<table>
<thead>
<tr>
<th>III</th>
<th>9</th>
<th>Stylopharyngeus*</th>
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<tbody>
<tr>
<td>IV</td>
<td>10(SLN)</td>
<td>Palate(x), Pharynx(y)</td>
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<tr>
<td>VI</td>
<td>10(RLN)</td>
<td>Larynx(z)</td>
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**Pharyngeal arch muscles in Brainstem**: 

- **Nucleus ambiguous** controls xyz muscles present in lateral medulla damaged in lateral medullary syndrome (Wallenberg Syndrome) due to blockage of Vertebral artery*/PICA* difficulty in speech and swallowing and loss of pain/temp sensation of opp (ck) side (PICA is a branch of vertebral artery* supplies lateral medulla) ck.

**GVE in Brainstem**: CN 3, 7, 9, 10

Q-49. Post ganglionic parasympathetic fibers from ciliary ganglion are carried by:

1. Occulomotor nerve-upper division
2. Long ciliary nerves
3. Short ciliary branch of trigeminal ophthalmic nerve
4. Oculomotor nerve-third division

Answer: 3

- Nerve III, VII, IX, X → Parasympathetic nerve → always carry preganglionic parasympathetic
- Postganglionic → Trigeminal

40. Following nuclei are under general visceral efferent column except-
3. Second lumbrical is supplied by median nerve
4. Cause flexion at metacarpo-phalangeal joint

27. All are composite muscles except-
   1. Branchioradialis--------ans
   2. Branchialis
   3. Pectoralis major
   4. Flexor pollicis brevis

Discussion-
BR-->Only Radial Nerve
Brachialis-->Musculocutaneous(mainly); Radial Nerve
Pectoralis major--> Medial pectoral nerve; Lateral pectoral nerve
Fl. PB--> Medial Nerve/Ulnar Nerve

30. Scapular anastomosis is between-
   1. Dorsal scapular and suprascapular artery
   2. Suprascapular and posterior circumflex artery
   3. Deep branch of the traverse cervical artery and Subscapular artery--------ans
   4. Anterior circumflex artery and subscapular artery

Discussion- Xerox-AA P-245 Q-6

29. The axillary artery has become progressively occluded deep to the pectoralis minor muscle. Which pair of blood vessels would most likely provide a significant collateral circulation around the blockage-
   1. Posterior humeral circumflex artery and anterior humeral circumflex artery
   2. Subscapular artery and posterior humeral circumflex artery
   3. Subscapular artery and suprascapular artery------------------------ans
   4. Posterior humeral circumflex artery and profunda brachii artery

31. Circumflex scapular artery is a branch of-
   1. Subclavian -3rd part
   2. Axillary -1st part
   3. Axillary -2nd part
   4. Axillary -3rd part--------ans

32. Suprascapular artery is a branch of-
   1. Subclavian -1st part--------ans
   2. Subclavian -3rd part
Discussion -

The central area where the Common bile duct, Portal vein and Hepatic artery proper (DAV) enter is called PORTA HEPATIS (PH).

Hepatic angiomas are the m/c of all liver tumors. They don’t undergo malignant transformation but they may enlarge and become symptomatic more readily in women after multiple pregnancies or during the use of estrogen or oral contraceptives. The risk of rupture or severe hemorrhage is extremely low. Management is by angiographic embolisation and resection should be reserved for the rare patient with symptomatic or complicated hemangioma.

Porta hepatitis (DAV)
If urine extravasates in Sup. Pouch-
• can-not reach deep pouch d/t perineal membrane
• also can-not go to Ichiorectal fossa d/t Colle's fascia
• can reach Ant. Abdominal wall-->post. to Scarpa's fascia and ant. to EOM

See the position of patients in figure above-
1. # penile shaft with intact buck's fascia--> hematoma confined to penile shaft only
2. # PS with ruptured BF--> Butterfly shaped perineal hematoma--> Urine in Scrotum, blood in ant. Abdominal wall also. So there is blood in- Penis/Scrotum/Ant.abdominal wall
3. Bulbous rupture of Urethra--> Same as 2 above
4. Membranous rupture of Urethra- may be itself or #:
• Urine in deep pouch
• Can go in Superficial pouch if P. M is ruptured
1. Fundal rupture of UB-->
   - eg. Bomb explosion:
   - Peritoneal rupture--> Intraperitoneal ascites
   - In females--> Urine in POD

77. While a patient was being given an obstetric nerve block she gradually lost her voluntary control over urination. The muscle which got anaesthetized is located in-
1. Trigone of the bladder
2. Urogenital diaphragm--------ans (Ex. Urethral Sphincter zone)
3. Superficial perineal pouch
4. Pelvic diaphragm

78. Flexion at hip join is mainly produced by-
1. Psoas major--------ans
2. Pectineus
3. Glutei
4. Rectus femoris

Discussion-

Lower limb-

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Q-97. Slip disc at L-5, S-1 leads to compression of nerve root:

1. L-4
2. L-5
3. S-1
4. S-2

Answer….3

Funda is to add +1 to the vertebra which is higher..

→ Pain of little toe area → S-1 dermatome
1. Medial cuneiform
2. Medial malleolus
3. Sustentaculum tali
4. Spring ligament

Discussion: Medial side of rt. Ankle-

**STRUCTURES UNDER FLEXOR RETINACULUM (LEG):**
FROM MEDIAL TO LATERAL --> TINA DESERVES A NICE HUSBAND
- T- Tibialis posterior
- D- Flexor digitorum longus
- A- POST TIBIAL ARTERY
- N-TIBIAL NERVE
- H- FLEXOR HALLUCIS LONGUS

10. Which of the following statement is incorrect regarding the arches of the foot(ai):
1. Their main function is to distribute the body weight to the weight bearing areas of the sole
2. Talipes calcaneus means to walk on the heel
3. The keystone of the medial longitudinal arch of the foot is calcaneum---------ans(talus)
4. Commonest deformity of the foot is talipes equinovarus

Discussion:
- Option 4 imp. (mug)
- Medial longitudinal arch (read more about it)-
  - Spring ligament
  - Bone- Talus
  - Main joint- Talocalcaneonavicular joint
  - Muscle- Tibialis posterior