

M.Ch. – HEPATO PANCREATICO BILIARY SURGERY

Paper II – HPB SURGERY – LIVER AND TRANSPLANTATION

Q.P. Code: 181972

Time: Three Hours

Maximum: 100 Marks

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

1. Describe the non-surgical management of hepatocellular carcinoma.
2. Describe the donor workup in living related liver transplantation.

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

1. Transient elastography.
2. Laparoscopic liver resections.
3. Intraoperative ultrasound and its relevance in liver segmentectomy.
4. Maintenance of deceased organ donor.
5. Management of blunt liver trauma.
6. Pancreatic transplantation.
7. Strategies to reduce blood loss in liver resections.
8. Evaluation of a patient with hepatitis B surface antigen positivity.
9. Aberrant right hepatic artery from superior artery and its importance.
10. Grading of esophago-gastric varices in portal hypertension.

(MCH 0821)

AUGUST 2021

Sub. Code: 1972

M.Ch. – HEPATO PANCREATICO BILIARY SURGERY

Paper II – HPB SURGERY – LIVER AND TRANSPLANTATION

Q.P. Code: 181972

Time: Three Hours

Maximum: 100 Marks

I. Elaborate on:

(2 x 15 = 30)

1. Contemporary issues in liver transplantation.
2. Prevention and management of posthepatectomy liver failure.

II. Write notes on:

(10 x 7 = 70)

1. Intrahepatic stones.
2. NASH.
3. TIPS procedure.
4. Portopulmonary hypertension.
5. Future Liver remnant.
6. Transplantation for cholangiocarcinoma.
7. Glissonian pedicle approach in liver resection.
8. Liver graft preservative solutions.
9. Hemangioma liver.
10. MELD scoring and its modifications.

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

(MCH 0822)

AUGUST 2022

Sub. Code: 1972

M.Ch. – HEPATO PANCREATICO BILIARY SURGERY

Paper II – HPB SURGERY – LIVER AND TRANSPLANTATION

Q.P. Code: 181972

Time: Three Hours

Maximum: 100 Marks

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

1. Definition, pathophysiology, clinical features and management of small for size syndrome in liver transplantation with emphasis on portal flow modulation in living donor liver transplantation.
2. Budd Chiari syndrome – predisposing factors, pathology, clinical features, diagnosis and treatment

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

1. Inflow vascular occlusion for hepatic resection.
2. Treatment of giant hepatic haemangiomas.
3. Hepatic right trisectionectomy – definition, indications and technique.
4. Peliosis hepatis.
5. Complications and outcomes of surgical porto systemic shunts.
6. Changing indications for liver transplantation in recent times.
7. Hepatocellular carcinoma – resection versus transplantation.
8. Protocol for preoperative investigations and neo adjuvant treatment of Klatskin tumour prior to liver transplantation.
9. Ex-vivo normothermic machine perfusion of liver grafts.
10. Prevention of post reperfusion syndrome after liver transplantation.

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

(MCH 0124)

JANUARY 2024

Sub. Code: 1972

M.Ch. – HEPATO PANCREATICO BILIARY SURGERY

PAPER II – HPB SURGERY – LIVER AND TRANSPLANTATION

Q.P. Code: 181972

Time: Three Hours

Maximum: 100 Marks

I. Elaborate on:

(2 x 15 = 30)

1. Early graft loss in Adult Live-donor Liver transplantation.
2. Blunt Liver Trauma. Diagnosis and Current management strategies.

II. Write notes on:

(10 x 7 = 70)

1. Intrahepatic Cholangiocarcinoma.
2. Biliary complication and risk factors for biliary complications after liver transplantation from donation after cardiac death (DCD) donors.
3. Intraoperative doppler ultrasound during liver transplantation.
4. The role of Transplant Authority of Tamil Nadu (TRANSTAN).
5. Liver Abscess.
6. Hepatic adenoma.
7. The Couinaud classification to describe functional liver anatomy.
8. Side branch IPMN.
9. Domino liver transplantation.
10. Hepatocellular carcinoma. Current curative strategies.

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

(MCH 0225)

FEBRUARY 2025

Sub. Code: 1972

M.Ch. BRACH XIII – HEPATO PANCREATICO BILIARY SURGERY

PAPER II – HPB SURGERY – LIVER AND TRANSPLANTATION

Q.P. Code: 181972

Time: Three Hours

Maximum: 100 Marks

I. Elaborate on:

(2 x 15 = 30)

1. Hepatolithiasis - aetiology, classification, diagnosis and treatment.
2. Evaluation of a patient with suspected hilar cholangiocarcinoma. Describe the protocol for a patient with hilar cholangiocarcinoma planned for liver transplantation.

II. Write notes on:

(10 x 7 = 70)

1. Epithelioid haemangioendothelioma.
2. Prognostic scores for acute liver failure.
3. Air embolism during liver surgery.
4. Hepatic arterial infusion scintigraphy.
5. Technique of segment III duct hepaticojejunostomy.
6. Post reperfusion syndrome during liver transplantation and its prevention.
7. Classify portal vein thrombosis. How would you tackle portal vein thrombosis in the recipient during liver transplantation?
8. Briefly describe the principles of evaluation of a donor for live liver donation.
9. Chemotherapy associated liver injury.
10. Discuss briefly nonparasitic liver cysts.
