



# Neurosurgery

31/7/2025



# Question number one

## Subarchanoid haemorrhage



**1A) 50 year old female presented to the emergency department with sudden onset of severe headache associated with repeated vomiting, her level of consciousness was 14/15 according to GCS, she had a significant neck stiffness.**

**which of the following steps is wrong, Select one:**

- a. Urgent CT-scan of the brain
- b. Endotracheal intubation and hyperventilation**
- c. Lumbar puncture if the CT-scan revealed no abnormal findings
- d. Ophthalmological examination may be normal
- e. Admission to an intensive care unit for observatio

**1B) Factor that favor clipping over coiling ?**

- 1) younger age**
- 2) multiple co-morbidities
- 3) posterior circulation
- 4) narrow neck

**1C) What is the percentage of people whose die before reaching hospital ?**

- 1) 15%**
- 2) 20%
- 3) 50%
- 4) 30%

**1D) What is the grade according to hunt and hess classification ?**

- 1) 1
- 2) 2**
- 3) 3

# Question number two:

## Congenital Anomalies of the brain

**2A) What is name of the anomaly ?**

- 1) scaphocephaly
- 2) brachiocephaly
- 3) trigonocephaly

**2B) Most common caraniocynostosis in male ?**

- 1) scaphocephaly
- 2) trigonocephaly
- 3) brachiocephaly

**2C) Most common chairi malformations associated with mylomeningocele ?**

- 1) type 1
- 2) type 2
- 3) type 3

**2D) What is the management?**

- 1) strip craniotomy
- 2) observation
- 3) evacuation



# Question number Three:

## Spinal tumour

**3A) All of the following are true about ependymoma except ?**

- 1) arise from ependymal cell of central cord and ventricle
- 2) Tumor exclusive on spinal cord
- 3) rarely affect children

**3B) Most common presenting symptoms?**

- 1) headache
- 2) pain
- 3) vomiting

**3c) What is primary management ?**

- 1) surgical resection
- 2) radiotherapy
- 3) chemotherapy

**3D) Spinal ependymoma associated with which syndrome ?**

- 1) NF2
- 2) Turcot syndrome
- 3) Horner syndrome



# Question number four:

## Brain tumour

4A) Which factor favors to be abscess rather than tumor ?

- 1) age
- 2) renal dialysis
- 3) radiation
- 4) family history

4B) Which of the following give irregular ring enhancement on CT ?

- 1) mets
- 2) glioblastoma
- 3) abscess

4C) Most common presenting symptoms in patients with glioblastoma ?

- 1) headache
- 2) seizure
- 3) hemiparesis
- 4) all of the following

4E) All symptoms occur in meningioma except?

- 1) hormonal disturbances
- 2) headache
- 3) sleep disorder
- 4) anosmia

# Question number five:

## Head trauma

5A) According to these pictures, all of the following are true except?

- 1) cross suture
- 2) doesn't cross suture
- 3) crescent shape



5B) What is the line of management?

- 1) evacuation
- 2) observation
- 3) strip craniotomy

5C) Typical appearance of acute extradural hematoma on non-contrasted CT-scan of the head is? Select one:

- a. Hypodense appearance
- b. crescentic shape
- c. Hyperdense appearance
- e. Isodense appearance

5D) Open eye to painful stimulus, display flexion to pain, incomprehensible sound, the GCS ?

- 1) 7
- 2) 8
- 3) 6
- 4) need intubation

# NEUROSURGERY MINI OSCE /2<sup>ND</sup> GROUP

## Q1. Brain Tumor (Meningioma)

1. Which of the following is TRUE regarding this tumor?

- A) Rapidly growing tumor
- B) Slow growing
- C) Arises from oligodendrocytes
- D) Commonly metastatic

Answer: B

2. Which radiological sign is most characteristic?

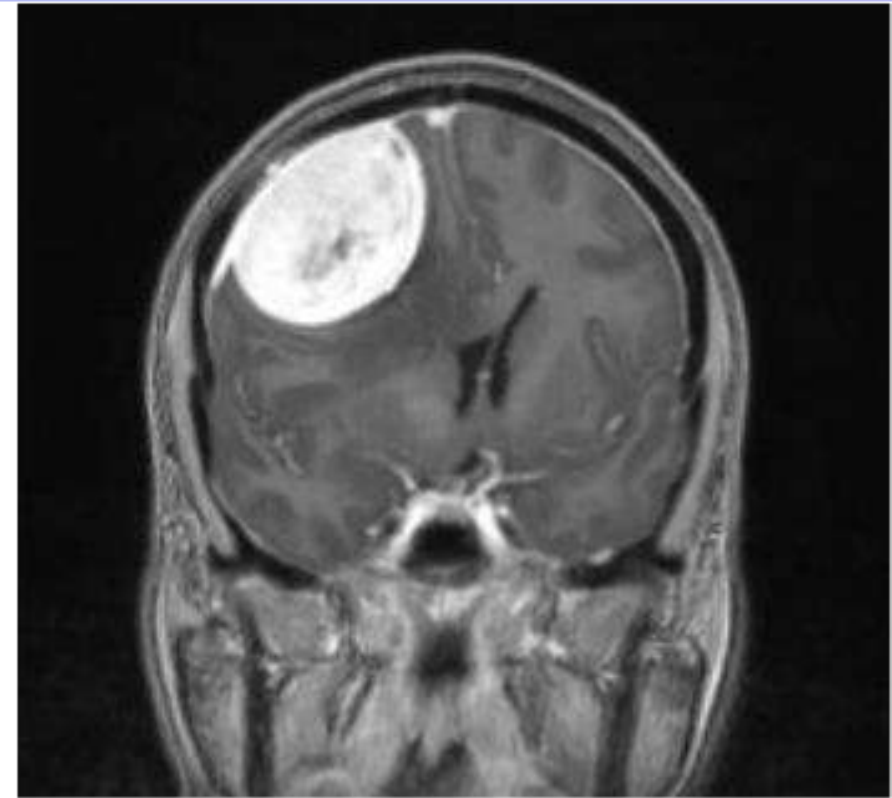
- A) Ring enhancement
- B) Dural tail sign
- C) Butterfly lesion
- D) Calcified pineal mass

