



Hepatic Pathology

Multiple Choice Questions

Introduction

Welcome to **Hepatic Pathology MCQ**, a comprehensive question bank designed to enhance your understanding of Biochemistry. This ebook contains over 300 multiple-choice questions (MCQs) covering a wide array of topics within the field of Medical Pathology and its significance.

Whether you're a medical student preparing for exams, a postgraduate aspirant aiming for success in competitive entrance tests, or a healthcare professional looking to refine your expertise, this book will serve as an invaluable resource in your learning journey. The questions in this ebook are structured to reflect the patterns seen in major medical entrance exams such as NEET PG, USMLE, AIIMS, and others, making it a perfect tool for self-assessment and revision.

Purpose

The primary goal of this ebook is to provide a reliable and extensive resource that students and professionals can use to test their knowledge, improve their diagnostic skills, and solidify key microbiological concepts. With the included detailed answers and explanations, this book goes beyond just helping you answer questions — it enables you to understand the reasoning behind each answer, facilitating deeper learning.

How This Ebook Can Help You

- **For Students:** The MCQs in this book are designed to match the rigor and format of real exam questions. By practicing regularly, you'll not only enhance your knowledge but also gain confidence in approaching exam challenges.
- **For Professionals:** This ebook helps professionals stay updated with the latest developments in carbohydrates in medical science and refresh critical concepts required in day-to-day practice.
- **For Educators:** Teachers and educators can use this collection to formulate quizzes, exams, or as supplementary teaching material for their students.

Compilation and Sources

This ebook is a compilation of publicly available online content. Each question has been carefully selected and curated to ensure relevance and accuracy. While this material is sourced from multiple platforms, it has been reorganized and edited to provide a streamlined learning experience.

We hope this book becomes an essential part of your academic and professional toolkit, helping you achieve your goals in Microbiology.

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Questions

1-: Microvesicular fatty liver is caused by -

- 1: DM
- 2: Valproate
- 3: Starvation
- 4: IBD

2-: Most common viral cause of Fulminant hepatic failure in pregnancy?

- 1: HAV
- 2: HBV
- 3: HCV
- 4: HEV

3-: Which of the following is not a function of liver ?

- 1: Production of albumin
- 2: Detoxification of ammonia
- 3: Production of vitamin K
- 4: Metabolism of drugs

4-: Hand signs of liver cell failure are all except?

- 1: Palmar erythema
- 2: Clubbing
- 3: Dupuytren's contracture
- 4: Splinter hemorrhages

5-: Which classification is used to divide the liver into segments?

- 1: Couinaud
- 2: Muhe
- 3: Starzl
- 4: Anatomical

6-: All of the following are true regarding chronic active hepatitis, except:

- 1: Common in females
- 2: Progression to cirrhosis is not seen
- 3: Remission with steroids
- 4: May associate with autoimmune disease

7-: Which of the following pigments accumulates in liver in Dubin-Johnson syndrome?

- 1: Monoglucuronate bilirubin
- 2: Epinephrine metabolite
- 3: Bilirubin pigment
- 4: Melanotic pigment

8-: Pulsatile liver and ascites is found in:

- 1: TR
- 2: Critical pulmonary stenosis
- 3: MR
- 4: MS

9-: All of the following are risk factors for carcinoma gall bladder, except -

- 1: Typhoid carriers

- 2: Adenomatous gall bladder polyps
- 3: Choledochal cysts
- 4: Oral contraceptives

10-: Centrilobular necrosis of liver may be seen with -

- 1: Phosphorus
- 2: Arsenic
- 3: CCl₄
- 4: Ethanol

11-: A 28-year-old previously healthy woman arrives in the emergency room complaining of 24 h of anorexia and nausea and lower abdominal pain that is more intense in the right lower quadrant than elsewhere. On examination she has peritoneal signs of the right lower quadrant and a rectal temperature of 38.38degC (101.8degF). At exploration through incision of the right lower quadrant, she is found to have a small, contained perforation of a cecal diverticulum. Which of the following statements regarding this situation is true?

- 1: Cecal diverticula are acquired disorders
- 2: Cecal diverticula are usually multiple
- 3: Cecal diverticula are mucosal herniations through the muscularis propria
- 4: Diverticulectomy, closure of the cecal defect, and appendectomy may be indicated

12-: A patient with acute viral hepatitis should undergo the following tests except?

- 1: IgM- anti HAV
- 2: IgM- anti- HBcAg
- 3: Anti-HCV antibody
- 4: Anti- HDV antibody

13-: Histopathology of chronic hepatitis shows -

- 1: Ballooning of hepatocytes
- 2: Councilman bodies
- 3: Bridging fibrosis
- 4: All of the above

14-: According to Pugh's classification moderate to severe hepatic insufficiency is managed by:

- 1: Sclerotherapy
- 2: Conservative
- 3: Orthotopic liver transplantation
- 4: Shunt surgery

15-: Granulomatous hepatitis is not caused by:

- 1: Blastomycosis
- 2: Metastatic carcinoma
- 3: Tuberculosis
- 4: Cat scratch disease

16-: In modified Pugh's classification score of 8, what shall be the line of management ?

- 1: Conservative management
- 2: Orthotopic liver transplant
- 3: Sclerotherapy
- 4: Shunt surgery

17-: Classical triad of Budd-Chiari syndrome:

- 1: Fever, jaundice, abdominal pain

- 2: Fever, ascites, jaundice
- 3: Hepatomegaly, abdominal pain, ascites
- 4: Abdominal pain, jaundice, Hepatomegaly

18-: A 36-year-old woman has become increasingly icteric for 1 month. She has had several bouts of colicky, midabdominal pain for 3 years. On physical examination, she has generalized jaundice with scleral icterus. Her BMI is 32. There is tenderness in the right upper quadrant, and the liver span is normal. A liver biopsy is obtained, and microscopic examination shows bile duct proliferation and intracanalicular bile stasis, but no inflammation or hepatocyte necrosis. The level of which of the following is most likely to be increased in the patient's serum?

- 1: Alkaline phosphatase
- 2: Ammonia
- 3: Antimitochondrial antibody
- 4: Hepatitis C antibody

19-: A 42-year-old man experiences malaise and increasing icterus for 2 weeks. Physical examination shows jaundice, but there are no other significant findings. Serologic test results are positive for IgM anti-HAV and negative for anti-HCV, HBsAg, and IgM anti-HBc. Which of the following outcomes is most likely to occur in this man?

- 1: Chronic active hepatitis
- 2: Complete recovery
- 3: Fulminant hepatitis
- 4: Hepatocellular carcinoma

20-: The condition associated with their formation is

- 1: Hypomotility of gall bladder
- 2: Accelerated cholesterol crystal nucleation
- 3: Hypersecretion of mucus
- 4: All of the above

21:- Not a feature of hepato-renal syndrome:

- 1: Normal GFR
- 2: Normal urinary sediments
- 3: Low Na⁺ in urine
- 4: Normal renal biopsy

22:- Ballooning of hepatocyte is not associated with?

- 1: Non alcoholic steatohepatitis
- 2: Alcoholic liver disease
- 3: Acute viral hepatitis
- 4: Chronic viral hepatitis

23:- A 44 year old patient presented with jaundice and had needle prick injury 2 year back and liver biopsy is shown below. Based on the histological features ,classify type of hepatitis:

- 1: Hepatitis B virus induced hepatitis
- 2: Hepatitis C virus induced hepatitis
- 3: Hepatitis A virus induced hepatitis
- 4: Hepatitis E virus induced hepatitis

24:- Pyroptosis is associated with which of the following cytokines?

- 1: IL-1
- 2: IL-2
- 3: IL-5
- 4: IL-6

25-: Best treatment of refractory ascites is?

- 1: AV shunt
- 2: TIPS
- 3: Frusemide with Low volume paracentesis
- 4: Distal splenorenal shunt

26-: A 70 year old alcoholic presents with abdominal pain, lump in the RUQ and weight loss. No history of upper or lower GI symptoms. USG shows 10 x 10 cm mass in the right lobe of liver. Which serum marker will be helpful in diagnosis?

- 1: Serum calcitonin
- 2: CA19-9
- 3: Alkaline phosphatase
- 4: Alpha-fetoprotein

27-: Councilman bodies are seen in:

- 1: Wilson disease
- 2: Alcoholic hepatitis
- 3: Acute viral hepatitis
- 4: Autoimmune hepatitis

28-: All are complications of hydatid cyst in the liver except:

- 1: Jaundice
- 2: Suppuration
- 3: Cirrhosis
- 4: Rupture

29-: Which of the following hernias follows the path of the spermatic cord within the cremaster muscle?

- 1: Femoral
- 2: Direct inguinal
- 3: Indirect inguinal
- 4: Spigelian

30-: Most common paraneoplastic syndrome in HCC

- 1: Hypoglycemia
- 2: Hypertension
- 3: Hypercalcemia
- 4: Erythrocytosis

31-: A 59-year-old man has had increasing dyspnea on exertion for the past year. His dyspnea is worse in the upright position and diminishes when he is recumbent. On physical examination, he has clubbing of the fingers. Exercise induces a decrease in his PO₂ that improves when he stops and lies down. Which of the following liver abnormalities is he most likely to have?

- 1: Biliary obstruction
- 2: Chronic inflammation
- 3: Cirrhosis
- 4: Metastases

32-: Which of the following viral markers signifies the ongoing viral replication in the case of Hepatitis-B infection?

- 1: Anti-HBs
- 2: Anti-HBc
- 3: HBe Ag

4: HBs Ag

33-: A 55-year-old woman with cancer of the cervix undergoes hysterectomy and is found to have pelvic lymph nodes involved with cancer. She then receives a course of external beam radiation (4500 rads). When the physician counsels her prior to her radiation treatment, she should be told of all the possible complications of radiation enteritis. Which of the following is generally not associated with radiation injury?

1: Malabsorption

2: Intussusception

3: Ulceration

4: Fistulization

34-: Micronodular cirrhosis is seen in all EXCEPT

1: Chronic hepatitis B

2: Alcoholic liver disease

3: Hemochromatosis

4: Chronic extrahepatic biliary obstruction

35-: Tender hepatomegaly is seen in all except?

1: CHF (Acute)

2: Viral hepatitis

3: Amoebic liver abscess

4: Reye syndrome

36-: Treatment for alcoholic hepatitis with discriminant function of >32 is?

1: Thiamine

2: Prednisolone

3: Disulfiram

4: Acamprosate

37-: The commonest hepatotropic virus causing increased chronic carrier state is

1: HEV

2: HAV

3: HBV

4: HCV

38-: Mallory bodies are seen in?

1: Hepatitis B infection

2: Hydatid cyst

3: α_1 - antitrypsin deficiency

4: Autoimmune hepatitis

39-: Which is not transmitted breast milk?

1: Hepatitis A

2: Hepatitis B

3: Hepatitis C

4: Hepatitis D

40-: Gene of Wilsons disease is:

1: ATP 7A

2: ATP 7B

3: ADP 7A

4: ADP 7B

41-: A 36-year-old woman presents with a 6-month history of progressive generalized itching, weight loss, fatigue, and yellow sclerae. She denies use of oral contraceptives or any other medication. Physical examination reveals mild jaundice and steatorrhea. Blood studies show a high cholesterol level of 350 mg/dL, elevated serum alkaline phosphatase (240 U/L), and normal levels of AST and ALT. An intravenous cholangiogram shows no evidence of obstruction. An antimitochondrial antibody test is positive; antinuclear antibodies are not present. For the patient, a liver biopsy would most likely show which of the following pathologic findings?

- 1: Central hyaline sclerosis
- 2: Cholangiocarcinoma
- 3: Hemosiderosis
- 4: Intrahepatic bile duct damage

42-: Mallory hyaline changes seen in all except?

- 1: Wilson's disease
- 2: Indian childhood cirrhosis
- 3: Primary biliary cirrhosis
- 4: Hepatitis E

43-: A 36-year-old, alcoholic woman presents with a 1-week history of yellow skin and sclerae. She has suffered persistent headaches. Her vital signs are normal. Physical examination reveals jaundice. Laboratory studies disclose markedly elevated levels of AST and ALT (956 and 1,400 U/L, respectively). A few days later, she develops hepatic encephalopathy and renal failure. A liver biopsy shows prominent centrilobular necrosis. Which of the following is the most likely diagnosis?

