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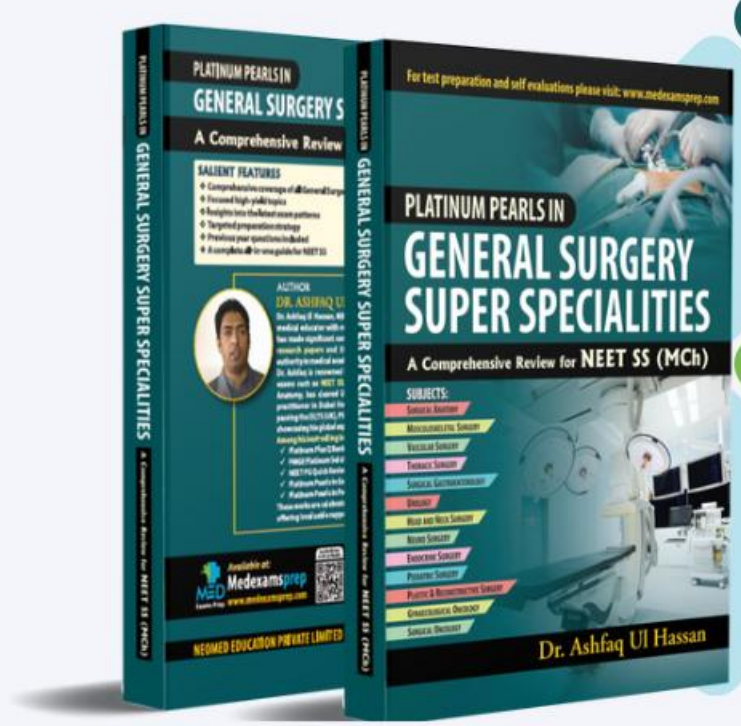

REVISION

HOLDS

THE

KEY

CHAPTER

13

Surgical Oncology

Q 1. A Child has been diagnosed with Rhomboid tumor. Main feature in Children are:

A. Aggressive Neuraxial tumors
B. Aggressive Visceral Tumors
C. Aggressive Lymphoid Tumors
D. None

Ans A. Aggressive Neuraxial tumors

Rhabdoid tumors are embryonal tumors which are aggressive and present along neuraxis. They contain Rhabdoid cells that express epithelial membrane antigens and Neurafilament antigens.

Q 2. Rhabdomyosarcoma is a round cell tumor. All are types of Rhabdomyosarcoma except:

A. Embryonal type
B. Brenner type
C. Alveolar tumors
D. Undifferentiated sarcomas

Ans B. Brenner type

Rhabdomyosarcoma, is a round cell tumor, and it is thought to arise from the same mesenchyme as striated muscle. There are varying histologic subtype: (1) embryonal type, responsible for 60% of cases, has an intermediate prognosis; (2) botryoid type, 65 % of cases, grapelike mass extends into a body cavity; (3) alveolar tumors, 15% of cases, poorest prognosis; (4) undifferentiated sarcomas, 20% of cases; and (5) pleomorphic type, adults from, 1% of cases.

Q 3. A Patient has a CT Proven GIST. Which is true of GIST as a marker?

A. DOG 1
B. SMAD
C. HMB
D. Synaptophysin

Ans A. DOG 1

- Originate from the interstitial cell of cajal (intestinal pacemaker).
- Common in stomach
- DOG 1 is the marker of GIST
- Tyrosine kinase activity is high in theseT umors.
- Expresses CD117 and CD34.

Q 4. A 7 year old boy has a 5cm x 3 cm abdominal swelling on USG. Vanillylmandelic acid levels are elevated. It is most likely:

A. Wilms Tumor
B. Carcinoid
C. Phaeochromoytoma
D. Neuroblastoma

CHAPTER

12

Gynaecological Oncology

Q 1. A 55 year old African Female visits her doctor Ultrasound reveals a Bilateral solid masses in both ovary. Serum CEA, CA 125, HCG and TSH levels are normal. Pathological Examination of the mass reveals coarse, abundant, occasionally edematous stroma with islands of moderately large epithelial cells with mucin laden cytoplasm and eccentrically placed, small hyperchromatic nuclei resembling signet rings. Most likely mass is:

