



Summary Feedback

ST1 – ST4 Teaching Programme 2025

FRCR 2B Practice Viva (Session 108)

THE POT POURRI OF FRCR VIVA CASES

Top Tips, Differentials, "A to ZEE" & More! (Part 19)

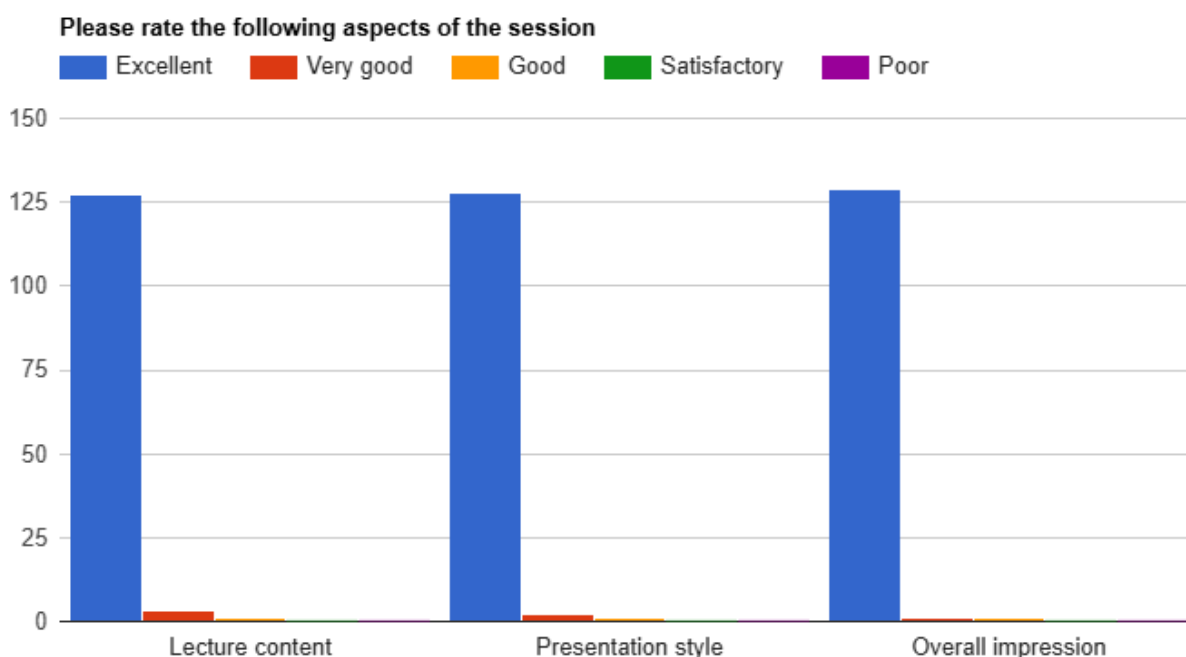
(26th June 2025)

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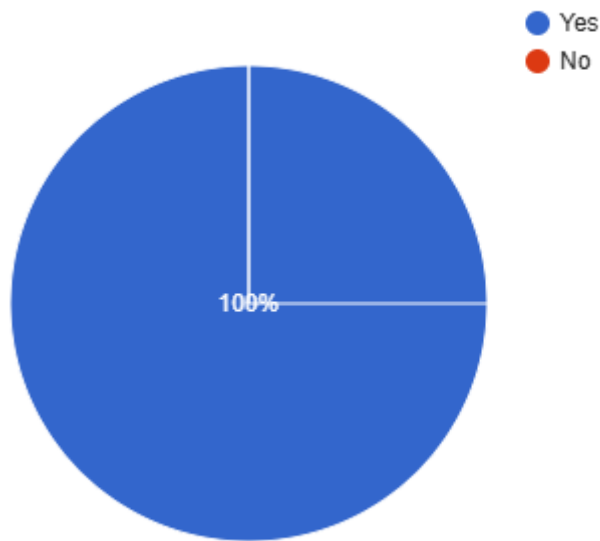
(Sami Khan)

Summary Points:

- ST1-ST4 teaching programme 2025 – FRCR 2B Practice Viva Session 108: 2.5 hours teaching time
- Total Attendees: 320 from 34 Countries (Algeria, Australia, Bangladesh, Canada, Dominica, Egypt, Ethiopia, Ghana, India, Indonesia, Iran, Iraq, Jordan, Kenya, Libya, Malaysia, Nigeria, Norway, Oman, Pakistan, Palestine, Qatar, Saudi Arabia, Singapore, South Africa, Sri Lanka, Sudan, Swaziland, Thailand, Türkiye, UAE, UK, Yemen, Zimbabwe).
- Total feedback received from 131 participants