- 1: Acetaminophen toxicity
- 2: Fatty liver of pregnancy
- 3: Metastatic carcinoma
- 4: Reye syndrome

44-: A 45 years old female presented to OPD with dull aching pain to right upper quadrant. She has two kids and taking OCPs from the last 5 years. Nodular enhancement was seen in the mass lesion on MRI. Which of the following is false about given condition ?

- 1: M/C benign tumor of liver .
- 2: FNAC / Biopsy are contraindicated .
- 3: Rarely associated with Kasabach Meritt syndrome .
- 4: Treatment of choice is Radical Excision .

45-: True about hepatitis with HCV is:

- 1: Present with fulminant liver failure
- 2: Chronicity is not seen
- 3: Genotyping helps in treatment duration
- 4: Feco/oral transmission

46-: Which is risk factor for cholangiocarcinoma -

- 1: Obesity
- 2: Primary sclerosing cholangitis
- 3: Salmonella carrier state
- 4: HBV infection

47-: Primary biliary cirrhosis is most commonly associated with_____

- 1: Systemic sclerosis
- 2: Sjogren syndrome
- 3: Ulcerative colitis
- 4: Pancreatitis

48-: Which of the following is FALSE about portal vein:

- 1: Formed behind the neck of pancreas
- 2: Bile duct lies anterior and right to it
- 3: Gastroduodenal artery lies to the left and anterior to it
- 4: Ascends behind the 2nd part of duodenum

49-: Treatment for genotype 1a of hepatitis C

- 1: Ledipasvir and Sofosbuvir
- 2: Sofosbuvir and velpatasvir
- 3: Pegylated interferon and lamivudine
- 4: Pegylated interferon and Ribavirin

50-: Vinyl Chloride is associated with which Carcinoma?

- 1: Liver
- 2: Spleen
- 3: Lung
- 4: Prostate

51-: Portal lobule is formed by:-

- 1: Central vein in centre and portal triad at periphery
- 2: Portal triad in centre and central vein at periphery
- 3: Around the bile ductules
- 4: None of above

52-: The following features differentiate Rotor syndrome from Dubin Johnson's syndrome EXCEPT

- 1: Liver in patients with Rotor syndrome has no increased pigmentation and appears normal

2: In Rotor syndrome, Gall bladder is usually visualized on cholecystography

3: Total urinary coproporphyrin is substantially increased in Rotor syndrome

4: Fraction of coproporphyrin I in urine is elevated usually more than 80% of the total in Rotor syndrome

53-: All of the following segments of liver drains into right hepatic duct EXCEPT:

1: I

2: III

3: V

4: VIII

54-: Which statement is wrong regarding Hepatitis B?

1: It is due to RNA virus

2: Blood is the main source of infection

3: Chronicity is present

4: It may turn into hepatocellular carcinoma

55-: Ascitic fluid with increased SAAG is found in?

1: Tuberculosis

2: Congestive Heart Failure

3: Nephrotic syndrome

4: Pancreatitis

56-: A 45-year-old cirrhotic patient presented with severe hematemesis. The management of choice is:

1: Whole blood transfusion

2: Colloids are preferred over crystalloids

3: Normal saline infusion

4: IV fluid with diuretics

57:- Cytokeratin 8 and 18 and ubiquitin present in all except?

1: Alcoholic hepatitis

2: Non alcoholic steatohepatitis

3: Primary biliary cirrhosis

4: Acute viral hepatitis

58:- Which of the following is not true about hydatid cyst of liver?

1: Surgical management is done

2: Conservative treatment is effective in elderly with small cyst

3: Mostly in left lobe

4: CT shows Ring like calcification .

59:- Which cells of the mononuclear phagocyte system are present in liver -

1: Kupffer cells

2: Merkel cells

3: Gitter cells

4: Berger cells

60:- Which virus causes hepatocellular carcinoma -

1: Arbo

2: Herpes

3: Hepatitis-A

4: Hepatitis-B

61:- False about Crigler najar syndrome?

- 1: Absence of UDPG enzyme
- 2: Normal liver biopsy
- 3: Conjugated hyperbilirubinemia
- 4: Type 1 is more severe

62:- Incubation period of hepatitis B is:

- 1: 6 weeks to 6 months
- 2: 6 days to 6 weeks
- 3: 6 months to 6 years
- 4: More than 6 years

63:- Milan criteria is used for -

- 1: Liver transplantation
- 2: GERD staging
- 3: Cirrhosis staging
- 4: Hepatic encephalopathy staging

64:- Hepatomegaly with liver pulsation indicates -

- 1: TR
- 2: MR
- 3: Pulmonary hypertension
- 4: MS

65:- In Budd chiari syndrome the occlusion is at the:

- 1: IVC
- 2: Renal vein
- 3: Hepatic vein
- 4: Splenic vein

66-: All the following are used for treatment of chronic Hepatitis B except?

- 1: Entecavir
- 2: Telbivudine
- 3: Zidovudine
- 4: Lamivudine

67-: The following is a marker of acute hepatitis B infection

- 1: DNA polymerase
- 2: Hepatitis core antigen
- 3: Anti HBs
- 4: IgG to core antigen

68-: Which of the following is feature of arsenic toxicity?

- 1: Cirrhosis of liver
- 2: Non-cirrhotic portal fibrosis
- 3: Hepatocellular carcinoma
- 4: Hepatoma

69-: A patient with cryptogenic cirrhosis is scheduled for liver transplant surgery. During the operation rounds, the transplant physician explains to his residents that one of the reasons a surgeon must pay close attention to the anatomic location of the liver is that this organ:

- 1: Receives blood only from the hepatic arteries
- 2: Manufactures red blood cells in an adult
- 3: Drains bile from the quadrate lobe into the right hepatic duct
- 4: Drains venous blood into the hepatic veins

70-: A 19-year-old woman is bothered by a tremor at rest, which becomes progressively worse over the next 6 months. She exhibits paranoid ideation with auditory hallucinations and is diagnosed with acute psychosis. On physical examination, she has scleral icterus. A slit-lamp examination shows corneal Kayser-Fleischer rings. Laboratory findings include total serum protein, 5.9 g/dL; albumin, 3.1 g/dL; total bilirubin, 4.9 mg/dL; direct bilirubin, 3.1 mg/dL; AST, 128 U/L; ALT, 157 U/L; and alkaline phosphatase, 56 U/L. Which of the following additional serologic test findings is most likely to be reported in this patient?

- 1: Decreased α 1-antitrypsin level
- 2: Decreased ceruloplasmin level
- 3: Increased α -fetoprotein level
- 4: Increased ferritin level

71-: A 43-year-old man has experienced progressive fatigue, pruritus, and icterus for 4 months. A colectomy was performed 5 years ago for the treatment of ulcerative colitis. On physical examination, he now has generalized jaundice. The abdomen is not distended; on palpation, there is no abdominal pain and there are no masses. Laboratory studies show a serum alkaline phosphatase level of 285 U/L and an elevated titer of anti-neutrophil cytoplasmic antibodies. Cholangiography shows widespread intrahepatic biliary tree obliteration and a beaded appearance in the remaining ducts. Which of the following morphologic features is most likely to be present in his liver?

- 1: Concentric "onion-skin" ductular fibrosis
- 2: Copper deposition in hepatocytes
- 3: Granulomatous bile duct destruction
- 4: Interface hepatitis

72-: Conjugated hyperbilirubinemia is seen in:

- 1: Gilbert' syndrome
- 2: Criggler Najjar syndrome
- 3: Breast milk jaundice
- 4: Dubin Johnson syndrome

73-: All of the following form boundary of Calot's triangle EXCEPT?

- 1: Hepatic duct
- 2: Superior surface of liver
- 3: cystic aery
- 4: Cystic duct

74-: Focal or confluent periportal necrosis along with ballooning degeneration of hepatocytes with or without Mallory bodies and megamitochondriais suggestive of?

- 1: Acute Hepatitis B
- 2: Chronic Hepatitis B
- 3: Alcoholic liver injury
- 4: Primary HCC

75-: Which of the following is not a histomorphological feature of cirrhosis of liver?

- 1: Regenerative nodules
- 2: Diffuse microvesicular steatosis
- 3: Poal vein thrombosis
- 4: Dense bands of fibrosis

76-: A young female who is a known case of myeloproliferative disorder presents with a 3 day history of progressive abdominal discomfort and ascites. Which of the following is the possible diagnosis

- 1: Budd Chiari syndrome
- 2: Hepatitis A
- 3: Perforation peritonitis
- 4: Acute pancreatitis

77-: False statement about alagille syndrome

- 1: Complete absence of bile ducts
- 2: Normal liver
- 3: Mutations in Jagged 1 gene
- 4: No Risk of hepatocellular carcinoma

78-: The complications of gallstones include all of the following except:

- 1: Adenocarcinoma of ampulla of Vater
- 2: Acute intrahepatic cholangitis
- 3: Acute pancreatitis
- 4: Gangrenous cholecystitis

79-: In a patient with fulminant liver failure after viral hepatitis, which of the following will not change immediately?

- 1: Serum albumin
- 2: PT
- 3: Serum bilirubin
- 4: Serum ammonia

80-: Fatty liver is due to accumulation of -

- 1: Triglycerides

2: LDL

3: Lipoprotein a

4: VLDL

81-: Prognostic factor in acute liver failure is:

1: Alpha fetoprotein

2: Prothrombin time

3: Albumin

4: Globulin

82-: Fatty liver with Hepatomegaly is seen in:-

1: Marasmus

2: Metabolic syndrome

3: Wilson disease

4: Nutmeg liver

83-: A 35-year-old male patient presented with history of jaundice for 15 days. The onset was preceded by a prodromal illness. His serum tested positive for HbsAg. A clinical diagnosis of acute hepatitis B was made. What should be the next best confirmatory investigation?

1: Anti-HbeAg antibody

2: Hbe antigen

3: Anti-Hbe IgM antibody

4: Anti-HbsAg antibody

84-: Given below is the histopathology of liver biopsy of a patient with hemochromatosis. Which of the following special stain has been used?

1: Von Kossa stain

2: Alcian blue stain

3: Perls' Prussian blue stain

4: Crystal violet stain

85-: All are true about fibrolamellar HCC except:

1: AFP is not raised

2: Recurrence is common

3: Raised neurotensin levels

4: Well demarcated and encapsulated

86-: Acute Hepatitis B infection is diagnosed by?

1: HbsAg

2: HbcAg

3: HbsAg + IgM anti-HBc antibody

4: HbsAg + HbcAg

87-: Most common extra intestinal manifestation of amoebiasis

1: Amoebic liver abscess

2: Pleural effusion

3: Atelactasis

4: Cardiac tamponade

88-: Most common cause of pyogenic liver abscess:

1: Aspiration

2: Hematogenous spread from a distant site

3: Direct contact

4: Lymphatic spread

89-: Bronze diabetes is seen in:

- 1: Wilson's disease
- 2: Sarcoidosis
- 3: Lead intoxication
- 4: Hemochromatosis

90-: Aflatoxin B is associated with which malignancy?

- 1: Liver
- 2: Lung
- 3: Kidney
- 4: Stomach

91-: Nutmeg liver occurs in:

- 1: Chronic venous congestion
- 2: Hyperaemia of liver
- 3: Hepatic thrombosis
- 4: Acute hepatic congestion

92-: Pringle maneuver is used in management of -

- 1: Liver trauma
- 2: Spleen trauma
- 3: Duodenal perforation
- 4: Prolapsed piles

93-: Ramu, 40-year-old male, chronic alcoholic, diagnosed as cirrhosis, presents with a lump in the right lobe of liver. Serum AFP level is normal. Most probable diagnosis is:

- 1: Fibro hyperplasia
- 2: Hepatocellular carcinoma
- 3: Secondaries
- 4: Hepatocellular adenoma

94-: Which of the following statement is true regarding pyogenic liver abscess?

- 1: Diagnosis can be confirmed by serological test
- 2: Radiographic features are diagnostic
- 3: Usually a large and single abscess is seen in cases of direct spread
- 4: Systemic manifestations are uncommon

95-: Which of the following is the most common cause of transfusion associated hepatitis?

