



## Summary Feedback

### ST1: Two Year Teaching Programme

#### Session 3.6 CNS: Brain Tumours Part 1

(27<sup>th</sup> January 2022)

Delivered By:

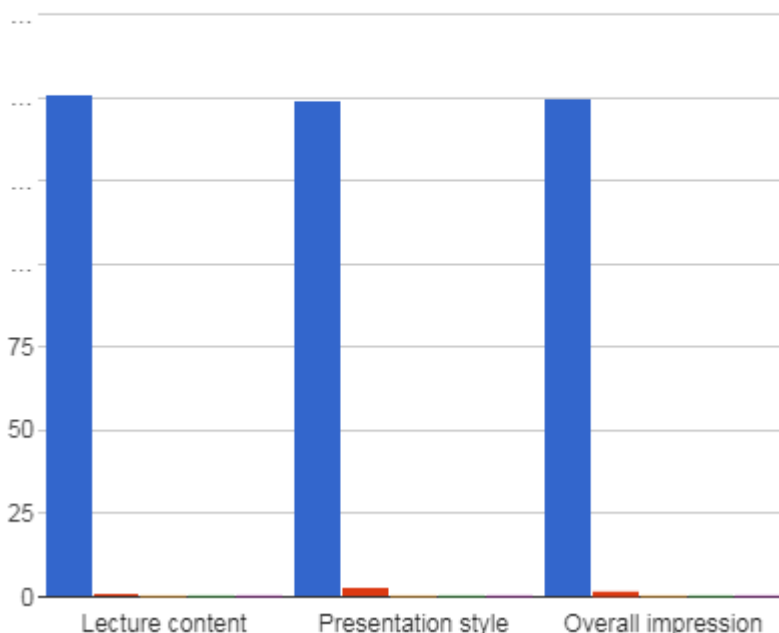
(Sami Khan)

#### Summary Points:

- ST1-ST4 teaching session 3.6: 3 hours teaching time
- Total Attendees: 490 from 38 Countries (Australia, Bahrain, Bangladesh, Canada, China, Czech Republic, Dominica, Egypt, Ghana, Hong Kong, India, Iraq, Ireland, Israel, Kenya, Kuwait, Lebanon, Malaysia, Myanmar, Namibia, Nepal, Nigeria, Oman, Pakistan, Qatar, Saudi Arabia, South Africa, Spain, Sri Lanka, Sudan, Tanzania, Trinidad and Tobago, Turkey, UAE, UK, USA, Yemen, Zimbabwe).
- Total feedback received from 152 participants

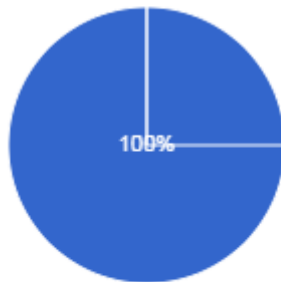
Please rate the following aspects of the session

Excellent Very good Good Satisfactory  
Poor



Did you find it useful  
152 responses

● Yes  
● No



## Testimonials

- Dedicated teacher and helping me to become a sincere Dr. to do justice to the patients. It's worth staying awake till 3am for these pearls of wisdom selflessly shared by Dr Khan (India).
- Thank you Dr. Khan for making it simple with important key points for differential diagnosis (Myanmar).
- Good approach presented for tackling brain tumours. I found it helpful that Dr Khan taught us how to study, especially as a ST1 who has a lot of studying ahead (UK).
- Very useful as always; I love Thursday evenings! (UK).
- Very key topic, excellent teaching! (Kenya).
- Good overview of the classification and emphasis on lesions necessary to know for the exam! (UK).
- Exceptional (Pakistan).
- Excellent platform of learning (UAE).
- Excellent lecture. Excellent lecturer (Iraq).
- Excellent Talk (Nigeria).
- Excellent tutorial session (Nigeria).
- I liked reference to background reading material followed by the interpretation of images in each case. Very helpful for consolidating my learning (UK).
- Great lecture, learnt a lot (Kenya).
- Very informative talk (Oman).
- Excellent session, thank you Dr Khan (UK).
- Very Informative (UAE).
- Great presentation (South Africa).
- Very useful thank you for help (Oman).
- Very informative, good revision of common dds (Pakistan).
- Amazing thanks (Pakistan).
- Excellent work (Pakistan).
- Best (Pakistan).
- Extremely valuable session, very important topic. Thank you! (UK).

