

City:

Candidate Number:



ROYAL AUSTRALASIAN COLLEGE OF SURGEONS

Fellowship Examination 2010

Neurosurgery

Written Paper One

Thursday 22 April 2010

Reading Time: 10:00am to 10:10am (10 minutes)

Writing Time: 10:10am to 12:10pm (2 hours)

QUESTION BOOK

<i>Section</i>	<i>Number of Questions</i>	<i>Number of Questions to be Answered</i>
One - Essay Questions	1	1
Two - Short Answer Questions	2	2

Candidates are permitted to bring into the examination room:

- Pens
- Pencils
- Erasers

Candidates are not permitted to bring into the examination room:

- Blank sheets of paper
- White-out liquid/tape

Materials supplied:

- Question Book of 4 pages
- Answer Book

Instructions to candidates:

- Write your candidate number on the front of each Answer Book.
- Write your response in the Answer Book provided.
- All answers must be written in English.

At the end of the examination, candidates are to leave the Question Book and Answer Book on their desk.

Candidates are not permitted to remove the Question Book from the examination room.

Candidates are NOT permitted to bring mobile phones and/or any other unauthorised devices into the examination room.

Section One – Essay Question

Based on the following scenario, candidates are required to write one extended response discussing the following:

- i. The likely diagnosis and differential diagnosis
- ii. Options for management emphasising your preferred management of your main diagnosis
- iii. The main risks and potential complications of your approach.

Scenario

A 40 year old male presents with loss of sensation over the face.

MRI reveals the following abnormality (Figure 1)

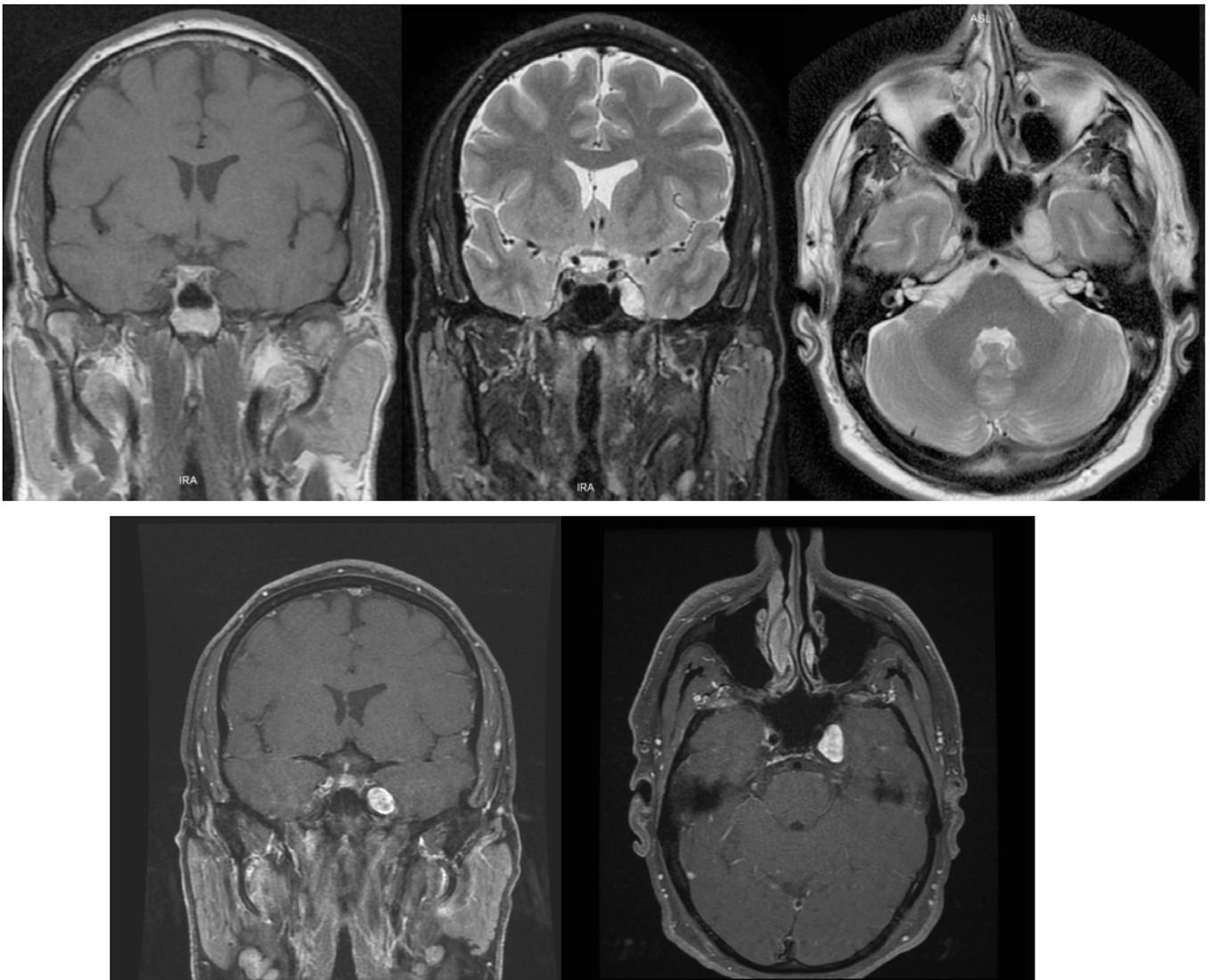


Figure 1: T1, T2 (fat suppressed), T2 images (upper row), Post-contrast images (below)

Section Two - Short Answer Questions

Question 1

Write brief notes on:

- (A) Presentation, investigation and management of idiopathic intracranial hypertension (pseudotumour cerebri)
- (B) Hyponatremia in Neurosurgery
- (C) CSF physiology
- (D) Major risks of venous thromboembolism and rationale for thromboprophylaxis in patients undergoing craniotomy.