Answer: B

3. What is the best method for grading tumors?

- CT scan
- B) MRI
- C) Surgical biopsy/Histopathology
- D) PET scan

Answer: C



4. Which histological finding is typical of this tumor?

- A) Rosenthal fibers
- B) Psammoma bodies
- C) Reed–Sternberg cells
- D) Homer-Wright rosettes

Answer: B

## Q2. (astrocytoma)

1. According to the WHO classification, what is the grade of this tumor?

- A) WHO grade I
- B) WHO grade II
- C) WHO grade III
- D) WHO grade IV

Answer: A

2. Which histopathological finding is most characteristic of this tumor?

- A) Rosenthal fibers
- B) Psammoma bodies
- C) Homer Wright rosettes
- D) Reed-Sternberg cells

Answer: A

3. What is the best method for grading?

- A) CT brain
- B) MRI brain with contrast
- C) Surgical biopsy and histopathology
- D) CSF cytology

Answer: C

4 was removed



### Q3. CT SCAN (subdural hematoma):

manisbrought to the ER after a fall. On arrival: one eye opens spontaneously and the other I doesn't respond to light (fixed)  
Produces inappropriate words Localizes pain with motor response and this is his CT brain:

**1. What is the patient's Glasgow Coma Scale (GCS)?**

- A) 9
- B) 10
- C) 12
- D) Anisocoria

Answer: C

**2. Which of the following is NOT a feature of this photo?**

- A) Crescent-shaped on CT
- B) Crosses suture lines
- C) Crosses midline
- D) Can occur in elderly after minor trauma

Answer: C

**3. What is the initial investigation in the emergency setting?**

- A) MRI brain with contrast
- B) CT scan without contrast
- C) Lumbar puncture
- D) CT scan with contrast

Answer: B



**4. What is the management of a large subdural hematoma with midline shift?**

- A) Observation
- B) Mannitol only
- C) Surgical evacuation
- D) High-dose steroids

Answer: C

## Q4: Intracranial Pressure Curve

1. What is the mechanism of autoregulation in curve A:

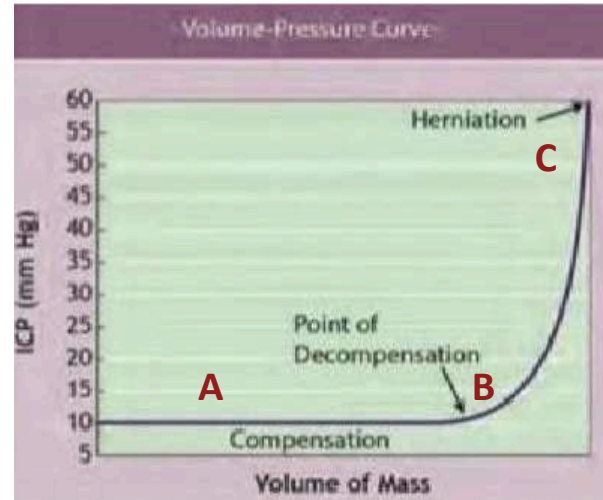
- A) By CSF absorption and venous drainage
- B) vasoconstriction
- C) Vasodilation
- D) By brain parenchyma and arterial blood

Answer: A

2. The patient develops ptosis and a dilated pupil on the right side. Which cranial nerve is injured?

- A) Right optic nerve
- B) Right oculomotor nerve
- C) Left oculomotor nerve
- D) Left optic nerve.

Answer: B



3. What type of herniation is most likely?

- A) Tonsillar herniation
- B) Uncal herniation
- C) Subfalcine herniation

Answer: B

4. Point B on the ICP–volume curve represents:

- A) Compensation
- B) Herniation
- C) Decomensation
- D) Normal ICP

Answer: C

## Q5. SCI

A 19-year-old male suffered a high-speed vehicular accident. He is unable to move his lower limbs. BP = 90/65 mmHg, pulse = 45 bpm. On examination, minimal voluntary movement in lower limb (1/5), full power in upper limb except elbow extension and hand grasp. Sensation absent from chest down. CT cervical spine is shown.

