

INI CET Surgery

Sample Paper – 8

Duration: 14 Minutes

Maximum Marks: 15

Instructions

- This paper contains **15** Multiple Choice Questions (Single Best Response), modelled on the General Surgery content of **INI CET** (Institutes of National Importance Combined Entrance Test) conducted by AIIMS New Delhi.
- The **15-question** length matches the number of Surgery items you actually meet in the real 200-question paper.
- Each correct answer carries **+1 mark**. There is **negative marking of one-third (0.33) mark** for every incorrect answer; unattempted questions carry no penalty.
- Every question has **exactly one best answer**. Choose the single most appropriate option.
- Attempt this practice paper in one timed sitting of about **14 minutes**, the pace the real computer-based test demands.

Gastrointestinal Surgery

- Q1.** Which of the following is an indication for emergency surgery in ulcerative colitis?
- (A) Toxic megacolon with impending perforation
(B) Mild distal proctitis responding to topical mesalamine
(C) A first flare well controlled with oral steroids
(D) Asymptomatic inflammatory pseudopolyps
- Q2.** A high-output enterocutaneous fistula is conventionally defined as one that drains:
- (A) Less than 200 mL per day



- (B) More than 500 mL per day
- (C) About 250 mL per day
- (D) Less than 50 mL per day

Q3. The mnemonic FRIEND lists the local factors that prevent spontaneous closure of an enterocutaneous fistula. In the box below, the factor marked X, meaning a malignant process within the fistula tract, is:

				X	
F	R	I	E	N	D

- (A) Foreign body in the tract
- (B) Prior radiation to the bowel
- (C) Ongoing infection or inflammation
- (D) Neoplasm (malignancy) in the tract

Hepatobiliary and Pancreatic Surgery

Q4. The single most common cause of chronic pancreatitis in adults is:

- (A) Gallstone disease
- (B) Hypercalcaemia
- (C) Hypertriglyceridaemia
- (D) Chronic alcohol consumption

Q5. A pancreatic pseudocyst is distinguished from a true cyst by the fact that its wall:

- (A) Lacks an epithelial lining and is made of fibrous and granulation tissue
- (B) Is lined by columnar epithelium
- (C) Contains islands of cartilage
- (D) Is lined by transitional epithelium

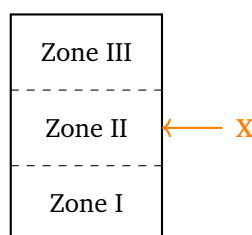


Breast and Endocrine Surgery

- Q6.** Paget disease of the nipple, presenting as an eczematous, crusted nipple that does not heal, is most often associated with an underlying:
- (A) Fibroadenoma
 - (B) Simple breast cyst
 - (C) Fat necrosis
 - (D) Ductal carcinoma (in situ or invasive)
- Q7.** The recommended surgical treatment for a phyllodes tumour of the breast is:
- (A) Simple enucleation of the lump alone
 - (B) Fine-needle aspiration followed by observation
 - (C) Wide local excision with a margin of at least 1 cm
 - (D) Radiotherapy alone without excision

Trauma and Critical Care

- Q8.** In the schematic of the zones of the neck, the region lying between the cricoid cartilage and the angle of the mandible, marked X, is:



- (A) Zone I
 - (B) Zone II
 - (C) Zone III
 - (D) Zone IV
- Q9.** In penetrating neck trauma, immediate surgical exploration is indicated when the patient shows:



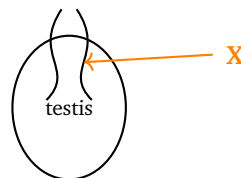
- (A) Hard signs such as an expanding haematoma or active pulsatile haemorrhage
- (B) A stable, asymptomatic superficial wound
- (C) Isolated mild hoarseness with normal imaging
- (D) A minor skin abrasion only

Q10. The hard sign of extremity vascular injury that most reliably mandates operative exploration is:

