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POSTGRADUATE INSTITUTE OF MEDICINE
UNIVERSITY OF COLOMBO

MD (ORTHOPAEDIC SURGERY) EXAMINATION - MAY 2026

Date:- 4th May 2026 **Time:-** 2.00 p.m. – 4.00 p.m.

PAPER I

Answer **all four (04)** questions.
Answer each question in a separate book.

1. A 42-year-old man is undergoing open reduction and internal fixation of a complex pelvic fracture following a high-speed road traffic accident. During the procedure, there is significant intraoperative bleeding with haemodynamic deterioration. The estimated blood loss reaches 2 litres within a short period.

1.1. Describe your intraoperative approach to control bleeding. (35%)

1.2. Outline the fluid replacement strategy and the complications of massive transfusion. (35%)

1.3. Describe the principles of management if the maintenance of physiological parameters becomes difficult during attempts at haemorrhage control. (30%)

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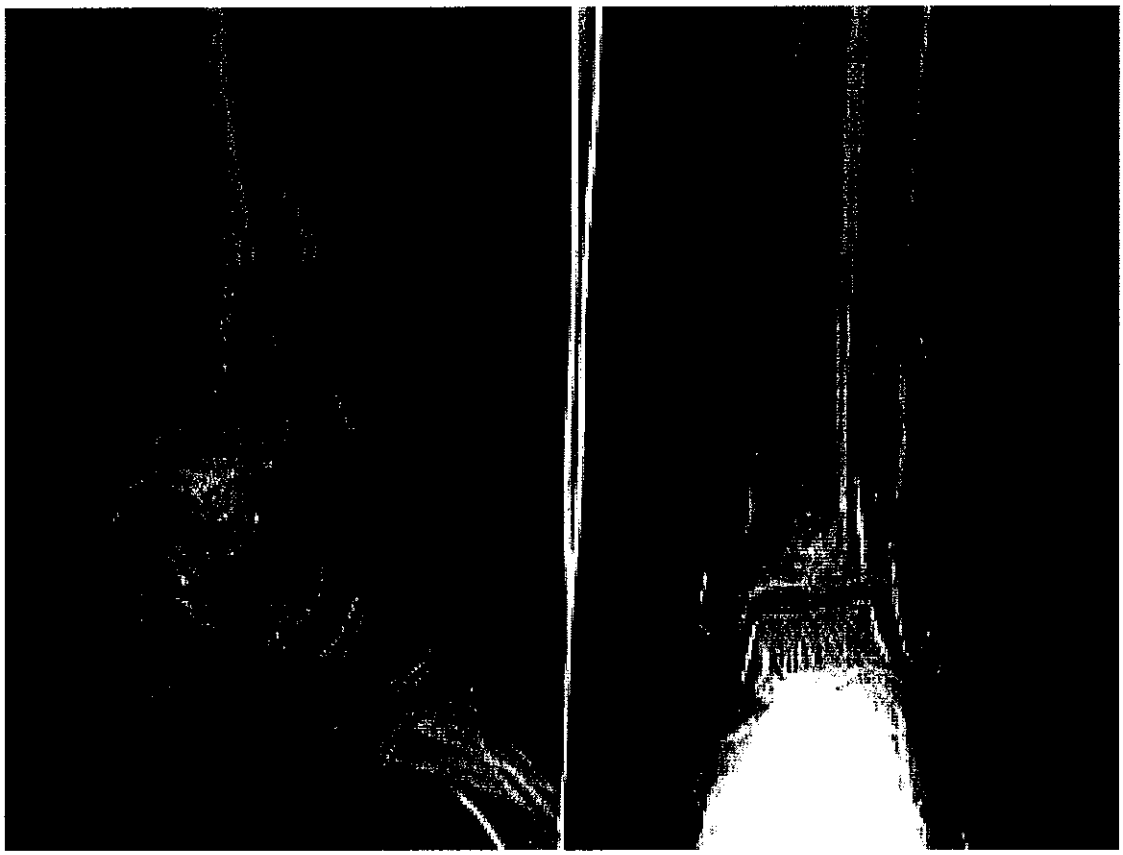
4. A 50-year-old cyclist was struck by a car, sustaining an isolated open fracture to the right ankle region. Size of the wound is <1 cm with no significant soft tissue contamination.