### 1. What is the most likely type of fracture?

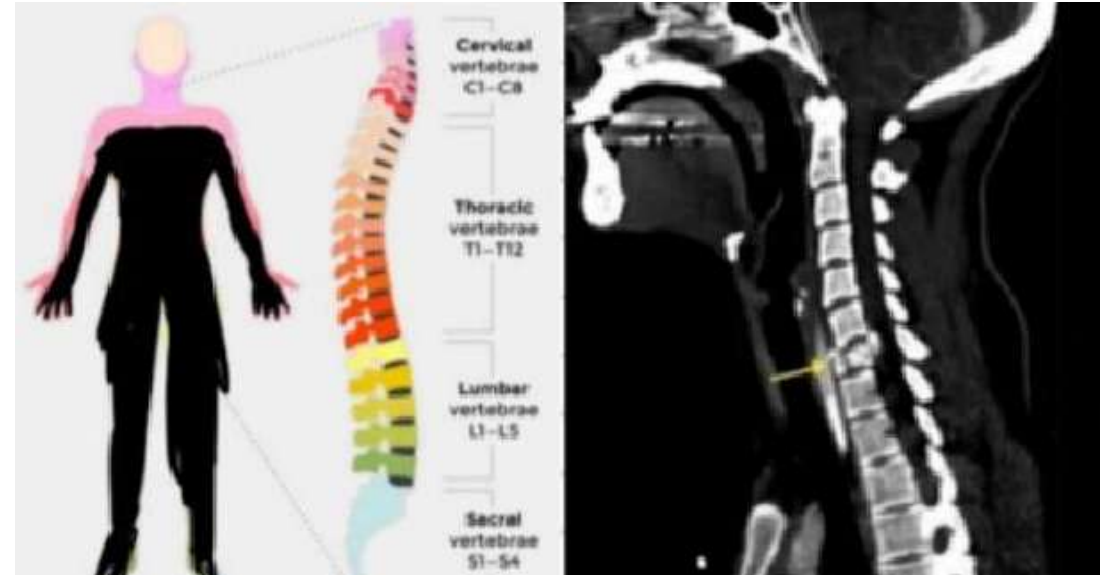
- A) Jefferson fracture
- B) Burst fracture
- C) Hangman's fracture
- D) Clay-shoveler's fracture

Answer: B

### 2. What is the most likely spinal level of injury?

- A) C5
- B) T7
- C) C7
- D) T1

Answer: C



### 3. What is the cause these symptoms in this patient?

- A) Hypovolemic shock
- B) Parasympathetic activity
- C) Neurogenic shock
- D) Cushing syndrome

Answer: C

### 4. Based on the neurological exam, what is the ASIA classification?

- A) E
- B) A
- C) C
- D) B

Answer: C

## 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

# Neurosurgery mini OSCE

6<sup>th</sup> Nov 25

4th group Rauh

Done by : Sarah Manasrah

**Q1)What is the percentage of people whose die before reaching hospital ?**

- A) 15%
- B) 20%
- C)50%
- D) 30%

**Answer: A**

**Q2)Most common presenting symptom in spinal tumours?**

**Answer:** gradual onset of pain increases at night

**Q3)Which factor favor to be abscess rather than brain tumor ?**

- A)age
- B)renal dialysis
- C)radiation
- D)family history

**Answer:B**

**Q4)Which of the following condition assoiated with pineloma?**

- A)Paiunad's syndrome
- B)Truncal ataxia

**Answer: A**

**Q5)All the following are Paiunad's syndrome causes, Except?**

- A)seizures
- B) barbiturate coma
- C) thalamic lesion
- D)Pons lesion
- E)compression of pretectum of midbrain

**Q6)The definitive one for subarachnoid hemorrhage (SAH) diagnosis, within first 24 hours ,is:**

- A) MRI brain
- B) Head CT scan without contrast
- C) Lumbar puncture
- D) Carotid Doppler US

**Q7)According to the WFNS grading system for subarachnoid hemorrhage (SAH), Grade IV corresponds to which of the following?**

- A) GCS 13–14, no motor deficit
- B) GCS 13–14, with motor deficit
- C) GCS 7–12, with or without motor deficit
- D) GCS 3–6, with decerebrate posturing

**Answer:C**

**Q8) A spinal cord malformation (Type I) showing division of the spinal cord into two hemicords is called:**

- A) Two cords, each with its own dural sac
- B) Two cords within a single dural sac
- C) Cavity within the spinal cord

**Answer:A**

**Q9)Which congenital malformation is characteristic of Chiari Type III?**

- A) Occipital encephalocele
- B) Myelomeningocele

**Answer:A**

**Q10)What is the most common bacterial cause of intracranial abscess ?**

- A) Staphylococcus aureus
- B) Streptococcus species
- C) Escherichia coli
- D)Streptococcus epidermidis

**Q11)Which congenital anomaly in children most commonly presents with clinical symptoms?**

- A) Berry aneurysm
- B) Mycotic aneurysm
- C) Arteriovenous malformation (AVM)
- D) Glioma

**Q12)Which cranial deformity results from premature fusion of the sagittal suture?**

- A) Narrow and tall skull (Scaphocephaly)
- B) Wide and short skull (Coronal synostosis)
- C) Symmetrical short skull (Brachycephaly)
- D) Asymmetrical skull (Plagiocephaly)

**Answer: A**

**Q13)In a patient with suspected subarachnoid hemorrhage (SAH), what is the characteristic finding on a non-contrast CT scan?**

- A) Hypodense area in the parietal lobe
- B) Hyperintense area in the basal cisterns
- C) Ring-enhancing lesion in the frontal lobe
- D) Isointense lesion in the ventricles

**Answer:B**

**Q14) All of the following statements about post traumatic cerebral edema are true, EXCEPT:**

- A) Vasogenic and cytotoxic edema may occur together
- B) Vasogenic edema responds well to corticosteroid therapy
- C) Cytotoxic edema results from blood-brain barrier disruption
- D) Cytotoxic edema is due to neuronal and glial cell membrane injury

**Answer: C**

**Q15) Which of the following statements about a burst fracture is correct?**

- A) It involves only the anterior column of the vertebra
- B) It usually spares the posterior elements of the vertebra
- C) It is a comminuted fracture with posterior retropulsion of bone fragments

**Answer: C**

**Q16) Stimulation of the carotid sinus in a person with normal blood pressure and heart rate will cause which of the following?**

- A) Bradycardia and hypotension
- B) Tachycardia and hypertension
- C) Bradycardia and hypertension
- D) Tachycardia and hypotension