A. Struma Ovary
B. Dermoid cyst
C. Leuteoma
D. Krukenbergs Tumor

Ans D. Krukenbergs Tumor

Krukenbergs Tumor is secondary to cancer elsewhere. It is characterized by coarse, abundant, occasionally edematous stroma with islands of moderately large epithelial cells with mucin laden or vacuolated cytoplasm and eccentrically placed, small hyperchromatic nuclei resembling signet rings. These tumors have waxy consistency and are mostly bilateral. The primary tumor is usually stomach but may be intestinal, breast, or thyroid in origin. Tumour arise by retrograde lymphatic spread i.e. carcinoma cells pass from the stomach to the superior gastric lymphnode which also receive lymphatics from ovary.

Q 2. Partial H. mole has:

A. Has all three germ layer tissues
B. Has no embryonic or fetal tissue
C. Has some embryonic or fetal tissue
D. Has Thyroid tissue usually

Ans C. Has some embryonic or fetal tissue

Some embryonic or fetal tissue.

Partial H. mole:

- Is differentiated by the fact that atleast Some embryonic or fetal tissue is present and identifiable.
- They have a triploid karyotype (69 chromosomes).
- Prominent stromal trophoblastic inclusions.
- Features like hyperemesis, hyperthyroidism and Theca lutein cyst are rare in partial mole.

Q 3. Most common karyotype in Complete H. mole is:

A. 47XXY
B. 46XXY
C. 46XY
D. 46XX

Ans D. 46XX

Complete H. mole:

- Shows no evidence of fetal tissue at all.

CHAPTER

11

Plastic and Reconstructive Surgery

Q 1. Dyclonine is used in plastic surgery as:

A. Antifungal
B. Local Anesthetic
C. Bacteriostatic Saline
D. Antipruritic

Ans B. Local Anesthetic

Dyclonine is a Fast LA. It has a short duration of action.

It is used for topical ansthesia, relief of pain of mucositis and Post Radiotherapy or Post chemotherapy associated mucositis Pain.

Q 2. A Patient has a Madelung disease. He Reports to A Plastic Surgeon. It is characterized manly by:

A. Multiple Lipomas
B. Multiple Enchondromas
C. Multiple Tricholemmal cysts
D. Multiple Glomus Tumours

Ans A. Multiple Lipomas

- It is characterized by a symmetric, progressive growth of nonencapsulated subcutaneous adipose tissue, primarily in the neck (bull neck with buffalo hump and double chin) and supraclavicular and shoulder regions.
- Fat may also accumulate in the trunk and proximal limbs, though the distal arms and legs are spared. Rarely, laryngeal, tracheal, or vena caval compression may occur from deep lipomatous infiltration in the neck and mediastinum.

Q 3. Ambroxol is used in plastic surgery as:

A. Antifungal
B. Local Anesthetic
C. Bacteriostatic Saline
D. Antipruritic

Ans B. Local Anesthetic

Ambroxol is a mucolytic agent but is similar to lidocaine. It binds to sosium channels and is used to ameliorate pain of Neuralgias, Radiculopathies and Neuropathies.

Q 4. Levonordefrin is used in plastic surgery as:

A. Antifungal Agent
B. Bacteriostatic Saline
C. Vasoconstrictor
D. Antipruritic

Ans C. Vasoconstrictor

Levonordefrin is is an active Isomer of Nordefrin. It used in plastic surgery as a Vasoconstrictor agent. It has alpha 1 Adrenergic activity and minimal beta adrenergic properties.

CHAPTER

10

Pediatric Surgery

Q 1. Which type of CAMS (Cerebrofacial arteriovenous metameric syndrome) Involves Rhombencephalon usually:

A. CAMS I
B. CAMS II
C. CAMS III
D. All of Above

Ans C. CAMS III

CAMS (Cerebrofacial arteriovenous metameric syndrome). They are a distinct group of syndromes. Remember them by involvement (Embryologically)

- CAMS I Medial Prosencephalic group with Nasal and hypothalmic involvement
- CAMS II Lateral Prosencephalic group with involvement of Optic tract, Optic chiasma and occipital lobe
- CAMS III Rhombencephalic group with involvement of Cerebellum and pons

Q 2. A Child has Occulo auriculovertebral syndrome. It is the same as:

A. Goldenhars Syndrome
B. Alports Syndrome
C. Crouzons Syndrome
D. Maffucis Syndrome

Ans A. Goldenhars Syndrome

Goldenhars Syndrome: It is also called as **Occulo auriculovertebral syndrome.**

Incomplete development of ear, nose, palate, lip and mandible.