   These are the initial radiographs.



4.1. Outline the initial management of the patient at A&E. (20%)

4.2. Describe the definitive treatment. (50%)

4.3. Outline the complications of this injury. (30%)

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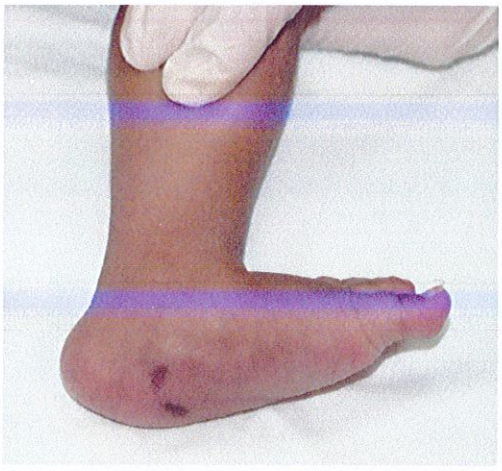
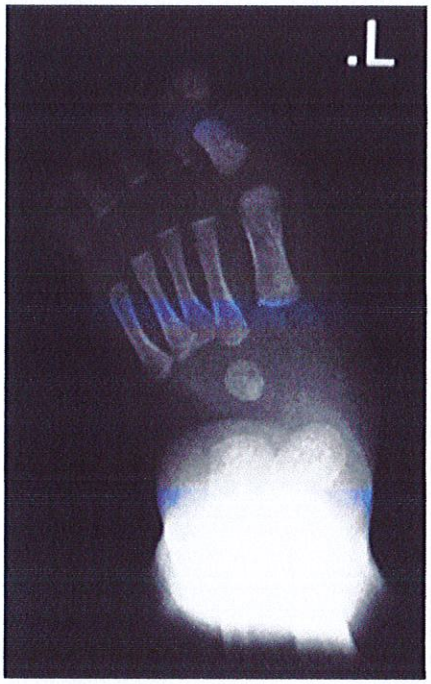
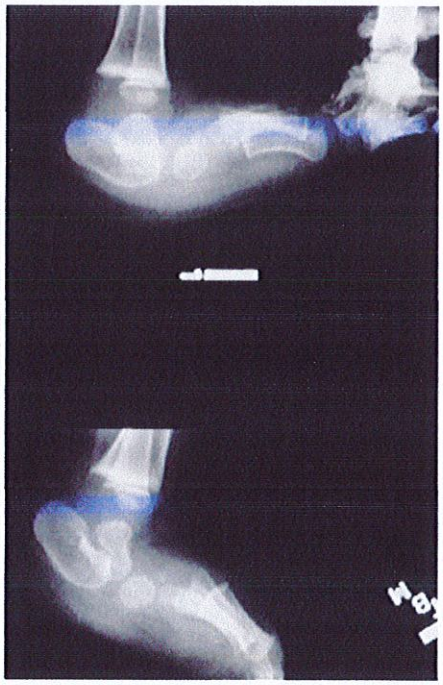
2. A nine-month-old baby was referred by a paediatrician with the following left foot deformity since birth. AP, plantar flexion and dorsiflexion lateral foot radiographs are shown below.







2.1. What is the diagnosis? (10%)

2.2. List out radiological and clinical deformities. (20%)

2.3. List three (03) possible aetiologies. (10%)

2.4. Describe the management of this child including follow-up. (60%)

3. A 32-year-old man presented with progressively worsening bilateral hip/groin pain over the past 3 years. His left hip has become more symptomatic during the last few months which affects his farming activities. Left hip movements are restricted, cause significant pain, and not relieved by simple analgesics. Right hip has mild to moderate pain and movements are preserved. Radiograph of pelvis shows features of bilateral avascular necrosis of hips (AVN).

3.1. List possible aetiological factors. (20%)

3.2. His right hip radiographs show Ficat II (early features) of AVN. Describe management options. (30%)

His Left hip radiographs show collapse of femoral head involving a large lateral subchondral fracture. The joint space is preserved.

3.3. Discuss surgical options with reasons. (50%)

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