- 1: Hepatitis A
- 2: Hepatitis B
- 3: Hepatitis C
- 4: Hepatitis D

96-: 30-year-old female c/o right hypochondrial pain- On CT floating membranes are seen in liver- diagnosis

- 1: Amoebiasis
- 2: Hydatid cyst
- 3: Tuberculosis
- 4: HCC

97-: A 31-year-old woman has experienced increasing malaise for the past 4 months. Physical examination yields no remarkable findings. Laboratory studies show total serum protein of 6.4 g/dL, albumin of 3.6 g/dL, total bilirubin of 1.4 mg/dL, AST of 67 U/L, ALT of 91 U/L, and alkaline phosphatase of 99 U/L. Results of serologic testing for HAV, HBV, and HCV are negative. Test results for ANA, anti-liver kidney microsome-1 and anti-smooth muscle antibody are positive. A liver biopsy is done; microscopically, there are minimal portal mononuclear cell infiltrates with minimal interface hepatitis and mild portal fibrosis. What is the most likely diagnosis?

- 1: a1-Antitrypsin deficiency
- 2: Autoimmune hepatitis
- 3: Chronic alcoholism
- 4: HDV infection

98-: In Wilson disease, chelation is done by:

- 1: Iron
- 2: Zinc
- 3: Copper
- 4: Selenium

99-: The most common presentation of hepatitis A is:

- 1: Asymptomatic
- 2: Fulminant hepatitis
- 3: Chronic carrier state
- 4: Transient illness with jaundice

100-: Which of the following statements about pyogenic abscess of the liver are true?

- 1: The right lobe is more commonly involved than the left lobe.
- 2: Appendicitis with perforation and abscess is the most common underlying cause of hepatic abscess.

3: Moality is largely not determined by the underlying disease.

4: Moality from hepatic abscess is currently greater than 40%.

101-: Solitary hypoechoic lesion of the liver without septa or debris is most likely to be:-

1: Hydatid cyst

2: Caroli's disease

3: Liver abscess

4: Simple cyst

102-: Absent urobilinogen in urine with icterus indicates?

1: Perihepatic obstruction

2: Hemolysis

3: Hepatitis

4: Liver failure

103-: HCV is associated with:

1: Autoimmune cirrhosis

2: LKM antibody

3: Antimitochondrial antibody

4: None

104-: A patient with a history of familial polyposis undergoes a diagnostic polypectomy. Which of the following types of polyps is most likely to be found?

1: Villous adenoma

2: Hyperplastic polyp

3: Adenomatous polyp

4: Retention polyp

105-: Pringle's Manuever is used to stop the bleeding from

- 1: Pancreas
- 2: Spleen
- 3: Liver
- 4: Kidneys

106-: Which of the following statements concerning imperforate anus is true?

- 1: Imperforate anus affects males more frequently than females
- 2: In 90% of males, but only 50% of females, the rectum ends below the level of the levator ani complex
- 3: The rectum usually ends in a blind pouch
- 4: The chance for eventual continence is greater when the rectum has descended to below the levator ani muscles

107-: A 63-year-old man with a 30-year history of alcohol abuse notes hematemesis for the past day. On examination, he has ascites, mild jaundice, and an enlarged spleen. He also has gynecomastia, spider telangiectasias of the skin, and testicular atrophy. Rectal examination indicates prominent hemorrhoids and a normal-sized prostate. An emergent upper endoscopy shows dilated, bleeding submucosal vessels in the esophagus. Laboratory studies show total protein, 5.9 g/ dL; albumin, 3.2 g/dL; AST, 137 U/L; ALT, 108 U/L; total bilirubin, 5.4 mg/d; prothrombin time, 20 seconds; ammonia, 76 mmol/L; and hematocrit, 21%. Which of the following pathologic findings in his liver is most likely to explain the hematemesis?

- 1: Cholangitis
- 2: Cholestasis
- 3: Cirrhosis
- 4: Hepatitis

108-: Chance of acquiring hepatitis by eye splash with hepatitis B positive patient blood:

- 1: 10%
- 2: 20%
- 3: 30%
- 4: 0.30%

109-: Which of the following hepatitis has worst prognosis?

- 1: HBV HDV co-infection
- 2: HDV super infection on HBV
- 3: HBV alone
- 4: HDV alone

110-: A pediatric surgeon is resecting a possible malignant mass from the liver of a neonate with cerebral palsy. The surgeon divides the round ligament of the liver during surgery. A fibrous remnant of which of the following fetal vessels is severed?

- 1: Ductus venosus
- 2: Ductus ariosus
- 3: Left umbilical vein
- 4: Right umbilical vein

111-: Prusian blue detects?

- 1: Ferric iron
- 2: Ferrous iron
- 3: Glycogen
- 4: Lipids

112-: Veical transmission of hepatitis C is:

- 1: 5%
- 2: 10%
- 3: 25%
- 4: 50%

113-: A 48-year-old woman has a 3-week history of fatigue as well as yellow skin and sclerae. Physical examination is unremarkable except for mild jaundice. The serum bilirubin level is 3.7 mg/dL, mostly in the unconjugated form. Liver function tests including serum AST, ALT, and alkaline phosphatase are normal. The hemoglobin level is 6.0 g/dL. After corticosteroids are administered, the jaundice resolves. Which of the following diseases is the most likely cause of hyperbilirubinemia in this patient?

- 1: Acute hepatitis B infection
- 2: Autoimmune hemolytic anemia
- 3: Gallstone in the common bile duct
- 4: Primary biliary cirrhosis

114-: Which of the following is the most common acid-base disturbance in patients with cirrhosis and portal hypertension?

- 1: Metabolic acidosis.
- 2: Respiratory alkalosis.
- 3: Metabolic alkalosis.
- 4: Respiratory acidosis.

115-: Most common cause of non-alcoholic fatty liver disease?

- 1: Reye syndrome
- 2: Syndrome-X
- 3: Cardiac syndrome-X
- 4: Pregnancy

116:- What is the use of this tube?

- 1: Arrest bleeding in Mallory Weiss tear
- 2: Arrest bleeding in Esophageal varices
- 3: Arrest bleeding in Dieulafoys lesion
- 4: Stop bleeding from Aorta enteric fistula

117:- Multiple hepatic mets is seen in:

- 1: Ca stomach
- 2: Ca head of pancreas
- 3: Ca gall bladder
- 4: Peri ampullary Ca

118:- A 15 year old child has developed dystonia and poor school grades. Slit examination is shown below. Which is the initial investigation recommended for the patient ?

- 1: Serum ceruloplasmin
- 2: Serum copper
- 3: 24 hour urinary copper
- 4: Liver biopsy

119:- A 40-year-old woman complains of having severe back pain for about 3 months and recurrent fever. Her past medical history is significant for ulcerative colitis. On physical examination, the patient is thin and jaundiced. The liver edge descends 1 cm below the right costal margin and is nontender. Laboratory studies show normal serum levels of AST and ALT but elevated serum levels of alkaline phosphatase (420 U/L). Endoscopic retrograde cholangiopancreatography demonstrates a beaded appearance of the extrahepatic biliary tree. Which of the following diseases is a late complication of this patient's condition?

- 1: Adenocarcinoma of the gallbladder
- 2: Cholangiocarcinoma

3: Hepatic adenoma

4: Hepatic angiosarcoma

120:- Which of these is a new oral drug used in treatment of chronic Hepatitis C?

1: Interferon alpha

2: Ledipasvir

3: Oseltamivir

4: Lamivudine

121:- Which of the following agents is recommended for medical treatment of variceal bleed:

1: Octreotide

2: Desmopressin

3: Vasopressin

4: Nitroglycerine

122:- Which of the following is not a feature of autoimmune hepatitis?

1: Anti-SMA antibodies

2: Anti-LKM1 antibodies

3: Anti-mitochondrial antibodies

4: Anti-Sm antigen antibodies

123:- Pigment stone is composed of?

1: Ca bilirubinate

2: Ca phosphate

3: Ca carbonate

4: Ca gluconate

124:- Which of the following liver tumor is likely to develop in females taking oral contraceptives?

1: Hepatoma

2: Lymphoma

3: Focal nodular hyperplasia

4: Hepatic adenoma

125:- Most common cause of Fulminant hepatitis in pregnancy

1: Hep B

2: Hep C

3: Hep D

4: HepE

126:- Which of the following is not a feature of Alcoholic liver disease?

1: Macrovesicular fat within hepatocytes

2: Lipogranuloma

3: Lymphocytic infiltration of portal tracts

4: Portal & sinusoidal collagen deposits

127:- A 40-year old obese female presents with fullness of right upper quadrant of abdomen. Her medical history is significant for Type 2 diabetes mellitus and hyperlipidemia. Liver biopsy is most likely suggestive of which of the following diagnoses?

1: Non-alcoholic steatohepatitis

2: Peliosis hepatis

3: Autoimmune hepatitis

4: Primary biliary sclerosis

128-: Liver biopsy is done through 8th ICS mid axillary line to avoid:

- 1: Lung
- 2: Pleural cavity
- 3: Subdiaphragmatic space
- 4: Gallbladder

129-: False about amoebic liver abscess

- 1: More common in 20- 40 years
- 2: More common in left lobe
- 3: Metronidazole is mainstay of treatment
- 4: Multiple abscess cannot be drained by aspiration

130-: Liver abscess ruptures most commonly in:

- 1: Pleural cavity
- 2: Peritoneal cavity
- 3: Pericardial cavity
- 4: Bronchus

131-: A 3-day-old neonate born after a 32-week gestation develops yellow skin. Physical examination of the infant is unremarkable. Which of the following is most likely to be increased in this neonate's serum?

- 1: Alanine aminotransferase
- 2: Carotene
- 3: Conjugated bilirubin
- 4: Unconjugated bilirubin

132-: During an epidemic of hepatitis; fulminant hepatic failure is seen in:

- 1: Malnourished child
- 2: Pregnant female
- 3: Old age
- 4: Child <15 year of age.

133-: USG liver shows starry sky appearance. This is a feature of?

- 1: Acute viral hepatitis
- 2: Primary biliary cirrhosis
- 3: Primary sclerosing cholangitis
- 4: Hydatid cyst

134-: Most common Extra intestinal Manifest of Amoebiasis

- 1: Liver abscess
- 2: Pleural Effusion
- 3: Lung atelectasis
- 4: Cardiac Tamponade

135-: A 72-year-old patient with an intractable type I ulcer along the incisura with a significant amount of scarring along the entire length of the lesser curvature. Select the appropriate surgical procedure for the patient. (SELECT 1 PROCEDURE)

- 1: Vagotomy and antrectomy
- 2: Antrectomy alone
- 3: Vagotomy and pyloroplasty
- 4: Vagotomy and gastrojejunostomy

136-: Cholecysto-caval line importance:

- 1: Line that divides the right and left liver surgical anatomy wise
- 2: Line that divides right liver into anterior and posterior segments
- 3: Line that divides the left liver into medial and lateral segments
- 4: Line that runs along the portal vein.

137-: Sclerosis of bile duct is seen in -

- 1: Primary sclerosing cholangitis
- 2: Obstructive jaundice
- 3: Bile duct atresia
- 4: Bile stones

138-: A 34 year old female with history of oral contraceptive pills (OCP) usage, was brought to the ER with hematemesis and severe acute RUQ abdominal pain. She have a history of DVT. Physical evaluation reveals ascites and tender hepatomegaly. Which of the following is the most likely cause for this?

- 1: Obstruction of the common bile duct
- 2: Obstruction of the intrahepatic sinusoids
- 3: Thrombosis of the hepatic artery
- 4: Thrombosis of the hepatic veins

139-: Cells producing collagen in cirrhosis:

- 1: Perisinusoidal cell (stellate cell)
- 2: Kupffer cell
- 3: Hepatocyte
- 4: Dendritic cell

140-: Hemochromatosis affects all of the following organs except:

- 1: Liver
- 2: Pancreas
- 3: Hea
- 4: Salivary gland

141-: A 20-year-old woman presents with a 2-week history of fever, malaise, and brown-colored urine. She recently visited Mexico. Physical examination reveals jaundice, mild hepatomegaly, and tenderness in the right upper quadrant. The serum bilirubin is 7.8 mg/dL, with 60% in the conjugated form. Serum levels of AST and ALT are markedly elevated (400 and 392 U/L, respectively). Serum albumin and immunoglobulin levels are normal. Serum IgM anti-hepatitis A virus (anti-HAV) is positive. IgG anti-hepatitis B surface antigen (anti-HBsAg) antibodies are positive. Anti-hepatitis C virus antibodies are negative. What is the most likely diagnosis?

