becomes clinically evident when more than _____of pancreatic exocrine function is lost.

A:-30%

B:-50%

C:-70%

D:-90%

Correct Answer:- Option-D

Question47:-The combination of CFTR mutation plus SPINK1 mutation increases pancreatitis risk by approximately:

A:-10-fold

B:- 50-fold

C:-100-fold

D:-900-fold

Correct Answer:- Option-D

Question48:-In chronic pancreatitis, serum amylase and lipase levels are usually:

A:-Normal or minimally elevated

B:-Markedly elevated

C:-Persistently >3 times of Upper limit of Normal

D:-Persistently >5 times of Upper limit of Normal

Correct Answer:- Option-A

Question49:-Which finding favours Type 1 autoimmune pancreatitis over Type 2?

A:-Younger age

B:-Neutrophilic duct lesions

C:-Elevated serum IgG4

D:-Association with ulcerative colitis

Correct Answer:- Option-C

Question50:-Discolouration of the flanks in necrotising pancreatitis is called

A:-Cullen’s sign

B:-Turner’s sign

C:- Liddles sign

D:- Rovsing’s sign

Correct Answer:- Option-B

Question51:-Which of the following is Not true, regarding Piagets work in the field of development of children?

A:-It discusses the assimilation and accommodation model of development

B:-It provides insight into many bizarre behaviors of children during infancy

C:-It needs sophisticated equipments to be replicated in pediatric practice

D:-It can provide insight into the childrens understanding of illness

Correct Answer:- Option-C

Question52:-Which country was not included in the MGRS study (Multicentre Growth Reference Study)

A:-Brazil

B:-Pakistan

C:-Norway

D:-Oman

Correct Answer:- Option-B

Question53:-Select the most appropriate choice

A:-10 months — No chewing at all

B:-15 months — Holds cup with one hand

C:-22 months — Self feeding starts

D:-30 months — Circulatory jaw rotation

Correct Answer:- Option-D

Question54:-Four statements are given below regarding dental development. Choose the most appropriate answer

(1) Mineralization begins at the crown of the teeth

(2) Eruption begins laterally and progress medially
(3) Dental development is well correlated with other growth and maturation
(4) Cyclic neutropenia causes early exfoliation

A:-Statements (1) & (2) are true

B:-Statements (1) & (3) are true

C:-Statements (1) & (4) are true

D:-Statements (1), (3) & (4) are true

Correct Answer:- Option-C

Question55:-Read the following statements regarding enteral nutrition and select the most appropriate choice
(1) Energy density of 0.5 Kcal/ ml is most appropriate for most of the children
(2) Polymeric feeds are usually based on Cows milk protein
(3) Low molecular formulas are feeds are based on free amino acids
(4) The recommended osmolality is 300-350 Osm/kg

A:-Statements (1) & (3) are true

B:-Statements (2) & (4) are true

C:-Statements (1) & (2) are true

D:-Statements (2) & (3) are true

Correct Answer:- Option-B

Question56:-All the statements are true except

A:-The adult type of body odor is due to DHEAS (dehydro epiandrosterone)

B:-The first visible sign of puberty in boy is penile enlargement

C:-The first visible sign of puberty in females is thelarche

D:-The growth pattern starts distally

Correct Answer:- Option-B

Question57:-Read the following assertion and reason
1. Assertion : The level of adiponectin is reduced in obese children
2. Reason : Obese children are prone to have insulin resistance

A:-The assertion is true. Reason is false

B:-The assertion is false. Reason is true

C:-Both assertion and reason are true and the reason is the correct explanation of assertion

D:-Both assertion and reason are true, but the reason is not the correct explanation of assertion

Correct Answer:- Option-C

Question58:-Which of the following statement(s) regarding Orlistat is true?
1. Can be given for children less than 16 years
2. Acts by inhibiting pancreatic lipase
3 Should not be used for more than 3 months
4. Very effective in severely obese adolescents

A:-1 and 2 are correct

B:-2 and 4 are correct

C:-1 and 3 are correct

D:-2 and 3 are correct

Correct Answer:- Option-A

Question59:-Read the following assertion and reason
1. Assertion : Medium chain triglycerides are absorbed by passing the pancreatic and biliary secretory components
2. Reason : Poly unsaturated fatty acids are necessary for brain development.