- (A) A small non-expanding haematoma
- (B) Pulsatile external bleeding or an absent distal pulse
- (C) An isolated neurological deficit
- (D) A history of proximity injury alone

Urology and Vascular Surgery

Q11. In the schematic of the scrotum below, the twisting of the spermatic cord marked X, producing a sudden painful high-riding testis with an absent cremasteric reflex, indicates:



- (A) Acute epididymo-orchitis
- (B) Hydrocele
- (C) Testicular torsion
- (D) Varicocele

Q12. A young man with a testicular mass has a markedly raised serum alpha-fetoprotein (AFP) together with a raised beta-hCG. This marker pattern most strongly indicates a:

- (A) Pure seminoma



- (B) Leydig cell tumour
- (C) Non-seminomatous germ cell tumour
- (D) Sertoli cell tumour

Surgical Oncology and Miscellaneous

Q13. The most common histological type of oral cavity carcinoma is:

- (A) Squamous cell carcinoma
- (B) Adenocarcinoma
- (C) Small cell carcinoma
- (D) Malignant melanoma

Q14. The most common benign salivary gland tumour, arising most often in the parotid gland, is:

- (A) Warthin tumour
- (B) Pleomorphic adenoma
- (C) Mucoepidermoid carcinoma
- (D) Adenoid cystic carcinoma

Q15. The most common malignant salivary gland tumour overall is:

- (A) Pleomorphic adenoma
- (B) Warthin tumour
- (C) Mucoepidermoid carcinoma
- (D) Basal cell adenoma



Detailed Solutions**Q1.****Solution**

Concept – surgery in ulcerative colitis: Ulcerative colitis is medically managed first, but certain emergencies force operation.

Step 1 – list the emergency indications: Toxic megacolon, perforation, massive haemorrhage and fulminant colitis not responding to medical therapy all demand urgent surgery.

Step 2 – match the option: Toxic megacolon with impending perforation is a classic emergency indication.

Why the other options are wrong:

- B, mild proctitis responding to mesalamine: managed medically.
- C, first flare controlled with steroids: no surgery needed.
- D, asymptomatic pseudopolyps: benign, require no operation.

Final Answer: Toxic megacolon with impending perforation ⇒ **A**

Answer: (A) [Go Back to Q1](#)

Q2.**Solution**

Concept – output of enterocutaneous fistula: Fistulae are classified by daily output, which guides fluid and nutritional support.

Step 1 – recall the cut-offs: Low output is under 200 mL per day, moderate is 200 to 500 mL per day, and high output is more than 500 mL per day.

Step 2 – select the high-output value: More than 500 mL per day defines a high-output fistula.

Why the other options are wrong:

- A, less than 200 mL per day: this is low output.
- C, about 250 mL per day: this is moderate output.
- D, less than 50 mL per day: this is a very low output fistula.

Final Answer: More than 500 mL per day ⇒ **B**

Answer: (B) [Go Back to Q2](#)



Q3.

Solution

Concept – FRIEND mnemonic: FRIEND lists factors that prevent an enterocutaneous fistula from closing on its own.

Step 1 – expand the letters: F = Foreign body, R = Radiation, I = Infection or inflammation, E = Epithelialization of the tract, N = Neoplasm, D = Distal obstruction.

Step 2 – identify X: The letter **N** is marked, and it stands for **Neoplasm (malignancy) in the tract**.

Why the other options are wrong:

- A, foreign body: this is the letter F.
- B, radiation: this is the letter R.
- C, infection or inflammation: this is the letter I.

Final Answer: Neoplasm in the tract $\Rightarrow$

Answer: (D) [Go Back to Q3](#)

Q4.

Solution

Concept – causes of chronic pancreatitis: Chronic pancreatitis follows repeated inflammation and progressive fibrosis of the gland.

Step 1 – rank the causes: Chronic alcohol use accounts for the large majority of adult cases.

Step 2 – select it: **Chronic alcohol consumption** is the single most common cause.