- 1: Acute viral hepatitis A
- 2: Acute viral hepatitis B
- 3: Acute viral hepatitis C
- 4: Autoimmune hepatitis

142-: Which one of the following statements concerning liver sinusoids is true?

- 1: Their lining includes Ito cells
- 2: They receive bile from the hepatocytes
- 3: They are lined by nonfenestrated endothelial cells.
- 4: Space of Disse is located between sinusoidal cells and hepatocytes.

143-: Which of the following is premalignant to cholangiocarcinoma -

- 1: Biliary' intraepithelial neoplasia
- 2: Mucinous cystic neoplasms
- 3: Intraductal pappillary biliary' neoplasia

4: All the above

144:- A 27-year-old man with a history of intravenous drug use is known to have been infected with the hepatitis B virus for the past 6 years and has not been ill. He is seen in the emergency department because he has had nausea, vomiting, and passage of dark-colored urine for the past week. Physical examination shows scleral icterus and mild jaundice. Neurologic examination shows a confused, somnolent man-oriented only to person. He exhibits asterixis. Laboratory studies show total protein, 5 g/dL; albumin, 2.7 g/dL; AST, 2342 U/L; ALT, 2150 U/L; alkaline phosphatase, 233 U/L; total bilirubin, 8.3 mg/dL; and direct bilirubin, 4.5 mg/dL. Superinfection with which of the following viruses has most likely occurred in this man?

1: HAV

2: HCV

3: HDV

4: HEV

145:- Sclerosing cholangitis is associated with-

1: Ulcerative colitis

2: Celiac sprue

3: Wilson's disease

4: Whipple's disease

146:- Cirrhosis can lead to development of?

1: Metabolic alkalosis, Chloride responsive

2: Metabolic alkalosis, Chloride non-responsive

3: Hyperchloremic metabolic acidosis

4: Hypochloremic metabolic acidosis

147:- In high risk population, HCC is best detected by:

- 1: USG
- 2: CT
- 3: MRI
- 4: PET scan

148-: Liver tunneling procedure not done for which segment?

- 1: I
- 2: IV
- 3: V
- 4: VIII

149-: Early Complication of TIPS procedure:

- 1: Shunt stenosis
- 2: Capsular Haemorrhage
- 3: Encephalopathy
- 4: Recurrent Variceal bleed

150-: Raised AFP is typically seen with?

- 1: Hepatitis
- 2: Seminoma
- 3: HCC
- 4: All of the above

151-: A 30-year-old patient presents with H/O antibodies to HCV for 6 months duration and his AST/ALT is normal. There is no symptom or stigmata of liver disease. The most appropriate approach:

- 1: Re-assure the patient

- 2: Repeat titer every 3 years
- 3: Repeat enzymes yearly
- 4: Do liver biopsy and start antiviral drugs accordingly.

152:- Spider nevi are due to action of -

- 1: Estrogen
- 2: Androgen
- 3: Steroids
- 4: Progesterone

153:- Mallory-Johnson bodies are seen in all except?

- 1: Nonalcoholic fatty liver disease
- 2: Primary biliary cirrhosis
- 3: Wilson's disease
- 4: α 1 antitrypsin deficiency

154:- Regarding Cause of fatty liver, true statement about pathogenesis is:

- 1: Decreased beta oxidation of fat
- 2: Decreased triglycerides
- 3: Decreased fatty acid mobilization
- 4: Increased catabolism

155:- Which among the following is not a predisposing factor for hepatocellular carcinoma?

- 1: Hepatitis B
- 2: Females
- 3: Hepatitis C

4: Afla toxins

156:- Complete deficiency of UDP glucoronyl transferase (UGT) is seen in:

- 1: Criggler - Najjar Type I
- 2: Criggler - Najjar Type II
- 3: Gilbe's syndrome
- 4: Dubin-Johnson syndrome

157:- Discriminant score is used for management of?

- 1: Viral hepatitis
- 2: Alcoholic hepatitis
- 3: Variceal bleeding
- 4: Weight loss

158:- Obstructive liver disease is associated with the rise in?

- 1: Aspartate aminotransferase
- 2: Alanine amino transferase
- 3: Alkaline phosphatase
- 4: Serum albumin

159:- Amebic liver disease is characterized by?

- 1: Most common in right lobe of the liver
- 2: Diarrhea is the most common presentation
- 3: Resistant to metronidazole
- 4: Liver is the most common primary site of infection

160:- A 40 year old lady has ALP of 550, SGOT of 75, total serum Bilirubin = 6.5mg% and conjugated serum bilirubin of 4.3mg%. The diagnosis of patient is:

- 1: Dubin Johnson syndrome
- 2: Obstructive jaundice
- 3: Viral hepatitis
- 4: Cholelithiasis

161:- What is the type of Gharbi classification of the given hydatid cyst?

- 1: I
- 2: II
- 3: III
- 4: IV

162:- An oncologist is reviewing a CT scan of a 74-year-old man with newly diagnosed hepatocellular carcinoma. He locates the affected quadrate lobe of the liver that:

- 1: Lies between the IVC and ligamentum venosum
- 2: Receives blood from the right hepatic artery
- 3: Drains bile into the left hepatic duct
- 4: Is a medial superior segment

163:- A 23-year-old man has noted a yellow color to his sclerae for the past 2 weeks. On physical examination, he has generalized jaundice. He has the physique of a bodybuilder. Laboratory studies show serum total bilirubin, 5.6 mg/dL; ALT, 117 U/L; AST, 103 U/L; alkaline phosphatase, 148 U/L; albumin, 5.5 g/dL; and total protein, 7.9 g/dL. Which of the following substances is he most likely to be using?

- 1: Acetaminophen
- 2: Anabolic steroid
- 3: Chlorpromazine

4: Ethyl alcohol

164:- Chronic liver disease patient with ascites and no bleeding varices. He presents with hematemesis and melena. What is the next step in management?

- 1: Inj. vitamin K
- 2: Inj. Tranexamic acid
- 3: FFP transfusion
- 4: Platelet transfusion

165:- A 55-year-old man who is extremely obese reports weakness, sweating, tachycardia, confusion, and headache whenever he fasts for more than a few hours. He has prompt relief of symptoms when he eats. These symptoms are most suggestive of which of the following disorders?

- 1: Diabetes mellitus
- 2: Insulinoma
- 3: Zollinger-Ellison syndrome
- 4: Carcinoid syndrome

166:- Patient comes for blood donation but he has HBs Ag and HBeAg positive, and serum transaminases level is normal. What would be the next step in management?

- 1: Treat with interferon
- 2: HBV DNA estimation
- 3: Liver biopsy
- 4: Observation

167:- True regarding fibrolamellar carcinoma (FLC) of liver are all the following EXCEPT

- 1: Age group of occurrence is between 20-40 years
- 2: Extensive fibrosis

- 3: Favorable prognosis
- 4: Occurs in pre-existing cirrhotic liver

168:- Main cause of congestive splenomegaly.

- 1: CCF
- 2: Malaria
- 3: DIC
- 4: Banti syndrome

169:- Von-Meyenburg's complexes are seen in?

- 1: Brain
- 2: Liver
- 3: Kidney
- 4: Spleen

170:- Most common tumor of liver is:

- 1: Cavernous hemangioma
- 2: Hepatocellular carcinoma
- 3: Adenoma
- 4: Metastasis

171:- HbsAg carrier state is not associated with:

- 1: Down's syndrome
- 2: Chronic renal failure
- 3: Poly-aeritis nodosa (PAN)
- 4: Infectious mononucleosis

172:- A patient of chronic liver failure presented with acute variceal bleeding. The BP was 80/60 mm Hg. Which of the following is not done?

- 1: Octreotide infusion
- 2: Endoscopy banding
- 3: TIPS
- 4: Platelet transfusion

173:- a-1 antitrypsin deficiency is associated which of the following?

- 1: Cirrhosis
- 2: Neonatal hepatitis
- 3: Pulmonary emphysema
- 4: All of the above

174:- A 26 years old man was found to be HBsAg positive but HBeAg negative and ALT/AST normal, what will be the next step in his management?

- 1: Serial monitoring
- 2: Lamivudine therapy
- 3: Lamivudine therapy along with pulsed IFN therapy
- 4: IFN alone

175:- Which of the following marked structure is known as 9th segment of liver?

- 1: A
- 2: B
- 3: C
- 4: None of the above

176-: Which of the following liver tumor has a propensity to invade the portal or hepatic vein?

- 1: Cavernous hemangioma
- 2: Hepatocellular carcinoma
- 3: Focal nodular hyperplasia
- 4: Hepatic adenoma

177-: Most common metabolic disturbance of cirrhosis is:

- 1: Metabolic acidosis
- 2: Metabolic alkalosis
- 3: Respiratory acidosis
- 4: Respiratory alkalosis

178-: Occult hepatitis B is:

- 1: HBV DNA < 10⁴ copies/ml with HBsAg negative
- 2: HBV DNA < 10⁴ copies/ml with HBsAg positive
- 3: HBV DNA < 10⁴ copies/ml with HBeAg negative
- 4: HBV DNA < 10⁴ copies/ml with HBeAg positive

179-: 25/M presented with jaundice, clay coloured stool and pruritus. Bilirubin was 7gm%, Direct Bilirubin 5gm%, ALP 500 IU/L. Biopsy from biliary tract revealed the following. What is your diagnosis?

- 1: PSC
- 2: SBC
- 3: PBC
- 4: Bile duct stones

180-: The following liver specimen shows?

- 1: Postnecrotic cirrhosis
- 2: Dubin-Johnson syndrome
- 3: Miliary tuberculosis (TB)
- 4: Nutmeg liver

181-: All of the following are true about Primary Biliary Cirrhosis except?

- 1: Increase 5'- nucleotidase
- 2: Median age of presentation is 50 years
- 3: Most common cause of cholangitis in children
- 4: PBC frequently associated with CREST syndrome

182-: Microvesicular fatty change in hepatocytes is seen due to infection with:

- 1: Hepatitis A
- 2: Hepatitis B
- 3: Hepatitis C
- 4: Hepatitis D

183-: Why pre-transfusion testing does not decrease the incidence of hepatitis?

- 1: Most carriers do not have HBsAg
- 2: Post transfusions hepatitis is caused by CMV
- 3: Present screening test is not sensitive for HBsAg
- 4: HCV not screened

184-: With regard to hepatic anatomy, the falciform ligament divides the _____ from the _____.

- 1: Caudate lobe, quadrate lobe
- 2: Right lobe, left lobe
- 3: Left medial section, left lateral section
- 4: Left medial section, right lobe

185-: Liver after transplant enlarges by -

- 1: Increase in size of cell
- 2: Increase in number of cells
- 3: Both
- 4: None

186-: All are true about functional divisions of liver EXCEPT:

- 1: Based upon portal vein and hepatic vein
- 2: Divided into 8 segments
- 3: Three major and three minor fissures
- 4: 4 sectors

187-: Which of the following is Single most important indicator of likelihoodness of progression of hepatitis to liver cirrhosis?

- 1: Etiology
- 2: Associated serological findings
- 3: Presence of bridging necrosis
- 4: Presence of Mallory hyaline

188-: Which of the following is associated with Virchow's triad?

- 1: Hypercoagulability

2: Disseminated malignancy

3: DVT

4: All of the above

189-: The most important hepatic function to consider after hepatic resection is:

1: Hepatic synthetic function.

2: Detoxification

3: The liver's role in lipid metabolism.

4: The liver's role in vitamin metabolism.

190-: Which statement best completes this sentence? The porta hepatis contains:

1: The hepatic artery on the right side.

2: The common hepatic duct posteriorly.

3: The portal vein anteriorly.

4: Parasympathetic fibres from the vagus.

191-: Pringle's maneuver is clamping of -

1: Portal triad

2: Pulmonary hilum

3: Renal hilum

4: Splenic hilum

192-: Most common cause of liver abscess:

1: E. coli

2: Proteus

3: Klebsiella

4: Staphylococcus

193:- Major source of collagen in cirrhosis-

- 1: Kupfer cells
- 2: Ito cell (Hepatic stellate cell)
- 3: Hepatocyte
- 4: Canalicular cell

194:- Multiple liver secondaries are most common in the following cancers:

- 1: Head of pancreas
- 2: Stomach
- 3: Gallbladder
- 4: Periapillary

195:- Which of the following explanation(s) account(s) for the fact that hepatitis C is the most common cause of posttransfusion hepatitis?

