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 iof 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 helpful for this condition?
- Ultrasound