[LB 066]

AUGUST 2012 M.Ch – ENDOCRINE SURGERY

Paper – III ENDOCRINE SURGERY – FOCUSSED TO THYROID AND THYROID RELATED DISEASES

Sub. Code: 1903

Q.P. Code: 181903

Time: 3 hours (180 Min)	Iaximu	aximum: 100 marks		
Answer ALL questions in the same order				
I. Elaborate on :	Pages	Pages Time Marks (Max.)(Max.)(Max.)		
 Write in detail about lymphnode dissection in differentiated Thyroid cancer. 	16	35	15	
 Thyroid hormone synthesis and management of Dyshormonogenic goitre 	16	35	15	
II. Write notes on :				
1. Toxic nodule.	4	10	7	
2. Management of thyroid storm after surgery for Grave's disease	e. 4	10	7	
3. Management of juvenile autoimmune thyroiditis.	4	10	7	
4. Thyrotoxicosis in pregnancy	4	10	7	
5. Radio iodine ablation in differentiated thyroid cancer	4	10	7	
6. Role of thyroplasty in vocal cord palsy	4	10	7	
7. Ectopic thyroid, its various locations and its mangement	4	10	7	
8. Relevance of vocal cord assessment in thyroid surgery	4	10	7	
9. TSHr antibodies in autoimmune thyroid disorders.	4	10	7	
10. RET oncogene	4	10	7	

M.Ch. – ENDOCRINE SURGERY Paper – III ENDOCRINE SURGERY – FOCUSSED TO THYROID AND RELATED DISEASES Q.P.Code: 181903

Time: Three Hours Maximum: 100 marks

I. Elaborate on: (2X15=30)

1. Detail the synthesis of thyroid hormones. Discuss the clinical presentation and management of thyroid dysfunction.

2. Describe the clinico-pathological features of medullary carcinoma thyroid and its management.

II. Write notes on: (10X7=70)

- 1. Median ectopic thyroid.
- 2. Post operative treatment and follow up of well differentiated thyroid cancer.
- 3. Surgical handling of the recurrent laryngeal nerve.
- 4. Autoimmune thyroiditis.
- 5. Tubercle of Zuckerandl and its surgical importance.
- 6. Dyshormonogenetic goitre.
- 7. Thyrotoxicosis in pregnancy.
- 8. Management of eye disease in Graves' disease.
- 9. Management of vertebral metastasis from thyroid cancer.
- 10. Radioisotope ablation in thyroid disease.

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Time: Three Hours Maximum: 100 Marks

Answer ALL questions in the same order.

I. Elaborate on: $(2 \times 15 = 30)$

1. Molecular genetics of development of thyroid and its clinical implications and management of various thyroid dysgenesis.

2. Explain the Genetic and non iodine causes of Benign thyroid nodule and principles in the management of large and substernal goiter.

II. Write notes on: $(10 \times 7 = 70)$

- 1. Follow up of patient with DTC with positive antithyroglobulin antibody
- 2. Werner's test
- 3. Hashimotos encephalopathy and clinical importance of Ig G4 antibodies in Hashimotos thyroiditis
- 4. Thyroxine binding globulin and its clinical implications
- 5. Neuropsychiatric manifestations of thyroid diseases
- 6. TSH suppressing therapy for Benign thyroid nodule-Pros and Cons
- 7. 99m Tc MIBI scan in MNG
- 8. Factors influencing circulating thyroglobulin concentration and its clinical implications in non malignant thyroid conditions
- 9. Management of goiter related oesophageal compression and swallowing dysfunction
- 10. Apathetic hyperthyroidism and Takotsubocardiomyopathy.