A:-The assertion is true. Reason is false

B:-The assertion is false. Reason is true

C:-Both assertion and reason are true and the reason is the correct explanation of assertion

D:-Both assertion and reason are true, but the reason is not the correct explanation of assertion

Correct Answer:- Option-D

Question60:-Choose the wrong statement

A:-Fibroscan is used to assess the liver stiffness

B:-Measure of more than 7.9 Kpa indicates severe fibrosis

C:-In steatosis grade 3 (CAP-3), fatty change in liver is approximately 50%

D:-Homa-IR is a measure of insulin resistance

Correct Answer:- Option-C

Question61:-Which of the following is the most common type of esophageal atresia associated with a tracheoesophageal fistula?

A:-Type A

B:-Type B

C:-Type C

D:-Type D

Correct Answer:- Option-C

Question62:-String of sausages appearance of suggestive of which type of intestinal atresia?

A:-Type I

B:-Type II

C:-Type IIIa

D:-Type IV

Correct Answer:- Option-D

Question63:-Louw and Barnard classification is for

A:-Oesophageal atresia

B:-Intestinal atresia

C:-Biliary atresia

D:-Gall bladder atresia

Correct Answer:- Option-B

Question64:-Intestinal malrotation is congenital failure of the midgut to undergo the normal _____ rotation around the superior mesenteric artery (SMA) axis during fetal development.

A:-270° clockwise

B:-270° counterclockwise

C:-180° clockwise

D:-180° counterclockwise

Correct Answer:- Option-B

Question65:-Steps of Ladd’s procedure include all except

A:-Detorsion

B:-Division of Ladd's Bands

C:-Plication of the Mesentery

D:-Appendectomy

Correct Answer:- Option-C

Question66:-Modified Bells Staging Criteria is for

A:-Necrotising Enterocolitis

B:-Congenital Mesobiastic Nephroma

C:-Ganglioneuroblastoma

D:-Malrotation of mesentery

Correct Answer:- Option-A

Question67:-The entire ileum, the ileocecal valve, and varying portions of the colon are resected and end Jejunostomy is done in which type of Short Bowel Syndrome

A:-Type I

B:-Type II

C:-Type III

D:-Type IV

Correct Answer:- Option-A

Question68:-In congenital abdominal wail defects, staged reduction or immediate termination of a primary closure is triggered if

A:-Intravesical (bladder) or intragastric pressure exceeds 20 cm H_2O.

B:-Peak Inspiratory Pressure (PIP) is below 35 cm H_2O

C:-End-tidal CO_2 ($EtCO_2$) falls below 50 mm Hg due to diaphragmatic splinting.

D:-High volume lower extremity pulses occur

Correct Answer:- Option-A

Question69:-Silon Chimney Procedure is done for

A:-Anorectal Malformation

B:-Severe Gastroschisis

C:-In-utero spina bifida repair

D:-Congenital diaphragmatic hernia

Correct Answer:- Option-B

Question70:-The classic signs (3 Cs) of tracheoesophageal fistula include the following except:

A:-Choking

B:-Coughing

C:-Cyanosis

D:-Crying at night

Correct Answer:- Option-D

Question71:-A 10-year-old with dysphagia undergoes endoscopy. The esophagus appears normal. Which biopsy protocol is recommended?

