

43. The following fractures may go into non union:

- T a. Scaphoid fracture ✓ *Needs classification*
- F b. Proximal humeral fracture
- T c. Distal tibial fracture
- T d. Femoral neck fracture ✓
- F e. Distal radial fractures in children

→ femoral neck
 → Scaphoid fracture
 → humeral
 → lateral condyle (chambers)
 → olecranon
 → radial-ulnar

44. Escharotomy

- T a. Is often necessary in circumferential full-thickness burns T (3 degree burn)
- F b. Is done mainly to prevent infection F
- F c. Is contraindicated in burns of the hands F
- F d. Is often done on scalp burns F
- T e. Is best performed immediately after the burn occurs F

Widening of P. to prevent compartment syndrome.
 either (burn hand) tend to improve
 varicellous (lymph), respiratory (10/10).

45. The following are injuries that can be sustained in the fall on an outstretched hand:

- F a. Flexor type supracondylar fracture F
- T b. Colles fracture T
- F c. Anterior dislocation of the hip F
- T d. Extensor type of supracondylar fracture T
- T e. Fracture humerus T

Scaphoid
 Gartland's classification
 Posterior displacement

46. The following are common causes of hip pain in a patient of 7 years:

- F a. Slipped upper femoral epiphysis X 10-15 years
- T b. Perthes disease X 4-8 years
- T c. Septic arthritis T 10-14 years
- F d. Osgood schlatter's disease F 10-14 years
- T e. Transient synovitis T 4-8 years

0-2 - Congenital dislocation
 2-5 - Tuberculosis hip
 8-10 - Perthes dis
 10-20 - SUE
 20-30 (20) osteoarthritis
 50-80 (10) osteoarthritis

47. A 8-year old child presents with a 3-day history of the of pain, erythema and swelling of the right knee area. The differential diagnosis include:

- F a. Acute rheumatic fever ✓
- F b. Leukemia F X
- T c. Osteomyelitis T X
- T d. Acute septic arthritis. T ✓
- F e. Osteoarthritis X

of the ossification centre of

48. Perthes's disease

- T a. Usually presents before 10 years of age ✓ 4-8 years
- F b. Is due to avascular necrosis of the distal femoral epiphysis X capitulum
- F c. Is more common in girls X Boys
- T d. Plain x-ray may show the capital femoral epiphysis to be smaller, denser and flatter ✓
- T e. May require surgical containment with a subtrochanteric osteotomy ✓

~~From~~

49. The following may cause a child to limp due to hip pathology

- F a. OTEV F
- T b. Perthes disease 4-10 yrs. dislocated hip 0-5 yrs.
- T c. Septic arthritis X
- F d. Blounts disease X Bow legs 1-3 - transient synovitis of the hip 3
- T e. Slipped upper femoral epiphysis 10-15 yrs.

50. Acute osteomyelitis

- F a. Is usually the result of open fractures T
- T b. It is characterised by constant bone pain T
- F c. Is more common in girls X No sex gender preference
- T d. Is not usually demonstrable radiographically in the first one week T 10 days
- F e. Treatment may be monitored by C-reactive protein T

Haematogenous

51. TB spine

- F a. Is usually in the cervical region F lower lumbar
- T b. Is usually associated with a paravertebral soft tissue shadow T Coe of Paravertebral abscess
- T c. May be managed by surgery T
- F d. Treatment is by anti TB drugs for 2 months X 6 months severe deformity
- T e. Is also known as Potts disease T

52. In a patient with Ruptured Tendo Achilles

- T a. Simmonds test is negative F
- T b. There will be tenderness on the tendoachilles T
- T c. There may be swelling on the tendoachilles T
- F d. Can be managed conservatively. F
- F e. Surgery not always helpful F

53. The following is/are true of traction

- F a. The maximum weight for traction in a child is 4-5 kg. X 30kg
- T b. It may be used for the management of fracture femur T
- T c. Its use is not restricted to fracture management T
- F d. Skeletal traction is used mainly in children F
- F e. Skin traction is used mainly in adults F

54. In patients with spinal injury the following are important

- T a. Whether the injury is stable or unstable T
- T b. Whether the injury is complete or incomplete T
- T c. The motor level T
- T d. The sensory level T
- T e. The anal tone T Sacral