- 1: There are more carriers of hepatitis C virus (HCV) in the normal population who serve as blood donors.
- 2: Blood infected with hepatitis B virus (HBV) cannot be eliminated through routine testing
- 3: Current serologic tests for HCV antigen do not exclude carriers.
- 4: Questions designed to eliminate risk groups for HCV from the normal donor population may not be as specific as would be desirable

196:- A 45-year-old woman presents to her primary care physician with jaundice, pruritus, and periocular and intra digital xanthomas. Her laboratory results indicate a significantly increased alkaline phosphatase as well as a positive test for antimitochondrial antibodies. The most likely cause of her symptoms is

- 1: Leptospirosis

- 2: Macronodular cirrhosis.
- 3: Primary biliary cirrhosis.
- 4: Primary sclerosing cholangitis

197-: OKUDA staging is for?

- 1: HCC
- 2: Pancreatic cancer
- 3: Hepatoblastoma
- 4: RCC

198-: Severity in acute hepatitis is best estimated by:

- 1: Serum bilirubin
- 2: Prothrombin time
- 3: a-glutaryl transferase
- 4: Alkaline phosphatase

199-: A 20-year-old woman complains of intermittent, colicky abdominal pain, fine tremors of her hands, excess sweating, and a general feeling of restlessness. Laboratory studies reveal an inherited defect in the biosynthesis of heme. This patient's genetic disease is most likely caused by deficiency of which of the following liver enzymes?

- 1: Alanine aminotransferase
- 2: Alkaline phosphatase
- 3: Porphobilinogen deaminase
- 4: Uridine diphosphate glucuronyl transferase

200-: Liver in hemochromatosis is stained by -

- 1: Perl's iron stain

- 2: Alcian blue
- 3: Congo Red
- 4: Massontrichome

201:- A 60-year-old man with a known case of Hemochromatosis, cirrhosis and portal hypertension was brought to ED with altered mental status. Attendant describes that since the last 3 days, the patient is confused, no h/o melena or hematemesis. For chronic ascites, diet control and spironolactone is given regularly. In the past he had an episode of variceal bleed for which he was put on propranolol and no episodes are seen since then. On examination he is not well oriented to time, place, but oriented to person. He is afebrile, vitals are stable, but ascites, asterixis, are notable. His laboratory investigation shows hemoglobin of 10.1, Creatinine of 1.4, and Blood urea nitrogen of 45. On paracentesis, clear fluid with 800 WBC (40% neutrophils) were seen. False statement regarding this condition:

- 1: Ascites is preceded by infection
- 2: Clinical features are abdominal pain, fever, leucocytosis and altered mental status
- 3: Ascitic fluid protein of 1 gm/dl
- 4: Common organisms are Gram negative organisms

202:- Most common tumor of liver found incidentally in healthy individuals is -

- 1: Hemangioma
- 2: Adenoma
- 3: Lymphoma
- 4: Hamartoma

203:- All are indications of liver transplantation except:

- 1: Cholangiocarcinoma
- 2: Cirrhosis
- 3: Biliary atresia
- 4: Fulminant hepatitis

204-: Honey-comb liver is seen in:

- 1: Micronodular cirrhosis
- 2: Dubin Johnson's syndrome
- 3: Actinomycosis
- 4: Hydatidosis

205-: A 48-year-old woman has a 3-week history of fatigue as well as yellow skin and sclerae. Physical examination is unremarkable except for mild jaundice. The serum bilirubin level is 3.7 mg/dL, mostly in the unconjugated form. Liver function tests including serum AST, ALT, and alkaline phosphatase are normal. The hemoglobin level is 6.0 g/dL. After corticosteroids are administered, the jaundice resolves. Which of the following diseases is the most likely cause of hyperbilirubinemia in this patient?

- 1: Acute hepatitis B infection
- 2: Autoimmune hemolytic anemia
- 3: Gallstone in the common bile duct
- 4: Primary biliary cirrhosis

206-: Cryoglobulinemia is associated with?

- 1: Hepatitis C
- 2: Ovarian cancer
- 3: Diabetes mellitus
- 4: Leukaemia

207-: All are true about hepatic adenoma except:-

- 1: Benign proliferative disorder of hepatocyte .
- 2: Hepatic architecture is maintained .
- 3: CECT shows Peripheral hypervascularization .

4: Treatment is Excision .

208-: Antibiotic of choice in cirrhotic patient to prevent encephalopathy:

- 1: Neomycin
- 2: Ampicillin
- 3: Metronidazole
- 4: Rifaximin

209-: Extrahepatic manifestations of HCV are all except:

- 1: Lichenoid eruptions
- 2: Celiac disease
- 3: Glomerulonephritis
- 4: Cryoglobulinemia

210-: On barium swallow the grade IV esophageal varices appear as:

- 1: Mucosal folds above the carina
- 2: Mucosal folds below the carina
- 3: Mucosal folds at the carina
- 4: A thick band

211-: Which of the following is not a feature of Hepatorenal syndrome ?

- 1: Low GFR with serum creatinine level >1.5 mg/dL
- 2: Plasma osmolality $>$ Urine osmolality
- 3: Urine sodium level <10 mEq/L
- 4: Urine red blood cell count <50 /HPF

212-: 40-year-old chronic alcoholic presents with distended abdomen, hematemesis and fresh blood in stool. On examination huge ascites and distended veins over abdominal wall are noted. Most likely cause of hematemesis is.

- 1: Esophagitis
- 2: Esophageal varices
- 3: Esophageal cancer
- 4: Erosion of gastroduodenal artery

213-: Which of the following is not true about Milan's criteria?

- 1: Single tumor <5 cm in size
- 2: 3 nodules & <3 cm in size
- 3: <5 nodules
- 4: No extrahepatic disease

214-: In a patient of jaundice, absence of urobilinogen in urine indicates?

- 1: Obstructive jaundice
- 2: Hemolysis
- 3: Liver failure
- 4: Hepatitis

215-: Indications for surgical removal of polypoid lesions of the gallbladder include

- 1: Size greater than 0.5 cm
- 2: Presence of clinical symptoms
- 3: Patient age of over 25 years
- 4: Presence of multiple small lesions

216:- A 26-year-old woman presents to her primary care physician with fever, malaise, and "yellow eyes." She denies alcohol abuse, but admits to indulging in a dozen raw oysters at happy hour 3 weeks ago. In addition to scleral icterus, physical examination reveals a mildly enlarged liver with tenderness to palpation. Laboratory studies demonstrate a markedly increased aspartate aminotransferase and alanine aminotransferase and increased IgM and anti hepatitis A titers. Which of the following is the most likely result of this infection?

- 1: Cirrhosis
- 2: Complete resolution
- 3: Establishment of a chronic carrier state
- 4: Fulminant hepatitis

217:- Most common Tumor seen in liver found incidentally in healthy individual is

- 1: Hemangioma
- 2: Adenoma
- 3: Lymphoma
- 4: Hamartoma

218:- Hepatitis B infection persists in 3% asymptomatic individuals. Why is there an increased risk of developing liver cancer in these patients?

- 1: Inability to induce inflammation to remove organism
- 2: Increased liver transaminases
- 3: Recurrent episodes of inflammation
- 4: Integration of viral DNA to host DNA

219:- The commonest hepatotropic virus causing increased chronic carrier state is:

- 1: HEV
- 2: HAV
- 3: HBV

4: HCV

220:- In Chronic Hepatitis B (HBV) infection presence of HBeAg (Hepatitis B e antigen) suggests which of the following?

- 1: Ongoing viral replication
- 2: Resolving infection
- 3: Development of cirrhosis
- 4: Development of Hepatoma

221:- True statement about acute hepatitis :

- 1: In HCV, genotype 2 & 3 are most prevalent worldwide
- 2: Anti-HCV antibody never present in 10% cases
- 3: HEV-commonest cause of acute hepatitis
- 4: HAV-more common in adult than children

222:- Which of the following statement is false regarding Sengstaken Blakemore tube?

- 1: Used to arrest acute variceal bleed
- 2: Gastric balloon should be inflated, with 200- 250 mL of air
- 3: Pressure in the oesophageal balloon is 60 mm Hg.
- 4: Endotracheal intubation prior to tube insertion reduces the risk of pulmonary aspiration

223:- Which of the following is a vaccine preventable cancer?

- 1: Hepatocellular carcinoma
- 2: Renal cell carcinoma
- 3: Lymphoma
- 4: Kaposi sarcoma

224-: Anti LKM antibodies are found in?

- 1: Inflammatory myopathies
- 2: SLE
- 3: Autoimmune hepatitis
- 4: CREST syndrome

225-: A patient presented with acute onset of jaundice and raised aminotranferases. Preliminary serology repo showed HBsAg positivity. On fuher testing, which of the following is least likely to be found in this patient?

- 1: HBeAg
- 2: Anti-HBs antibodies
- 3: HBV DNA
- 4: HBV DNA polymerase

226-: A 66-year-old woman with a history of chronic alcohol abuse has had headaches and nausea for the past 4 days. She has become increasingly obtunded. On physical examination, she has right upper quadrant tenderness, tachycardia, tachypnea, and hypotension. Laboratory studies show serum AST of 475 U/L, ALT of 509 U/L, alkaline phosphatase of 23 U/L, total bilirubin of 0.9 mg/dL, albumin of 3.8 g/dL, and total protein of 6.1 g/dL. She is treated with N-acetylcysteine. Which of the following drugs has she most likely ingested in excess?

- 1: Acetaminophen
- 2: Aspirin
- 3: Ibuprofen
- 4: Meperidine

227-: Autoimmune hepatitis type I is characterized by presence of all of the following except:

- 1: ANA

- 2: SMA
- 3: Anti-LKM-1
- 4: none of these

228-: All are features of hepatocellular carcinoma, except-

- 1: Not common in Asian
- 2: Liver biopsy is diagnostic
- 3: Raised titre of HBV and HCV antibodies
- 4: Fibrolamellar type is having good prognosis

229-: Cholangiocarcinoma -

- 1: Obesity
- 2: Opistorchissinensis infection
- 3: Salmonella carrier state
- 4: HBV infection

230-: During surgical treatment of portal hypertension in a 59-year-old man with liver cirrhosis, a surgeon inadvertently lacerates the dilated paraumbilical veins. The veins must be repaired to allow collateral flow. Which of the following ligaments is most likely severed?

- 1: Lienorenal ligament
- 2: Lienogastric ligament
- 3: Gastrophrenic ligament
- 4: Ligamentum teres hepatis

231-: A 48-year-old man has noticed increasing abdominal girth and a yellowish color to his skin over the past 5 months. On physical examination, he has scleral icterus and generalized jaundice. His abdomen is distended, and a fluid wave is present. Laboratory studies include total serum bilirubin of 5.2 mg/dL, direct bilirubin of 4.2 mg/dL, AST of 380 U/L, ALT of 158

U/L, alkaline phosphatase of 95 U/L, total protein of 6.4 g/dL, and albumin of 2.2 /dL. The prothrombin time is 18 seconds, and the partial thromboplastin time is 30 seconds. The blood ammonia level is 105 mmol/L. What is the most likely cause of these findings?

- 1: Acute HAV infection
- 2: Alcoholic liver disease
- 3: Choledocholithiasis
- 4: Metastatic adenocarcinoma

232:- The specific marker for alcoholic hepatitis?

- 1: GGT
- 2: Alanine transaminase
- 3: Alkaline phosphatase
- 4: LDH

233:- All are true about hepatoblastoma except:-

- 1: Associated with FAP .
- 2: Most cases <18 months .
- 3: Prognosis is very poor with pulmonary metastases .
- 4: Treatment is chemotherapy followed by surgical resection

234:- Immature variant of HCC is?

- 1: Pseudoglandular
- 2: Fibrolamellar
- 3: Pleomorphic
- 4: Giant cell

235-: A 27-year-old man develops malaise, fatigue, and loss of appetite three weeks after a meal at the Trucker's Cafe. He notes passing dark urine. On physical examination, he has mild scleral icterus and right upper quadrant tenderness. Laboratory studies show serum AST of 62 U/L and ALT of 58 U/L. The total bilirubin concentration is 3.9 mg/dL, and the direct bilirubin concentration is 2.8 mg/dL. His symptoms abate over the next 3 weeks. On returning to the cafe, he finds that the city's health department has closed it. Which of the following serologic test results is most likely to be positive in this patient?

