

Answers and additional information for Clinical Quiz in the previous page

Q 1.

- a) Describe 3 features seen in figure 1A.
 - Well circumscribed
 - Smooth surface
 - Encapsulated mass
 - Proximal and distal attachment which suggest arising from longitudinal structure i.e. nerve
- b) Name the histological lesions labelled A, B and C in figure 1B and identify one salient feature(s) in each.
 - A. Antoni A :
 - Cellular region
 - Elongated cell with cytoplasmic processes arranged in fascicles
 - Little stromal matrix
 - B. Antoni B :
 - Myxoid region
 - Less densely cellular area
 - C. Verocay bodies :
 - nuclear free zones
- c) What is the diagnosis?
 - Schwannoma

Q 2.

- a) List three (3) abnormalities seen in these MRI.
 - Left posterolateral PID C5/6
 - Compressing the C5/6 exit ; C6 nerve root
 - Reduced C5/6 disc space
 - Junctional kyphosis
- b) List three (3) clinical findings in his left upper limb.
 - Weakness of elbow flexors
 - Reduced biceps reflex
 - Reduced sensation C6 dermatome
- c) What is the treatment of choice?
 - Discectomy +
 - ACDF
 - Percutaneous endoscopic
 - Arthroplasty
- d) If an open surgery was performed, name the common anterior surgical approach used.
 - Smith Robinson or Anterolateral approach.
- e) Name two (2) complications of this approach.
 - RLN/ ELN palsy
 - Vascular injury
 - Esophagus injury
 - Sympathetic nerve injury

Q 3.

- a) Name the axes marked A, B and C.
 - A : vertical axis
 - B : mechanical axis of the entire lower limb
 - C : anatomical axis of the femur
- b) What is the clinical application of the angle between B and C axes in Total Knee Replacement (TKR)?
 - Determine the valgus angle cut of the distal femur in TKR surgery.
- c) The knee joint axis is perpendicular to the vertical axis. What is the clinical application of the angle between A and B axes in TKR?
 - Require to external rotate the femoral implant by 3 degrees.
 - Cut more lateral tibia condyle than medial condyle
 - Mc Donald sign for the anterior femoral cut
 - Cut more medial distal femoral condyle than lateral femoral condyle
- d) Which of the following axes (A, B or C), if any, contributes to the formation of Q angle?
 - Nil

Q 4.

- a.) List three (3) radiological features seen in figure 4A.
 - Diaphyseal
 - Sclerotic lesion
 - Eccentric
 - Benign periosteal reaction
- b.) Name the imaging study shown in Figure 4B and list 2 radiological features seen.
 - CT Scan
 - Thickened unicortical bone
 - Nidus
- c.) What is the diagnosis?
 - Osteoid Osteoma
- d.) What other imaging study can also be used to diagnose this condition?
 - Bone scan
- e.) What are the treatment options for this patient?
 - No pain : Observation
 - Painful : Aspirin, surgical excision including the nidus

Q 5.

- a.) State the lung problem based on the C T scan of the lung.
 - Multiple metastases of the lung.
- b.) Thoracoscopic biopsy of the lung lesion was performed. State two (2) histological abnormalities seen (figure 5B).
 - Multiple multinucleated giant cells
 - Spindle cells in the stroma
- c.) State your diagnosis.
 - Giant cell tumor of the bone with metastases to the lungs
- d.) Irradiation is not recommended in the primary treatment of this condition. State the reason.
 - Sarcomatous change

Q 6.

- a.) State the image sequence / weightage of this film.
 - T2 weighted MRI
- b.) What is the nature of the structure labelled A?
 - Fluid / cyst
- c.) List two (2) possible diagnoses.
 - Baker's / Popliteal cyst
 - Bursitis
 - Ganglion
- d.) What important structure lies within the circle?
 - Beginning of popliteal artery
- e.) Name one other alternative imaging modality that can help for this condition?
 - Ultrasound