Station 1

A male patient 38 years old complaining of cervical pain reaching left upper limb; pain is electrical-like with tingling in middle finger, not relieved by many medications for over a month with intolerance to drowsiness by some medications. His MRI is shown in Fig.1.

1) What medications would you prescribe to this patient on his first visit ?

2) What is the view seen in his MRI and what level is his pathology?

3) You decided to do an intervention to relief his pain (Fig.2). Explain the name of the procedure, type of needle, level of entry, volume & concentration of material injected?

4) If intolerable pain recurs, is there a more superior discrete intervention for his radicular pain?

/5

Station 2

A 48 years old male patient is suffering from pain radiating to inner & anterior aspect of the right thigh due to a mass in right iliac fossa.

Pain is lancinating with hyperalgesia, intolerance to winds or cold weather but relieved by hot bath.

1-What is the type of pain patient is suffering from?

2- Below are the interventions performed in order to alleviate his pain:

A-What is the name of the procedure?

B-What is the view in figure 1?

C-What are the 2 levels of interventions based on fig 2, 3, 4?

D -What is the lowest level of grey & white rami communicans in spinal cord?

E -Which drugs (volume & concentration) are standardly used ?

4- How can you explain the effect of the mass on the development of such pain?

Station 3

A 52y old female patient complaining of LBP with referral to Lt. Lower Limb in a non dermatomal distribution pattern; her pain increases when she wakes up in the morning with feeling of stiffness in the back which gradually decreases on gradual walking. She was injected by a pain physician and her pain was only relieved for 10 days. She came to your pain clinic and you decided to do her the below procedure (see associated fig) .

1)What is the expected interventional procedure in the first instance which lasted 10 days only?

2) Based on the last procedure(associated figure), what is her pain generator?

3)What is the missing view required prior to materializing this procedure ?

3) Discuss the procedure done in the associated fig. in details: mention the type and length of needles & the set up used in order to prolong the pain relief.

4) What is the precaution needed to perform in order to prevent any somatic harm?

/6

Station 4

A 40 years male patient is suffering from mesothelioma in his right chest. Pain is severe in his upper chest & intolerable to winds.

On examination patient describes shooting pain surrounding his upper chest reaching below the nipple with allodynia & hyperpathia.

What is hyperpathia ?

What is the first intervention in Fig 1, 2, 3?

Mention volume & concentration of a neurolytic drug used?

What is the intervention in fig 4, 5, 6 ?

Is it appropriate to use radiofrequency in such procedure?

/5

Station 5

A 33y old female patient complaining of severe pain on sitting at coccygeal area, she tried all analgesics for months with no effect, she has done physiotherapy sessions and manipulation of the coccyx with an orthopedic doctor with no relief of pain.

1) What investigations do you order prior to any intervention?

2) What is your primary the diagnosis?

3) What is the procedure done in associated figure?

4) Discuss the procedure in detail?

5) Is there any role for radiofrequency in this case?

6) What are the other indications for this procedure?

Station 6

A middle age peasant is suffering from agonizing pain due to advanced pancreatic cancer.

1-Describe how to elicit pain for retroperitoneal structure?

2-What is the intervention for fig 1, 2, 3?

3-Mention the volume & concentration of drug used?

4-What is the intervention in Fig 4, 5, 6, &7 ?

5-Mention the volume & concentration of drug used?

6-Is there a safer intervention for the above procedure & why?

/6

Station 7

A 28 years male is complaining of pain in the left testis. He was investigated by a urologist & excluded any urinary/sexual or testicular anomaly.

On examination pain was induced on passing left little finger through superficial inguinal ring.

1-Fig 1, 2 : What is the level of radicular intervention

2-Fig 3, 4: What is the level of radicular intervention

Fig 5 & 6 show peripheral block of the same nerve in the abdominal wall.

3-Based on the above what is the potential targeted nerve (dermatome cover fig 7 label 1)?

4-What is the potential other spinal nerve supplying the lower scrotum & testis (dermatome cover fig 7 : label 2)?

/5

Station 8

A 19-year-old female with no past medical history presents with right-sided lower abdominal pain; she mentions that her pain occasionally radiates to the mid-lumbar region as well as anterior thigh. After the initial evaluation, the patient was diagnosed with psoas syndrome.

Choose one best answer .

Regarding psoas syndrome, all the following are wrong except

A Pain upon active raising her right leg against gravity
B Sensory and motor affection
C Positive passive straight leg raising test
D Hyporflexia and hypotonia

Answer

Other different diagnosis's include all the following except

A-endometriosis
B-appendicular mass
C-hip problem
D-knee problem

Answer

The most useful investigation to exclude Psoas abscess

A.Nerve conduction study
B x ray
C MRI
D CT

Answer

/4

Station 9

A 20 kg child is to undergo orchidopexy.

1-What is the ideal block for preventing post operative pain?

2-How can you safely perform such a procedure?

3-Mention detailed one shot technique: Needle, position, drug (volume & concentration).

4-What are the relevant possible complications?

5-Describe alternative/additive pharmacological regimen & the route of administration for the first 48 hours?