

### ACUTE SPINAL SYNDROME

For the clinical scenario below, select the single most likely diagnosis from the list of options. A 65 year old woman who is a heavy smoker presents with 6 weeks of numbness in her legs plus weakness, MRC 3/5 proximally & 4/5 distally. Her sphincter control is intact. Her lower limb reflexes are absent. Chest radiography reveals 2 masses in her lung fields. An MRI is not available at time of referral but plain films demonstrate normal bony architecture and alignment throughout the spinal column.

- A. Anterior spinal artery occlusion
- B. Central L5/S1 disc prolapse
- C. Cervical spondylosis
- D. Cervical syrinx
- E. Diabetic neuropathy
- F. Guillain–Barré syndrome
- G. Para-neoplastic syndrome
- H. Spinal arteriovenous fistula
- I. Transverse myelitis
- J. Vertebral metastases

### ACUTE SPINAL SYNDROME

For the clinical scenario below, select the single most likely diagnosis from the list of options. A 32 year old woman who is normally quite healthy presents with a 2 day history of mid-thoracic pain and incontinence of urine. Her legs are weak, MRC 3/5 and she exhibits reduced sensation below her umbilicus.

- A. Anterior spinal artery occlusion
- B. Central L5/S1 disc prolapse
- C. Cervical spondylosis
- D. Cervical syrinx
- E. Diabetic neuropathy
- F. Guillain–Barré syndrome
- G. Para-neoplastic syndrome
- H. Spinal arteriovenous fistula
- I. Transverse myelitis
- J. Vertebral metastases

### ACUTE SPINAL SYNDROME

For the clinical scenario below, select the single most likely diagnosis from the list of options. A 68 year old male smoker presents with sudden onset of paraplegia. He is on warfarin therapy for recurrent pulmonary emboli and is known to have an abdominal aortic aneurysm. Examination reveals a flaccid paraplegia. His dorsal column sensation is intact. He has painless retention of urine.

- A. Anterior spinal artery occlusion
- B. Central L5/S1 disc prolapse
- C. Cervical spondylosis
- D. Cervical syrinx
- E. Diabetic neuropathy
- F. Guillain–Barré syndrome
- G. Para-neoplastic syndrome
- H. Spinal arteriovenous fistula
- I. Transverse myelitis
- J. Vertebral metastases

### NEUROLOGICAL EYE SIGNS

For the clinical scenario below choose the single most likely diagnosis from the list.

An 80 year old woman with a past history of craniotomy for trauma 30 years ago, an MI 5 years ago and an incidental cataract is referred with some months of vague headaches. Examination is normal except for decreased visual acuity in her left eye and unequal pupil reactions.

- A. Anisocoria
- B. Argyll-Robertson pupil
- C. Foster Kennedy Syndrome
- D. Gradenigo's (petrous apex) syndrome
- E. Holmes-Adie pupil
- F. Horner's syndrome
- G. IIIrd nerve palsy
- H. Marcus-Gunn pupil (afferent pupillary defect)
- I. Millard Gubler syndrome (Pontine crossed paralysis)
- J. Parinaud's syndrome
- K. Pseudo-VI nerve palsy
- L. Pulsatile exophthalmos
- M. Ramsay-Hunt syndrome
- N. Thyroid eye disease
- O. Tolosa-Hunt syndrome

### NEUROLOGICAL EYE SIGNS

For the clinical scenario below choose the single most likely diagnosis from the list.

A 37 year old woman who presents with painful ophthalmoplegia for 3-4 weeks. On examination there is no exophthalmos, but ptosis, ophthalmoplegia and a normal pupil reaction. MRA is normal.

- A. Anisocoria
- B. Argyll-Robertson pupil
- C. Foster Kennedy syndrome
- D. Gradenigo's (petrous apex) syndrome
- E. Holmes-Adie pupil
- F. Horner's syndrome
- G. IIIrd nerve palsy
- H. Marcus-Gunn pupil (afferent pupillary defect)
- I. Millard Gubler syndrome (pontine crossed paralysis)
- J. Parinaud's syndrome
- K. Pseudo-VI nerve palsy
- L. Pulsatile exophthalmos
- M. Ramsay-Hunt syndrome
- N. Thyroid eye disease
- O. Tolosa-Hunt syndrome

### NEUROLOGICAL EYE SIGNS

For the clinical scenario below choose the single most likely diagnosis from the list.

A 50 year old woman is referred with a year of diplopia on lateral gaze, conjunctivitis and corneal abrasions. On examination she has a lateral gaze deficit and marked proptosis with generally brisk reflexes.

- A. Anisocoria
- B. Argyll-Robertson pupil
- C. Foster Kennedy syndrome
- D. Gradenigo's (petrous apex) syndrome
- E. Holmes-Adie pupil
- F. Horner's syndrome
- G. IIIrd nerve palsy
- H. Marcus-Gunn pupil (afferent pupillary defect)
- I. Millard Gubler syndrome (pontine crossed paralysis)
- J. Parinaud's syndrome
- K. Pseudo-VI nerve palsy
- L. Pulsatile exophthalmos
- M. Ramsay-Hunt syndrome
- N. Thyroid eye disease
- O. Tolosa-Hunt syndrome