First and second arch defect.

Associated anomolies:

- Scoliosis,
- Limbal (epibulbar dermoids)
- Hearing loss occur.

Q 3. Lumbar meningomyemlocele with platybasia along with malformation of the occipitoveretebral joint & hydrocephalus are seen in:

A. Lowes Syndrome
B. Bifid vertebrae
C. Arnold Chiari malformation
D. Anencephaly

Ans C. Arnold Chiari malformation

Arnold-Chiari malformation occurs when vermis & tonsils of the cerebellum & medulla oblongata herniate through the foramen magnum. This malformation is commonly associated with a lumbar meningomyemlocele, platybasia along with malformation of the occipitoveretebral joint, & hydrocephalus.

CHAPTER

9

Endocrine Surgery

Q 1. A 33 year-old male is diagnosed with thyroid cancer. His Father was Hypertensive due to Phaeochromocytoma. His family history is significant for thyroid cancer and pheochromocytoma in his father. Most Likely he is having:

A. DIDMOAD Syndrome
B. MEN I
C. MEN II
D. NF1

Ans C. MEN II

MEN II is an autosome-dominant disorder. It is characterized by the development of several endocrine tumors, typically medullary thyroid carcinoma, pheochromocytoma, and parathyroid adenoma. A mutation in RET proto oncogene localized on chromosome 10 is responsible for this condition.

Q 2. A Patient with Sexual infantilism associated with intestinal polyposis reports to a Surgical Endocrine Clinic. Most likely the individual is having:

A. Bessauds-Hillmand-Augier Syndrome.
B. Carter-Horsley-Hughes Syndrome.
C. Gardner's Syndrome.
D. Gordons Syndrome

Ans C. Bessauds-Hillmand-Augier Syndrome

Bessauds-Hillmand-Augier Syndrome. Sexual infantilism associated with intestinal polyposis.

Carter-Horsley-Hughes Syndrome. Diffuse polyposis of the small and large intestine.

Q 3. Which Statement is true about Arginine vasopressin (AVP)?

A. Arginine vasopressin is also known as diuretic hormone
B. It is secreted by the Anterior pituitary
C. It is a small peptide.
D. It stimulates water reabsorption by the kidney.

Ans D. It stimulates water reabsorption by the kidney

Arginine vasopressin (AVP) is also known as Antidiuretic hormone which is secreted by the Posterior pituitary and it is a small Peptide.

AVP stimulates water reabsorption by the kidney. High plasma osmolality and neural impulses both stimulate AVP se-cretion.

Q 4. A Patient reports to Endocrine Unit with Glucagonoma. They are usually characterised by:

A. Polymyostitis, diabetes, and weight loss.
B. Dermatitis, diabetes, and weight loss.
C. Dermatitis, diabetes, and weight gain
D. Polymyostitis, diabetes, and weight gain

Ans B. Dermatitis, diabetes, and weight loss

Glucagonomas mainly occur in persons between 45 and 70 years old. They are heralded clinically by a characteristic dermatitis **(migratory necrolytic erythema)** accompanied by glucose intolerance weight loss, anemia, diarrhea and thromboembolism.

CHAPTER

8

Neuro Surgery

Q 1. A 44 year old male has epilepsy with hypopigmented macules on his back. He Reports to a Neurosurgeon who asks him to do a MRI. The MRI shows cortical calcifications in parietal lobe. The Most likely disease is:

A. Tuberous sclerosis
B. Sturge-weber syndrome
C. Osler-weber-rendu disease
D. Neurofibromatosis 1

Ans B. Sturge-weber syndrome

This congenital syndrome is caused by a unilateral cutaneous capillary angioma involving the upper face and leptomeningeal angiomatosis. Patients may have focal or generalized seizures secondary to the leptomeningeal angiomatosis with tram track like cortical calcifications in parietal lobe the cutaneous lesions include adenoma sebaceum (facial angiofibromas, ash leaf-shaped hypopigmented macules (best seen under ultraviolet illumination with a wood's lamp), shagreen patches (yellowish thickenings of the skin over the lumbosacral region of the back), and depigmented nevi.

