Sample 1

A 45 year old woman presents with a pathological fracture of her left femur. On admission she mentioned a painless lump in her right mandible and radiography revealed a large radiolucent lesion of the right ramus of her mandible. Her general health was good apart from some abdominal and loin pain a few weeks before. Routine biochemical investigations reveal a raised corrected serum calcium, a low serum phosphate, a minimally raised alkaline phosphate and an ESR of 23.

What does this suggest further investigations should be carried out for?

A Fibrous dysplasia of bone
B Hyperparathyroidism
C Metastatic carcinoma
D Multiple myeloma
E Pagets disease

Sample 2

A 28 year old woman was assaulted outside a nightclub. You are asked to review her following primary survey as the emergency medicine doctor feels she has isolated facial injuries. On questioning she opens her eyes spontaneously, is able to localise painful stimuli but mumbles inappropriate words.

What is her Glasgow Coma Score?

A 7
B 9
C 11
D 13
E 15

Sample 3

The term Facial Scoliosis relates to curvatures in relation to the vertical axis of the face. Which of the following may give rise to facial scoliosis?

A Aperts syndrome
B Hemifacial hypertrophy
C Hemifacial microsomia
D Sagittal suture synostosis
E Untreated torticollis

Sample 4

In carrying out a facelift procedure to tighten the skin of the face and neck, which of the following is NOT true?

A Injury to the great auricular nerve can be prevented by raising the flap superficial to the sternocleidomastoid fascia
B Injury to the great auricular nerve most commonly occurs where it crosses the sternocleidomastoid muscle
C The face-lift is a rotation advancement flap
D The marginal mandibular branch of the facial nerve may be damaged by dissection just superficial to the platysma muscle
E The marginal mandibular branch of the facial nerve may be damaged by extended sub SMAS (superficial musculoaponeurotic system)

Sample 5

The open reduction of mandibular fractures:

A has a higher postoperative infection rate when percutaneous trochars are used
B is rarely indicated where established infection complicates the fracture site
C may be endoscopically assisted for fractures of the condyle
D relies on limited sub-periosteal dissection
E should be covered by the prescription of antibiotics active against Gram negative organisms