

بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

ارشیف عظام 6

Q1

Long case history of old man 65 years with 2 years history of pain in the hip not responding to analgesia and interfering with his daily life, management ?

- Hip arthrodesis
- Hip Osteotomy
- Hip replacement**
- Analgesia and lifestyle modification
- Open reduction and internal fixation



Q2 11- diagnosis

- Perthes
- hip Dislocation
- SCFE**
- Displacement of head



❖ What are the differential diagnoses ?

- Giant cell tumor
- Chondroblastoma



Q3

SSO

2-A case of patient had lumbar canal stenosis (this information was not written in the question), according to difference between vascular and neurological claudication choose the true answer

a. Downhill more painful

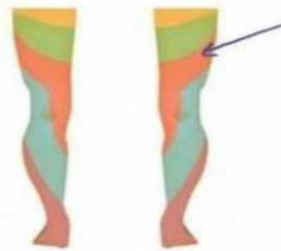


Q4

SSO

One of the following jerks is related to an injury of the dermatome indicated by the arrow ?

Knee jerk L3



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Q5

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1-What is false about the condition in this picture ?

* infective tenosynovitis

- A-flexed posturing of the involved digit
- B-tenderness to palpation over the tendon sheath
- C-marked pain with passive extension of the digit
- D-fusiform swelling of the digit
- E-presence of superficial tender nodules on the palm of the hand

Answer : E



Q6

Q8: What is the mechanism of fracture ?

Q7

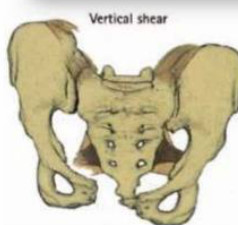
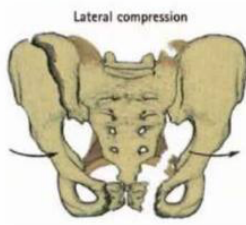
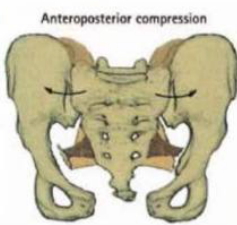
a. Anteroposterior compression

b. **Vertical shear**

c. Stress fracture

d. L

e. A



الطبة
الجزالة
لجنة

65 of 589 Q11: The most sensitive test for this patient is

Q8

a. Lachman test

b. Posterior drawer test

c. Apley's test

d. MacMurray's test

e. **Tibial tuberosity tenderness**



Q9

Management?

- Short cast
- Long cast
- Closed reduction and cast
- Closed reduction and wires

-Closed reduction, wires and cast



12-Hallux valgus
one is **wrong** about this
deformity? **Usually**

unilateral, female, bilateral, Rheumatoid arthritis

Positive family history 60%



Q10

Postive family history

Q11

Q20:

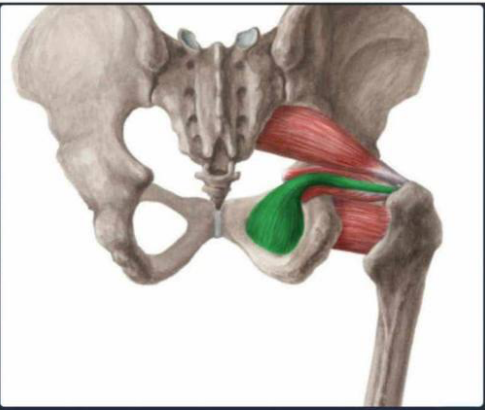
(A)



Segmental fracture

two line of fracture

Q12



A- supplied by the nerve to obturator internus
L1-L2

لازم (L5-S2)

B- action is internal rotation with hip flexion
(lateral rotation)

C- the insertion is on the lateral side of the greater
tubercle
(the medial surface of the greater
trochanter)

D- origin from lesser sciatic foramen
(origin from obturator membrane)

E- blood supply from external podndal artery
(internal podndal artery)

فا لحد الان مش عارفين الاجابه

Q13

X-ray findings in Rickets : ...

Thickening & widening of the physes.
Distortion of the metaphysis (cupping).
Bowing of the long bones.



✓ Wide metaphysis and Physis.
✓ Bowing of tibia and femur.
✓ Very thin cortex.

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✓ Widening of the growth plate leading to
cupping of the wrist.

Rickets

Bone clinical changes in Rickets :

1. Deformity and flattening of the skull (craniotabes).
2. Thickening of the knee, ankles, & wrist from Physal overgrowth.
3. Enlargement of the costochondral junction (ricketic rosary).
4. Lateral Indentation of the chest (Harrison sulcus).
5. **Femur and tibial bowing (Lower limbs).** (not upper limbs) *fb*
6. In sever rickets there maybe spinal curvature.
7. **Coxa vara.** *not vara* *fb*
8. **Fractures of the long bones.**

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Rickets



Rachitic rosary

Harrison sulcus



Craniotabes *Flake*

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Coxa vara :
Neck-shaft angle less than 120 degrees



Q14

Answer: Percutaneous tenotomy of tendon achilles

at birth

Which of the following muscles is responsible for this avulsion fracture

- a. Posterior tibialis muscle
- b. Peroneus brevis lateral compartment of leg
- c. Peroneus longus
- d. Planter fascia
- e. Anterior tibialis muscle



Q15

A:- Eversion and planter flexion ✓

Child came to the ER with his parents complaining of hip pain since 24 hours, he is stable, he has slightly high temperature, wbc:120000,ESR:80, what is the first thing you will do

Q16

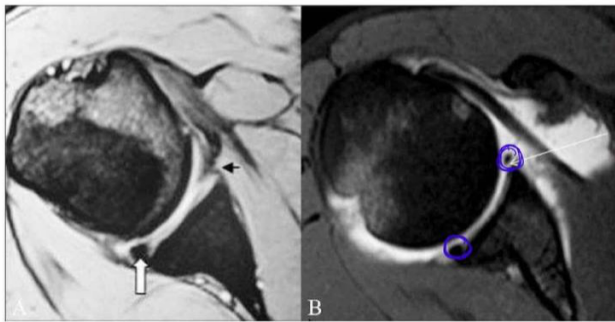
- a-admission
- b-antibiotic
- c-admission and observation
- d-arthrotomy
- e-analgesia



Ans: d

10-Bankart lesion : anterior inferior glenoid labrum injury

Q17



: is the type of this fracture?

Q18



Burst

Q19

Answer: Supply by ulnar artery



Q20

