



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

1 March 2018

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 Write short notes regarding the following
 - a) Aetiology of hypertrophic pyloric stenosis. (4)
 - b) Possible pathological lead points that could cause intussusception. (5)
 - c) List the conditions associated with primary peritonitis. (4)
 - d) i) List the conditions described as 'Variants of Hirschsprung's Disease'. (4)
ii) Discuss the histological findings in the most commonly seen "variant of Hirschsprung's disease". (4)
 - e) Describe steps in minimally invasive surgical management of Hydatid disease in the liver. (4)[25]

 - 2 a) You have managed a child with gastroschisis using a silo. The reduction and subsequent skin closure occurred six weeks previously. Repeated attempts to introduce enteral feeding have failed, recurrent vomiting is the predominant symptom
 - i) List the possible aetiologies of the ongoing failure to tolerate feeds. (5)
 - ii) What is your investigative approach – what are you looking for with each investigation. (5)
 - iii) This child now has TPN associated cholestatic jaundice. In general, not specifically this patient, what are the risk factors for TPN associated cholestasis? (5)
 - iv) What steps can be taken to mitigate TPN associated cholestatic jaundice and how can each step help. (5)b) Write short notes on management of posterior urethral valves at diagnosis. (5)
- [25]
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- 3 With regards to congenital diaphragmatic hernia (CDH)
 - a) Describe the embryology and anatomy of the diaphragm in relation to congenital diaphragmatic defects. (5)
 - b) You are consulted by an obstetrician about an unborn baby of 22 weeks where the diagnosis of congenital postero-lateral diaphragmatic hernia was made. Briefly describe the advice will you give to the parents. (5)
 - c) What are the predictors of outcome? (5)
 - d) Briefly describe the surgical techniques of repair of Morgagni type CDH. (5)
 - e) What is eventration of the diaphragm and what are the treatment options? (5)[25]

- 4 Briefly discuss oesophageal atresia under the following headings
- a) Embryology relevant to this condition. (4)
 - b) Principles of workup and management of each of the 5 most common types. (6)
 - c) Associated congenital abnormalities and how they may influence the surgery. (5)
 - d) Prognostic classification for oesophageal atresia. (5)
 - e) Complications and long-term sequelae with these patients. (5)
- [25]



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2 March 2018

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 Answer the questions below regarding intestinal malrotation
- a) Describe the embryology of normal intestinal rotation. (5)
 - b) How would you manage a 5-year-old child with an incidental /asymptomatic finding of malrotation? (5)
 - c) Describe the key steps in the surgical correction of malrotation. (5)
 - d) Discuss laparoscopic versus open surgery for malrotation. (5)
 - e) Describe post-operative complications of malrotation. (5)
- [25]
- 2 a) Regarding Wilms Tumour, discuss
- i) Histological types and their relevance. (5)
 - ii) Relevance of nephrogenic rests. (3)
 - iii) Influence of the following on prognosis and management (5)
 - Intra caval extension of tumour.
 - Extension into the ureter.
 - Tumour rupture at operation.
 - Bilaterality.
 - iv) Pros, cons and differences of the 2 main treatment protocols internationally. (6)
- b) Describe the anatomy of the renal hilum, indicating differences on the left and right. Use clear labelled drawings if you wish. (6)
- [25]
- 3 a) In respect of Choledochal Cysts. Discuss
- i) Classification. (5)
 - ii) Investigations and pre-operative workup. (5)
 - iii) The surgical approach to fusiform choledochal cyst. (6)
 - iv) The role of laparoscopy in the management of choledochal cysts. (4)
- b) List the causes and indications for surgery in acalculous cholecystitis in children. (5)
- [25]
- 4 a) Briefly discuss the management principles of a 5-year-old boy with a traumatic pancreatic pseudocyst. (6)
- b) List the causes of lower GI-bleeding in pre-pubertal children and briefly discuss the work-up of these patients. (7)
- c) Write short notes on neutropenic enterocolitis. (5)
- d) Write short notes on the management of a child with an entero-cutaneous fistula. (7)
- [25]