Q 2. A 22 year old male has deafness due to bilateral CT demonstrated masses at CP angle. There is a family history of the disease. Most likely the Patient is having:

A. VHL
B. NF2
C. TCS
D. DIDMOAD Syndrome

Ans B. NF2

(NF2) Neurofibromatosis, Type 2: It is Characterised by a combination of hyperpigmented cafe-au-lait spots, subcutaneous neurofibromas,, deafness due to acoustic neuromas (typically bilateral), and a family history of the disease. It is an autosomal dominant disorder caused by a mutation in the tumor suppressor gene located on chromosome 22.

Q 3. A 22 year old epileptic boy presents with a purple, flat vascular ectasia on the head and along distribution of the trigeminal nerve. He Reports to a Neurosurgeon. Further the CT shows angiomas in kidney and spleen. The Most likely disease is:

A. Milroy's disease
B. NF1
C. Osler-weber-rendu disease
D. Sturge-weber syndrome

Ans D. Sturge-weber syndrome

Sturge-weber syndrome: This syndrome is caused by cutaneous capillary angiomas involving the upper face and leading to leptomeningeal angiomatosis.Patients may have focal or generalized seizures secondary to the leptomeningeal angiomatosis. CT may show angiomas in kidney, thyroid, pancreas and spleen.

CHAPTER 7

Head and Neck Surgery

Q 1. A 45 Year old Patient has a Haemangiopericytoma at the Base of Skull Diagnosed on CT scan. The Most likely nature of thesed Tumours is:

A. They are non vascular and locally invasive tumours.
B. They are highly vascular and locally non invasive tumours.
C. They are highly vascular and locally invasive tumours.
D. They are avascular and locally non invasive but maliognant tumours.

Ans C. They are highly vascular and locally invasive tumours

Haemangiopericytomas: They are sarcomatous lesions from smooth muscle around the vessels and mostly seen in the base of skull, nose or orbit. They are highly vascular and locally invasive tumours. The treatment is preoperative embolization, followed by maximal safe resection and postoperative radiotherapy. If the tumour is small, SRS is performed and a dose of 12-20 Gy can be given in 1 or 2 fractions with a local control of 70%-90%.

Q 2. A Patient presents to a Head and Neck Surgeon with Dupuys syndrome. It mainly causes:

A. Rednesss, absence of sweating
B. Rednesss, sweating
C. Hypohydrosis and excess salivation
D. Hypohydrosis and loss of salivation

Ans B. Rednesss, sweating

Frey's syndrome/Baillarger's syndrome:

- Also Known as Dupuys syndrome.
- Can occur during damage to Parotid Gland.
- It is due to abnormal and inappropriate regeneration of auriculotemporal branch of trigeminal nerve.
- There is **rednesss, sweating,** especially on cheeks while eating, talking (gustatory sweating).

Q 3. A 45 year old isdizagnosed with Esthesioneuroblastoma after a CT scan detects a mass. Most likely statement favouring this mass is:

A. Arise in the olfactory epithelium and may lie close to the cribriform plate
B. Arise in the Glomus Tympsanicum and may lie close to the Spine of Sphenoid
C. Arise in Cochlea and may lie close to the Superior Vestibular Nerve
D. Arise in Vestibule and may lie close to the Superior Vestibular Nerve

Ans A. Arise in the olfactory epithelium and may lie close to the cribriform plate.

Esthesioneuroblastomas: They arise in the olfactory epithelium of the nasal mucosa close to the cribriform plate.