**Answer: A**

**17) All of the following tumors are commonly associated with Neurofibromatosis type 2 (NF2), EXCEPT:**

- A) schwannoma
- B) Meningioma
- C) Ependymoma
- D) Glioma

**Answer: D**

**Q18) All of the following statements about *ascending transtentorial herniation* are true, EXCEPT:**

- A) It compresses the midbrain
- B) It may compress the superior cerebellar artery
- C) It is also known as reverse herniation
- D) It causes upward displacement of the cerebellar tonsils
- E) The herniation moves upward through the tentorial hiatus and increases after ventriculostomy

**Answer: D**

**Q19) Which of the following findings is characteristic of an *Upper Motor Neuron (UMN) lesion*?**

- A) Hypotonia, hyporeflexia, muscle fasciculations, negative Babinski sign
- B) Hypertonia, hyperreflexia, no muscle fasciculations, positive Babinski sign

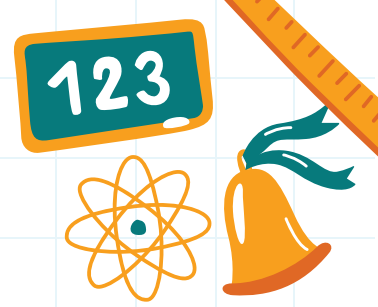
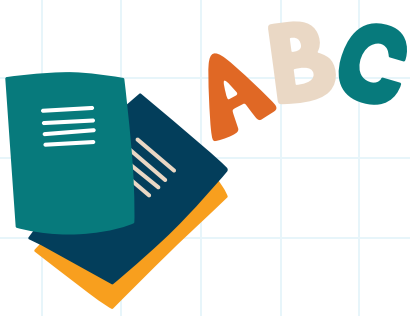
- C) Hypotonia, hyperreflexia, muscle fasciculations, positive Babinski sign
- D) Hypertonia, hyporeflexia, muscle fasciculations, negative Babinski sign

**Answer: B**

**Q20) Which histological finding is typical finding in Meningiomas?**

- A) Rosenthal fibers
- B) Psammoma bodies
- C) Reed–Sternberg cells
- D) Homer-Wright rosettes

**Answer: B**



Most common primary brain tumor in adults

- A) glioblastoma \*\*
- B) meningioma
- C) Ependymoma

Child with NF1 what brain tumor he most likely would have

- A) optic pathway glioma \*\*\*
- B) medulloblastoma
- C) Ependymoam
- D) ATRT

Regarding vestibular schwannoma which of the following is not a classic strategy of treatment

- A) high intensity chemotherapy \*\*\*\*
- B) microsurgical resection
- C) stereotactic radiotherapy
- D) observation with serial MRI

What is the symptom which comes with medulloblastoma

- A) Ataxia and gait imbalance \*\*\*\*
- B) visual loss
- C) headache
- D) seizure

hemiangioblastoma in spinal tumor associated with

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

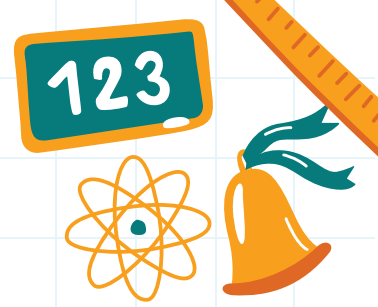
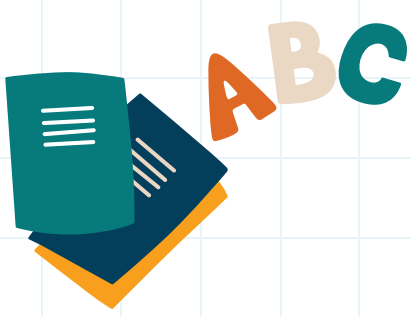
drug used to reduce the risk of delayed cerebral ischemia in SAH

- A) Nimodipine \*\*\*\*
- B) mannitol
- C) levitracetam

Hunt Hess with patient in deep coma decerebrate and decorticate posturing what is the grade

- A) 5 \*\*\*\*
- B) 4
- C) 3
- D) 2





All of the following are risk factor in ICP monitoring except

- A) normal CT without any signs and brain swelling \*\*\*\*
- B) age more than 40
- C) SBP less than 90
- D) Decorticate or decerebrate posturing

What is the first line treatment in uncomplicated herniated lumbar disk

- A) NSAID and physiotherapy \*\*\*\*
- B) immediate surgery
- C) Mandatory bed rest
- D) steroid

Burst fracture

- A) Anterior and middle part of vertebral body and pressure on spinal cord \*\*
- B) isolated posterior fracture
- C) Anterior part of vertebral body only

Eye opening to verbal stimulus

Incomprehensible word

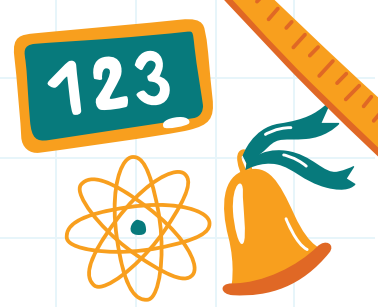
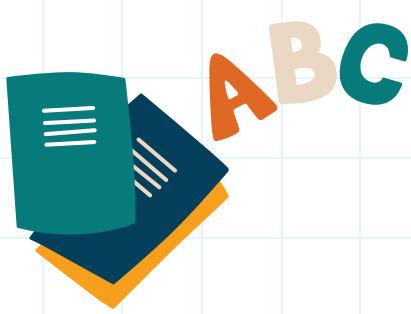
Withdraw right arm to pain and localized pain with left arm

- A) 10\*\*\*
- B) 9
- C) 8
- D) 7

Patient is intubated cannot do verbal testing what would you record his verbal response GCS

