

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

[DM 0822]

AUGUST 2022

Sub. Code :1497

D.M. – PULMONARY MEDICINE

Paper II – TUBERCULOSIS (PULMONARY AND EXTRA PULMONARY)

Q.P. Code: 161497

Time: Three Hours

Maximum: 100 Marks

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

1. Recent advances in treatment of drug resistant tuberculosis.
2. Non-tuberculous granulomatous diseases and their differentiation from tuberculosis.

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

1. Causes of false-positive and false-negative sputum smears.
2. Chest X-ray as screening tool for tuberculosis.
3. Diagnosis of tuberculosis in people with HIV.
4. Role of levamisole in management of tuberculosis.
5. Status of efforts to short duration of anti-tubercular therapy to less than 6 months.
6. Madras study comparing home and sanatorium treatment.
7. Measures to ensure patient compliance with tuberculosis treatment.
8. Advantages and disadvantages of fixed-dose combinations of antituberculosis drugs.
9. Indicators of an effective tuberculosis control programme.
10. Status of vaccine development against tuberculosis.

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

[DM 0124]

JANUARY 2024

Sub. Code :1497

D.M. – PULMONARY MEDICINE

PAPER II – TUBERCULOSIS (PULMONARY AND EXTRA PULMONARY)

Q.P. Code: 161497

Time: Three Hours

Maximum: 100 Marks

I. Elaborate on:

(2 x 15 = 30)

1. Describe the clinico-radiological spectrum of pulmonary TB. Discuss the immunopathogenetic mechanisms underlying the varying clinical manifestations of pulmonary TB.
2. How are anti-tubercular drugs used in the treatment of DR-TB grouped according to WHO 2020 guidelines? Discuss the newer anti-tubercular drugs, mechanism of action and their role in the management of DR-TB.

II. Write notes on:

(10 x 7 = 70)

1. Write a note on the diagnosis and management of anti-tubercular drug hypersensitivity reactions.
2. Discuss the modifications to TB treatment in the latest operational guidelines for management of drug sensitive TB.
3. Role of serological tests in tuberculosis.
4. A 24 year old male who has completed 6 months treatment for cervical lymph node TB presents with recurrence of nodal enlargement and draining sinuses. Discuss the possible causes of recurrence of lymphadenopathy. How will you work up and manage this patient?
5. Discuss the long term sequelae of treated pulmonary TB, their clinical presentation and management principles.
6. How will you manage a case of recurrent massive hemoptysis occurring in a 70 year old patient with residual post-tubercular fibrocavitary disease in the left upper lobe?
7. Write a note on the diagnosis and management of TB meningitis.
8. Discuss the diagnostic modalities for a suspected case of tubercular pleural effusion.
9. Nucleic acid amplification tests in TB- rationale, indications and interpretation.
10. A 24 year old pregnant woman with 8 weeks amenorrhea is diagnosed with sputum positive TB and CBNAAT shows Rifampicin resistance. How will you manage this patient?

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

[DM 0225]

FEBRUARY 2025

Sub. Code :1497

D.M. – PULMONARY MEDICINE

PAPER II – TUBERCULOSIS (PULMONARY & EXTRA PULMONARY)

Q.P. Code: 161497

Time: Three Hours

Maximum: 100 Marks

I. Elaborate on:

(2 x 15 = 30)

1. What is the current status of tuberculous preventive therapy in India?
2. Describe the various diagnostic methods for tuberculosis, including their advantages and limitations. Discuss the role of molecular diagnostics in the detection of TB.

II. Write notes on:

(10 x 7 = 70)

1. Explore the current research trends and future directions in extrapulmonary tuberculosis, including potential new diagnostic and therapeutic approaches.
2. Loop-Mediated Isothermal Amplification (LAMP).
3. Rifampicin mono-resistant TB.
4. Role of Delamanid in management of TB.
5. Quinolone resistance in tuberculosis – causes and implications.
6. Role of surgical intervention in resistant tuberculosis.
7. CBNAAT performance in extrapulmonary tuberculosis.
8. Nosocomial transmission of tuberculosis.
9. Differences between relapse and reinfection of tuberculosis.
10. Discuss the immunologic response to tubercular infection.

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

[DM 0825]

AUGUST 2025

Sub. Code :1497

D.M. – PULMONARY MEDICINE

PAPER II – TUBERCULOSIS (PULMONARY & EXTRA PULMONARY)

Q.P. Code: 161497

Time: Three Hours

Maximum: 100 Marks

I. Elaborate on:

(2 x 15 = 30)

1. Recent advances in treatment of drug-resistant tuberculosis.
2. Non-tuberculous granulomatous diseases and their differentiation from tuberculosis.

II. Write notes on:

(10 x 7 = 70)

1. Causes of false-positive and false-negative sputum AFB smears.
2. Chest X-ray as a screening tool for tuberculosis.
3. Diagnosis of tuberculosis in people with HIV.
4. Role of levamisole in the management of tuberculosis.
5. Status of efforts to shorten the duration of anti-tubercular therapy to less than 6 months.
6. Madras study comparing home and sanatorium treatment.
7. Measures to ensure patient compliance with tuberculosis treatment.
8. Advantages and disadvantages of fixed-dose combinations of anti-tuberculosis drugs.
9. Indicators of an effective tuberculosis control programme.
10. Status of vaccine development against tuberculosis.

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

[DM 0126]

JANUARY 2026

Sub. Code :1497

D.M. – PULMONARY MEDICINE

PAPER II – TUBERCULOSIS (PULMONARY & EXTRA PULMONARY)

Q.P. Code: 161497

Time: Three Hours

Maximum: 100 Marks

I. Elaborate on:

(2 x 15 = 30)

1. Review the immunopathogenesis of pulmonary tuberculosis.
2. Discuss treatment challenges in multidrug-resistant tuberculosis.

II. Write notes on:

(10 x 7 = 70)

1. Xpert MTB/RIF Ultra – advantages and drawbacks.
2. Current role of BCG vaccination.
3. Incipient tuberculosis.
4. Miliary tuberculosis – diagnosis.
5. Post TB lung disease.
6. TB in people living with HIV – Treatment challenges.
7. Tuberculous pleural effusion – Diagnosis.
8. Immune reconstitution inflammatory syndrome.
9. Treatment of tuberculosis during pregnancy.
10. Cy-TB – advantages.