CHAPTER 6

Urology

Q 1. CAKUT may present with Renal Hepatic Pancreatic dysplasia. Main Chromosomes responsible are:

A. 3 and 17
B. 4 and 13
C. 3 and 12
D. 13 and 9

Ans A. 3 and 17

CAKUT may present with Renal Hepatic Pancreatic dysplasia. There may be renal dysplasia along with cystic kidneys or cystic pancreas. NPNP3 gene and NEK8 gene mutations are responsible. Chromosomes 3 and 17 are primarily involved. It is associated with high mortality in early infancy and early childhood

Q 2. Angiomyomas of the kidney are most commonly seen in association with:

A. BOURNEVILLE'S DISEASE
B. NF1
C. NF2
D. VON HIPPEL-LINDAU SYNDROME

Ans A. BOURNEVILLE'S DISEASE

Patients inheriting the tuberous sclerosis gene are at increased risk of developing ependymomas and childhood astrocytomas, of which 90% are subependymal giant cell astrocytomas. Rhabdomyomas of the myocardium and angiomyomas of the kidney, liver, adrenals, and pancr may also occur.

Q 3. A Vascular Surgeon refers to Quackel shunts. The are shunts used as:

A. Cavernosal -spongiosum shunts
B. Portal Vein Shunts
C. Tetrology of Fallot Shunts
D. VP Shunts

Ans A. Cavernosal -spongiosum shunts

- Quackel shunts are cavernosal-spongiosum shu (unilateral or bilateral) and are performed vi perineal approach.
- Gray hack shunt is a cavernosal-saphenous vein sh (rarely necessary or indicated).

Q 4. During Renal Transplantation there is a risk transmission of which of the following disease agen mainly?

A. Plasmodium (Malaria)
B. Hepatitis B virus
C. Cytomegalovirus
D. Trypanosomes

Ans C. Cytomegalovirus

CHAPTER

5

Surgical Gastroenterology

Q 1. Gastrointestinal haemangiomatosis has a strong association with which entity Except:

A. Blue rubber bleb naevus syndrome
B. Klippel-Trénaunay-Weber syndrome
C. Di Georges Syndrome
D. Proteus syndrome

Ans C. Di Georges Syndrome

Gastrointestinal haemangiomatosis: This is a complex vascular malformation that occurs primarily in infancy and childhood. Most patients present with gastrointestinal bleeding. In others, the presentation is with intussusception, small bowel obstruction, perforation or protein-losing enteropathy/malabsorption. Gastrointestinal haemangiomatosis may be associated with blue rubber bleb naevus syndrome, Klippel-Trénaunay-Weber syndrome, Maffucci syndrome, diffuse neonatal haemangiomatosis and Proteus syndrome

Q 2. Overexpression of the ventral-specific gene transmembrane 4 superfamily member 3 (tm4sf3) has also been associated with

A. Annular pancreas
B. Maffucci syndrome
C. FAP
D. Congenitzal Hypertrophic pyloric stenosis

Ans A. Annular pancreas

Annular pancreas is a relatively rare congenital anomaly characterized by an extension of pancreatic tissue around the second part of the duodenum and is thought to represent aberration in the development of the ventral pancreatic bud. Recent studies highlight the role of the hedgehog signaling pathway in the development of this anomaly. Overexpression of the ventral-specific gene transmembrane 4 superfamily member 3 (tm4sf3) has also been associated with annular formation

Q 3. Diversion colitis is attributed main;y to

A. An absence of luminal short chain fatty acids
B. An excess of luminal short chain fatty acids
C. An absence of luminal proteins
D. An absence of luminal carbohydrate moieties

Ans A. An absence of luminal short chain fatty acids

Diversion colitis: As the name implies, this condition develops in segments of colon or rectum that have been surgically disconnected from the fecal stream and persists indefinitely unless reanastomosis is performed. Its cause is unknown, but recently it has been postulated that it is attributable to an absence of luminal short chain fatty acids, which are the preferred metabolic substrates of intestinal epithelium.

CHAPTER

4

Thoracic Surgery

Q 1. Paget Schroetter syndrome results from entrapment of structures in:

A. Interscalenic triangle
B. Triangle of Auscultation
C. Posterior Mediastinum
D. Middle Mediastinum

Ans A. Interscalenic triangle

Thoracic outlet syndrome (TOS) or the Paget Schroetter syndrome is due to compression/irritation of brachial plexus elements ("Neurogenic TOS") and/or subclavian vessels ("Vascular TOS") in their passage from the cervical area toward the axilla. The usual site of entrapment is the interscalenic triangle. The Same name for Costoclavicular syndrome, Cervical band syndrome Cervicobrachial myofascial pain syndrome, Brachial plexopathy.

