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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

25 July 2019

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 List in CHRONOLOGICAL order, the embryological steps that lead to malrotation. (6) a) Discuss the complications of an endorectal pull-through procedure for Hirshsprung's b) disease. Describe what steps you would take during the procedure to prevent this. (6) List in order the operative steps in the abdominal part of a gastric pull up procedure. (4) c) What are the causes of unilateral limb enlargement in children? d) (5)Discuss the current prognostic indicators for antenatally diagnosed congenital e) diaphragmatic hernias. (4) [25] 2 a) What is achalasia? (2) Describe the physiology of oesophageal peristalsis and pathophysiology of achalasia. b) (7)c) How do you investigate the patient and confirm the diagnosis? (4) Describe possible therapeutic options in the management of a 4-year-old boy with d) achalasia, motivating for the option you would regard as optimal. Discuss the differences in management of achalasia in children when compared to the e) adult patient. (4) [25] List the most common benign and malignant tumours of the parotid gland in children. 3 a) b) Describe in detail how you will find the trunk of the facial nerve during a superficial parotidectomy. Discuss the factors that influence prognosis in patients with a rhabdomyosarcoma. c) (5)Classify Rhabdomyosarcoma in the head-neck region and explain the rationale for this d) classification. In the head-neck region, what are the principles of treatment for this tumour e) (Rhabdomyosarcoma)? (5) [25] 4 Discuss the advantages and disadvantages of neo-adjuvant chemotherapy in the a) management of a 3-year-old patient with diagnosis of nephroblastoma. (5) b) In relation to ischaemia-reperfusion injury Discuss the pathophysiology. (5)i) Discuss preventative strategies to avoid this syndrome. (5) Write a short note on eosinophilic esophagitis. (4) c) Discuss the role of primary peritoneal drainage in the management of necrotising d) enterocolitis. (NEC). (6)



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26 July 2019

(3 hours) Paper 2 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 Tabulate a classification of DSD (Disorders of sexual differentiation). a) (6) Describe the clinical presentation and principles of management in a child with complete b) androgen insensitivity syndrome. (7)Discuss the embryology of duplications of the urinary tract. c) (4) Discuss your postnatal management of an ante-natally diagnosed, unilateral ovarian cyst. d) (4) With respect to childhood circumcisions e) List indications. (2)i) ii) List complications of the procedure. (2)[25] 2 With respects to trisomy 18 a) Describe your antenatal counselling of parents who are expecting a child with confirmed trisomy 18. Would you consider surgical intervention in such a patient? Qualify your decision. ii) (4) b) Regarding acute appendicitis i) Define early acute appendicitis and what are the treatment options available for this Explain which treatment course you would follow and elaborate management of the ii) patient including disadvantages. (4) In a patient with "suspected small bowel" bleeding c) What do you understand by the term "suspected small bowel bleeding". (2)What is the differential diagnosis? ii) (5)Outline how you would investigate a child with this diagnosis. iii) (4)[25] Discuss clinical presentation and pathophysiology of small left colon syndrome. 3 (5)a) Discuss paediatric rectal prolapse. Include predisposing factors, investigation and b) surgical options for full thickness prolapse. (6)Discuss the pathophysiology of a perianal abscess in a 4-month-old child and draw the C) relevant anatomy. (6) A 12-year-old girl presents with a 5cm lump in the right breast d) Discuss the assessment and investigation of this mass. i) (3)ii) Management if diagnosis is suspected fibroadenoma. (2)What is a Phyllodes tumour and your treatment plan? (3)[25]

- 4 a) Describe Broncho Pulmonary Sequestration and the different types. (5)
 - b) Discuss the risk factors that predispose a patient to developing IFALD (intestinal failure associated liver disease). (5)
 - c) The "Rex" shunt (meso-portal shunt) has become the procedure of choice in the appropriate patient with portal Hypertension. What are prerequisites to promote a successful procedure? (5)
 - d) Discuss the management of primary mega ureter. (5)
 - e) Discuss when you would consider implementing damage control principles in the context of abdominal trauma. (5)

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