Question 2

Describe:

- i. The anatomy of the proximal anterior cerebral artery (to the frontopolar artery) including the anterior communicating artery. The branches from these vessels and their distribution.

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Writing Time: (2 hours)

QUESTION BOOK

<i>Section</i>	<i>Number of Questions</i>	<i>Number of Questions to be Answered</i>
One - Essay Questions	2	2
Two - Short Answer Question	1	1

Candidates are permitted to bring into the examination room:

- Pens
- Pencils
- Erasers

Candidates are not permitted to bring into the examination room:

- Blank sheets of paper
- White-out liquid/tape

Materials supplied:

- Question Book of 5 pages
- Answer Book

Instructions to candidates:

- Write your candidate number on the front of each Answer Book.
- Write your response in the Answer Book provided.
- All answers must be written in English.

At the end of the examination, candidates are to leave the Question Book and Answer Book on their desk.

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Section One – Essay Question

Candidates are required to write one extended response for each question. **BOTH** questions are to be answered.

Question 1

A 45 year old specialist physician is self referred. He clearly describes L’Hermitte’s phenomenon. There are no abnormalities on examination.

T2 MRI images are shown below (Figure 1). Dynamic x-rays and CT exclude the presence of subluxation.



Figure1: Sagittal and axial T2 images of cervical spine.

Write a letter to the referring doctor (the patient) stating the management options and the potential risks and benefits of each option. State your preferred management plan and explain the reasoning.

Question 2

An 8 year old boy is brought urgently to the Emergency room because of altered sensorium. There is a story of three weeks of increasing headaches. On examination he is stuporose with bilateral papilloedema and Parinaud's syndrome. MRI scan is shown in Figure 2.

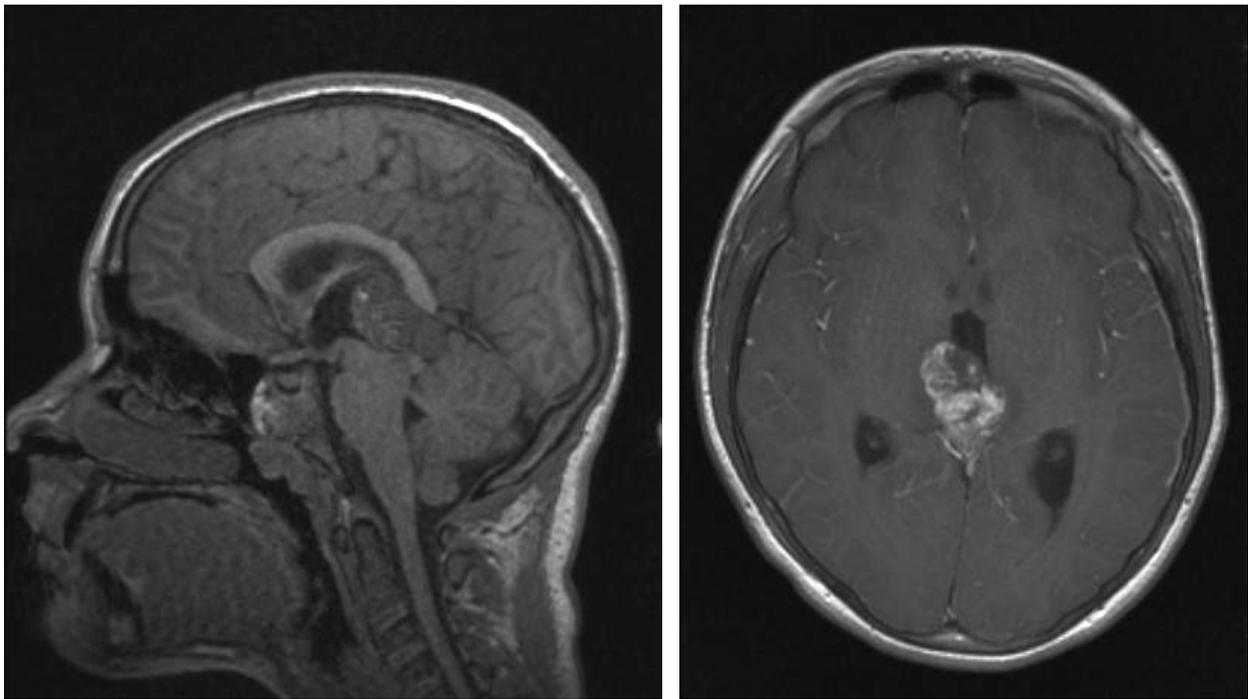


Figure 2: Sagittal (non contrast) and axial (post contrast) images.

Discuss:

- i. Your acute management of this case
- ii. The options for establishing the diagnosis and your definitive management considerations
- iii. The features of Parinaud's Syndrome

Section Two - Short Answer Questions

Question 1

Write brief notes on:

- i. Unilateral C6/7 facet dislocation in a motorcycle rider involved in a motor accident.
- ii. Dysembryoplastic neuroepithelial tumours
- iii. Pathophysiology of vasospasm (VSP)
- iv. Ki-67 index with particular reference to gliomas