Station 2

A 60 year old lady is suffering from advanced squamous cell carcinoma at the junction of upper 2/3rd & lower1/3rd of oesophagus. An oesophageal stent was placed endoscopically to facilitate eating. Radiotherapy was also given& caused blackish burned skin seen anteriorly (lower sternum & distal ends of lower ribs) & posteriorly (Lower proximal ribs from level of lower end of scapula).
Lady is complaining of epigastric continuous pain, inability to sleep on her back& on her left side .
Radiographically tumour has invaded the stent from the left side at the cardia; but there were no evidence of liver metastasis or enlarged lymph node .

1- Mention the potential of sources of pain generator in this case :
……..
…… 1

2- An intervention performed (see the print):
a-What is the main rule to prevent pneumothorax ?

b-Describe exactly the aim site for the tip of the needle ?

c-What is the side & name of the block ?

d-Justify the scientific reason for doing such a block ?

2

3- This was accompanied by bilateral somatic blocks using local & corticosteroid :

a-What thoracic level corresponds to lower end of scapula ?

b-What is the name of the block ?

c-Why is it performed ?

1.5

Total Points /4.5

Station 3

Opioid tolerant patient is undergoing shoulder replacement .
Describe the safe recent block required to alleviate his pain postoperatively

1- Where is the initiating level of needle introduction ?

0.5

2- What does it correspond to anatomically ?

0.5

3- A nerve stimulator is used :

a- What is the ideal length needle required ?

b-What does it denote diaphragmatic contraction on stimulation?

c-What does it denote a shoulder contraction in superficial plane ?

d-What is the target moving site on stimulation ?

e-What is the ideal responsive intensity ?

f-What is the maximum volume& concentration of local injected ?

3

Nerve stimulator was not available.
Describe an <u>oral regime</u> for the first 3 days 1

Total points / 5

Station 4

A young lady is suffering from shooting pain travelling from the left side of the neck towards the angle of the mandible. Pain is also deep in the oropharynx &posterior part of the tongue .Despite being on 1200 mg dose of carbamazepine (tegretol) ,her pain is excruciating especially on talking or eating .

What is the main side effect of prolonged carbamazepine administration?

1

Which nerve is involved ?

1

Where can you block such nerve ?

1

What are the nerves/vessels in close proximity & their potential complications while performing such a block ?

2

Total points / 5

Station 5

In the diagram shown :

What is the name given to structure 1 ? ……..
Where is it not well developed in the cervical region ?.....
What is the outcome of its hypertrophy in the lumbar region?
…….

1.5

What is the name given to structure 2 ?
Which colour reflects its site :
In T1 MRI
In T2 MRI

1

What is the name given to structure 3 ?
&4 ?

1

What is the name given to structure 5 ?
& which fluid is occupying structure 6 ?

1

What is the name&function of structure 8 ?

1

What is the name given to structure 9 ?

0.5

Total points /6

Station 6

A 76 years lady is suffering from back pain .Her main complain is pain on sitting .Walking doesn't increase her back pain.
She is diabetic on oral hypoglycaemic drug & regularly taking oral bruffen 400mg three times a day to relieve her pain with little success .
She was referred to a pain clinician for pain management.

What will be your pharmacological concern about this chronic regime?
& why?

1

What could be your safer regular medication/regime ?

0.5

Intervention performed (see accompanying print):
Which structure& site tackled in 1 ?
Enumerate the nerve root supplying such structure ?

1

Which structure is tackled in 2 ?
Describe the position required by the C arm to demonstrate this view ?

1

Which structure is tackled in 3 ?
Enumerate the nerve supply of such structure ?

1

Which structure is tackled in 4?
Explain the medial distribution of the dye ?
Where can you permenantly denervate such structure ?

Describe your parameters ?

2

Total points /6.5

Station 7

A 78-years old obese patient is suffering from recent dyspnea on little efforts associated with progressive pain & weakness in both arm& leg more on the right than on the left . Radiographic investigation was ordered & patient was referred to the pain clinic.

Which radiographic section is seen in figure 1 ?
Is it T1 or T2 ?

0.5

Which nerves are compromised ?

0.5

How can you explain the easy shortness of breath ?

0.5

Which radiographic section is seen in figure 2 ?

0.5

Which structure is further compressing the cord ?
& on which side ?

1

How can you alleviate her pain ?

0.5

How can you manage such a case ?

1

Total points /4.5

Station 8

A male teacher patient aged 41 years is suffering from back& right sided leg pain . His pain comes on sitting but also on walking.
On examination there is leg pain on forward flexion, inability to walk on tip of his right toes, +ve Straight leg raising, absent ankle reflex & right parasternal tenderness & tenderness on right posterior superior iliac spine.
MRI confirmed your clinical diagnosis.
Based on the above data :

What is your <u>clinical detailed</u> diagnosis & why ?

1- ……. because

2- …….. because

2

Intervention performed (see prints):
What is the position of C arm in A ?

What is the position of tip of needle in relation to L5/S1 facet ?

1

What is the view in print B ?

Where should end the tip of needle ?

1

What is the view in print C ?

What does it delineate

1

Total points …/ 5

Station 9

Structure 1:
What is the name given to such needle ?

What is the intervention used for in painful radicular Lumbar nerve root ?

1

Structure 2 shows loss of resistance device ;
Which material (air or saline) would you use for doing an epidural & why ?

1

Structure 3:
What is the extension tubing used for in interventions ?

1

Structure 4: In the manikin shown :
What structure does it represent the blue colouration ?

What structure lie at the red spot ?

1

Structure 5 :
What is the use of such needle & What is the expected gauge ?

What is the level of intervention in the accompanying print ?

1

Total points …/ 5

Station 10

An 82 years old lady is complaining of backpain early morning & on walking.
She has an old history of laminectomy .
Radiographic available X-rays are shown .

What are the main anomalies in the plain X-ray ?

0.5

What is the other type of X-ray shown ?

0.5

What anomalies can you predict & shown in the relevant axial cut ?

0.5

What are the possible pain generators ?

1

If intervention is planned, What investigation would confirm your diagnosis ?

1

Total points /3.5

Station 1

Lady suffering from pain in the right upper arm 6 months after radical mastectomy. The pain is lancinating associated with swelling of the hand, limited ability to move the arm, and weakness in holding goods, and unbearable pain on exposure to cold air winds.
The pain clinician decided to do an intervention under C-Arm to help with his medications.

1- What is the type of pain described and how can we explain its presence ?

…….
…… 1

2- What are the best possible recent pharmacological group of drugs given in such condition and name one of these drugs

……. 1

3- What is the view seen by the C-Arm in figure 1 and in which level is the needle inserted.

……. 1
……..
What is the name of this procedure? 0.5
…….

4- What is the view seen in the C-Arm in figure 2 ? 0.5
……

5- What is the view seen in the C-Arm in figure 3 ? 0.5
……..
Describe the required proper picture delineated by the dye on injection.
…… 0.5

Total points /5