

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 February 2020

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	a) b)	Discuss primary peritonitis in children. Briefly discuss the clinical presentation of suspected inflammatory bowel disease in paediatric patient.	(5)
	c)	Briefly discuss the principles of management of a patient with a newly diagnosed ent cutaneous fistula.	ero- (5)
	d) e)	List the steps during surgery for the excision of a second branchial arch cyst. Discuss the Embryology of the Pancreas.	(5) (5) [25]
2	a)	 With reference to paediatric ovarian tumours i) List the indications for performing ovarian sparing surgery. ii) Describe your intra-operative steps in staging a suspected malignant ova tumour. iii) What are the long-term side effects of chemotherapy prescribed for a germ tumour of the ovary? 	(5)
	b) c) d)	 With reference to meconium ileus i) List the complications. ii) Discuss the management of complicated meconium ileus. Describe the genetic abnormalities found in cystic fibrosis. Discuss the management options for spontaneous bile duct perforation. 	(3) (5) (2) (3) [25]
3	a) b) c) d)	 Referring to non-accidental injury (NAI) i) Name 4 typical injuries on physical examination. ii) Which x-ray examinations should be included in the skeletal survey? iii) Which findings are typical for NAI on this survey? Which criteria must be fulfilled for a child to be able to consent to an operation? Define grade III-V renal trauma (American Association for the Surgery of Trauma). Discuss the management of these injuries. 	(4) (4) (4) (3) (6) [25]
4	a) b) c) d) e)	Discuss the operative steps in the open repair of a right indirect inguinal hernia repara 4-year-old boy. Discuss the diagnosis and management of idiopathic scrotal oedema. Discuss the initial management of a newborn with gastroschisis, at a district hospital provide to referral to your unit? What is your long term follow up of a baby with Beckwith-Wiedemann syndrome? Discuss in detail the management of the acute scrotum in a 14-year-old. Include description of any surgical intervention.	(4) (3) prior (7) (3)



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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)

1	a) b) c) d) e)	Discuss the pathogenic mechanisms of biliary atresia. (4 Explain in detail how you would do a Kasai porto-enterostomy. (4 Discuss the hepato-pulmonary syndrome in biliary atresia. (4 Illustrate the normal hepatic artery anatomy and discuss some of the common variants	5) 5) 5) 5) 5. 5) 5]
2	a) b) c) d)	 ii) Discuss the role of fetal surgery including a note on the indications and a description of the interventions available. iii) List the types of bladder dysfunction and their management in children with posterior urethral valves. Describe the principles of endoscopic therapy of vesicoureteric reflux. Describe your surgical management of a child with bilateral Grade 5 vesicoureteric reflux in whom endoscopic treatment has failed. Discuss the perinatal management of a fetus with CHAOS (congenital high airway obstruction syndrome). 	6) or 4) 2) JX 7)
3	a) b) c) d) e)	Discuss pros and cons for prophylactic antireflux surgery in a child with neurologic impairment needing a gastrostomy for feeding. (4 Classify vascular anomalies. (4 Discuss diagnosis and treatment of gastro-intestinal Ascaris Lumbricoides. (4 List the differential diagnosis of an interlabial mass in a girl less than 5-years-old. (4)	3) al 8) 6) 4) 5]
4	a) b) c)	List 6 possible complications of central venous access in children and describe wh measures you should take to prevent each complication. (6 With regards to burn wound management, describe the following i) Xenograft. ii) Allograft. iii) Autograft.	5) at 5) 7)
	d)	Discuss your initial resuscitation and management of a 3-year-old with 28% hot wate burns, sustained 4 hours prior to referral.	