- 1: Anti-HAV
- 2: Anti-HBc
- 3: Anti-HBs
- 4: Anti-HCV

236-: All of the following are true about fibrolamellar HCC except:

- 1: Associated with raised AFP
- 2: Recurrences are seen despite of better prognosis
- 3: Increased neurotensin & vitamin B12 binding globulin
- 4: Lymph node metastasis is seen

237-: Patient with cirrhosis is positive HBs Ag+ and has increased levels of alpha feto protein. What is the most probable diagnosis -

- 1: Submassive hepatic necrosis
- 2: Hepatocellular carcinoma
- 3: Massive hepatic necrosis
- 4: None of the above

238-: Antigen which does not appear in blood in hepatitis B:

- 1: HbcAg
- 2: HbeAg
- 3: HbsAg

4: None of the above

239-: True statements regarding Zenker's diverticulum include

- 1: Aspiration pneumonitis is unlikely
- 2: It is a congenital abnormality
- 3: The most common symptom is a sensation of high obstruction on swallowing
- 4: It is a traction-type diverticulum

240-: Which of the following statements concerning carcinoma of the esophagus is true?

- 1: Alcohol has been implicated as a precipitating factor
- 2: Squamous carcinoma is the most common type at the cardio esophageal junction
- 3: It has a higher incidence in males
- 4: It occurs more commonly in patients with corrosive esophagitis

241-: Which one of the following statements is TRUE regarding the clinical sign being elicited here?

- 1: This test helps to detect ascites
- 2: This test is for eliciting shifting dullness
- 3: The hand on the midline below the umbilicus will feel the vibrations in patients with ascites
- 4: All of the above statements are true

242-: In the patient described above, which of the following are important operative steps in the performance of a right hepatic lobectomy?

- 1: The use of an ultrasonic dissector is essential for division of the hepatic parenchyma
- 2: If temporary portal inflow occlusion is used (Pringle maneuver), it is not necessary to reestablish blood flow during the course of the parenchymal division
- 3: The greater omentum may be used to buttress the transected liver edge

4: Control of the main right hepatic vein should eliminate all forms of venous drainage

243:- Which of the following virus is notorious for increased mortality in pregnant patients?

- 1: Hepatitis A
- 2: Hepatitis B
- 3: Hepatitis E
- 4: Hepatitis C

244:- Which hepatitis causes more morbidity in pregnant female?

- 1: Hep A
- 2: Hep B
- 3: Hep C
- 4: Hep E

245:- A 30-year-old man presents with a 3-week history of fatigue, occasional fever, yellow skin and sclerae, tenderness below the right costal margin, and dark urine. Physical examination reveals jaundice and mild hepatomegaly. Laboratory studies show elevated serum levels of bilirubin, decreased albumin, and prolonged prothrombin time. Serologic tests disclose antibodies to hepatitis C virus. Which of the following tests is the most accurate method for assessing the extent of liver disease in this patient?

- 1: Liver biopsy
- 2: Serum alkaline phosphatase
- 3: Serum ammonia
- 4: Serum immunoglobulins

246:- 'Chocolate sauce' colour fluid seen in

- 1: Amoebic liver abscess
- 2: Hydatid liver disease

3: Hepatoma

4: Infective hepatitis

247-: Conjugated hyperbilirubinemia is seen in which of the following conditions?

1: Breast milk jaundice

2: Dubin-Johnson syndrome

3: Crigler- Najjar syndrome

4: Gilbe syndrome

248-: If a patient has bilirubin 20 mg/dl, AST=313,, ALT=103 & GGT=44 IU/L. Most probable diagnosis is:

1: Viral hepatitis

2: Alcoholic hepatitis

3: Billiary atresia

4: Drugs

249-: Nerve most commonly injured in Mac Burneys incision -

1: Subcostal

2: Iliohypogastric N.

3: 11th thoracic

4: Ilioinguinal

250-: Rokitansky-Aschoff sinuses are a feature of:

1: Adenomyomatosis of gall bladder

2: Chronic Cholecystitis

3: Acute Cholecystitis

4: Ca gall bladder

251:- A 55 year old gentleman presented with history of right upper quadrant discomfort, jaundice, pruritis, fever, fatigue and weight loss. His serum bilirubin and alkaline phosphatase levels are raised and he also gives history of treatment for inflammatory bowel disease. He is most likely to be suffering from:

- 1: Benign bile duct stricture with cholangitis
- 2: Biliary worms
- 3: Bile duct malignancy
- 4: Primary sclerosing cholangitis

252:- A patient is being evaluated for jaundice and liver fibrosis. His AST=87 IU/mL and ALT=81 IU/mL. His serological tests are given below. Which of the following is the next step in the diagnosis? IgM Anti- HbcAg Non- reactive IgG Anti- HbcAg Reactive HbsAg Non- Reactive HBeAg Non-Reactive Anti-HCV Reactive

- 1: HBV DNA
- 2: Anti- HbsAg
- 3: HCV-RNA-PCR
- 4: Liver biopsy

253:- Hemochromatosis associated with all except -

- 1: Pigmentation
- 2: Diabetes Mellitus
- 3: Gastric atrophy
- 4: Liver enlargement

254:- SGPT is found in:

- 1: Cytoplasm of hepatocytes

- 2: Mitochondria of hepatocytes
- 3: Nucleus of hepatocytes
- 4: All of above

255-: Which of the following infections is not documented to be spread sexual contact?

- 1: HAV
- 2: HBV
- 3: HCV
- 4: HEV

256-: Unconjugated hyperbilirubinemia is seen in -

- 1: Rotor syndrome
- 2: Dubin-Johnson syndrome
- 3: Gilbert syndrome
- 4: Bile duct obstruction

257-: A 35-year-old woman presents with pancreatitis. Subsequent endoscopic retrograde cholangiopancreatography (ERCP) reveals the congenital cystic anomaly of her biliary system illustrated in the film below. Which of the following statements regarding this problem is true?

- 1: Treatment consists of internal drainage via choledochoduodenostomy
- 2: Malignant changes may occur within this structure
- 3: Most patients present with the classic triad of epigastric pain, an abdominal mass, and jaundice
- 4: Cystic dilation of the intrahepatic biliary tree may coexist and is managed in a similar fashion

258-: Hepatitis B associated with -

- 1: Wegener's granulomatosis
- 2: Systemic lupus erythematosus
- 3: Polyarteritis nodosa
- 4: Sjogren syndrome

259-: A patient who has a total pancreatectomy might be expected to develop which of the following complications?

- 1: Diabetes mellitus
- 2: Hypercalcemia
- 3: Hyperphosphatemia
- 4: Constipation

260-: 45/M chronic alcoholic presented with pain abdomen, USG suggested fatty liver. Liver biopsy done has been shown below. What is your interpretation and likely diagnosis?

- 1: Lymphocytic infiltrate, Hep C
- 2: Neutrophilic Infiltrate, Hep B
- 3: Macrovesicular steatosis, Alcoholic liver disease
- 4: Squamous pearls, Metastasis

261-: 'Bear-Claw' appearance on CECT abdomen is seen in:

- 1: Hepatic laceration
- 2: Pancreatic laceration
- 3: HCC
- 4: RCC

262-: Mallory hyaline seen in all except:

- 1: Indian childhood cirrhosis

- 2: Hepatocellular carcinoma
- 3: Alcoholic liver disease
- 4: Neonatal hepatitis

263-: A 54-year-old woman has a long history of chronic hepatitis B infection and has had increasing malaise for the past year. She was hospitalized 1 year ago because of upper gastrointestinal hemorrhage. Physical examination now shows a firm nodular liver. Laboratory findings show a serum albumin level of 2.5 g/dL and a prothrombin time of 28 seconds. Which of the following additional physical examination findings is most likely to be present in this woman?

- 1: Caput medusae
- 2: Diminished deep tendon reflexes
- 3: Distended jugular veins
- 4: Papilledema

264-: "Mallory hyaline" is characteristically seen with?

- 1: Yellow fever
- 2: Hepatitis B infection
- 3: Alcoholic hepatitis
- 4: Primary sclerosing cholangitis

265-: Spider naevi can occur in:

- 1: Rheumatoid arthritis
- 2: Cirrhosis of the liver
- 3: Pregnancy
- 4: All of the above

266-: On stopping Alcohol, all the following changes are reversible EXCEPT -

- 1: Hepatitis
- 2: Cirrhosis
- 3: Microvesicular fatty change
- 4: Macrovesicular fatty change

267-: True about caudate lobe of liver is:-

- 1: It receives blood supply from both right and left hepatic artery
- 2: It is segment 2 of liver
- 3: It is situated on anterior surface of liver
- 4: It lies between aorta and Ligamentum venosum

268-: Venous drainage of liver into IVC is through:

- 1: Portal vein
- 2: Hepatic veins
- 3: Azygous vein
- 4: Superior mesenteric vein

269-: Treatment of Simple cyst of liver:

- 1: Percutaneous drainage
- 2: Cysto enterostomy
- 3: Deroofing
- 4: Aspiration

270-: 35Y male patient with chronic liver disease has Total Bilirubin 2.5 mg/dL ; 3g/dL albumin ; INR=2.0 with slight ascites and Grade 3 encephalopathy , According to given data patient belong to which class of Child Turcotte Pugh score ?

- 1: Class A

2: Class B

3: Class C

4: Class D

271:- Most common cause of infection and collection of fluid in the left subhepatic space?

1: Perforation at the lesser curvature of stomach

2: Perforation of posterior duodenal wall ulcer

3: Complicated acute pancreatitis

4: Ruptured abscess of the left lobe of the liver

272:- Most common route of transmission of hepatitis C:

1: IV drug abuse

2: Sexual contact

3: Factor 8 concentrate

4: Feco-oral route

273:- Which of the following is not a capsular plate?

1: Poal plate

2: Hilar plate

3: Umbilical plate

4: Cystic plate

274:- The screening for HCC in chronic liver disease is:

1: Serial USG+AFP

2: Serial LFT+AFP

3: Serial LFT+CT scan

4: Serial USG+ serial LFT

275-: Chronic Right Heart Failure the appearance of liver -

- 1: Congested
- 2: Shrinking
- 3: Fatty liver
- 4: Nodular

276-: CAGE scale is used in:

- 1: Alcohol Abuse
- 2: Depression
- 3: Suicidal intention
- 4: Coma

277-: A 40-year-old woman presents with a long history of vague upper abdominal pain and frequent indigestion. Physical examination reveals an obese woman with jaundice and abdominal tenderness. Serum bilirubin is elevated (4.2 mg/dL). There is a mild increase in serum AST and ALT (62 and 57 U/L, respectively) and a moderate increase in alkaline phosphatase (325 U/L). Markers for viral hepatitis are negative. Abdominal ultrasound examination shows echogenic stone-like material within the gallbladder and thickening of the gallbladder wall. An intrahepatic mass is also visualized adjacent to the gallbladder. A cholecystectomy is performed. Histologic examination shows dense fibrosis and glandular structures in the wall of the gallbladder. What is the most likely diagnosis?

- 1: Carcinoma of the gallbladder
- 2: Hemangiosarcoma
- 3: Hepatic adenoma
- 4: Hepatocellular carcinoma

278-: Cholecystocaval line - True Statement is:

- 1: Separates right and left hepatic lobes
- 2: Separate gallbladder from IVC
- 3: Separate right anterior and right posterior
- 4: Separate left medial and Left lateral

279-: True about Cholecysto caval line is:

- 1: Separate right and left hepatic lobes
- 2: Separate gall bladder from IVC
- 3: Separate right anterior and right posterior
- 4: Separate Left medial and left Lateral

280-: Which of the following hereditary hyperbilirubinemia is most fatal:

- 1: Dubin Johnson syndrome
- 2: Rotor syndrome
- 3: Crigler - Najjar syndrome type I
- 4: Crigler - Najjar syndrome type II

281-: A 65-year-old man is brought to the emergency room in a disoriented state. The patient has an odor of alcohol on his breath. Physical examination reveals palmar erythema, diffuse spider angiomas on the upper trunk and face, and gynecomastia. A liver biopsy shows micronodular cirrhosis, massive steatosis, and Mallory hyaline. Serum levels of ammonia are elevated. Which of the following is the most likely underlying cause of gynecomastia in this patient?