- A) VT (Verbal not testable) \*\*\*\*
- B) V1
- C) Automatically 1 Verbal
- D) record it as last verbal response





what is the gold standard diagnostic tool for vasospasm

- A) DSA\*\*\*\*
- B) CT without contrast
- C) Transcranial doppler
- D) MRI

Female patient with aneurysmal SAH came to the ER she had been stabilized what is the next step to prevent rebleeding

- A) clipping or endovascular coiling\*\*\*
- B) mannitol
- C) steroid
- D) hyperventilation

Which of the following is an indication of surgical evacuation in acute SDH

- A) Hematoma thickness  $>10$  mm \*\*\*
- B) thickness  $< 3$  mm
- C) Chronic symptom  $> 4$  weeks
- D) GCS = 14

Classic clinical scenario in epidural hematoma

- A) immediate LOC , lucid interval , rapid deterioration \*\*\*\*
- B) deep coma
- C) progressive headache

Which of the following is not commonly associated with myelomeningocele

- A) Chiari type 1 \*\*\*
- B) Chiari type 2
- C) hydrocephalus
- B) lower limb weakness and bladder dysfunction

Brown sequard is

- A) Ipsilateral paralysis and contralateral pain and temperature loss \*\*\*
- B) Upper motor weakness more than lower motor weakness
- C) loss of motor and sensory

The suture should be closed in trigonocephaly

- A) Metopic \*\*\*
- B) sagittal
- C) lambdoid
- D) coronal

Which of the following is considered a major risk factor of meningioma

- A) brain radiation\*\*
- B) smoking
- C) hypertension
- D) hyperlipidemia



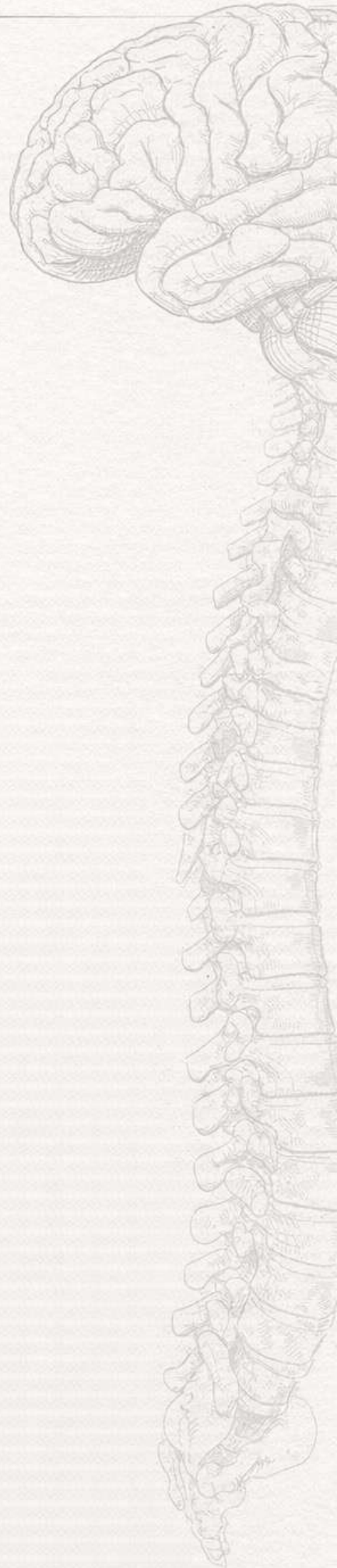
Neurosurgery Archive

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*Neurosurgery  
Mini-OSCE  
Archive  
Group 3*

**EXAM DATE : 31/DEC/25**

*By : Abrar Abunawas*



## Brain Tumors

1. All of the following intracranial tumors are known to cause drop metastases EXCEPT:

- A. Medulloblastoma
- B. Glioma
- C. Astrocytoma
- D. Ependymoma
- E. Hemangioblastoma

**Answer: E. Hemangioblastoma**

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2. Which of the following histopathological features is most commonly seen in meningioma?

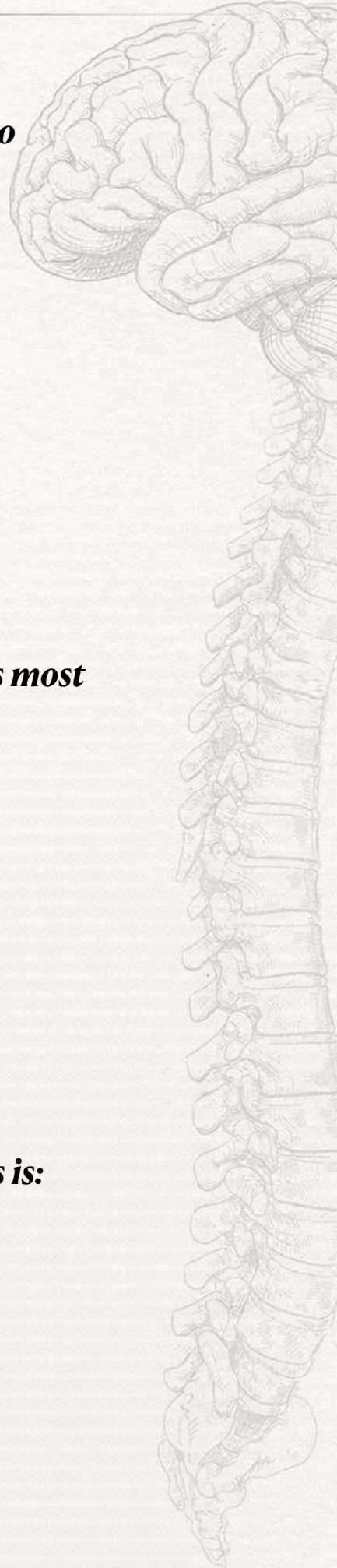
- A. Rosette formation
- B. Psammoma bodies
- C. Necrosis
- D. Pseudopalisading
- E. Schiller-Duval bodies