A:-Repeat after proton pump inhibitor therapy

B:-Four biopsies from distal esophagus

C:-Six biopsies from at least two esophageal levels

D:-Two distal oesopgaeal biopsies including Z-line and proximal stomach

Correct Answer:- Option-C

Question72:-A 9-year-old boy with extrahepatic portal vein obstruction (EHPVO) presents with his first episode of massive hematemesis. Endoscopy reveals large esophageal varices with active bleeding. The preferred endoscopic therapy is:

A:-Injection sclerotherapy and Hemospray

B:-Cyanoacrylate injection

C:-Balloon tamponade

D:-Endoscopic variceal ligation

Correct Answer:- Option-D

Question73:-A liver biopsy from a child with suspected Alagille syndrome is most likely to demonstrate ,

A:-Marked ductular proliferation

B:-Bile duct paucity

C:-Interface hepatitis

D:-Concentric periductal fibrosis

Correct Answer:- Option-B

Question74:-Which laboratory abnormality after large-volume paracentesis is the earliest indicator of circulatory dysfunction?

A:-Rising bilirubin

B:-Rising plasma renin activity

C:-Hyperkalemia and Hyponatraemia

D:-Elevated AST and ALT

Correct Answer:- Option-B

Question75:-Which statement regarding the Lewis Score is TRUE?

A:-It includes villous edema, ulcers and stenosis

B:-It evaluates only the terminal ileum

C:-It replaces SES-CD

D:-It predicts colorectal cancer

Correct Answer:- Option-A

Question76:-Which statistical parameter is considered the most robust for assessing symptom association during MII-pH monitoring?

A:-Acid Clearance Time

B:-Boix-Ochoa score

C:-DeMeester score

D:-Symptom Association Probability

Correct Answer:- Option-D

Question77:-According to Chicago Classification V 4.O, the integrated Relaxation Pressure (IRP) primarily evaluates:

A:-Upper esophageal sphincter tone

B:-Esophageal body contraction amplitude

C:-Lower esophageal sphincter relaxation

D:-Bolus transit time

Correct Answer:- Option-C

Question78:-A child with known ulcerative colitis develops cholestatic liver enzyme abnormalities. MRCP demonstrates multifocal intrahepatic and extrahepatic biliary strictures with intervening dilatation. What is the MOST likely diagnosis?

A:-Primary sclerosing cholangitis

B:-IgG4-related cholangitis

C:-Type III Choledochal cyst with Cholangitis

D:-Caroli disease

Correct Answer:- Option-A

Question79:-A duodenal biopsy from an 8-year-old shows:

- Increased intraepithelial lymphocytes (>30/100 enterocytes)
- Normal villous architecture
- Normal crypt depth

According to the modified Marsh classification this lesion is:

A:-Marsh I

B:-Marsh II

C:-Marsh III

D:-Marsh IV

Correct Answer:- Option-A

Question80:-Which immunohistochemical marker is most useful for confirming loss of ganglion cells in Hirschsprung disease?

A:-CD117

B:-Chromogranin A

C:-Calretinin

D:-CD31

Correct Answer:- Option-C

Question81:-A 56-year-old man with alcohol-related cirrhosis (Child-Pugh C, MELD 27) presents with massive hematemesis. Blood pressure is 80/50 mmHg, pulse 132/min. After endotracheal intubation, restrictive transfusion, terlipressin, ceftriaxone and emergency endoscopic variceal ligation, active bleeding persists. The next best management is:

A:-Balloon tamponade for 72 hours

B:-Repeat endoscopic variceal ligation

C:-Emergency surgical portocaval shunt

D:-Early covered TIPs within 24 hours

Correct Answer:- Option-D

Question82:-Restrictive blood transfusion in acute upper GI bleeding recommends transfusion when Hb falls below:

A:-10 g/dL

B:-9 g/dL

C:-8 g/dL

D:-7 g/dL

Correct Answer:- Option-D

Question83:-A 24-year-old woman presents 48 hours after an intentional paracetamol overdose. Despite N-acetylcysteine (NAC), she develops grade III hepatic encephalopathy. Arterial pH is 7.18 after adequate fluid resuscitation, serum lactate is 5.8 mmol/L, INR is 7.2, and creatinine is 3.5 mg/dL. Which of the following alone fulfills the King's College Criteria for emergency liver transplantation?

A:-INR > 6.5

B:-Creatinine >3.4 mg/dL

C:-Grade III encephalopathy

D:-Arterial pH

Correct Answer:- Option-D

Question84:-Which mechanism is primarily responsible for cerebral edema in acute liver failure?

