## PAEDIATRIC ORTHOPAEDICS / HIP CONDITIONS

For the patient described below with a hip condition, select the most likely diagnosis from the list of options.

A 3 week old boy presents with a loss of spontaneous movement of his left leg. The hip is lying in a position of flexion and abduction. He was born by normal spontaneous vaginal delivery with no complications. The child is afebrile but appears ill.

- A. Acute osteomyelitis
- B. Avascular necrosis
- C. Brodies abscess
- D. Cerebral palsy
- E. Developmental dysplasia of the hip
- F. Idiopathic thrombocytopaenic purpura
- G. Inflammatory arthropathy
- H. Irritable hip
- I. Osteoid osteoma
- J. Perthes' disease
- K. Rickets
- L. Septic arthritis
- M. Slipped upper femoral epiphysis

### PAEDIATRIC ORTHOPAEDICS / HIP CONDITIONS

For the patient described below with a hip condition, select the most likely diagnosis from the list of options.

A six month old girl presents with limited abduction of the right hip. She was born normally with no medical problems. The Ortolani and Barlow tests were negative at birth and at the eight week general practitioner assessment. Presently the hips are stable and pain free to examination.

- A. Acute osteomyelitis
- B. Avascular necrosis
- C. Brodies abscess
- D. Cerebral palsy
- E. Developmental dysplasia of the hip
- F. Idiopathic thrombocytopaenic purpura
- G. Inflammatory arthropathy
- H. Irritable hip
- I. Osteoid osteoma
- J. Perthes' disease
- K. Rickets
- L. Septic arthritis
- M. Slipped upper femoral epiphysis

# PAEDIATRIC ORTHOPAEDICS / HIP CONDITIONS

For the patient described below with a hip condition, select the most likely diagnosis from the list of options.

A 9 year old Afro-Caribbean boy presents with an eight month history of increasing pain and discomfort in the right groin and thigh especially on weight bearing. Clinically there is restriction of hip movements.

- A. Acute osteomyelitis
- B. Avascular necrosis
- C. Brodies abscess
- D. Cerebral palsy
- E. Developmental dysplasia of the hip
- F. Idiopathic thrombocytopaenic purpura
- G. Inflammatory arthropathy
- H. Irritable hip
- I. Osteoid osteoma
- J. Rickets
- K. Septic arthritis
- L. Slipped upper femoral epiphysis

#### **LUMBAR PAIN**

Consider the following description and choose the option from the below list that is most likely to be the diagnosis in the scenario.

A 50 year old man presents with acute onset of unilateral leg pain two days ago. He now complains of urinary incontinence.

- A. Abdominal aortic aneurysm
- B. Ankylosing spondylitis
- C. Central spinal stenosis
- D. Contained disc protrusion
- E. Degenerative scoliosis
- F. Degenerative spondylolisthesis
- G. Osteoporotic wedge fracture
- H. Paget's disease
- I. Prostatic metastatic disease
- J. Renal stones
- K. Sequestrated disc prolapse
- L. Vertebral haemangioma

## **LUMBAR PAIN**

Consider the following description and choose the option from the list below that is most likely to be the diagnosis in the scenario.

A 60 year old man presents with a two year history of mid-lumbar back pain. A plain radiograph of the lumbar spine shows increased density of the 4th lumbar vertebra which appears expanded on the AP view compared with the vertebral bodies above and below.

- A. Abdominal aortic aneurysm
- B. Ankylosing spondylitis
- C. Central spinal stenosis
- D. Contained disc protrusion
- E. Degenerative scoliosis
- F. Degenerative spondylolisthesis
- G. Osteoporotic wedge fracture
- H. Paget's disease
- I. Prostatic metastatic disease
- J. Renal stones
- K. Sequestrated disc prolapse
- L. Vertebral haemangioma

#### **LUMBAR PAIN**

Consider the following description and choose the option from the list below that is most likely to be the diagnosis in the scenario.

A 77 year old woman complains of severe, unremitting lumbar pain, present for the last 24 hours. A plain radiograph of the lumbar spine shows some erosion of the anterior aspect of the first to third lumbar vertebral bodies.

- A. Abdominal aortic aneurysm
- B. Ankylosing spondylitis
- C. Central spinal stenosis
- D. Contained disc protrusion
- E. Degenerative scoliosis
- F. Degenerative spondylolisthesis
- G. Osteoporotic wedge fracture
- H. Paget's disease
- I. Prostatic metastatic disease
- J. Renal stones
- K. Sequestrated disc prolapse
- L. Vertebral haemangioma