Q 2. A Thoracic Surgeon would find that The Triangle of Koch is bounded by all except:

A. Tricuspid valve
B. Margin of coronary sinus opening
C. Tendon of Todaro
D. The Atrioventricular node

Ans D. The Atrioventricular node

Triangle of Koch: It is bounded by Tricuspid valve, Margin of coronary sinus opening, Tendon of Todaro. It is a part of fibrous skeleton of the heart. The tendon of Todaro is a continuation of the Eustachian Valve of the Inferior vena cava and the Thebesian valve of the coronary sinus. Along with the opening of the coronary sinus and the septal cusp of the tricuspid valve it makes up the triangle of Koch. The centre of the triangle of Koch is the location of the atrioventricular node. It makes up the triangle of Koch. The centre of the triangle of Koch is the location of the atrioventricular node.

Q 3. In the Pentalogy of Cantrell, the Abdominal Component is usually:

A. Epigastric-located omphalocele
B. Intestinal Polyposis
C. Diverticulosis
D. Annular Pancreas

Ans A. Epigastric-located omphalocele

The Pentalogy of Cantrell includes:

- An epigastric-located omphalocele,
- Ectopia cordis,
- Anterior pleuropericardial defect in the diaphragm,
- Sternal cleft,
- Intracardiac defect (most commonly a ventricular septal defect), and in approximately one third of the cases a diverticulum of the left ventricle.

CHAPTER

3

Vascular Surgery

Q 1. A young patient has occlusive arterial disease of the lower extremitiy. Initial recommendation in most cases is:

A. Surgical revascularization
B. Aspirin and exercise program
C. Sympathectomy
D. Angioplasty

Ans B. Aspirin and exercise program

The goal of therapy for occlusive arterial disease of the lower extremities is to relieve pain, prevent limb loss, and maintain bipedal gait. Most patients with intermittent claudication alone remain stable or even improve with appropriate conservative treatment. The majority of patients with intermittent claudication should be given an exercise regimen, and aspirin should be recommended

Q 2. A Vascular Surgeon has a patient labeled with Vascular Ehlers-Danlos syndrome. (vEDS) is mainly caused by a mutation in the:

A. COL 3A1 gene
B. Fibrillin gene
C. SMAD 1
D. RET Protooncogene

Ans A. COL 3A1 gene

- Vascular Ehlers-Danlos syndrome (vEDS) is a rare, but severe disorder caused by a mutation in the COL 3A1 gene.
- Inherited in an autosomal dominant pattern, VEDS is characterized by spontaneous rupture or dissection of medium-large arteries.
- Arterial rupture or dissection may occur in the aorta or in medium-sized arteries in the absence of significant aneurysm formation.

Q 3. The Superficial veins of upper limb start developing:

A. During 3 week of intra uterine life
B. During 6 week of intra uterine life
C. During 8 week of intra uterine life
D. During 9 week of intra uterine life

Ans B. During 6 week of intra uterine life

The Embryological development of the superficial veins of the upper limb explains different patterns of superficial veins.. The superficial veins start developing from capillary plexus at the terminal margin of the developing limb bud during 6 week of intra uterine life. Later on the plexus of veins breaks up by outgrowth and differentiation of digits and forms the superficial ulnar and basilic veins in arm.

CHAPTER

2

Musculoskeletal Surgery

Q 1. Bone Marrow Edema Syndrome was initially reported by:

A. Howship
B. James Lind
C. Curtiss and Kincaid
D. Sharpey

Ans C. Curtiss and Kincaid

Bone Marrow Edema Syndrome: In 1959 Curtiss and Kincaid described an uncommon clinical syndrome characterized by pain and transient osteoporosis of one or both hips affecting women in the last trimester of pregnancy. It is now recognized that the condition can occur in patients of either sex and at all ages from late adolescence onwards. Although quite distressing at its onset, the condition typically lasts for only 6-12 months, after which the symptoms subside and radiographic bone density is restored.

