THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

[DM 0822] AUGUST 2022 Sub. Code :1498

D.M. – PULMONARY MEDICINE

Paper III – NON TUBERCULOSIS PULMONARY DISEASES INCLUDING ALLIED SPECIALITES

Q.P. Code: 161498

Time: Three Hours **Maximum: 100 Marks**

I. Elaborate on: **(2 x 15 = 30)**

1. Recent advances in diagnosis and management of Allergic Bronchopulmonary Aspergillosis.

2. Approach to patient with massive hemoptysis.

II. Short notes on **(10 X 7 = 70)**

1. Management of chronic refractory cough.
2. Pharmacological measures of smoking cessation.
3. Primary ciliary dyskinesia.
4. Viral exacerbation of airway diseases.
5. Non-pharmacological measures for asthma control.
6. HRCT patterns in Interstitial Lung Disease.
7. Drug allergy.
8. Prevention and management of acute exacerbation of Idiopathic Pulmonary Fibrosis.
9. High altitude pulmonary edema.
10. Assessment of air quality standards.

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THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

[DM 0124] JANUARY 2024 Sub. Code :1498

D.M. – PULMONARY MEDICINE

PAPER III – NON TUBERCULOSIS PULMONARY DISEASES INCLUDING ALLIED SPECIALITES

Q.P. Code: 161498

Time: Three Hours **Maximum: 100 Marks**

I. Elaborate on: **(2 x 15 = 30)**

1. Enumerate the disease entities causing pulmonary renal syndromes. Discuss the clinical presentation, diagnostic workup and management of these disorders.
2. Write a note on asthma phenotypes. Discuss the diagnostic criteria, approach and management of a patient with severe asthma phenotype.

II. Short notes on **(10 X 7 = 70)**

1. What is systematic review and meta-analysis? Describe the process, merits and limitations of meta-analysis.
2. Discuss the types of ventilator induced lung injury (VILI) and preventive measures for VILI.
3. Discuss the evaluation and management of an ANCA associated vasculitis patient presenting to the Emergency department with hemoptysis.
4. A 38-year-old lady is admitted to the ICU with hypoxic respiratory failure. How would you use lung ultrasound to arrive at a possible diagnosis in this patient?
5. Write a note on diagnosis and management of progressive fibrosing ILD.
6. The pleural fluid of a 43-year-old female with a massive pleural effusion has tested positive for malignant cells. Discuss the diagnostic approach and management.
7. Discuss the management strategies for recurrent infective exacerbations of bronchiectasis.
8. A 30-year-old female presents with features of pulmonary hypertension. How will you evaluate and manage this patient?
9. Define non-resolving pneumonia. Describe the causes and approach in a patient with non-resolving pneumonia.
10. Write a note on the definition, clinical features and management of Obesity hypoventilation syndrome.

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THE TAMIL NADU DR. M.G.R. MEDICAL UNIVERSITY

[DM 0225] **FEBRUARY 2025** **Sub. Code :1498**

D.M. – PULMONARY MEDICINE

PAPER III – NON-TUBERCULOSIS PULMONARY DISEASES INCLUDING ALLIED SPECIALTIES

Q.P. Code: 161498

Time: Three Hours **Maximum: 100 Marks**

I. Elaborate on: **(2 x 15 = 30)**

1. Classify DPLDs and elaborate on the current approach to the diagnosis and management of Idiopathic Pulmonary Fibrosis.

2. Acquired immunodeficiency syndrome and opportunistic pulmonary infections in an immuno-compromised host.

II. Write notes on: **(10 x 7 = 70)**

1. Pulmonary graft versus host disease.
2. Pulmonary infiltrates with eosinophilia.
3. Progressive Pulmonary Fibrosis.
4. Pulmonary Amyloidosis.
5. Chronic Thromboembolic Pulmonary Hypertension.
6. Field walking tests.
7. CPET in breathlessness.
8. Pharmacological measures of smoking cessation.
9. Management of Obesity Hypoventilation Syndrome.
10. Respiratory effects of air pollution.

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THE TAMIL NADU Dr. M.G.R. MEDICAL UNIVERSITY

[DM 0825] **AUGUST 2025** **Sub. Code :1498**

D.M. – PULMONARY MEDICINE

PAPER III – NON TUBERCULOSIS PULMONARY DISEASES INCLUDING ALLIED SPECIALTIES

Q.P. Code: 161498

Time: Three Hours **Maximum: 100 Marks**

I. Elaborate on: **(2 x 15 = 30)**

1. A 23-year-old male with influenza like illness and ARDS is admitted in the ICU. Discuss the ventilatory and non-ventilatory strategies to manage this patient.

2. Discuss the diagnostic and therapeutic approach to a patient with suspected Interstitial lung disease.

II. Short notes on **(10 X 7 = 70)**

1. Write a note on emerging infections in pulmonary medicine. Describe the risk factors leading to the development of these infections.

2. Describe the pathogenesis of pulmonary alveolar proteinosis and its therapeutic implications.

3. Describe the pulmonary complications of chronic liver disease. How do you diagnose and manage hepatopulmonary syndrome?

4. Name the various modes of PAP therapy used in sleep disordered breathing. How would you choose between the various modes in a patient with sleep disordered breathing?

5. Write a note on the measures of central tendency and dispersion in biostatistics.

6. A HIV-positive patient with hypoxic respiratory failure and a CD4 count of 62/µL is suspected to have pneumocystis pneumonia. How will you manage this patient?

7. A patient with acute exacerbation of COPD on invasive mechanical ventilation for 7 days has failed 3 spontaneous breathing trials. Discuss the possible causes for weaning failure and strategies that can help weaning.

8. Discuss the etiology, pathogenesis and management of aspiration pneumonia in a middle-aged male who is an alcohol abuser with right multi-lobar consolidation.

9. Write a note on the utility of Procalcitonin levels in critical care.

10. Discuss the clinical spectrum, diagnosis and management of Chronic pulmonary aspergillosis.

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