

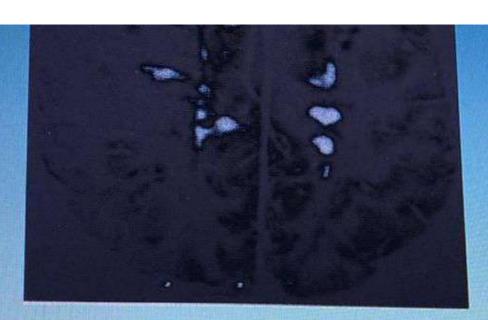
These are the images of a one month old infant with a hegad circumference of 42 cm

- Describe the images findings A, B, C?
- What is the diagnosis? 2-
- What is the commonest cause?



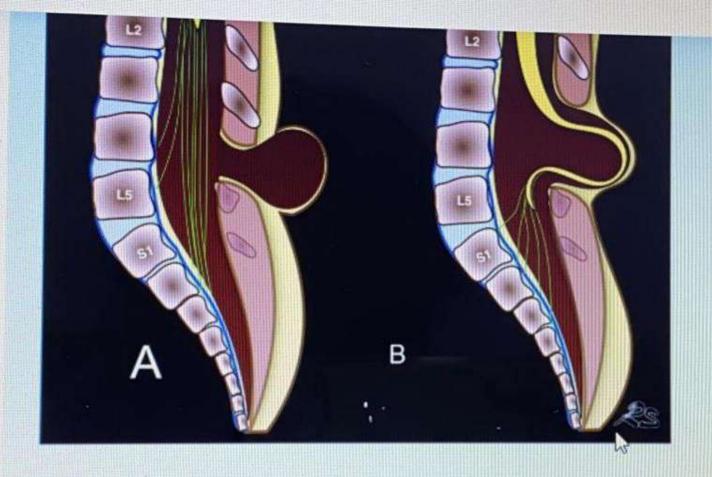
The shown fundoscopic exam is for a 37- year old obese lady with body mass index (BMI) of 38kg/m2 who presented with diffuse severe headache worse in the morning and no other findings. If her neuroimaging studies were normal, the next step to do to reach a diagnosis for this lady is:

- O a. Toxicology screen
- O b. Corebral angiogram
- O c. Lumbar puncture
- O d Fleetroencephalogram FFC



A 25-year old lady had history of optic neuritis 1 year ago and now has right sided weakness. The MRI shown for her suggest which diagnosis:

- a. Multiple sclerosis
- O b. Multiple lacunar strokes
- O c. Multiple abscesses
- O d. Multiple meningiomas



These are two types of a common congenital anomaly seen in the neurosurgical practice.

1-Name the anomalies seen in figures A&B?

2-How can you differentiate between them on clinical examination (mention two differences)?

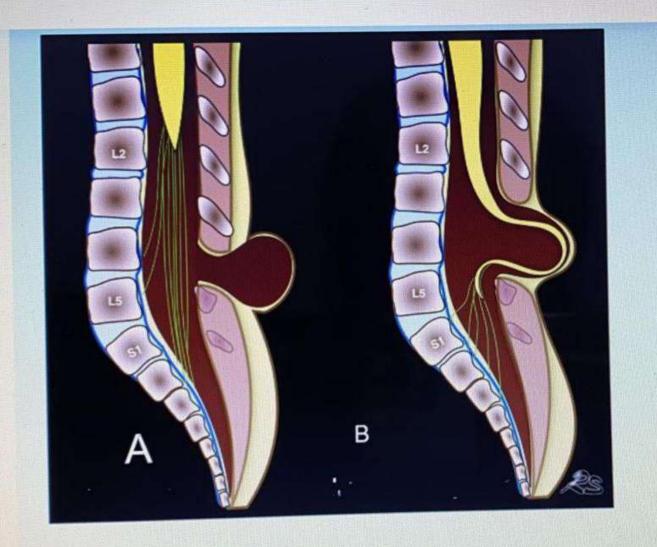


The most important risk factor for the pathology seen in the previous brain CT scan is:

Select one:

- O a. Aspirin use
- O b. Diabetes mellitus
- o c. Dyslipidemia
- O d. Ischemic heart disease
- O e. Hyportension

Clear my choice



These are two types of a common congenital anomaly seen in the neurosurgical practice.

