

## Brain tumour

1)The earliest and most common symptoms of vestibular shwannoma ?

- A)Vertigo
- B)Sensoroneral hearing loss and tinnitus
- C)mass effect

Ans:B

2)The most sensitive modality of imaging for diagnosis of shwannoma ?

- A)CT with contrast
- B)MRI with gadolinium
- C)Skull X-ray
- D)Brainstem auditory evoked response

Ans:B

3)all are treatment modalities for vestibular shwannoma except?

- A)microsurgical excision
- B)Sterotactic Radiotherapy
- C)Chemotherapy
- D)Observation for asymptomatic small tumor

Ans:C

4)Vestibular shwannoma associated with which condition?

- A)NF1
- B)NF2
- C)Tuberous sclerosis
- D)VHL

Ans:B

5) 55 years old man with frontal mass and new onset seizure, histopathology revealed atypical astrocyte with necrosis, what is your diagnosis?

- A) oligodendroglioma
- B) glioblastoma
- C) low grade astrocytoma
- D) Ependyoma

Ans; B

6) Most common posterior fossa child tumor arise from ?

- A) cerebellar hemispheres
- B) floor of 4th ventricle
- C) cerebellar vermis
- D) Brain stem

Ans; C

### Head injury

7) Subdural differ from epidural in?

- A) Subdural from artery, epidural from vein
- B) Subdural can cross suture, epidural not
- C) epidural crescent in shape, Subdural lens shape

Ans; B

8) clinical sequencing of Epidural hematoma?

- A) trauma, lucid interval, then deteriorating
- B) prolonged coma
- C) progressive weakness in limbs

Ans; A

## Subarachnoid haemorrhage

9) WFNS grading components?

- A) GCS and motor deficits
- B) GCS and radiology appearance
- C) prognosis outcome

Ans; A

10) Hunt and Huss grade III ?

- A) asymptomatic with mild headache
- B) moderate to severe headache with nuchal rigidity
- C) drowsiness, confusion with mild neuro focal deficit
- D) deep coma, decerebrate posturing

Ans; C

11) Fisher classification to detect which of complication?

- A) rebleeding
- B) Vasospasm
- C) hydrocephalus

Ans; B

12) Definitive treatment for AVM rupture ?

- A) anti-platelet
- B) endovascular embolization/catheter based occlusion
- C) Antiepileptic

Ans; B

## Spinal trauma

13) First line treatment in spinal trauma ?

- A) surgery
- B) MRI
- C) neurological examination
- D) immobilization

Ans;D

14) Brown séquard ?

- A) Upper limb > lower limb weakness
- B) Ipsilateral motor + proprioception loss, contralateral pain/ temp loss
- C) Loss of vibration & position sense only

Ans;B

15) spinal shock first phase ?

- A) flaccid paralysis, areflexia
- B) hyperreflexia, babinski
- C) bradycardia, hypotension

Ans;A

## Spinal degenerative disease

16) 60 years old patient with Progressive spastic quadriparesis, hand wasting, gait disturbance and X-ray showed cervical osteophytes, what is your diagnosis?

- A) Lumbar disc prolapse
- B) Cervical spondylotic myelopathy
- C) Lumbar canal stenosis
- D) cervical Radiculopathy

Ans;B

17) patient with low back pain, straight leg raise positive, numbness in dorsal of foot, which nerve affected ?

- A) L4
- B) L5
- C) S1
- D) L3

Ans; B

### CNS anomalies

18) How to differentiate between positional plagiocephaly and true plagiocephaly ?

- A) anterior fontanelle
- B) Ear displaced anteriorly on flattened side
- C) symmetrical head

Ans; B

19) Goal of craniostomy surgery is ?

- A) to correct deformity
- B) for normal suture development
- C) it can cause ICP and brain development issues

Ans; C

### Spinal anomalies

20) Myelomeningocele arise from ?

- A) anterior neuropore
- B) posterior neuropore
- C) notochord prematureity

Ans; B