- 1: Hyperbilirubinemia
- 2: Hyperestrogenism
- 3: Hypersensitivity vasculitis
- 4: Hypoalbuminemia

282-: Oncological outcome in HCC is described by all except:-

- 1: MELD
- 2: BCLC
- 3: CLIP
- 4: OKUDA

283-: Councilman bodies are seen in-

- 1: Alcoholic cirrhosis
- 2: Wilson's disease
- 3: Acute viral hepatitis
- 4: Autoimmune hepatitis

284-: Large giant cells are found in -

- 1: Alcoholic hepatitis
- 2: Neonatal hepatitis
- 3: Serum hepatitis
- 4: Amoebic hepatitis

285-: Alcoholic hyaline seen in alcoholic liver disease is composed of:

- 1: Lipofuscin
- 2: Eosinophilic intracytoplasmic inclusions
- 3: Basophilic intracytoplasmic inclusions
- 4: Hemazoin

286-: Pringle maneuver may be required for treatment of:

- 1: Injury to fail of pancreas

- 2: Mesenteric ischemia
- 3: Bleeding esophageal varices
- 4: Liver laceration

287:- All are produced exclusively by liver, except

- 1: Factor VII.
- 2: Prothrombin.
- 3: Globulin.
- 4: Albumin.

288:- Which of the following liver tumor has a propensity to invade the portal or hepatic vein?

- 1: Cavernous hemangioma
- 2: Hepatocellular carcinoma
- 3: Focal nodular hyperplasia
- 4: Hepatic adenoma

289:- NCPF is due to:-

- 1: Extrahepatic obstruction
- 2: Intrahepatic pre-sinusoidal obstruction
- 3: Intrahepatic sinusoidal obstruction
- 4: Intrahepatic post-sinusoidal obstruction

290:- Child Turcotte Pugh score is used in

- 1: Chronic liver disease
- 2: Chronic kidney disease

3: Hepatic encephalopathy

4: Uremic encephalopathy

291:- Which of the following is an absolute contraindication to liver transplantation?

1: Age >70

2: Portal vein thrombosis

3: Severe obesity

4: AIDS

292:- Nutmeg liver seen in -

1: Alcoholic liver disease

2: Chronic venous congestion

3: Hepatoma

4: Secondary carcinoma deposits in liver

293:- All are risk factors for HCC except:-

1: HBV

2: HCV

3: Alcohol

4: IBS

294:- Push, Pringle, Plug and Pack is used for:

1: Liver

2: Spleen

3: Kidney

4: Pancreas

295-: Primary sclerosing cholangitis associated with which of the following condition?

- 1: Adenoca pancreas
- 2: Adenoca GB
- 3: Cholangiocarcinoma
- 4: HCC

296-: Which of the following liver diseases in pregnancy has worst prognosis?

- 1: Hepatitis A
- 2: Hepatitis B
- 3: Hepatitis C
- 4: Hepatitis E

297-: Early complication following TIPSS is:

- 1: Encephalopathy
- 2: Capsule rupture and bleeding
- 3: Shunt stenosis
- 4: Shunt thrombosis

298-: Most common carcinoma caused by Cirrhosis.

- 1: HCC
- 2: Fibrolamellar carcinoma
- 3: Hepato blastoma
- 4: Pancreatic cancer

299-: A 40-year-old woman wishes to donate blood to help alleviate the chronic shortage of blood for transfusion. She is found to be positive for HBsAg and is excluded as a blood donor. She feels fine. There are no significant physical examination findings. Laboratory findings for total serum bilirubin, AST, ALT, alkaline phosphatase, and albumin are normal. Further serologic test results are negative for IgM anti-HAV, anti-HBc, and anti-HCV. Repeat testing 6 months later yields the same results. Which of the following is the most appropriate statement regarding the pathophysiology of this patient's condition?

- 1: Chronic carrier state with no therapy indicated
- 2: Clinically overt hepatitis will occur within 1 year
- 3: Erroneous test results that need to be repeated
- 4: Hepatitis B vaccination series is now required

300-: A 25-year-old woman complains of intermittent vague right upper quadrant (RUQ) pain. She has been on oral contraceptive tablets for 6 years. A CT scan of her abdomen shows multiple low-density solid masses occupying the entire right lobe of her liver as well as most of the left lobe. What is the best treatment for this patient?

- 1: Hepatic embolization
- 2: Discontinuation of oral contraceptives and a repeated CT scan of her abdomen in 3-6 months
- 3: CT-guided percutaneous needle biopsy of several liver masses
- 4: Laparoscopic biopsy of the liver masses and cholecystectomy

301-: Angiosarcoma of the liver can occur due to occupational exposure to:

- 1: Asbestos
- 2: Benzene
- 3: Vinyl chloride
- 4: Toluene

302-: Couinaud's segments are used to divide which organ?

- 1: Liver

- 2: Lung
- 3: Spleen
- 4: Kidney

303:- Copper is mainly transported by -

- 1: Ceruloplasmin
- 2: Albumin
- 3: Haptoglobin
- 4: Globulin

304:- Absence of intra hepatic bile duct leads to which syndrome?

- 1: Von Meyenburg Complexes
- 2: Polycystic Liver Disease
- 3: Caroli Disease
- 4: Alagille Syndrome

305:- Single most indicator of likelihoodness of rapid progression of hepatitis to liver cirrhosis is:

- 1: Associated serological findings
- 2: Underlying etiology
- 3: Presence of bridging necrosis
- 4: Presence of Mallory hyaline

306:- 45/M, a chronic alcoholic presented to Med OPD of AIIMS with Jaundice. S. Bilirubin was 4.5 mg% with direct Bilirubin being 3mg%. Liver biopsy was done which suggested the following. What is your interpretation and likely diagnosis?

- 1: Malory Hyaline bodies, HCC

2: Malory Hyaline bodies, Chronic Hepatitis B

3: Ground glass appearance, HCC

4: Ground Glass appearance, Chronic Hepatitis B

307-: Commonest risk factor for HCV infection is:

1: i.v. drug abuse

2: Multiple sex partners

3: Surgery within last 6 months

4: Multiple contacts with HCV infected person

308-: Most common cause of congestive splenomegaly is?

1: Chronic congestive cardiac failure

2: Cirrhosis

3: Hepatic vein occlusion

4: Stenosis of splenic vein

309-: Maximum chance of spread in accidental needle stick injury is?

1: Hepatitis B

2: HIV

3: Hepatitis C

4: EBV

310-: The level of alpha fetoprotein is raised in all of the following except.

1: Cirrhosis of liver.

2: Hepatocellular carcinoma

3: Yolk sac tumor

4: Dysgerminoma

311-: "Kayser - Fleischer rings" seen in

- 1: Wilson's disease
- 2: a -1 Antitrypsin deficiency
- 3: Haemochromatosis
- 4: Primary biliary cirrhosis

312-: "Onion skin" fibrosis of bile duct is seen in -

- 1: Primary biliary cirrhosis
- 2: Primary sclerosing cholangitis
- 3: Extrahepatic biliary fibrosis
- 4: Congenital hepatic fibrosis

313-: All are true about acetaminophen except:

- 1: It is the most commonly used analgesic
- 2: About 95% of acetaminophen undergoes detoxification by CYP2E1
- 3: In severe doses liver failure may occur
- 4: Injury to liver is produced by NAPQI

314-: Kupffers cells in liver are

- 1: Macrophages
- 2: Lymphocytic
- 3: Complimentary proteins
- 4: Coagulation proteins

315:- A 22 year old woman is evaluated in the emergency for a 3 day h/o dark urine and abdominal distension. O/E: normal mental status, icterus present, hea and lungs normal, Hematocrit: 26, Reticulocytes: 5%, Platelets: 1.3 lakhs, Alk.Phos: 30 units/L, ALT: 110 units/L, AST: 220 units/L, Total bilirubin:13mg% (Direct:4 mg) HBsAg positive and Hepatitis 'A' &'C' negative. Urine drug screen negative. USG abdomen shows a nodular appearing liver and enlarged spleen. Which is the most likely diagnosis?

- 1: Acetaminophen intoxication
- 2: Acute viral hepatitis
- 3: Primary biliary cirrhosis
- 4: Wilson disease

316:- A 32-year-old woman seeking to become pregnant visits her physician for a pre-pregnancy examination. Routine prenatal laboratory testing demonstrates the following profile: HBsAg (-), anti-HBsAg (+), anti-HBcAg (-), anti-HBeAg (-), and HBV DNA (-). Which of the following likely represents the status of the patient?

- 1: Hepatitis B carrier
- 2: Immunized against hepatitis B
- 3: Infected and within the "window period"
- 4: Infected with hepatitis B and highly transmissible

317:- In which cause of jaundice there is no bilirubin excretion in urine-

- 1: Obstructive jaundice
- 2: Primary billiary cirrhosis
- 3: Extrahepatic billiary atresia
- 4: Hemolytic jaundice

318:- True about Pringles maneuver:

- 1: Clamping in foremen of Winslow and we occlude poal triad and IVC
- 2: Controls bleeding from poal vein, IVC & hepatic aery

3: Pringles maneuver is also known as total inflow occlusion

4: All are true

319:- A 20-year-old woman presents with a 4-week history of dry mouth, fatigue, fever, and yellow sclerae. Physical examination shows mild jaundice and hepatomegaly Serum total bilirubin is 3.3 mg/dL. Serologic markers for viral hepatitis are negative. The anti-mitochondrial antibody test is negative. A liver biopsy discloses parenchymal and periportal inflammatory cell infiltrates composed primarily of lymphocytes and plasma cells. The patient's signs and symptoms abate following 2 months of treatment with steroids. Which of the following is the most likely diagnosis?

1: Autoimmune hepatitis

2: Extrahepatic jaundice

3: Primary biliary cirrhosis

4: Primary sclerosing cholangitis

320:- All of the following are true about caudate lobe except:-

1: Blood supply from both right and left hepatic artery

2: Ductal drainage from both right and left duct

3: Venous drainage is mainly by left and middle hepatic vein

4: Supply by both branches of portal vein

321:- In an emergency room an alcoholic patient enters with hematemesis. On examination he has ascites with splenomegaly and gynecomastia. Etiology is

1: Portal hypertension secondary to viral hepatitis

2: Portal hypertension due to Alcoholic cirrhosis

3: Budd chiari syndrome

4: Primary sclerosing cholangitis

322:- Florid duct lesions are diagnostic of

- 1: Klatskin tumor
- 2: Primary sclerosing cholangitis
- 3: Primary biliary cirrhosis
- 4: Secondary biliary cirrhosis

323-: Which of the following liver tumors always merit surgery?

- 1: Hemangioma
- 2: Hepatic adenoma
- 3: Focal nodular hyperplasia
- 4: Peliosis hepatis

324-: A 40 year old female visit the hospital with complaint of pain in her right hypochondriac region radiating towards the right shoulder tip. The pain begins after eating food and increases steadily over the period of 10-30 minutes then gradually decreases. She might have:-

- 1: Cholelithiasis
- 2: Peptic ulcer
- 3: Acute pancreatitis
- 4: None of the above

325-: Drug of choice for hepatitis B:

- 1: Beta interferon
- 2: Sofosbuvir
- 3: Simeprevir
- 4: Tenofovir

326-: Ground glass hepatocyte is seen in which hepatitis?

- 1: Hepatitis A
- 2: Hepatitis B
- 3: Hepatitis D
- 4: Hepatitis E

327-: "Groundglass hepatocytes" are seen in which of the following viral hepatitis?

