

### TRUNK RECONSTRUCTION

For the following trunk defect, select the most appropriate method of treatment.

Debrided surgical wound, 10 cm long and 5 cm wide, in the posterior cervical region with exposed cervical vertebral fracture in the base.

- A. Inferior gluteal artery flap
- B. Latissimus dorsi muscle flap
- C. Parasacral perforator flap
- D. Rhomboideus muscle flap
- E. Scapular cutaneous flap
- F. Skin graft
- G. Transverse cervical cutaneous flap
- H. Trapezius musculocutaneous flap

### TRUNK RECONSTRUCTION

For the following trunk defect, select the most appropriate method of treatment.

Defect after excision of a recurrent pilonidal sinus in a 35 year old man.

- A. Inferior gluteal artery flap
- B. Latissimus dorsi muscle flap
- C. Parasacral perforator flap
- D. Rhomboideus muscle flap
- E. Scapular cutaneous flap
- F. Skin graft
- G. Transverse cervical cutaneous flap
- H. Trapezius musculocutaneous flap

### TRUNK RECONSTRUCTION

For the following trunk defect, select the most appropriate method of treatment.

Defect in left lower thoracic / upper lumbar region, 15 cm in diameter, down to deep muscle / fascia, after excision of a dermatofibrosarcoma protuberans tumour.

- A. Inferior gluteal artery flap
- B. Latissimus dorsi muscle flap
- C. Parasacral perforator flap
- D. Rhomboideus muscle flap
- E. Scapular cutaneous flap
- F. Skin graft
- G. Transverse cervical cutaneous flap
- H. Trapezius musculocutaneous flap

### SKIN TUMOURS / MALIGNANT MELANOMA

In the following clinical scenario, choose the option which is the most appropriate management.

A 62 year old woman with five pea sized nodules of recurrent melanoma on the calf and thigh. Staging by CT scan has not shown any evidence of metastatic deposits elsewhere.

- A. Close observation only
- B. Fine needle aspiration cytology
- C. Further excision with 1 cm margin
- D. Further excision with 2 cm margin
- E. Further excision with 2 cm margin and regional lymph node dissection
- F. Further excision with 4 cm margin
- G. Isolated limb perfusion
- H. Local surgical excision
- I. Lymph node biopsy
- J. Regional lymph node dissection

### SKIN TUMOURS / MALIGNANT MELANOMA

In the following clinical scenario, choose the option which is the most appropriate management.

A 25 year old man has a biopsy proven malignant melanoma (Breslow thickness 2.4mm) removed with a 2 mm margin from the right inguinal region.

- A. Close observation only
- B. Fine needle aspiration cytology
- C. Further excision with 1 cm margin
- D. Further excision with 2 cm margin
- E. Further excision with 2 cm margin and prophylactic lymph node dissection
- F. Further excision with 4 cm margin
- G. Isolated limb perfusion
- H. Local surgical excision
- I. Lymph node biopsy
- J. Prophylactic lymph node dissection

### SKIN TUMOURS / MALIGNANT MELANOMA

In the following clinical scenario, choose the option which is the most appropriate management.

A 39 year old woman with a previous history of having had a brown "mole" removed from her left calf while living abroad develops a palpable node in her left groin and is referred by her GP. No histology is available but she was told the lesion was "pre-malignant".

- A. Close observation only
- B. Fine needle aspiration cytology
- C. Further excision with 1 cm margin
- D. Further excision with 2 cm margin
- E. Further excision with 2 cm margin and regional lymph node dissection
- F. Further excision with 4 cm margin
- G. Isolated limb perfusion
- H. Local surgical excision
- I. Lymph node biopsy
- J. Regional lymph node dissection