



THE COLLEGES OF MEDICINE OF SOUTH AFRICA

Incorporated Association not for gain
Reg No 1955/000003/08

Final Examination for the Fellowship of the
College of Paediatric Surgeons of South Africa

27 July 2017

Paper 1

(3 hours)

All questions are to be answered. Each question to be answered in a separate book (or books if more than one is required for the one answer)

- 1 With regards to Biliary Atresia
- a) Discuss the aetiology. (5)
 - b) Describe important positive and negative ultrasonic findings. (5)
 - c) Draw the various anatomical variants. (5)
 - d) Tabulate your post-operative management protocol following Kasai porto enterostomy. (5)
 - e) Describe expected outcomes of surgery. (5)
- [25]
- 2 Paediatric oncology patients often present with abdominal emergencies
- a) List the most common abdominal emergencies that these children may present with. (5)
 - b) Briefly discuss management of a ruptured nephroblastoma and discuss the impact on prognosis. (5)
 - c) By means of a flow diagram, describe your approach to intra-abdominal compartment syndrome in a patient with a rapidly enlarging hepatoblastoma. (5)
 - d) Discuss the diagnosis and management of neutropenic colitis. (5)
 - e) Briefly discuss obstructive uropathy as a complication of paediatric oncological presentation and its treatment. (5)
- [25]
- 3 X-rays demonstrate a massive pneumoperitoneum in a ventilated 1200gram neonate. The abdomen is clinically tense
- a) List the possible aetiologies. (3)
 - b) Describe your approach to resuscitation. (5)
- At surgery you find a distal ileal perforation secondary to NEC. The child is metabolically stable.
- c) Describe the criteria that you will use in deciding which of the available management options to utilise. (5)
 - d) Discuss the concept of the "Clip and Drop" approach. (5)
 - e) Outline the treatment principles of this child when after resection it has been left with 30cm of small bowel. (7)
- [25]
- 4
- a) Draw a picture of the typical anatomical appearance of a cloacal exstrophy. (5)
 - b) Describe the pre-operative management of these patients. (6)
 - c) What is your preferred surgical management? (5)

- d) With respect to this patient, list your thoughts regarding
- i) Gender assignment.
 - ii) Urinary continence.
 - iii) Faecal continence.

(3)

(3)

(3)

[25]



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Paper 2

(3 hours)

All questions are to be answered. Each question to be answered in a separate book (or books if more than one is required for the one answer)

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- 1 a) A 3-year-old boy presents with a supra-condylar fracture of his humerus with an absent radial pulse on examination
- i) Describe the arterial anatomy of the upper limb from the axilla to beyond the elbow. (5)
- ii) Discuss your management of this patient. (5)
- b) Discuss
- i) Potential complications of an impacted battery in the oesophagus. (5)
- And
- ii) The management priorities. (5)
- c) Discuss the diagnosis and management of Rhabdomyolysis. (5)
- [25]
- 2 a) The parents of an anencephalic foetus decided to continue the pregnancy till delivery with the aim of organ donation at birth. Discuss your view and the ethical issues raised in this situation. (8)
- b) Tabulate the differences between single stage and two stage repair of hypospadias with severe chordee. (6)
- c) Describe your management of a 14-year-old with congenital adrenal hyperplasia that presents with bilateral testicular masses. (5)
- d) Discuss the fate of the structures related to the developing fetal umbilicus and their surgical relevance. (6)
- [25]
- 3 a) Discuss the mechanisms of action of beta blockers in the treatment of vascular anomalies. (5)
- b) Describe the anatomy of the oesophageal hiatus. (5)
- c) Write short notes on diagnosis and management of anal fissure and peri-anal fistula. (5)
- d) Describe the radiographic features of gastrointestinal perforation in children. (5)
- e) Discuss the timing of stoma closure in infants with necrotising enterocolitis. (5)
- [25]
- 4 a) A 10-year-old girl presents with a mass in the right lobe of the thyroid gland with multiple enlarged lymph nodes on the right side of the neck.
- i) What is the most likely diagnosis? (2)
- ii) Discuss your pre-operative radiological work up. (5)
- iii) In detail, describe your preferred treatment? (5)

- b) Describe the course of a second cleft branchial fistula. What structures are at risk during resection? (5)
- c) A child presents with a midline neck mass and the sonar does not show any thyroid at the normal position.
- i) What is your diagnosis? (2)
- ii) Describe your management. (6)

[25]