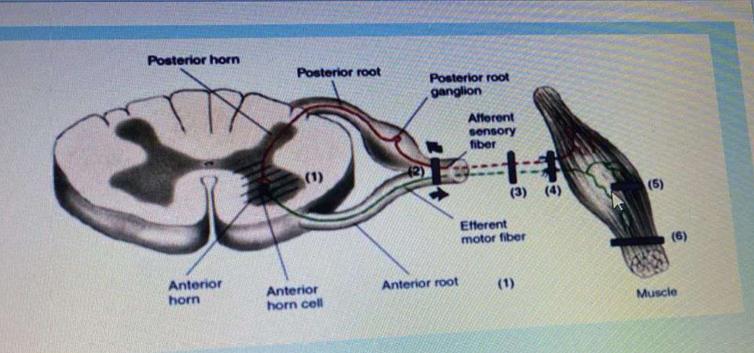
1-Name the anomalies seen in figures A&B?

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ch of the following diseases will be caused by lesion at site # 5 in the shown figure?

ect one:

a. Duchene muscular dystrophy







13

This is a 68 male who presented with progressive lower limbs stiffness and gait disturbance.

Physical examination showed; spastic quadriparesis with hyperreflexia, bilateral Babinski signs and lost position sensation in both lower limbs.

1-Describe the image?

2-Is his clinical picture is suggestive of <u>radiculopathy</u>, <u>mylopathy</u> or <u>myeloradiculaopthy</u> and why?

3-Why he is having impaired position sensation?



D

This a 34 years old female patient who presented with secondary infertility of 6 years associated with milky secretion from her breasts.

- 1-Describe the images and the abnormal findings?
- 2-What visual field deficit is expected?
- 3-If the tumor size was 17 mm, how do you classify this lesion according to size?

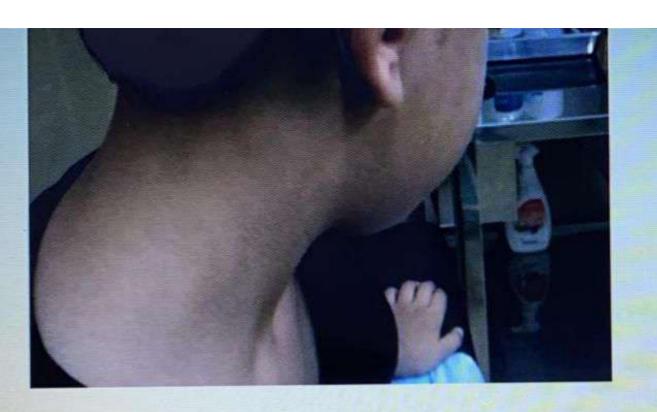


due to loss of:

- O a. Cholinergic neurons
- b. Adrenergie neurons
- c. Serotonergie neurons
- d. Deparminergic neurons







B

The mother of this child noticed this abnormal discoloration 2 days after falling down the stairs; she did not seek medical advice at the time of the trauma.

- 1-Describe the abnormal clinical findings?
- 2-What does it signify?
- 3-Mention one possible complication that can be encountered in such case.

