



The Hong Kong College of Anaesthesiologists

Diploma in Pain Management Examination

Paper TWO

Friday, 25 September 2009, 11:00 h. – 12:00 h.

Instructions:

- I. There are TWO clinical scenarios; each scenario has three related short questions.
- II. Please **answer ALL questions**
- III. Please write your answer for each scenario in appropriately labelled answer books.
- IV. Record your candidate number and question number on each answer book.

Scenario A

Ms Y is a 68 year old woman who suffers from paraplegia after a fall two years ago. Magnetic Resonance Imaging (MRI) shows evidence of spinal cord injuries at T12 and L1 levels.

She complains of diffuse pain from the waist downwards to both feet. The pain is described as throbbing, burning, and stabbing, and is exacerbated by muscle spasms. The pain is extremely tiring and debilitating.

- Q1 What are the causes of pain in this patient?
- Q2 Outline oral pharmacological treatment for her pain.
- Q3 Discuss the pros and cons of intrathecal drug delivery for this patient.

Scenario B

The orthopaedic surgeon refers a patient to you with persistent low back pain after a work related injury one year ago.

On examination, your findings include: superficial tenderness to light touch over the back, axial loading aggravates lower back pain, a difference in straight leg raising between supine and sitting position. You also observe disproportionate facial and verbal expression.

- Q1 Explain the relevance of these physical findings?
- Q2 Outline the psychosocial assessment of this patient.
- Q3 The Magnetic Resonance Imaging (MRI) T2 weighted images reveal:
 - Schmorl's node (herniation of disc into intervertebral end plate) at L3 and L4
 - Annular tear with decreased signal intensity with loss of disc height at L3/4
 - Diffuse central disc bulge at L4/5 with no evidence of spinal stenosisHow do you interpret these findings?

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