#### [LB 067]

Time : 3 hours

#### Sub. Code: 1904

Maximum: 100 marks

#### **AUGUST 2012 M.Ch – ENDOCRINE SURGERY**

Paper – IV RECENT ADVANCES IN ENDOCRINE SURGERY AND

**INVESTIGATIONS FOR ENDOCRINE DISEASES** Q

<i>].P</i> .	Code:	181904
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#### (180 Min) Answer ALL questions in the same order. I. Elaborate on : **Pages Time Marks** (Max.)(Max.)(Max.) 1. Management of Regional Lymph Nodes in Papillary and Medullary Thyroid Cancer. 16 35 15 2. Open Right Anterior Adrenalectomy and Right Anterior Laparoscopic Adrenalectomy. Mention the advantages and disadvantages in each procedure. 16 35 15 **II.** Write notes on : 1. Sodium – iodide symporter (NIS) gene therapy for undifferentiated thyroid carcinoma. 4 10 7 2. Role of Touch Imprint Cytology in the management of a thyroid nodule. 4 10 7 3. CT scan and NP-59 iodocholesterol scan in the diagnosis Adrenal cortical Tumors. 10 7 4 4. Pentavalent DMSA scan in the management of medullary carcinoma of thyroid. 4 10 7 5. Management of lymphoma of thyroid. 7 4 10 6. $I^{131}$ MIBG in the management of recurrent pheochromocytoma.4 7 10 7. Recurrent Laryngeal Nerve suturing during thyroid surgery. 7 4 10 8. Nuclear scintigraphy in the diagnosis of parathyroid adenoma. 4 10 7 9. Types of thyroplasty in the management of Recurrent Laryngeal Nerve injury. 10 7 4 10. Quick PTH assay. 4 10 7

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#### M.Ch. – ENDOCRINE SURGERY Paper – IV RECENT ADVANCES IN ENDOCRINE SURGERY AND INVESTIGATIONS FOR ENDOCRINE DISEASES *Q.P.Code: 181904*

## Time: Three Hours

## I. Elaborate on:

- 1. Laparoscopic surgery for adrenal and pancreatic tumours.
- 2. Role of genetic analysis in management of endocrine tumours.

### II. Write notes on:

- 1. Isotope scan techniques for parathyroid localization.
- 2. Role of percutaneous injection techniques in management of thyroid tumours.
- 3. Bethesda system of thyroid cytology classification.
- 4. Intra-operative ultrasound in endocrine surgery.
- 5. Thyroid Receptor Antibody testing.
- 6. Redifferentiation therapy for thyroid tumours.
- 7. Role of surgery in metastatic thyroid cancer.
- 8. Touch imprint cytology.
- 9. Intraoperative anaesthetic management of pheochromocytoma.
- 10. Tracheal and esophageal involvement by thyroid cancer management.

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# Maximum: 100 marks

(2X15=30)

(10X7=70)

AUGUST 2014

M.Ch. – ENDOCRINE SURGERY

# Paper IV – RECENT ADVANCES IN ENDOCRINE SURGERY AND INVESTIGATIONS FOR ENDOCRINE DISEASES

#### Q. P. Code: 181904

Maximum: 100 Marks

#### Answer ALL questions in the same order.

#### I. Elaborate on:

**Time: Three Hours** 

- 1. Detail the various investigations for the diagnosis of neuroendocrine tumour of gut. Discuss its management and explain molecular targeted therapy.
- 2. Molecular mechanism, diagnosis and management of primary Hyperaldosteronism

## II. Write notes on:

- 1. Clinical application of corticotrophin releasing hormone stimulation test
- 2. Management of persistent hyperparathyroidism after Renal transplantation
- 3. Parathyroid carcinoma and parafibromin
- 4. Advanced MRI technique in diagnosing pituitary tumours
- 5. Sclerostin
- 6. 18F- Fluorodeoxyglucose PET scan in the treatment of Adrenocortical carcinoma
- 7. Calcimimetics and calcilytic drugs in the management of bone and mineral disorder
- 8. Liquid Chromatography Tandem mass Spectrometry in Endocrine practice
- 9. Dehydroepiandrosterone replacement therapy-indications and clinical use
- 10. Temozolomide clinical use.

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[LF 067]

Sub. Code: 1904

 $(10 \times 7 = 70)$ 

 $(2 \times 15 = 30)$