

## Give one correct answer for each question.

### 1. Regarding the agger nasi cells, which is the incorrect statement?

- A. These are the most anterior ethmoid cells.
- B. They are extramural cells (not confined within the ethmoid bone) and extend anteriorly into the lacrimal bone.
- C. They are anterior to the anterior attachment of the middle turbinate to the skull base.
- D. In the sagittal plane, they are located posterior and inferior to the frontal recess.

### 2. Which one of the following statements is false?

- A. Bulla ethmoidalis is a prominent anterior ethmoid air cell.
- B. Its presence always leads to obstruction of the osteomeatal complex.
- C. The degree of pneumatization may vary, and failure to pneumatise is termed torus ethmoidalis.
- D. Haller cells are located below the bulla ethmoidalis and extend beneath the floor of the orbit.

### 3. Which one of the following statements is false?

- A. The syndrome known as Treacher Collins, or Franceschetti-Zwahlen-Klein, syndrome is a rare genetic disorder with an autosomal-dominant pattern of inheritance.
- B. The features are not noticeable at birth.
- C. This developmental disorder has an estimated prevalence of between 1 in 40 000 and 1 in 70 000 live births.
- D. There are various dysmorphic features and signs affecting the face, skull, ears, eyes, nose, mouth, throat and mental status.

### 4. Which one of the following statements is false?

- A. In Treacher Collins syndrome, there are various dysmorphic features. Among others, these include hypoplastic zygomas, downward sloping palpebral fissures, deficient mandibular rami and a cleft palate.
- B. Auricular anomalies include malformed pinnae, abnormalities of the external auditory canal (stenosis or atresia), maldevelopment of the ossicles and absence of middle ear and tympanic spaces.
- C. The inner ears are usually grossly abnormal with neural hearing loss.
- D. Although persons with mandibulofacial dysostosis usually have normal intelligence, developmental delay may occur if the hearing loss is not diagnosed.

### 5. Which one of the following is true?

- A. Acute acalculous cholecystitis (AAC) is recognised to occur only in patients with serious comorbid illnesses such as after major surgery, severe trauma, burns, multiorgan failure, systemic sepsis and prolonged intravenous hyperalimentation.
- B. The development of AAC in outpatients with none of the traditional risk factors, appears to be increasing, but only in Japan.
- C. Acute acalculous cholecystitis (AAC) is acute inflammation of the gallbladder in the absence of gallstones.
- D. There have been several reports from South Africa regarding the incidence of a spontaneous form of AAC locally.

### 6. Identify the one false statement among the following choices.

- A. Spontaneous or primary cerebrospinal fluid (CSF) fistula is a rare cause of CSF rhinorrhoea.

- B. Magnetic resonance imaging with high-resolution highly T2-weighted images is valuable in preoperative localisation and characterisation of the defect, particularly if a transnasal endoscopic approach is planned.
- C. The presence of CSF rhinorrhoea often indicates the existence of an abnormal communication between the intracranial CSF spaces and the nasal cavity or via the eustachian tube from a temporal bone fracture.
- D. The least common cause of CSF rhinorrhoea is post-traumatic as a complication of a skull base fracture.

### 7. The following statements are true, except for:

- A. Non-traumatic causes of CSF rhinorrhoea make up only 3 - 4% of cases.
- B. Spontaneous, or primary, CSF fistula is a separate entity with no underlying cause for the CSF leak.
- C. Spontaneous leaks are more common in emaciated middle-aged men.
- D. The pathogenesis of lateral sphenoid cerebrospinal fluid fistula is thought to be due to a combination of embryological and acquired factors.

### 8. Identify the false statement among the following.

- A. Diffuse, severe beaten-copper pattern is an indicator of chronic elevated intracranial pressure, which is more common in patients with craniosynostosis.
- B. Additional findings associated with a chronic increase in intracranial pressure include macrocrania, splitting of the sutures, skull demineralisation and erosion or enlargement of the sella turcica.
- C. The appearance is more frequent in children with complex, rather than simple, craniosynostosis.
- D. In children younger than 18 months, the presence of a diffuse copper beaten pattern on skull radiography, together with narrowing of the basal cisterns and obliteration of the anterior sulci, significantly decreases the likelihood of raised intracranial pressure.

### 9. Identify the single false statement.

- A. Prenatal ultrasound is the investigation of choice when screening for foetal abnormalities.
- B. In the third trimester, the sensitivity of ultrasound is maximal despite the ossification of the cranium and the relative size of the fetus compared with the volume of liquor.
- C. When an intracranial abnormality is detected on ultrasound specifically within the posterior fossa, a fetal MRI is the next investigation of choice, to accurately characterise and diagnose the abnormality.
- D. Disadvantages of MRI include limitations due to fetal motion, poorer spatial resolution than ultrasound, cost, availability and lack of expertise.

### 10. Identify the one false statement.

- A. The College of Radiologists has been well positioned to take on the role of an independent examining body hosting a national 'single-exit' examination and has been awarded this responsibility.
- B. The College councils and examiner boards are made up of heads of department and examiners who hail predominantly from universities around the country.
- C. The strategic step of making a research component a prerequisite for registering as a specialist with the HPCSA lays to rest the argument of qualifying for government subsidies.
- D. The universities can now provide the infrastructure to produce MMed research that qualifies for an MMed degree, but not the government subsidy.

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