**Answer: B. Psammoma bodies**

3. The best treatment strategy for most brain tumors is:

- A. Radiotherapy alone
- B. Chemotherapy alone
- C. Surgery with maximal safety
- D. Surgery with wide safety margin
- E. Observation only

**Answer: C. Surgery with maximal safety**



**4. Hemangioblastoma is most commonly associated with which genetic disorder?**

- A. Neurofibromatosis type 1**
- B. Neurofibromatosis type 2**
- C. Tuberous sclerosis**
- D. Von Hippel–Lindau disease**
- E. Li-Fraumeni syndrome**

**Answer: D. Von Hippel–Lindau disease**

## **CNS Anomalies**

**5. Which of the following craniosynostosis is most commonly seen in males?**

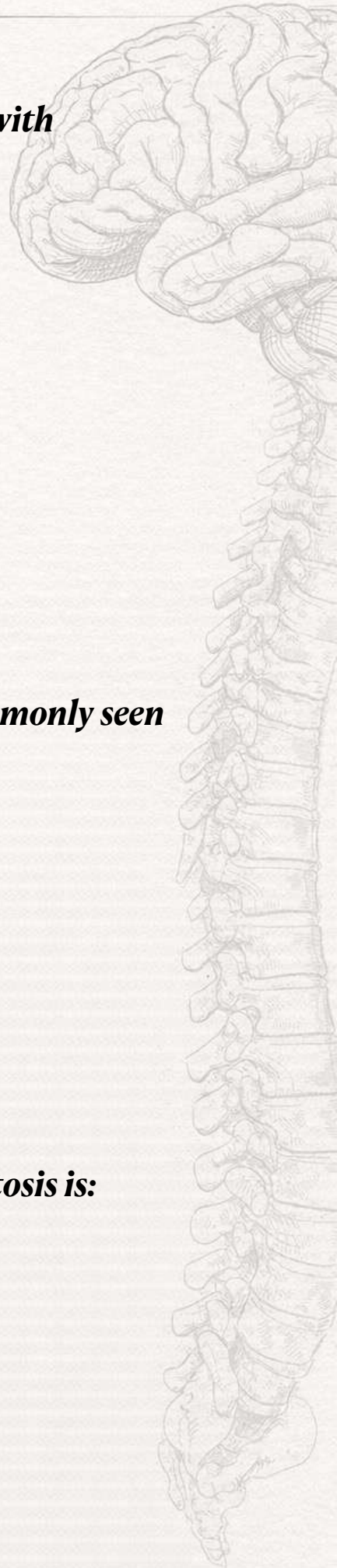
- A. Brachycephaly**
- B. Plagiocephaly**
- C. Trigonocephaly**
- D. Scaphocephaly**
- E. Oxycephaly**

**Answer: D. Scaphocephaly**

**6. The standard surgical management of craniosynostosis is:**

- A. Ventriculoperitoneal shunt**
- B. Endoscopic third ventriculostomy**
- C. Strip craniectomy**
- D. Cranioplasty**
- E. Decompressive craniectomy**

**Answer: C. Strip craniectomy**



## ***Spinal Congenital Anomalies***

***7. Myelomeningocele is most commonly associated with which type of Chiari malformation?***

- A. Chiari I***
- B. Chiari II***
- C. Chiari III***
- D. Chiari IV***
- E. Dandy–Walker syndrome***

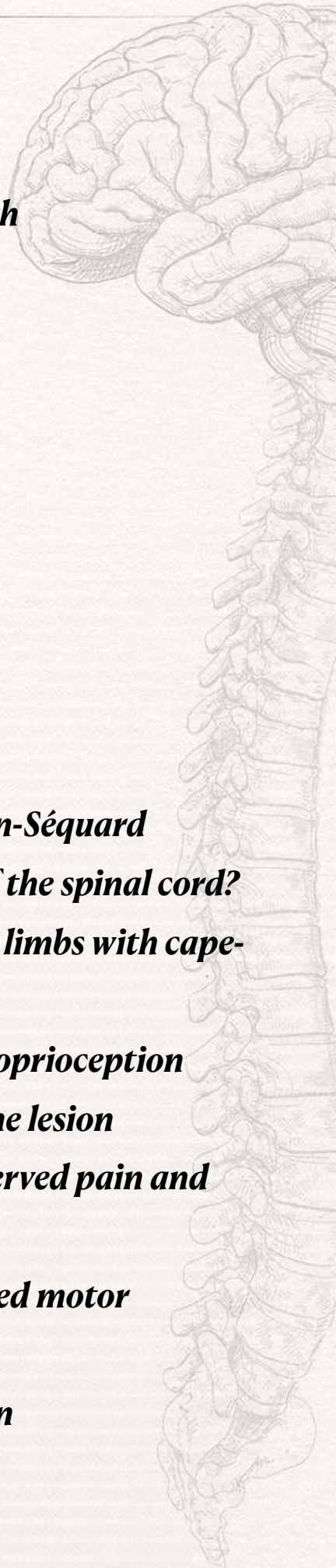
***Answer: B. Chiari II***

## ***Spinal Injury***

***8. Which neurologic pattern best characterizes Brown-Séguard (hemicord) syndrome following lateral hemisection of the spinal cord?***

- A. Greater weakness in the upper limbs than the lower limbs with cape-like sensory loss***
- B. Ipsilateral motor weakness and loss of vibration/proprioception with contralateral pain and temperature loss below the lesion***
- C. Loss of vibration and position sense only, with preserved pain and temperature***
- D. Bilateral loss of pain and temperature with preserved motor strength***
- E. Symmetric spastic paraparesis with intact sensation***

