Station 1

Y E aged 82 is suffering from back& leg pains.She complains of persistent painin the left upper anterior thigh continuously present from the early morning as well as lower leg pain reaching all toes .Pain increases by walking .

On examination, there is positive & reverse straight leg raising & tenderness over lower facets .

1. What is the likely nerve root affected in the upper thigh based on history & clinical examination ? & why ?

2. A higher block (left L2) is relatively risky.Why the safe pain clinician tries to avoid such a level .

3. Which nerve roots are blocked in fig 1 ?

4. Which intervention is shown in figure 2& 3 ?

   Why a small dose of dye is injected & what does it delineate ?

   _____ 1 point …….

Total points **/8……..**

Station 2

Patient is suffering from failed back surgery syndrome

Fig 1 Shows initial procedure for pain relief after 10 ml unionized dye

a- What does the picture show?

b- What does it confirm ?

A stiff catheter was introduced & pushed upwards in the middle line; further 2 ml dye was slowly injected through the catheter.

Fig 2 Shows the distribution of the dye creeping in a beaded fashion higher up

a-What is technically performed wrong ?

B-What can you suspect ?& why?

In order to confirm the suspected incident further 5 ml dye was injected(Fig 3) What is your firm diagnosis& why ?

Total points /8

Station 3

A tobacco chewing young man comes with a complain of non healing ulcer over palate since the last 6 month .He was diagnosed as advanced cancer palatal mucosa .

How can you initiate a good pharmacological therapy ?

Is there any somatic block useful for such location ?
What is it ?
How can you technically do it ?

Total points /9

Station 4

A patient suffering from Advanced cancer rectum denied good pain relief (visual analogue scale of 8) despite pharmacotherapy.

Two interventions were decided on a prone position ;
Fig 1& 2 shows the first block:

What is the name of the block?

What does it block?

Where the tip of the needle should lie ?

What is its relation to the rectum ?

Fig 3 shows the second block

What is the name of the block ? 1.0 point….

What are the landmark of such a block ?

What could be the possible TYPES OF PAIN requiring both blocks for the same patient ?.

Total points /9

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An old lady is suffering from osteoarthritis hip .Pharmacotherapy was unsatisfactory . A nerve block was decided to buy time hoping to delay total hip replacement .

Under C arm in the prone position the transverse process of L3 was targeted (fig1):

What are the desired nerve roots to be blocked for hip pain?

How can you reach technically such a plexus ?

How can you confirm radiographically your target ?(fig 2)

What would you hit if the needle is further advanced anteriorly ? (fig 3)

Total points /8

Station 6

- Patient is suffering from cervical spondylosis with clear radicular symptoms.

A cervical nerve root was decided .

1-What is the safe approach for cervical radicular pain?

2-What is the safe standard site for epiduraln needle insertion & why ?

3-In the xray shown:

- In the lower Figure :

  What are the names /numbers of the cervical vertebrae shown in the lower figure

- In the upper Figure :

  What does the dye delineate ?

  What is the nerve root reached by the tip of epidural catheter ?

Total points /8

Station 7

Lady aged 48 is suffering from pain on walking reaching the lower leg up to the finguers .
An intervention was performed using RF machine

Fig 1 What is the position of the Carm
Which nerve is the potential target

Fig 2 whatb is the view of the carm
Where is the target tip of the needle in this view /

Fig 3 what is the view ofthe

Total points **/10**

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