A:-Hyponatremia

B:-Astrocyte swelling from ammonia metabolism

C:-Hypercalcemia

D:-Hyperglycemia

Correct Answer:- Option-B

Question85:-Which dynamic parameter is the best predictor of fluid responsiveness in a mechanically ventilated patient with severe dehydration?

A:-Central venous pressure

B:-Mean arterial pressure

C:-Pulse pressure variation

D:-Urine output

Correct Answer:- Option-C

Question86:-Which electrolyte abnormality is most commonly responsible for refractory hypokalemia in severe GI fluid loss?

A:-Hypercalcemia

B:-Hyperphosphatemia

C:-Hypomagnesemia

D:-Hyponantremia

Correct Answer:- Option-C

Question87:-According to the Revised Atlanta Classification (2012), persistent organ failure is defined as organ failure lasting:

A:->12 hours

B:->24 hours

C:->48 hours

D:->72 hours

Correct Answer:- Option-C

Question88:-A patient develops fever on day 10 after severe acute pancreatitis. CT demonstrates gas within an area of walled-off pancreatic necrosis. The best management is:

A:-Immediate open necrosectomy

B:-Broad-spectrum antibiotics alone

C:-Percutaneous or endoscopic drainage as the first step

D:-Total pancreatectomy

Correct Answer:- Option-C

Question89:-A 32-year-old man with extensive ulcerative colitis presents with severe abdominal distension, fever, tachycardia, and bloody diarrhea. Abdominal radiograph demonstrates transverse colon dilatation measuring 7.2 cm. Laboratory investigations reveal WBC 19,000/mm^3 and serum albumin 2.4 g/dL According to the Jalan criteria, which additional finding is required to diagnose toxic megacolon?

A:-Positive stool culture

B:-Colon dilatation >6 cm alone

C:-Atleast three systemic toxicity criteria plus one additional feature

D:-Endoscopic evidence of pancolitis

Correct Answer:- Option-C

Question90:-A patient with toxic megacolon secondary to ulcerative colitis fails intensive medical therapy after 48 hours. The preferred surgical procedure is :

A:-Total proctocolectomy with ileal pouch-anal anastomosis

B:-Segmental colectomy

C:-Subtotal colectomy with end ileostomy

D:-Hartmann's procedure

Correct Answer:- Option-C

Question91:- Which of the following statements is/are CORRECT?

1. Genotype-Phenotype correlation is well established for Bile-salt export pump deficiency (ABCB11 mutations)
2. Genotype-Phenotype correlation is strong for familial intrahepatic cholestasis 1 deficiency (ATP8B1 mutations).
3. Doublecortin domain containing protein 2 (DCDC2) mutations present commonly as neonatal cholestasis and portal hypertension.
4. Mutations in tight junction protein-2 (TJP2) gene cause Cholestasis end stage liver disease and hepatocellular carcinoma.
5. Neonatal ichthyosis-sclerosing cholangitis syndrome is due to mutations in tight junction protein, claudin- 1.
6. Alagille syndrome is not associated with any genotype-phenotype correlation.
7. NOTCH2 mutations are present in 40% of probands with Alagille syndrome.
8. Arthrogryposis-Renal dysfunction cholestasis (ARC) syndrome is caused by mutations in VPS33B or VIPAR genes.

A:-All of the above

B:-1,3,4,5,6,8

C:-1,2,3,4,8

D:-1,4,5,7

Correct Answer:- Option-B

Question92:-Which of the following statements is/are CORRECT about the diagnosis of Pediatric liver disorders?

1. Leipzig score for Wilson disease includes Serum copper.
2. Simplified score for Autoimmune hepatitis includes presence of Concurrent extrahepatic autoimmune disorder.
3. Portal vein replaced by cavernoma on ultrasound doppler or computerized tomography is diagnostic for extrahepatic portal venous obstruction.
4. Giant cell transformation is a histological feature diagnostic of Biliary atresia.