***Answer: B***



## Spinal Tumours

9. *The definitive treatment for most spinal tumors is:*

- A. *Chemotherapy alone*
- B. *Radiotherapy alone*
- C. *Surgical excision*
- D. *Steroid therapy*
- E. *Observation*

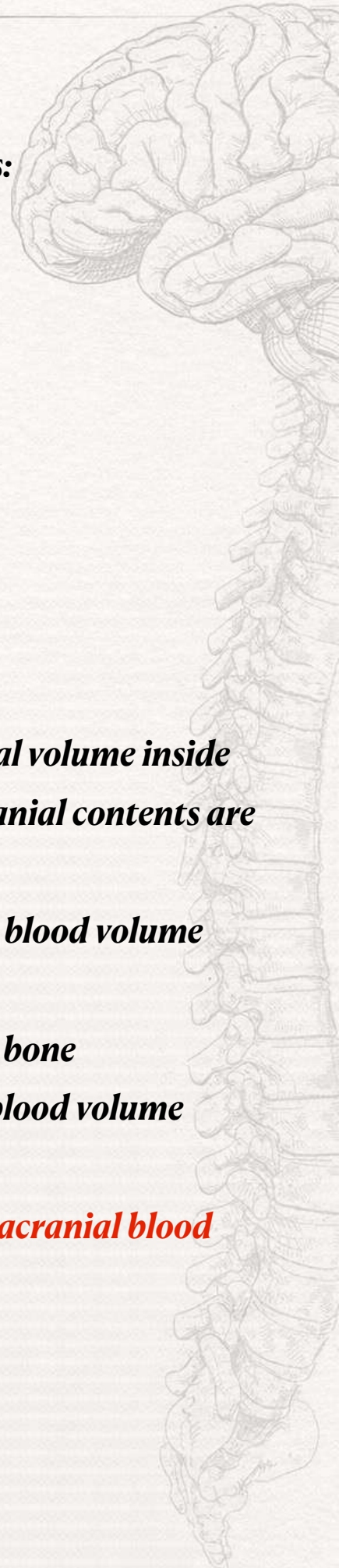
***Answer: C. Surgical excision***

## ICP

10. *According to the Monro–Kellie doctrine, the total volume inside the skull is constant. Which of the following intracranial contents are included in this doctrine?*

- A. *Brain tissue, cerebrospinal fluid, and intracranial blood volume*
- B. *Brain tissue, cerebrospinal fluid, and skull bone*
- C. *Brain tissue, intracranial blood volume, and skull bone*
- D. *Skull bone, cerebrospinal fluid, and intracranial blood volume*
- E. *None of the above*

***Answer: A. Brain tissue, cerebrospinal fluid, and intracranial blood volume***



## Head Injury

11. *The best verbal response on the Glasgow Coma Scale (GCS) is:*

- A. 1
- B. 2
- C. 3
- D. 4
- E. 5

**Answer: E. 5**

12. *One of the following conditions corresponds to a motor score of 2 on the Glasgow Coma Scale (GCS):*

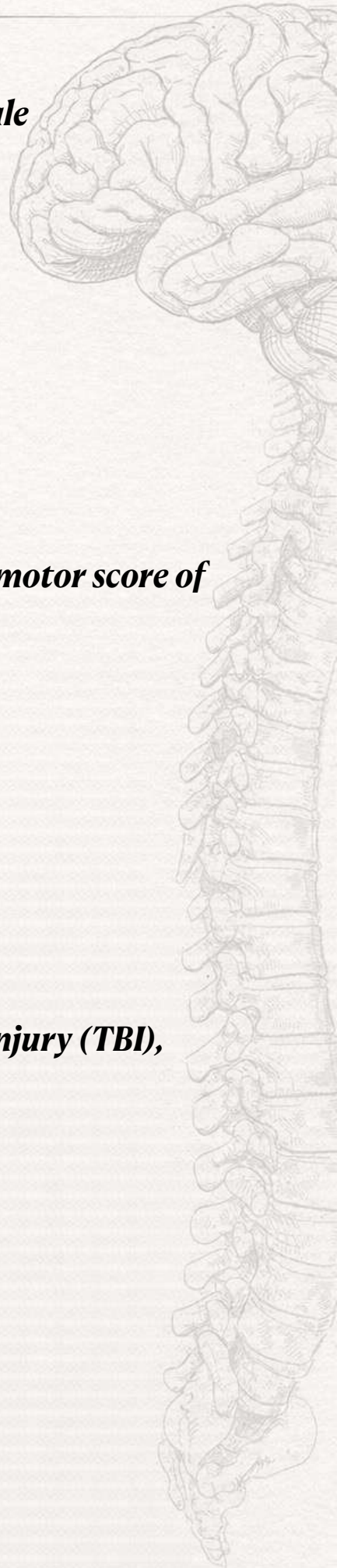
- A. Obeys commands
- B. Localizes pain
- C. Withdraws from pain
- D. Decorticate posturing
- E. Decerebrate posturing

**answer: E. Decerebrate posturing**

13. *Regarding corticosteroid use in traumatic brain injury (TBI), which statement is correct?*

- A. Improves neurological outcome
- B. Reduces cerebral edema significantly
- C. Increases mortality
- D. Has no benefit
- E. Both C and D

**Answer: E. Both C and D**



## ***Subarachnoid Haemorrhage (SAH)***

***14. The term “sentinel hemorrhage” refers to:***

- A. Rebleeding after aneurysm rupture***
- B. Hemorrhage following trauma***
- C. Initial minor bleed preceding a major SAH***
- D. Intraventricular hemorrhage***
- E. Post-operative bleed***