- 1: Hepatitis A
- 2: Hepatitis B
- 3: Hepatitis C
- 4: Hepatitis D

328-: Most common cause of gastric varices is:

- 1: Splenic vein thrombosis
- 2: Splenectomy
- 3: Cirrhosis
- 4: Mesenteric thrombosis

329-: Not true about hepatoblastoma

- 1: Most common in children
- 2: Mature hepatocytes present
- 3: Not associated with cirrhosis
- 4: Fatal if untreated

330-: Positive hepatojugular reflux is found in all of the following conditions except -

- 1: Tricuspid regurgitation
- 2: Right heart failure

3: Decreased after load

4: Increased capillary bed pressure

Answers

Question No	Answer Option	Answer
1	2	Valproate
2	4	HEV
3	3	Production of vitamin K
4	4	Splinter hemorrhages
5	1	Couinaud
6	2	Progression to cirrhosis is not seen
7	2	Epinephrine metabolite
8	1	TR
9	4	Oral contraceptives
10	3	CCI4
11	4	Diverticulectomy, closure of the cecal defect, and appendectomy may be indicated
12	4	Anti- HDV antibody
13	3	Bridging fibrosis
14	3	Orthotopic liver transplantation
15	2	Metastatic carcinoma
16	2	Orthotopic liver transplant
17	3	Hepatomegaly, abdominal pain, ascites
18	1	Alkaline phosphatase
19	2	Complete recovery
20	4	All of the above
21	1	Normal GFR
22	4	Chronic viral hepatitis

23	1	Hepatitis B virus induced hepatitis
24	1	IL-1
25	2	TIPS
26	4	Alpha-fetoprotein
27	3	Acute viral hepatitis
28	3	Cirrhosis
29	3	Indirect inguinal
30	1	Hypoglycemia
31	3	Cirrhosis
32	3	HBe Ag
33	2	Intussusception
34	1	Chronic hepatitis B
35	4	Reye syndrome
36	2	Prednisolone
37	4	HCV
38	3	α_1 - antitrypsin deficiency
39	3	Hepatitis C
40	2	ATP 7B
41	4	Intrahepatic bile duct damage
42	4	Hepatitis E
43	1	Acetaminophen toxicity
44	4	Treatment of choice is Radical Excision .
45	3	Genotyping helps in treatment duration
46	2	Primary sclerosing cholangitis
47	2	Sjogren syndrome

48	4	Ascends behind the 2nd pa of duodenum
49	1	Ledipsavir and Sofosbuvir
50	1	Liver
51	2	Poal triad in centre and central vein at periphery
52	4	Fraction of coproporphyrin I in urine is elevated usually more than 80% of the total in Rotor syndrome
53	2	III
54	1	It is due to RNA virus
55	2	Congestive Hea Faliure
56	1	Whole blood transfusion
57	4	Acute viral hepatitis
58	3	Mostly in left lobe
59	1	Kupffer cells
60	4	Hepatitis-B
61	3	Conjugated hyperbilirubinemia
62	1	6 weeks to 6 months
63	1	Liver transplntation
64	1	TR
65	3	Hepatic vein
66	3	Zidovudine
67	1	DNA polymerase
68	2	Non-cirrhotic portal fibrosis
69	4	Drains venous blood into the hepatic veins
70	2	Decreased ceruloplasmin level
71	1	Concentric "onion-skin" ductular fibrosis

72	4	Dubin Johnson syndrome
73	2	Superior surface of liver
74	3	Alcoholic liver injury
75	2	Diffuse microvesicular steatosis
76	1	Budd Chiari syndrome
77	4	No Risk of hepatocellular carcinoma
78	1	Adenocarcinoma of ampulla of Vater
79	1	Serum albumin
80	1	Triglycerides
81	2	Prothrombin time
82	2	Metabolic syndrome
83	2	Hbe antigen
84	3	Perls' Prussian blue stain
85	4	Well demarcated and encapsulated
86	3	HbsAg + IgM anti-HBc antibody
87	1	Amoebic liver abscess
88	2	Hematogenous spread from a distant site
89	4	Hemochromatosis
90	1	Liver
91	1	Chronic venous congestion
92	1	Liver trauma
93	2	Hepatocellular carcinoma
94	3	Usually a large and single abscess is seen in cases of direct spread
95	2	Hepatitis B

96	2	Hydatid cyst
97	2	Autoimmune hepatitis
98	2	Zinc
99	4	Transient illness with jaundice
100	1	The right lobe is more commonly involved than the left lobe.
101	4	Simple cyst
102	1	Perihepatic obstruction
103	2	LKM antibody
104	3	Adenomatous polyp
105	3	Liver
106	4	The chance for eventual continence is greater when the rectum has descended to below the levator ani muscles
107	3	Cirrhosis
108	4	0.30%
109	2	HDV super infection on HBV
110	3	Left umbilical vein
111	1	Ferric iron
112	1	5%
113	2	Autoimmune hemolytic anemia
114	3	Metabolic alkalosis.
115	2	Syndrome-X
116	2	Arrest bleeding in Esophageal varices
117	3	Ca gall bladder
118	3	24 hour urinary copper
119	2	Cholangiocarcinoma

120	2	Ledipasvir
121	1	Octreotide
122	4	Anti-Sm antigen antibodies
123	1	Ca bilirubinate
124	4	Hepatic adenoma
125	4	HepE
126	3	Lymphocytic infiltration of portal tracts
127	1	Non-alcoholic steatohepatitis
128	1	Lung
129	2	More common in left lobe
130	2	Peritoneal cavity
131	4	Unconjugated bilirubin
132	2	Pregnant female
133	1	Acute viral hepatitis
134	1	Liver abscess
135	2	Antrectomy alone
136	1	Line that divides the right and left liver surgical anatomy wise
137	1	Primary sclerosing cholangitis
138	4	Thrombosis of the hepatic veins
139	1	Perisinusoidal cell (stellate cell)
140	4	Salivary gland
141	1	Acute viral hepatitis A
142	4	Space of Disse is located between sinusoidal cells and hepatocytes.
143	4	All the above

144	3	HDV
145	1	Ulcerative colitis
146	2	Metabolic alkalosis, Chloride non-responsive
147	1	USG
148	3	V
149	3	Encephalopathy
150	3	HCC
151	4	Do liver biopsy and start antiviral drugs accordingly.
152	1	Estrogen
153	2	2deg biliary cirrhosis
154	1	Decreased beta oxidation of fat
155	2	Females
156	1	Criggler - Najjar Type I
157	2	Alcoholic hepatitis
158	3	Alkaline phosphatase
159	1	Most common in right lobe of the liver
160	2	Obstructive jaundice
161	3	III
162	3	Drains bile into the left hepatic duct
163	2	Anabolic steroid
164	3	FFP transfusion
165	2	Insulinoma
166	2	HBV DNA estimation
167	4	Occurs in pre-existing cirrhotic liver
168	4	Banti syndrome

169	2	Liver
170	4	Metastasis
171	4	Infectious mononucleosis
172	4	Platelet transfusion
173	4	All of the above
174	1	Serial monitoring
175	2	B
176	2	Hepatocellular carcinoma
177	2	Metabolic alkalosis
178	1	HBV DNA < 104 copies/ml with HBsAg negative
179	1	PSC
180	4	Nutmeg liver
181	3	Most common cause of cholangitis in children
182	4	Hepatitis D
183	2	Post transfusions hepatitis is caused by CMV
184	3	Left medial section, left lateral section
185	2	Increase in number of cells
186	3	Three major and three minor fissures
187	1	Etiology
188	1	Hypercoagulability
189	1	Hepatic synthetic function.
190	4	Parasympathetic fibres from the vagus.
191	1	Portal triad
192	1	E. coli
193	2	Ito cell (Hepatic stellate cell)

194	3	Gallbladder
195	4	Questions designed to eliminate risk groups for HCV from the normal donor population may not be as specific as would be desirable
196	3	Primary biliary cirrhosis.
197	1	HCC
198	2	Prothrombin time
199	3	Porphobilinogen deaminase
200	1	Perl's iron stain
201	1	Ascites is preceded by infection
202	1	Hemangioma
203	1	Cholangiocarcinoma
204	3	Actinomycosis
205	2	Autoimmune hemolytic anemia
206	1	Hepatitis C
207	2	Hepatic architecture is maintained .
208	4	Rifaximin
209	2	Celiac disease
210	2	Mucosal folds below the carina
211	2	Plasma osmolality > Urine osmolality
212	2	Esophageal varices
213	3	<5 nodules
214	1	Obstructive jaundice
215	2	Presence of clinical symptoms
216	2	Complete resolution
217	1	Hemangioma

218	4	Integration of viral DNA to host DNA
219	3	HBV
220	1	Ongoing viral replication
221	2	Anti-HCV antibody never present in 10% cases
222	3	Pressure in the oesophageal balloon is 60 mm Hg.
223	1	Hepatocellular carcinoma
224	3	Autoimmune hepatitis
225	2	Anti-HBs antibodies
226	1	Acetaminophen
227	3	Anti-LKM-1
228	1	Not common in Asian
229	2	Opistorchissinensis infection
230	4	Ligamentum teres hepatis
231	2	Alcoholic liver disease
232	1	GGT
233	3	Prognosis is very poor with pulmonary metastases .
234	2	Fibrolamellar
235	1	Anti-HAV
236	1	Associated with raised AFP
237	2	Hepatocellular carcinoma
238	1	HbcAg
239	3	The most common symptom is a sensation of high obstruction on swallowing
240	4	It occurs more commonly in patients with corrosive esophagitis
241	1	This test helps to detect ascites

242	3	The greater omentum may be used to buttress the transected liver edge
243	3	Hepatitis E
244	4	Hep E
245	1	Liver biopsy
246	1	Amoebic liver abscess
247	2	Dubin-Johnson syndrome
248	2	Alcoholic hepatitis
249	2	Iliohypogastric N.
250	1	Adenomyomatosis of gall bladder
251	4	Primary sclerosing cholangitis
252	3	HCV-RNA-PCR
253	3	Gastric atrophy
254	1	Cytoplasm of hepatocytes
255	4	HEV
256	3	Gilbert syndrome
257	2	Malignant changes may occur within this structure
258	3	Polyarteritis nodosa
259	1	Diabetes mellitus
260	3	Macrovesicular steatosis, Alcoholic liver disease
261	1	Hepatic laceration
262	4	Neonatal hepatitis
263	1	Caput medusae
264	3	Alcoholic hepatitis
265	4	All of the above

266	2	Cirrhosis
267	1	It receives blood supply from both right and left hepatic aery
268	2	Hepatic veins
269	3	Deroofing
270	3	Class C
271	3	Complicated acute pancreatitis
272	1	IV drug abuse
273	1	Poal plate
274	1	Serial USG+AFP
275	1	Congested
276	1	Alcohol Abuse
277	1	Carcinoma of the gallbladder
278	1	Separates right and left hepatic lobes
279	1	Separate right and left hepatic lobes
280	3	Crigler - Najjar syndrome type I
281	2	Hyperestrogenism
282	1	MELD
283	3	Acute viral hepatitis
284	2	Neonatal hepatitis
285	2	Eosinophilic intracytoplasmic inclusions
286	4	Liver laceration
287	3	Globulin.
288	2	Hepatocellular carcinoma
289	2	Intrahepatic pre-sinusoidal obstruction

290	1	Chronic liver disease
291	4	AIDS
292	2	Chronic venous congestion
293	4	IBS
294	1	Liver
295	3	Cholangiocarcinoma
296	4	Hepatitis E
297	2	Capsule rupture and bleeding
298	1	HCC
299	1	Chronic carrier state with no therapy indicated
300	2	Discontinuation of oral contraceptives and a repeated CT scan of her abdomen in 3-6 months
301	3	Vinyl chloride
302	1	Liver
303	1	Ceruloplasmin
304	4	Alagille Syndrome
305	2	Underlying etiology
306	4	Ground Glass appearance, Chronic Hepatitis B
307	1	i.v. drug abuse
308	2	Cirrhosis
309	1	Hepatitis B
310	4	Dysgerminoma
311	1	Wilson's disease
312	2	Primary sclerosing cholangitis
313	2	About 95% of acetaminophen undergoes detoxification by CYP2E1

314	1	Macrophages
315	4	Wilson disease
316	2	Immunized against hepatitis B
317	4	Hemolytic jaundice
318	3	Pringles maneuver is also known as total inflow occlusion
319	1	Autoimmune hepatitis
320	3	Venous drainage is mainly by left and middle hepatic vein
321	2	Portal hypertension due to Alcoholic cirrhosis
322	3	Primary biliary cirrhosis
323	2	Hepatic adenoma
324	1	Cholelithiasis
325	4	Tenofovir
326	2	Hepatitis B
327	2	Hepatitis B
328	3	Cirrhosis
329	2	Mature hepatocytes present
330	3	Decreased after load