Station 1

SN is suffering from right sided leg pain present on the medial side of the right leg.

SNRB was performed under C arm in order to relieve her pain.

Figure 1 & 2 show the intervention .

Patient developed bilateral numbness in both legs following the injection of 2 ml of plain 0.5% bupivacaine with 40 mg methyl prednisolone (Depomedrol) .

What is the site & level of the block ?

How can you explain such outcome after one sided SNRB ?

What is the technical fault in such intervention ?

How can you avoid it ?

Station 2

A short obese lady HM is suffering from pain on walking &standing .

She has spondylolisthesis between L5 &S1 .

Intervention performed Fig 1. What is the structure injected ?

Radicular intervention failed to improve her condition.Recent MRI confirmed her diagnosis. A second intervention was performed 2 months later

(see figures 2, 3, 4, 5).

What is the structure involved?

Which drug is expected to be used ?

Why have we used many needles for the same structure (medially & laterally) ?

What are the potential therapeutic effect of the drug used for injections ?

What are its main side effects & how to avoid them ?

Station 3

MNB, 105kg male is suffering from pain mainly onstanding ; pain & weakness more in front of left thigh .He has had previous laminectomy few years ago .

On examination :

+ve reverse SLR on the left side & paravertebral tenderness in lower left back .

Under image an intervention is done.

What is the intervention in figure 1?

What is the rule for safety in such intervention RADIOGRAPHICALLY ?

Why a catheter has been introduced ?

What are the volume, concentration for the drugs used in such procedure ?

What is the intervention in fig 2 ?

How can you explain its development ?

What are the interventions in figure 3 ?

Station 4

A driver aged 40 years had undergone colectomy for colon cancer 2 years ago. This was followed by radiotherapy in the lower back.

He is complaining of pain in the lower left buttock for the last 6 months.Pain comes on lying flat & on extending his back .

Is this somatic or visceral pain ?

He has also difficulty in opening his bowels,passing urine unless intramuscular 50 mg diclofenac sodium is injected .CT scan of the pelvis was irrelevant (grossly normal) despite small scattered liver metastasis .

On Examination :

Tenderness in the burned skincovering the central back above the sacrum.

Left paravertebral tenderness.

Figure 1 & 2 showed the first intervention on the left side

What could be this procedure ?

Figure 3& 4 showed the second intervention on the right side

What could be this procedure ?

Neurolytic phenol was used for the above procedure…Bowel symptoms improve but patient developed weakness in the left leg with numbness mainly on the big toe .

How can you explain his recent left leg weakness ?

...How can you avoid such outcome

Station 5

A 34 years carpenter is suffering from pain in theright elbow at the lateral epicondyle area.

Pain is handicapping him &he is no more able to work despite NSAID's.

On examination: Tenderness in the lateral epicondyle .

Paleotherapy was decided :

What is the rationale of using Dextrose, Phenol, Glycerine ?

Is additive NSAID's required ?

Mention other forms of restorative therapy ?

Station 6

Enclosed is the PET SCAN of a 78 years patient suffering from left bronchogenic & prostatic cancer .

Enumerate with sites(Right/Left) the anatomical active areas in the associated pictures ?

His Prescribed medications were :

50µg fentanyl patch with regular anticonstipating drugs .

40mg pantoprazole

30 mg Duloxetine with 0.5 mg xanax (sleeping tablet)

5mg SC Thrombex daily .

+ on demand : Ketorolac injection

Tramadol 50mg tablet

Pregabalin 75 mg

Kindly present 3 clear reasons for the above inappropriate regimen?

& amend this prescription ?

What is the mode of action of thrombex ?

Station 7

A 65 years old man is suffering from right cervical facets. He had medial branch block for the relative facets with pain relief for 2 weeks.

Cervical denervation was decided (see fig. 1 & 2)

What is the level of cervical facets in the figures (1 & 2)?

Which approach is safer: prone or lateral for denervation and why?

What is the radiological missing position prior to denervation in the above figures ?&

Where should the tip of the needle lie in such level?

Which voltage level should be obtained on sensory stimulation?

Which response should be avoided in motor stimulation?

Station 8

In advanced pancreatic cancer a splanchnic neurolytic block is decided.

Why ?

Which level the block is usually performed?

Which is a better neurolytic drug to avoid neurological complications?

What is the drug and volume required in each side to perform a successful block?

Is it a retrocrural or transcrural procedure?

Mention two major complications if bilateral neurolytic blocks were performed?

If coeliac is performed :

Which side is technically required in order to do a transaortic coeliac in the prone position ?

Station 9

Emergency below knee amputation for progressive ischaemia and gangrene is to be performed in opioid tolerant patient .

Patient suffered from myocardial infarction one month earlier and is on antiplatelet medication (clopidogrel) .

Using a nerve stimulator describe in detail how you can safely numb the limb?

Station 10

A pack labelled 1

What is it used for ?

Mention the practical usage in different conditions

Labelled 2 shows a discectomy device (extractor).

What is the ideal set up(pathology) for its successful use ?

What is the usage of the 5 cm needle labelled 3 ?

Labelled 4 shows thoracic vertebra :

- What is the name of the structure in blue?
- Which branch is close to the zone in red?

Station 11

Based on the associated intervention :

What bone anomaly is present in figure 1?

What is the gauge of the needle used in such intervention ?

&which type needle is used (figure 2) ?

Why the injected material is performed while the C arm projects the lateral view (figure 3)?

What is the name of the procedure ?

Station 12

Figure 1 shows lumbar facet injection .

Which site & level it corresponds to ?

In order to denervate this joint which level should RF be performed ?

What is the intervention in figure 2?

What are the nerves contributing ?

What is the detailed type of radiology in figure 3 ?

Station 13

Male 60 years undergone anterior resection &colo-anal anastomosis for cancer rectum ,

Despite radiotherapy locally advanced metastasis caused 1 year later APR resection & terminal colostomy .

Nowadays he developed colicky pain .On examination he had distended tender abdomen & very loud bowel sounds.

What is the cause & appropriate approach to this type of abdominal pain?

Two months later he developed nagging pain in his left hypochondrium associated with nausea & vomiting.

What do you expect to find on examination ?

How do you manage these symptoms ?