***Answer: C***

***15. The gold standard diagnostic test for detecting a berry (saccular) aneurysm is:***

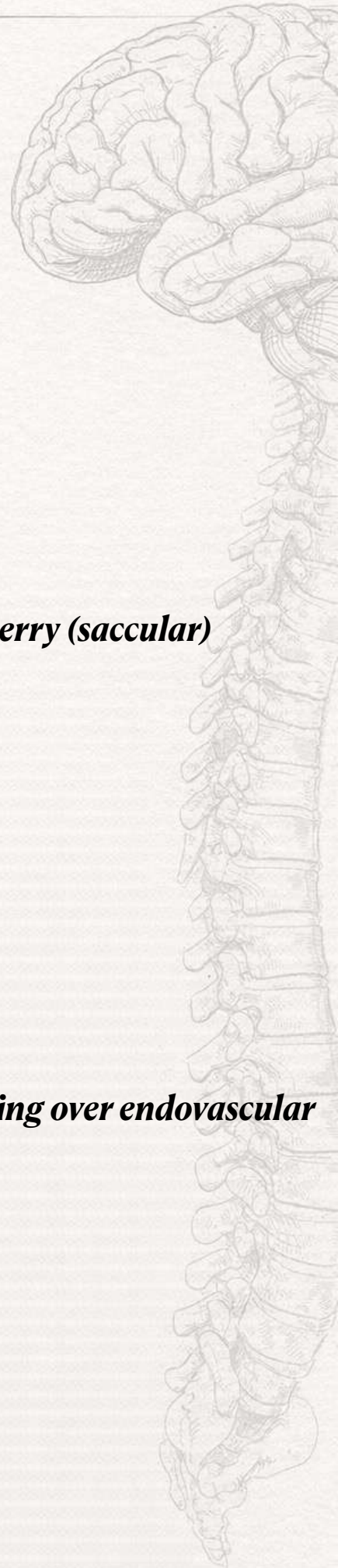
- A. Non-contrast CT scan***
- B. MRI brain***
- C. CT angiography***
- D. Digital subtraction angiography***
- E. Transcranial Doppler***

***Answer: D***

***16. Which of the following factors favors surgical clipping over endovascular coiling in SAH?***

- A) Elderly age***
- B) Multiple comorbidities***
- C) Poor WFNS grade***
- D) Young age***
- E) Narrow-neck aneurysm***

***Answer: D***



# Neurosurgery Archive

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1. First tx in spinal trauma? Cervical Immobilization
2. WFNS grading components? GCS , motor deficits
3. Hydrocephalus incontinence...
4. MC type of intracranial brain tumors? Brain mets
5. What is the first line of tx in uncomplicated herniated lumbar disk? NSAIDS , PHYSIO
6. Golden standard diagnostic tool for vasospasm? DCA
7. MC affected nerve in basal skull fracture? CN1
8. MRI Dx? astrocytoma
9. Cause of congenital hydrocephalus by maternal infection? Toxoplasmosis
10. Lumbar disc herniation causing radiculopathy? + Supine straight leg
11. Eye opening to verbal stimulation, incomprehensible words and withdraw right are to pain and localized pain with left arm? 10
12. All of the following considered vestibular schwannoma tx except? Chemotherapy
13. High morbidity with parenchymal injury
14. All of the following except? Appendicitis
15. Ipsilateral paralysis and contralateral pain and temperature loss? Brown sequard syndrome
16. Volume more than 35
17. All of the following are risk factor in ICP monitoring except? Normal ct with no swelling
18. Neural tube defects detection through? AFP+ US
19. A 19-year-old male suffered a high-speed vehicular accident. He is unable to move his lower limbs. BP = 90/65 mmHg, pulse = 45 bpm. On examination, minimal voluntary movement in lower limb (1/5), full power in upper limb except elbow extension and hand grasp. Sensation absent from chest down. CT cervical spine is shown. What is the most likely type of fracture? BURST COMBINED Fx
20. which factor favors to be abscess rather brain tumor? Renal dialysis



**Neurosurgery**

**Archive Rouh**

**8<sup>th</sup> group**

**12/mar/2026**

**Prepared By**

**Sondos Dyab**

- 1. ACA ruptured aneurism surgical intervention to — prevent rebleeding**
- 2. Severity of SAH detected by — hunt& hiss classification**
- 3. WFNS classification involve — GCS&motor deficit**
- 4. Dandywalker malformation — enlargement 4 ventricle & agenesis of cerebellar vermis**
- 5. Most common craniosynostosis in male — schaphocephaly**
- 6. Cushing triad — HTN&bradycardia&irregular respiration**
- 7. Case of trauma ,left fixed dilated pupil,localized pain,inap word ,abn flexiin ,which cranial nerve affect — CN3**
- 8. Differ btw subdural & epidural hematoma — cross & not cross suture**
- 9. 60 old man with new onset seizure & ring enhancement — mets tumor**
- 10. indicate high grade glioma — rapid growth**
- 11. Butterfly glioblastoma cross — corpus callosum**
- 12. Spinal ependymoma — arise from ependymal cell of central cord & ventricle**

**13. abscess rather than tumour—  
renal dz/dialysis**

**14. primary standard for grading brain tumour—  
surgical biopsy + histopathology**

**15. most common symptom of spinal tumour—  
back pain**

**16. Pilonidal sinus associated with —  
parinaud syndrome**

**17. parinaud syndrome all except —  
skin rash**

**18. first surgical intervention for vestibular schwannoma—  
microsurgical resection**

**19. Myelomeningocele arises from —  
posterior neuropore**

**20. cauda equina syndrome includes —  
A+B (urinary retention & urinary incontinence)**