Q 2. Arthritis mutilans is seen in:

A. OA
B. Rheumatoid arthritis
C. Reiters syndrome
D. Psoriatic Arthropathy

Ans D. Psoriatic Arthropathy

In the Worst cases of Psoriatic Arthritis both spine and peripheral joints may be involved. Fingers and toes are severly deformed due to erosion and instability of the interphalengeal joints (Arthritis Mutilans). Other features are Sacroilitis, enthesitis (heel pain) and Spondylitis

Q 3. Epiphyseal bone tumor is:

A. Osteod osteoma
B. Chondrosarcoma
C. Ewings sarcoma
D. Chondroblastoma

Ans D. Chondroblastoma

The benign tumor of immature cartilage cells is one of the few lesions to appear primarly in the Epiphysis, usually of Proximal humerus, femur or tibia.

It presents as a well demarcated radiolucent area in the epiphysis.

Q 4. Commonest cause of Compartment Syndrome is:

A. Fractures
B. Gas gangrene
C. Superficial injury to muscles
D. Operative trauma

Ans A. Fractures

Fractures of the arm and leg can give rise to severe ischemia even if there is no major damage to the major vessels.

Bleeding, edema or inflammation can increase the pressure within osteofacial compartment causing Compartment Syndrome.

CHAPTER

1

Surgical Anatomy

Q 1. A 33 year old labourer while carrying heavy loads on back for last 10 years lost his pushing and punching movements. His scapula is prominent medially. Most likely cause of injury is injury to the:

A. Nerve to Rhombidius Minor
B. Musculocutaneous nerve
C. Median nerve
D. Long Thoracic Nerve

Ans D. Long Thoracic Nerve

Nerve to Serratus Anterior or Long Thoracic Nerve is associated with loss of pushing and punching movements. Scapula is prominent medially means winging of Scapula indicates damage to this Long Thoracic nerve. Winging of Scapula: Is excessive prominence of Medial border of Scapula due to Paralysis of Long Thoracic nerve of bell.

Q 2. A Car bumper hit a pedestrian with fracture of upper end of Fibula. The Orthopedician diagnosed the condition as Foot drop. It indicates an injury/compression of:

A. Deep peroneal nerve
B. Femoral Nerve
C. Lateral Cutaneous nerve of Thigh
D. Saphenous nerve

Ans A. Deep Peroneal Nerve

Nerve related to upper end of Fibula is Common Peroneal nerve (Near Neck of Fibula) and damage causes foot drop.

Foot Drop: The Common Peroneal (lateral popliteal) Nerve commonly injured and the common causes of the injury.

The nerve is commonly injured where it winds round the neck of the fibula. It may be damaged at this site by the pressure of a tight bandage of plaster cast, in severe adduction injury to the knee or from direct trauma.

The effects of a complete section of the Common Peroneal (lateral popliteal) nerve at the level of the neck of the fibula. Motor loss:Inability to extend the foot or toes due to paralysis of the ankle and foot extensors (tibialis anterior, extensor hallucis longus, extensor digitorum longus, peroneus tertius and extensor digitorum brevis). This results in foot drop which is characteristic of the common peroneal nerve injury. Inability to evert the foot due to paralysis of the peroneal muscles.Paralysis of the extensor and evertor muscles of the foot causes the foot to assume a position of equino-varus (equinus=plantar flexion; varus=inversion), results in a slapping or high steppage gait (the patient raises the knee high, and the foot hangs flexed and inverted.

Sensory loss: Over the anterior and lateral aspects of the leg and foot. The lateral border of the foot and the lateral side of the little toe are unaffected since they are supplied by the sural branch of the tibial nerv

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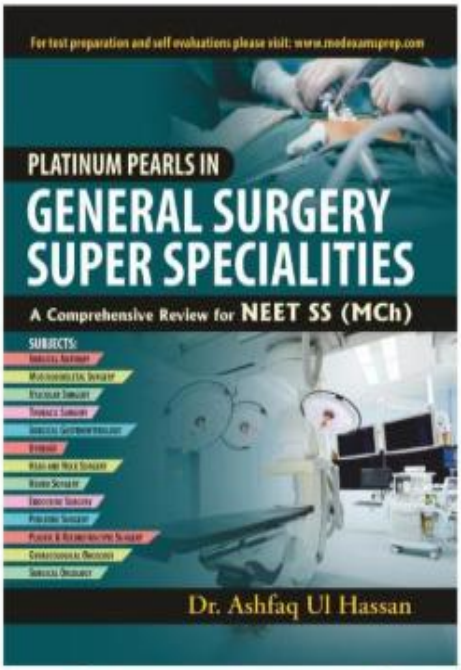

