

## MMC 2016-1 Question 13

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### Question 1

- This should have been a simple question - describe 5 abnormal features
  - Surprisingly some candidates didn't mention different attenuation of old / new blood
  - Some people mentioned normal findings (no fracture seen) when question is ABNORMAL
  - lots of features of raised ICP were acceptable (e.g. ventricular space loss, sulcal effacement, midline shift, subfalcine herniation)
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### Question 2

- Needed to have both acute and chronic subdural haemorrhage to get mark
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### Question 3

- Note standard protocol IN TRAUMA
    - no contrast (easy marks)
    - no reformats
    - usually 4-5mm slices (quick to do and read)
  - Note CT Brain not C-spine, and yet some candidates wrote about the cervical spine
  - wide acceptance of answers including ease for radiographers, ease for FACEM to read, bony skull seen, blood seen in SD / SA and parenchymal spaces, prognostication, surgical planning, comparatively low radiation etc
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### Question 4

- Many struggled with this question (opportunity to revisit trauma for revision!!!)
- contrast nephropathy and allergy should be easy marks
- inability to see slow bleed (no blush) should be easy marks
- hollow viscous injuries well recognised limitation
- other answers poorly indicative of knowledge in this area