



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

26 July 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)*

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- 1 Regarding Portal Hypertension
- a) Give an outline of portal venous anatomy and mention sites of portal systemic shunting. (5)
  - b) Explain what Portal Venous Cavernous Transformation is and mention causes. (3)
  - c) Outline some options for the management of Portal Hypertension in children. (7)
  - d) What is the role of the Rex Shunt in the treatment of portal Hypertension in children? (5)
  - e) List the prerequisites for the performance of the above shunt in children. (5)
- [25]
- 2 Describe the nature of the following investigations and their value in the management of Paediatric Surgical patients
- a) Alpha foetoprotein. (6)
  - b) Procalcitonin. (4)
- In children, abdominal pain and nonspecific gastrointestinal symptoms are common presentations to primary care doctors
- c) Describe the Red Flags for Inflammatory Bowel Disease (IBD) which should prompt further investigations. (5)
  - d) What is the role of surgery in
    - i) Crohns Disease. (5)
    - ii) Ulcerative Colitis. (5)
- [25]
- 3 Discuss midgut malrotation under the following subdivisions
- a) Embryology. (5)
  - b) Clinical presentation. (5)
  - c) Diagnostic modalities. (5)
  - d) Management. (7)
  - e) Incidentally discovered malrotation. (3)
- [25]

- 4 Parents are referred to you after documentation of polyhydramnios and a dilated upper oesophageal pouch on antenatal ultrasound at 16 weeks of gestation
- a) What is the most likely diagnosis? (2)
  - b) Regarding further antenatal investigation, tabulate the screening tests that are available, indications, time frame of use and associated risks. (8)
- After delivery the neonate develops significant respiratory distress requiring intubation, hypoxaemia, and tense distension of the epigastrium. In addition to the primary diagnosis, AXR demonstrates a double bubble with massive gastric distension
- c) What is the diagnosis of exclusion? (2)
  - d) What intervention is urgently indicated? (2)
  - e) List the critical operative steps in managing this complication. (4)
- 3 months after definitive management, the child presents with GORD
- f) List your indications for surgical intervention. (4)
  - g) Under which circumstances are Nissen Fundoplication contra-indicated? (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) Discuss the Embryology of the Kidney. (5)  
 b) Write short notes on ureterocoeles. (5)  
 Regarding Persistent Hyperinsulinaemic Hypoglycaemia of infancy, please discuss  
 c) Diagnosis and indications for surgery. (5)  
 d) Surgical options in these patients and your choices for surgery. (5)  
 e) Discuss the embryology of the Thyroid Gland. (5)  
 [25]
- 2 Regarding intussusception  
 a) Describe in detail how you perform a pneumatic reduction. (6)  
 b) List the contra-indications to radiological reduction. (3)  
 c) Define "pathological" intussusception and list the causes. (4)  
 d) What is Waugh Syndrome? (1)  
 Exomphalos is a feature of Pentalogy of Cantrell  
 e) What are the associated abnormalities? (2)  
 f) Describe in detail how you will repair each component. (7)  
 g) What is the commonest cause of mortality in these patients? (2)  
 [25]
- 3 At Laparotomy in a 2-year-old for abdominal distension, white ascitic fluid is identified  
 a) How do you confirm a diagnosis of chylous ascites? (3)  
 b) What are the presenting symptoms of chylous ascites? (4)  
 c) Describe the anatomy of the thoracic duct. (5)  
 d) What are the common aetiologies of chylous ascites in the paediatric age group? (5)  
 e) Outline the principles of management of chylous ascites. (8)  
 [25]

- 4 A 1-week-old 2.5 kg neonate has been admitted to the NICU for congenital pneumonia. An appropriately positioned umbilical arterial line has been in situ since birth. The child now presents with acute onset of cool mottled lower limbs bilaterally, with associated renal dysfunction. Femoral pulses are absent
- a) How would you investigate this patient, and document the important findings? (6)
  - b) What are the contra-indications to thrombolysis in this patient? (2)
  - c) Describe the salient steps in an operative thrombectomy on this patient. (4)
- A 1-year-old child presents with a midshaft hypospadias
- d) Discuss the salient points that you will address when consenting the parents. (3)
  - e) When correcting chordee, describe sequential steps in intervention. (4)
  - f) List the operative steps in performing an epispadias repair. (6)

[25]