

A 24 year old male patient in the Emergency Department has significant left sided facial and neck injuries which continue to bleed persistently from several sites after an hour despite continuous pressure. His clotting is normal and he has no other injuries. He is intubated and requires continuing fluid replacement. No blood has been given.

What should you do?

- A. Take him to radiology for supraselective embolisation
- B. Take him to theatre and ligate both external carotid arteries
- C. Take him to theatre and ligate both external carotid arteries and anterior ethmoidal arteries
- D. Take him to theatre and ligate his left anterior ethmoidal artery
- E. Take him to theatre and ligate his left common carotid artery

An 87 year old woman is brought in to the Emergency Department having tripped one hour before and fallen onto her face. She has an abrasion on her chin. She was accompanied by her daughter at the time of the incident who tells you that her mother is an insulin-dependent diabetic and there was no loss of consciousness. The elderly woman is conscious but agitated, confused and uncooperative.

What would be your next appropriate step?

- A. Arrange an urgent blood sugar estimation
- B. Call an anaesthetist as a raised ICP is very likely
- C. Carry out a primary survey
- D. Give oral glucose as this is likely to be a hypoglycaemic event
- E. Take a full history from the daughter

A seven year old boy presents 15 months following a fracture dislocation of his right mandibular condyle in a bicycle accident. Over the last few months his jaw opening has progressively reduced and imaging indicates a developing bony ankylosis with mouth opening limited to 6 mm.

The best outcome will be achieved by which of the following?

- A. A condylectomy
- B. A gap arthroplasty with interposition of temporalis fascia
- C. A gap arthroplasty with the interposition of a silastic block
- D. Excise the ankylosis and insert a costochondral graft
- E. The administration of biphosphonate drugs for six months

A 55 year old male patient requires a unilateral brow lift following facial nerve palsy (lower motor neurone). He has a high hairline with a distance of 6.5 cm from eyebrow to hairline. There is little in the way of forehead rhytids. The most appropriate approach would be:

- A. coronal
- B. direct brow pexy
- C. mid forehead lift
- D. pretrichial
- E. SMAS lift

A 35 year old female patient presents with a three week history of severe, intermittent and sharp stabbing pain within the distribution of the left maxillary division of the trigeminal nerve. The pain is of short duration and is usually precipitated by touching the upper lip on the left side or application of lipstick. Examination is normal apart from your observation of an internuclear ophthalmoplegia.

Which of the following is the most likely diagnosis?

- A. A demyelination syndrome
- B. Atypical facial pain
- C. Classical trigeminal neuralgia
- D. Migrainous neuralgia
- E. Post-herpetic neuralgia