Why the other options are wrong:

- A, gallstones: cause acute pancreatitis far more than chronic.
- B, hypercalcaemia: a rare metabolic cause.
- C, hypertriglyceridaemia: an uncommon cause, mainly of acute attacks.

Final Answer: Chronic alcohol consumption $\Rightarrow$

Answer: (D) [Go Back to Q4](#)



Q5.

Solution

Concept – pseudocyst versus true cyst: The defining feature is the nature of the wall lining.

Step 1 – describe a pseudocyst wall: A pancreatic pseudocyst has a wall of fibrous and granulation tissue with **no epithelial lining**.

Step 2 – contrast a true cyst: A true cyst is lined by epithelium.

Why the other options are wrong:

- B, columnar epithelium: this describes a true cyst, not a pseudocyst.
- C, cartilage: not a feature of either.
- D, transitional epithelium: found in the urinary tract, not the pancreas.

Final Answer: Lacks an epithelial lining $\Rightarrow$

Answer: (A) [Go Back to Q5](#)

Q6.

Solution

Concept – Paget disease of the breast: An eczematous nipple that will not heal should raise suspicion of malignancy.

Step 1 – recall the association: Paget disease of the nipple is almost always associated with an underlying carcinoma.

Step 2 – name it: The underlying lesion is a **ductal carcinoma**, in situ or invasive.

Why the other options are wrong:

- A, fibroadenoma: a benign lump, not linked to Paget disease.
- B, simple cyst: benign fluid collection.
- C, fat necrosis: benign, follows trauma.

Final Answer: Ductal carcinoma $\Rightarrow$

Answer: (D) [Go Back to Q6](#)



Q7.

Solution

Concept – phyllodes tumour: This fibroepithelial tumour tends to recur if not removed with clear margins.

Step 1 – recall the treatment: The standard treatment is wide local excision with a margin of at least 1 cm.

Step 2 – reason: Adequate margins reduce the high local recurrence rate seen after simple enucleation.

Why the other options are wrong:

- A, enucleation alone: leaves inadequate margins and recurs.
- B, aspiration and observation: does not remove the tumour.
- D, radiotherapy alone: not the primary treatment.

Final Answer: Wide local excision with 1 cm margins ⇒ C

Answer: (C) [Go Back to Q7](#)

Q8.

Solution

Concept – zones of the neck: The neck is divided into three horizontal zones that guide the approach to penetrating injury.

Step 1 – define the zones: Zone I lies below the cricoid, Zone II between the cricoid and the angle of the mandible, and Zone III above the angle of the mandible.

Step 2 – identify X: The middle band between the cricoid and the mandible is Zone II.

Why the other options are wrong:

- A, Zone I: lies below the cricoid cartilage.
- C, Zone III: lies above the angle of the mandible.
- D, Zone IV: not part of the standard neck classification.

Final Answer: Zone II ⇒ B

Answer: (B) [Go Back to Q8](#)



Q9.

Solution

Concept – penetrating neck trauma: Management is guided by the presence of hard signs of aerodigestive or vascular injury.

Step 1 – list hard signs: Expanding or pulsatile haematoma, active haemorrhage, air bubbling from the wound and shock all mandate immediate exploration.

Step 2 – select the option: Hard signs such as an expanding haematoma or active pulsatile haemorrhage require operative exploration.

Why the other options are wrong:

- B, stable asymptomatic wound: managed by observation or imaging.
- C, isolated hoarseness with normal imaging: worked up, not rushed to theatre.
- D, minor abrasion: needs only local wound care.

Final Answer: Hard signs such as expanding haematoma ⇒ **A**

Answer: (A) [Go Back to Q9](#)

Q10.

Solution

Concept – hard signs of vascular injury: Vascular trauma is graded into hard and soft signs, and hard signs demand operation.

Step 1 – recall hard signs: Pulsatile bleeding, an expanding haematoma, an absent distal pulse, a palpable thrill or an audible bruit are hard signs.

Step 2 – select the option: Pulsatile external bleeding or an absent distal pulse most reliably mandates exploration.

