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 ? 2

How can you explain such outcome after one sided SNRB ? 2

What is the technical fault in such intervention ? 3

How can you avoid it ? 2

Station 2

A 58 years old lade is suffering from advanced head of pancreas cancer with liver metastasis affecting mainly the right lobe.

Pain is both in her back and epigastric region.

Her investigations include albumin 3.5gm/ dl and INR 1.3.

How can you clinically elicit and confirm pain source from retro-peritoneal structure? 2

What does INR mean? 1

What is the acceptable value for central neuro-axial intervention? 1

Fig. 1 & 2 show intervention while the patient is in prone position. What is the likely technique? 1

Why is this technique safer than the old classic David Moore technique? 2

Which neurolytic drug is used and why? 2

Fig. 3/ 4 and Fig. 5/6 represent additional similar blocks.

What is the name of those blocks and at which level are they performed? 1

Which side deserves more volume based on the above history? 1

Station 3

A 59 years old diabetic physician is suffering from back and leg pains. He has pain mainly in the right posterior thigh and lateral part of the right leg. He has also bilateral sole numbness.

Plain X-Ray shows spondylolisthesis between L4 & L5.

Fig. 1:

What is the level and type of intervention? 1

Fig. 2:

What does it show radiographically and what is the safety rule in order to avoid spinal block?

2

Fig. 3:

What is the intervention performed? And how can you explain its occurrence?

2

Can you improve his sole numbness by the above interventions? 1

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 ? *2*

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 skin covering 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 ? *1*

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

What could be this procedure ? *1*

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 ? *2*

...How can you avoid such outcome *2*

Station 5

Emergency above 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 oral regular clopidogrel .

All facilities are available

Why regional block is safer ? 2

Describe in detail how you can safely numb the limb ? 5

Station 6

A 53 years physician is suffering from recent left scapular & shoulder pain. She refused supra scapular block & was not responding to NSAID's. A cervical MRI describes multisegmental spondylodegenerative disc disease. A CT scan of the chest demonstrated left upper lobe mass lesion likely bronchogenic carcinoma (see associated X-rays)

Is this a Pancoast tumour? & why? 2

Surgery was refused due to brain & liver metastasis.

Pain is shooting & particularly lancinating in cold weather .

Mention an oral available opioid having an oral neuropathic capacity? 2

What is the intervention performed in fig 1, 2,&3? 1

&what does the dye delineates in figure 3? 2

Pain intensity increased & surrounded her upper left chest wall & curved anteriorly to reach below the nipple .

Mention a discrete interventional procedure likely to improve her excruciating somatic pain? 2