## Session 3.6 CNS: Brain Tumours Part 1

- Amazing! Thank you! (UK).
- Fantastic (UK).
- Thank you for another great session! (UK).
- Very educative (Kenya).
- Excellent effort by DKT team (Saudi Arabia).
- Great overview (UK).
- Impressive (Oman).
- Perfect lectures (South Africa).
- It's excellent (Pakistan).
- All Good (UAE).
- It was the best (Pakistan).
- All aspects excellent (Tanzania).
- Everything great (Pakistan).
- Keep it up (Kenya).
- Excellent (Myanmar).
- Outstanding description (Pakistan).
- Exam based learning (Pakistan).
- Very basic and very clear and lucid (Pakistan).
- The lecture is all useful from A to Z (Iraq).
- It's very practical and detailed (Nigeria).
- Very thorough. excellent pace of delivery. superb session (UK).
- Excellent session (Pakistan).
- Well simplified and a great way of splitting them up and thinking about them. Very useful (UK).
- Great overview of brain tumours with good examples (Pakistan).
- Excellent teaching (Turkey).
- Excellent lecture (UK).
- Extremely comprehensive; thank you very much! (UK).
- Awesome (Saudi Arabia).
- Presenter is knowledgeable and dedicated teacher (Kenya).
- Good systematic approach to brain tumours. Really helpful to show how to use Chapman's to build a differential and how to exclude certain tumours based on key findings (UK).
- Perfect coverage (UK).
- simplified approach to brain tumors. Great cases and as always great delivery of content in a simple way by Dr Khan. Emphasis of subtle differences as in Chapman (Kenya).
- Everything was perfect and very useful (Canada).
- Structured teaching (Kenya).
- Thank you Sir Sami Khan, may almighty Allah bless you thank you (Pakistan).
- Excellent teaching (Malaysia).
- Very interesting, well explained (UK).

Zoom interface showing a slide titled "Solitary Intracerebral Mass (Chapman Page 394-395)". The slide is divided into two columns: "Infiltrative, ill-defined" and "Discrete, well-defined".

**13.8 SOLITARY INTRACEREBRAL MASS**

**Infiltrative, ill-defined**

- Primary tumour**—diffuse glioma, or gliomatosis cerebri if  $\geq 3$  lobes involved. Ill-defined T2 hyperintensity with no or minimal mass effect, enhancement or restricted diffusion. Extensive despite minimal symptoms. Look for scalloping of overlying calvarium (suggests longstanding slow-growing mass).
- Cerebritis/encephalitis**—acute clinical presentation (cf. diffuse glioma).
- Infarction**—in both arterial and venous infarction vascular occlusion suggested by hyperdense thrombus (CT), absent flow voids and focal increased intravascular susceptibility on SWI (MRI). Pattern of infarction is different:
  - Arterial**—follows vascular territory, typically shows restricted diffusion.
  - Venous**—near to occluded vein, greater oedema and risk of parenchymal haemorrhage (typically has a fragmented appearance). DWI signal variable.
- Demyelination**—Neuromyelitis optica (NMO) spectrum disorders, Behçet's.
- Contusion**—in the context of trauma.

**Discrete, well-defined**

- Haematoma**—hypertensive haemorrhage classically ganglionic; cf. amyloid angiopathy where sulcal siderosis and peripheral microhaemorrhages are commonly seen.
- Metastasis**—e.g. from lung, breast, colorectal, melanoma, renal. Appearance varies depending on primary; often considerable oedema in surrounding WM (usually more than primary tumours). Typically located at GWMJ, may be solitary (20%) or multiple (80%).
- Primary tumour**—high-grade gliomas tend to have discrete enhancement with central necrosis (glioblastoma). Typically centred on WM (cf. metastasis). May infiltrate or cross corpus callosum—this can also be seen in lymphoma, but lymphoma typically shows homogeneous enhancement with no central necrosis (unless immunocompromised).
- Abscess**—central restricted diffusion and usually considerable associated oedema. Thin enhancing rim, thicker superficially and thinner at ventricular surface, may 'point' towards ventricle (more likely to rupture into the ventricles, causing ventriculitis and hydrocephalus). 'Dual rim' sign on SWI (cf. primary or metastatic tumour).
- Cavernoma**—characterized on MRI by complete haemosiderin rim and central mixed 'popcorn' components.
- Tumefactive demyelination**—incomplete rim enhancement is characteristic. More likely in younger age group (20–40s) versus metastases.

Dr Khan's Teaching's screen

Zoom interface showing a grid of brain MRI scans. A "Viva" callout is visible in the top left. A participant list on the right includes Lloyd Rickard, candidate 2, Candidate 1, and Candidate 3. The bottom toolbar shows "You are screen sharing" and "Stop Share".

Viva

Lloyd Rickard

candidate 2

Candidate 1

Candidate 3

You are screen sharing

Stop Share

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