A:-1,2,3,4

B:-1,3

C:-1,2,3

D:-3

Correct Answer:- Option-D

Question93:-Which of the following is TRUE regarding prognostication of pediatric liver diseases?

A:-New Wilson index has 5 components, one of which is platelet count.

B:-SCOPE index is used for Primary sclerosing cholangitis and includes variceal status at diagnosis

C:-King’s College criteria for Non-acetaminophen acute liver failure includes Advance (Grade 3-4) hepatic encephalopathy

D:-Newer version of Pediatric end-stage liver disease score includes creatinine

Correct Answer:- Option-D

Question94:-Which of the following statement/statements is/are TRUE about Autoimmune hepatitis in children?

1. Females are commonly affected
2. Autoimmune sclerosing cholangitis is associated with inflammatory bowel disease and

has better prognosis than autoimmune hepatitis in children.
3. Vitiligo and type 1 Diabetes are the two commonest extrahepatic immune disorders associated with autoimmune hepatitis.
4. Low litres (>/=1:20) of autoantibodies are diagnostic in children.
5. Central perivenulitis is a common histological feature of those presenting with acute liver failure.
6. Minocycline can trigger drug-induced autoimmune hepatitis
7. Worldwide incidence of autoimmune hepatitis is rising
8. Titres of antinuclear antibodies are helpful in prognostication.

A:-1,2,3,7,8

B:-1,2,3,6,7,8

C:-1,4,5,6,7

D:-1,3,4,7,8

Correct Answer:- Option-C

Question95:-Which of the following is FALSE about Pediatric Liver transplantation?

A:-Familial amyloid polyneuropathy — Domino liver transplantation

B:-Crigler-Najjar syndrome — Auxiliary partial orthotopic liver transplantation

C:-Primary hyperoxaluria — Isolated kidney transplantation

D:-Hepatoblastoma PRETEXT II — Chemotherapy followed by Resection (Transplantation not required)

Correct Answer:- Option-C

Question96:-Which of the following treatment is FALSE about Pediatric Inflammatory bowel disease?

A:-Ustekinumab is a fully human IgG1 antibody against IL-1 and IL-6.

B:-Pediatric ulcerative colitis activity index

C:-Vedolizumab is a humanized IgG1 monoclonal antibody to $\alpha 4 \beta 7$ integrin

D:-Tofacitinib is an oral Janus-Kinase 1 and 3 inhibitor

Correct Answer:- Option-A

Question97:-Which of the following combination is INCORRECT about Polyposis syndromes in children?

A:-Juvenile Polyposis — SMAD4 or BMPR1 A mutations

B:-Single juvenile polyp needs regular surveillance colonoscopy

C:-Peutz-Jeghers syndrome — STK11/LKB1 mutations

D:-Familial adenomatous polyposis carries risk of hepatoblastoma

Correct Answer:- Option-B

Question98:-Which of the following is FALSE about management of refractory Constipation in children?

A:-Recto-anal inhibitory reflex is defined as >/=15% reduction in internal anal sphincter pressure compared to anal sphincter resting pressure (ARP) and subsequent return to ARP

B:-Lubiprostone is a secretagogue, a guanylate cyclase-C receptor agonist

C:-Recto-anal inhibitory reflex is absent in Hirschsprung disease and anal achalasia

D:-Tegaserod is a serotonin 5-HT4 agonist

Correct Answer:- Option-B

Question99:-Which of the following is NOT a component of Eckardt score?

A:-Weight loss

B:-Regurgitation

C:-Dysphagia

D:-Pneumonia

Correct Answer:- Option-D

Question100:-Which of the following is FALSE about Celiac disease?

A:-Gluten immunogenic peptides (GIP) in stool or urine are helpful in detecting compliance to Gluten free diet

B:-Potential Celiac disease patients have absence of clinical symptoms but evidence of villous atrophy on duodenal biopsy

C:-Latiglutenase degrades intraluminasl gluten and prevents formation of immunogenic gliadin peptides

D:-Larazotide modulates tight junctions in the intestinal epithelium

Correct Answer:- Option-B