

National Board of Examinations

Question Paper Name :	DrNB Vascular Surgery Paper2
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DrNB Vascular Surgery Paper2

Group Number :	1
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DrNB Vascular Surgery Paper2

Section Id :	3271872873
Section Number :	1
Section type :	Offline
Mandatory or Optional :	Mandatory
Number of Questions :	10
Number of Questions to be attempted :	10
Section Marks :	100
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Sub-Section Number :	1
Sub-Section Id :	3271872877
Question Shuffling Allowed :	No

Question Number : 1 Question Id : 32718729984 Question Type : SUBJECTIVE Consider As

Subjective : Yes

Correct Marks : 10

Please write your answers in the answer booklet within the allotted pages as follows:-

Question Number	Answer to be attempted within	Question Number	Answer to be attempted within
Q. 1	Page 1-5	Q. 6	Page 26-30
Q. 2	Page 6-10	Q. 7	Page 31-35
Q. 3	Page 11-15	Q. 8	Page 36-40
Q. 4	Page 16-20	Q. 9	Page 41-45
Q. 5	Page 21-25	Q. 10	Page 46-50

1. A 48-year-old male was started on anticoagulation for unprovoked deep vein thrombosis (common femoral vein and popliteal vein) with pulmonary embolism. He has following doubts after reading about DVT on internet and needs a counselling session with the treating vascular surgeon:

- a) How long should he continue on anticoagulation? [2]
- b) What are the precautions while taking anticoagulation? [3]
- c) What are the chances of developing a malignancy and why? [2]
- d) Why he was not given the benefit of thrombolysis? [3]

Question Number : 2 Question Id : 32718729985 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

A 58-year-old male chronic smoker diabetic and having normal coronaries presents with bilateral calf claudication. Femoral pulses are palpable but distal pulses are absent with bilateral ABI of 0.5 and no rest pain or tissue loss. He has following doubts after reading about peripheral vascular disease on internet and needs a counselling session with the treating vascular surgeon.

- a) Whether he should get operated / intervened or not? [2]
- b) What are the chances of losing the limb over next few years & what are the chances of mortality? [4]
- c) What are the components of best medical management you would advise to him? [4]

Question Number : 3 Question Id : 32718729986 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

A 65-year-old male presented with history of TIA, transient right upper limb weakness, diagnosed to have bilateral carotid artery stenosis on colour doppler.

- a) How would you evaluate this patient? [2]
- b) How would you assess the plaque morphology? [4]
- c) How would you manage him? [4]

Question Number : 4 Question Id : 32718729987 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

A 65-year-old patient presented with chest pain with ECG changes. However, his transthoracic ECHO was normal and coronary arteries were normal on coronary angiography done through right radial artery. There was suspicion of aortic dissection while carrying out coronary angiography.

- a) What is the likely diagnosis? [2]
- b) How will you evaluate him further? [4]
- c) How will you manage him? [4]

Question Number : 5 Question Id : 32718729988 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

A 55-year-old male underwent a common femoral artery to below knee popliteal artery bypass using reversed great saphenous vein graft one month ago.

- a) How will you follow him up? [3]
- b) After 6 months, PSV were found to be increased on distal anastomotic site on colour doppler. What is the likely etiology at this juncture? How will you proceed further? [4]
- c) How are the lesions in the venous grafts categorised based on PSV and velocity ratios (Vr)? [3]

Question Number : 6 Question Id : 32718729989 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

Type 3 Crawford aneurysm:

- a) Advantages and disadvantages of open surgical repair vs total endovascular repair. [6]
- b) Mechanisms to prevent spinal cord ischemia. [4]

Question Number : 7 Question Id : 32718729990 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

A 65-year-old male, presented with acute onset pain in right lower limb, with absent popliteal and below pulses. On admission, patient had ongoing pain and was having venous signals in foot with mild to moderate sensorimotor deficit.

- a) What is your diagnosis? Classify the different types of presentation. [6]
- b) He developed a painful calf after one hour of the procedure. What is the condition and how will you manage? [4]

Question Number : 8 Question Id : 32718729991 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

A 68-year-old male with chronic kidney disease underwent left brachiocephalic arteriovenous fistula 8 months back and is well functional. He complaints of a feeling of coldness in left hand while undergoing dialysis for past two months:

- a) What is the condition he is suffering from? [1]
- b) What are the various grades of this condition? [3]
- c) How will you manage him now and if this condition progresses? [6]

Question Number : 9 Question Id : 32718729992 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

A patient underwent thrombectomy of femoro popliteal segment with poor out flow and was on heparin infusion. His platelet count dropped from 2 lakhs to 1 lakhs/mm³ on 6th day of infusion. Other blood parameters were normal and there was no feature of sepsis / infection.

- a) What is the likely cause of this condition? [1]
- b) How will you confirm your diagnosis? [3]
- c) What is the pathology behind the process? [3]
- d) How will you manage this condition? [3]

Question Number : 10 Question Id : 32718729993 Question Type : SUBJECTIVE Consider As Subjective : Yes

Correct Marks : 10

Describe mechanism of action, indications, dosage and side effects of the following drugs:

- a) Cilostazol. [5]
- b) Rivaroxaban. [5]