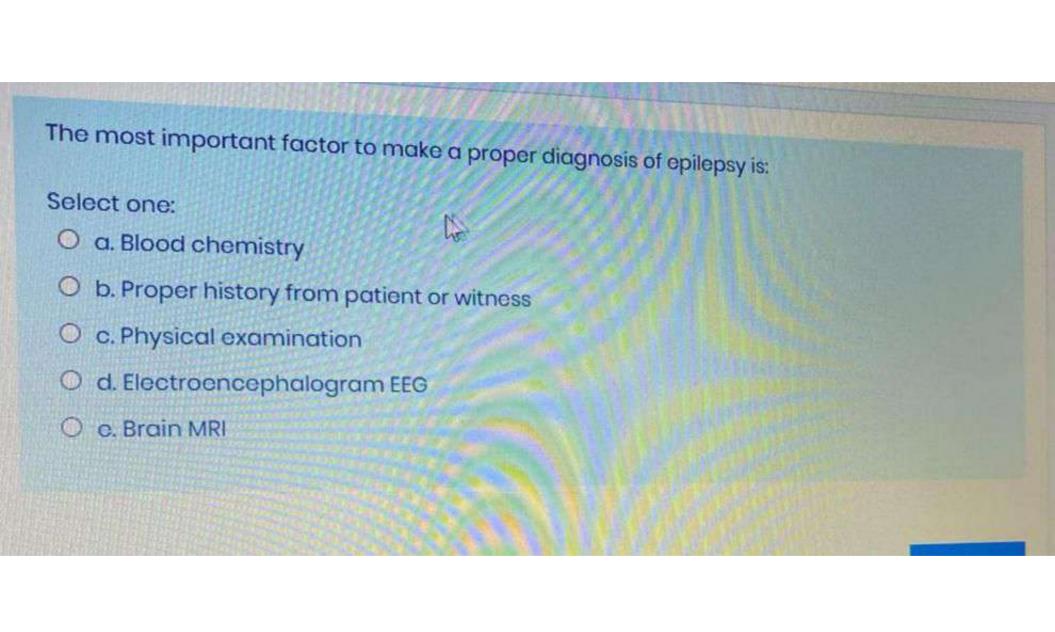


The sign the examiner is trying to elicit is:

- O a. Brudzinski sign
- O b. Babinski sign
- O c. Hoffman's sign
- o d. Kernig's sign
- o. Lhermitto sigh

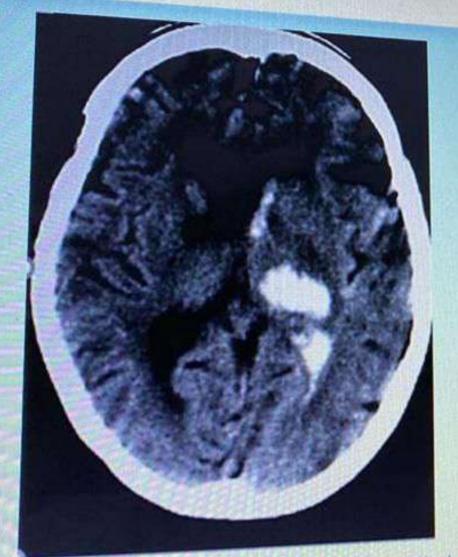


- What is the name of this test?
- 2- When do you consider that the test is positive?
- 3- What does it indicate when it is positive?



In localizing the lesion causing motor weakness which of the following pairs of clinical features/ lesion site is Not correct?

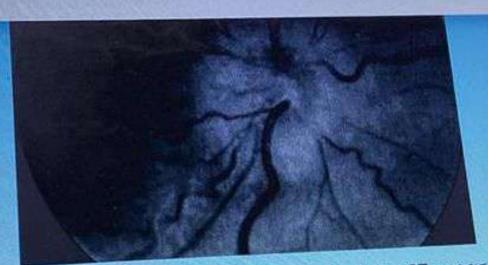
- O a. Right 3rd nerve palsy and left hemiparesis | Midbrain
- O b. Seizures and hemiparesis | Pons
- O c. Pure motor weakness | AHC (anterior horn cell)
- O d. Bilateral lower limb spastic weakness | Spinal cord
- O e. Wrist drop | Radial nerve



The most important risk factor for the pathology seen in the previous brain CT scan is:

Soloct ono:

O a Ashirinusa



The shown fundoscopic exam is for a 37- year old obese lady with body mass index (BMI) of 38kg/m2 who presented with diffuse severe headache worse in the morning and no other findings. If her neuroimaging studies were normal, the next step to do to reach a diagnosis for this lady is:

Select one:

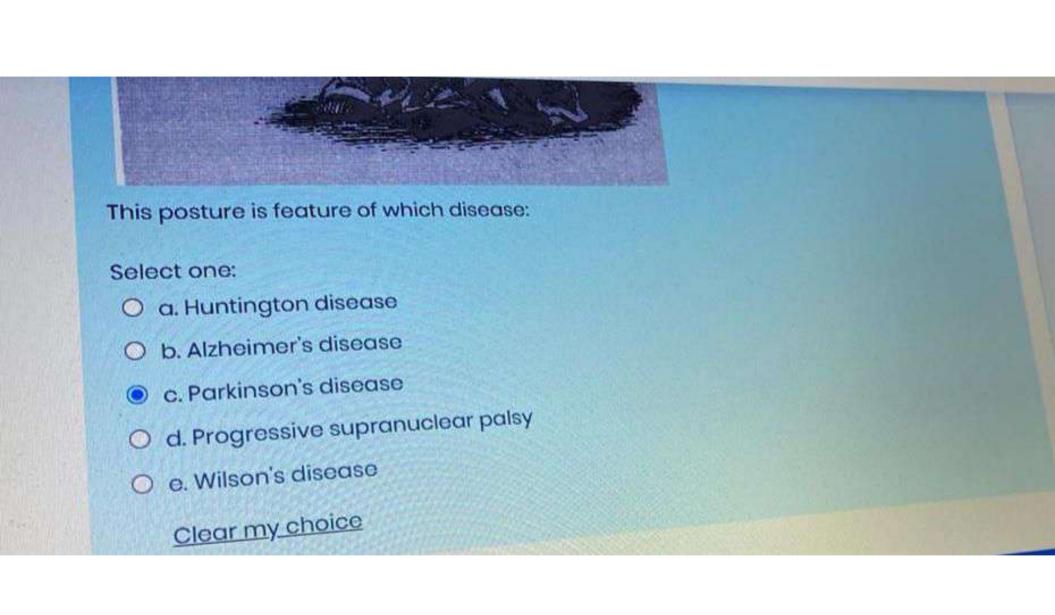
- a. Toxicology screen
- b. Cerebral angiogram
- c. Lumbar puncture
- d. Electroencephalogram EEG
- e. Visual evoked potential VEP

Clear my choice



The drug that is commonly used to treat an acute attack of multiple sclerosis is:

- a. Corticosteroids
- b. Natalizumab
- O c. Alemtuzumab
- d. Fingolimod
- o e Interferon beta

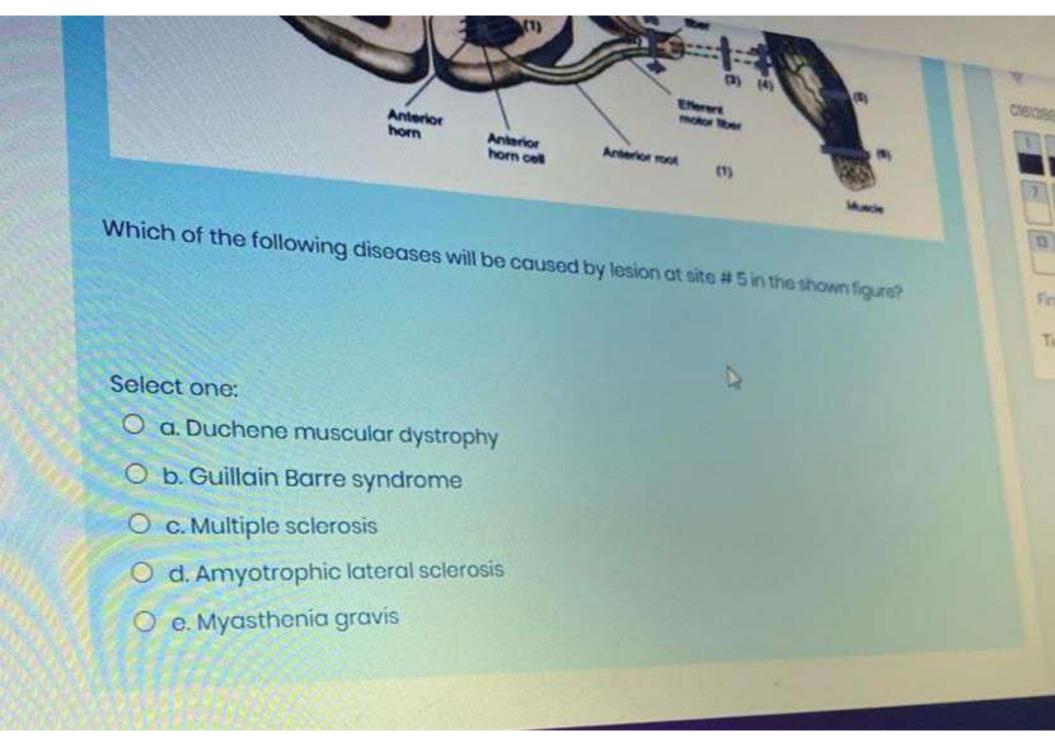




This a few hours old newborn who was delivered by caesarian section, he was diagnosed antenatally to have this congenital anomaly.

He is unable to move his lower limbs spontaneously.

- 1-What is the diagnosis?
- 2-What are the advantages of doing surgical repair (mention two)?
- 3-What is the other possible associated intracranial anomaly?