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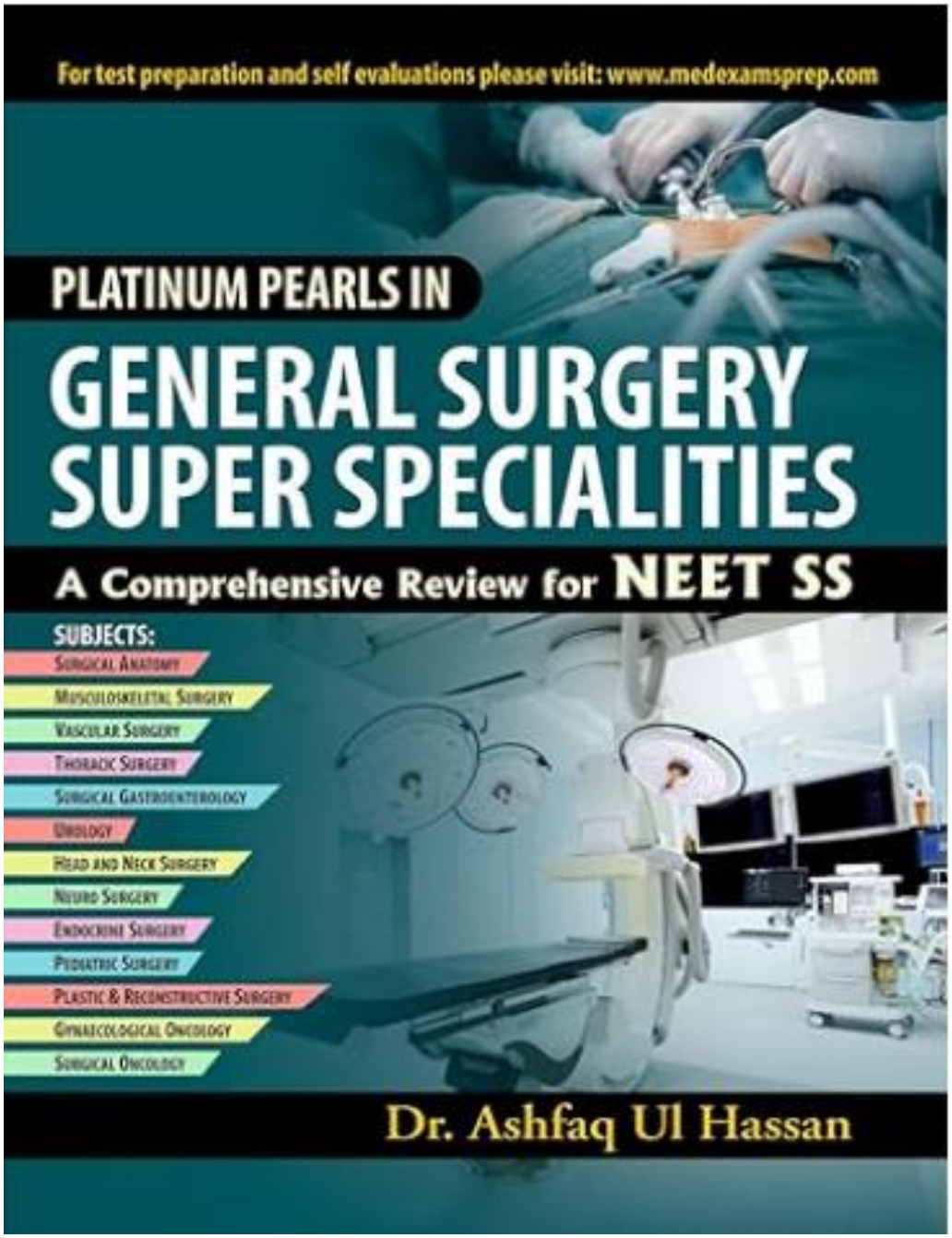
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