Why the other options are wrong:

- A, small non-expanding haematoma: a soft sign.
- C, isolated neurological deficit: a soft sign, needs further workup.
- D, proximity injury alone: a soft sign, not an absolute indication.

Final Answer: Pulsatile bleeding or absent distal pulse ⇒ **B**

Answer: (B) [Go Back to Q10](#)



Q11.

Solution

Concept – acute scrotum: A sudden, severe scrotal pain in a young male is torsion until proven otherwise.

Step 1 – read the schematic: The spermatic cord is twisted (marked X), and the testis rides high.

Step 2 – match the picture: An absent cremasteric reflex with a high-riding, tender testis and cord twist indicates **testicular torsion**, a surgical emergency.

Why the other options are wrong:

- A, epididymo-orchitis: gradual pain, fever, relief on elevation (positive Prehn sign).
- B, hydrocele: painless, transilluminant swelling.
- D, varicocele: a painless bag-of-worms venous swelling.

Final Answer: Testicular torsion $\Rightarrow$

Answer: (C) [Go Back to Q11](#)

Q12.

Solution

Concept – testicular tumour markers: AFP and beta-hCG help separate seminomas from non-seminomatous tumours.

Step 1 – apply the rule: A pure seminoma never raises AFP. A raised AFP therefore proves a non-seminomatous component.

Step 2 – interpret the pattern: A raised AFP with a raised beta-hCG indicates a **non-seminomatous germ cell tumour**.

Why the other options are wrong:

- A, pure seminoma: AFP is not raised.
- B, Leydig cell tumour: a sex-cord stromal tumour, not marked by AFP.
- D, Sertoli cell tumour: also stromal, does not raise AFP.

Final Answer: Non-seminomatous germ cell tumour $\Rightarrow$

Answer: (C) [Go Back to Q12](#)



Q13.

Solution

Concept – oral cavity cancer histology: The oral cavity is lined by squamous mucosa, which shapes its cancers.

Step 1 – recall the dominant type: Over ninety percent of oral cavity malignancies are squamous cell carcinomas.

Step 2 – select it: **Squamous cell carcinoma** is the most common type.

Why the other options are wrong:

- B, adenocarcinoma: arises from glands, uncommon here.
- C, small cell carcinoma: rare in the oral cavity.
- D, melanoma: very rare mucosal tumour.

Final Answer: Squamous cell carcinoma $\Rightarrow$ **A**

Answer: (A) [Go Back to Q13](#)

Q14.

Solution

Concept – benign salivary tumours: Most salivary tumours arise in the parotid, and most parotid tumours are benign.

Step 1 – recall the commonest benign type: The pleomorphic adenoma (mixed tumour) is the most common benign salivary gland tumour.

Step 2 – note the site: It arises most often in the parotid gland.

Why the other options are wrong:

- A, Warthin tumour: benign but less common, often bilateral in the parotid.
- C, mucoepidermoid carcinoma: malignant, not benign.
- D, adenoid cystic carcinoma: malignant, with perineural spread.

Final Answer: Pleomorphic adenoma $\Rightarrow$ **B**

Answer: (B) [Go Back to Q14](#)



Q15.

Solution

Concept – malignant salivary tumours: Among cancers of the salivary glands, one type leads overall.

Step 1 – recall the commonest malignancy: Mucoepidermoid carcinoma is the most common malignant salivary gland tumour overall.

Step 2 – select it: Mucoepidermoid carcinoma is the answer.

Why the other options are wrong:

- A, pleomorphic adenoma: benign, not a malignancy.
- B, Warthin tumour: benign.
- D, basal cell adenoma: a benign tumour.

Final Answer: Mucoepidermoid carcinoma $\Rightarrow$

Answer: (C) [Go Back to Q15](#)



Answer Key

Q	Ans	Q	Ans	Q	Ans	Q	Ans	Q	Ans
1	A	2	B	3	D	4	D	5	A
6	D	7	C	8	B	9	A	10	B
11	C	12	C	13	A	14	B	15	C