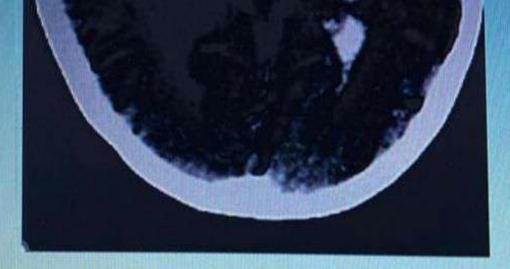
A sensitive test to assess for possible temporal arteritis as a cause of headache in elderly is:

Select one:

- O a. Complete blood count CBC
- O b. Brain MRI
- O c. Electroencephalogram EEG
- od. Erythrocyte sedimentation rate ESR
- O e. Brain CT scan

Clear my choice

B



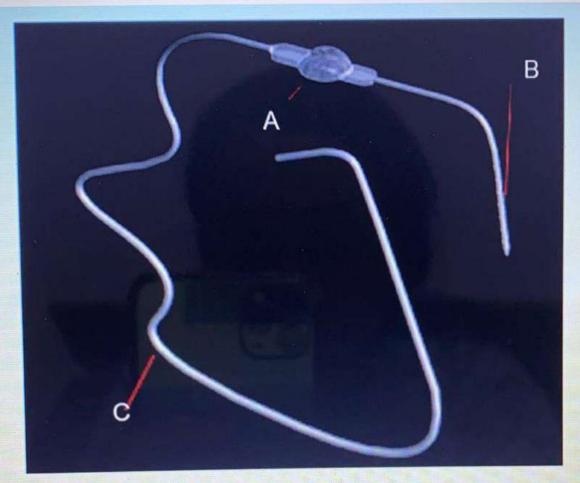
This is a non contrasted brain CT scan for a patient who presented with sudden headache, right sided paresthesia and weakness. This is consistent with:

Select one:

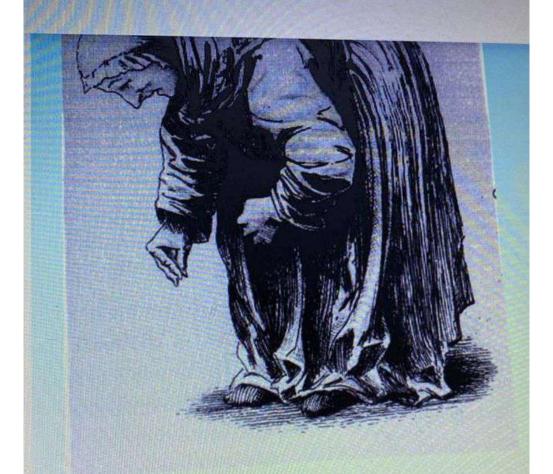
- a. Meningitis
- b. Brain haemorrhage
- O c. Multiple sclerosis
- O d. Brain infarction
- O e. Brain abscess

Clear my choice

B



- 1- What is this device?
- 2-Name the different parts of this device A.B&C?
- 3- What is the indication for its use?
- 4- Mention two possible complications associated with this device.



This posture is feature of which disease:

- O a. Huntington disease
- O b. Alzheimer's disease









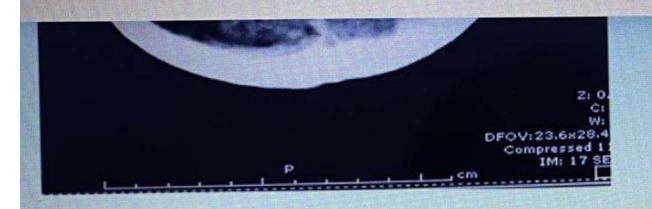


B

This is a 61 year old male patient who is hypertensive and heavy smoker, presented with claudication for 100 meters distance.

- 1-Describe the images?
- 2-What is the diagnosis based in the clinical and images findings?
- 3-What other differential diagnosis that you should keep in your mind?





This is 45 male patient, a victim of RTA, who was brought to the emergency department with decreased level of consciousness.

Physical examination showed a pulse rate of 40/minute, Blood pressure 180/95 with shallow irregular breathing,

He has Glasgow coma scale(GCS)of 5/15 with dilated non reactive left pupil and right sided hemipresis.

He had no other systemic injuries

- 1-What is the type of head injury he has according to his GCS? Why?
- 2-What do his vital signs indicate? What do you call this triad?
- 3-What type of brain herniation that is possible in this patient based on the above clinical findings?