Station 1

A slim diabetic housewife aged 55 years complains of severe back & leg pain on walking & standing .

On examination:+ve SLR, weak dorsal & ventral flexion, tender L5 spine, tender right pyriformis .

Investigations:

-CRP:+ve 80mg/L Normal up to 5mg/L

-ESR: 250mm first hour Normal up to 20mm

Plain Xray (figure 1)report reads: Sclerosis of lower end of L4 & upper end of L5 as well as irregular surface of the L4/L5 disc space space suggestive of infective discitis .

What is the gross anomaly in figure 1?

1

What is the other detailed radiological type in figure 2 & 3 ?

1

What is the gross anomaly present ?

2

What is the main pharmacological **& or** therapeutic intervention in this case ? & why?

3

Station 2

A 35 years dealer is suffering from right back& leg pain for 5 years.

His pains shoots to the outer surface of right leg particularly at the end of the day &His right back pain is both upper sacrum & at the upper level of right iliac crest.

On examination :

+ Right SLR with pain reaching the right leg below the knee , Tender L4 spine .

Right paravertebral tenderness within the pelvis which increases on twisting the lower limb to the left ….

& tenderness at the lower thoracic spine reaching the right iliac crest .

MRI reads disc at L4/L5 encroaching on the right L5 nerve root .

How to do a SLR test?;mention its value ?

2

What is the pain generator structure correlated to right paravertebral tenderness which increases on twisting the back to the left side ?

1

Which structure is delineated in Figure 1?

0.5

What are the possible drugs used in such intervention ? .

0.5

Is there a role for PRF in this case & why ?

2

Where should end the tip of needle in Figure 2 for safety ? &Why?

2

What is the level of intervention in figure 3&4 ?

0.5

What does the dye delineates?

0.5

Which specific structure is aimed at to relief his upper iliac crest pain ?

2

Station 3

A 34 year old male is suffering from mixed seminoma teratoma tumor of his testis. He is referred to the pain clinician after having his chemotherapy due to unbearable pain.
Patient has abdominal pain more to the right than to the left, unable to sleep on his back and relieved partly by sleeping on his left side. He has pain and numbness of his right leg associated with weakness and difficulty in walking, shooting pain on exposure to cold wind.
On examination, pain on deep palpation of his belly. Pain was elicited on hyperextension of his back, hypoesthesia of his right leg.

1- What is the type of X-ray shown and why?

1

2- In the lower 2 rows of this X-ray, an abnormal structure has invaded all surrounding structures and pushed away the liver, kidney ….. what is the expected structure?

2

A transaortic coeliac plexus failed technically to reach the aorta. Why?

2

A senior pain clinician refused to do a classic celiac block (David Moore technique) and denied any benefit from this intervention. Why?

2

What alternative approach has he done for this visceral pain (see the figures)? .

2

What additional intervention required for his right leg pain?

1

Explain why such pain has developed ?

2

Station 4

E. A company director aged 76 is suffering from pain & numbness in the left arm & hand. He is no more able to button his shirt & gets shooting pain towards his left thumb.

On examination he has +ve spurling sign.

Explain how to elicit spurling test?

2

What does it denote?

1

Which radicular nerve is mainly affected from history ?

1

Cervical epidural was decided to cover the nerves on the left side .

Kindly explain the proper fixation of the patient in the prone position for a safe procedure **?**

2

In the associated picture which space is used for the cervical epidural ?

1

How can you adjust your C ARM to visualize best your needle depth?

Is it a lateral view or an oblique view? explain

2

Station 5

A 58 years male patient is suffering from advanced transitional cell carcinoma of the bladder.

He is taking on his first pain clinic visit 60 + 60 + 60 mg MST (slow release morphine) but pain score was intolerable : VAS-visual analogue score-= 9 (out of 10).

The resident admits the patient& additional IV dose was given 30 mg morphine 3 times in 24 hours.

What is the calculated proper total oral dose required of MST to be given the next day?

/2

How much will be the on demand dose for break through pain?

/2

VAS dropped to 3 (out of 10) but one week later patient became slowly unconscious.

A senior pain clinician decided to stop the MST &to shift him to fentanyl patch.

Why? /2

Station 6

Knee surgery had to be done under peripheral nerve block for a tolerant opiate patient aged 50.

Why efficient peripheral block is superior to central neuroaxial?

1

What are the major nerves required to be blocked for Total Knee Replacement?

0.5

What is the essential nerve to be blocked for post operative pain ?

0.**5**

Mention in details the procedure using the tool of your choice ?

2

His opiate regime were given orally &additional PCA was prepared for early postoperative pain relief.

Describe a basic standard regime using the PCA for **an opiate tolerant** patient?

1