Did you find it useful
131 responses



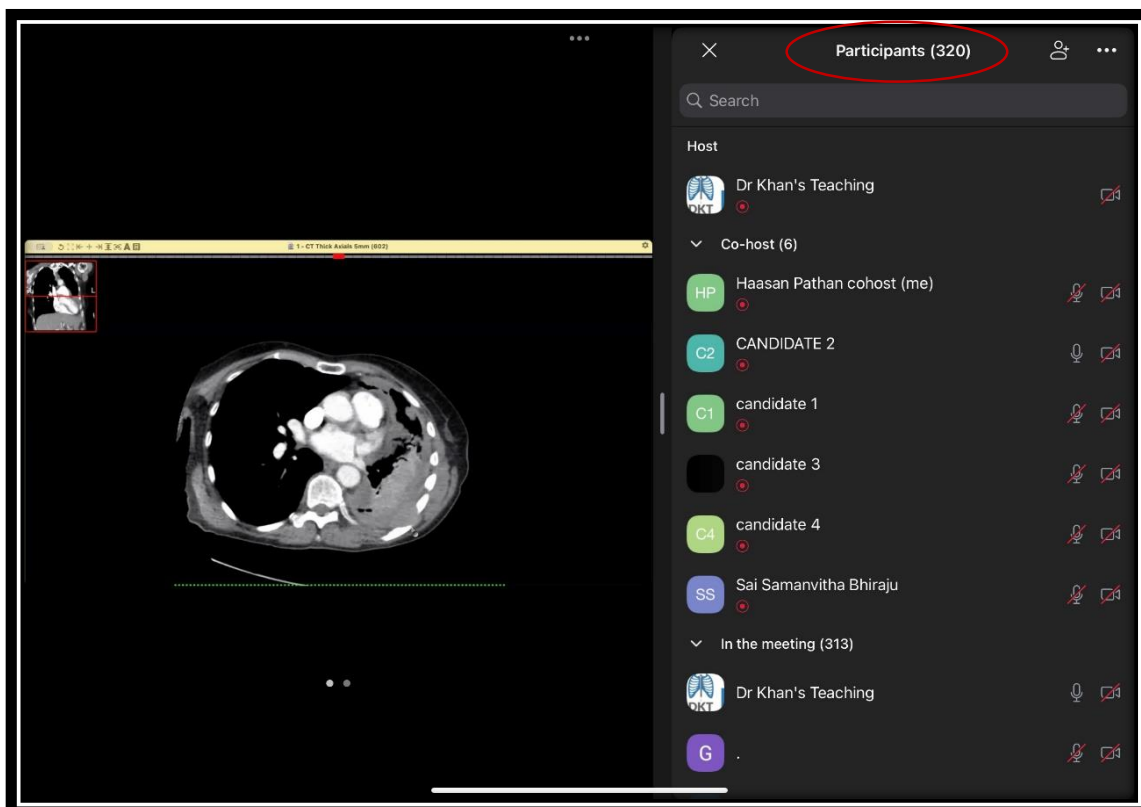
Testimonials


- Excellent viva tips and lecture delivered by the awesome teacher Dr. Sami Khan! Love it so so much! (Malaysia).
- Simply amazing cases. Dr. Khan, sir, you are number one (Iraq).
- Excellent teaching by the king of radiology, Dr. Khan! (Pakistan).
- The teaching that came with the cases was priceless (Zimbabwe).
- I am always excited to see Dr. Khan teach! (UK).
- Yet again a very high-yielding session with nice & diverse exam-oriented cases (India).
- I really like how sir explains to the candidate what they missed and should have asked for (India).
- Cases were very informative, thanks a lot (Palestine).
- The case selection and differentials are top-notch (Nigeria).
- The session being delivered by Dr. Khan makes it excellent in the first place! (Pakistan).
- Keep up the good work. Everything's just perfect (UAE).
- Brilliant session and excellent cases (Pakistan).
- Excellent cases and explanation by Dr. Sami Khan, thank you very much (UK).
- Thanks a lot, much improvement in my daily practice (Sudan).
- Excellent. You have put in so much effort. Thank you (India).
- I like the cases; they are good for exam preparation (Thailand).
- The cases and the discussion were useful (Sudan).
- The case discussions and feedback were helpful (UK).
- The summary at the end was very useful (South Africa).
- Excellent variety of cases and illustrations (UK).
- Feedback from sir on each case was the most useful (India).

- Asking for a different window when doing CT and X-ray was a great idea (Saudi Arabia).
- All of it was very useful & highly valuable (Egypt).
- The presented cases were useful (Saudi Arabia).
- The variety of cases and teaching points and tips were useful (Pakistan).
- Excellent case selection (UAE).
- It was perfect (UAE).
- The cases and discussion were excellent (Egypt).
- Case selection and feedback style were methodical (UK).
- Good cases (UK).
- Typical and atypical findings of the same disease were taught nicely (Pakistan).
- Content and delivery were useful (UK).
- It's all useful (UAE).
- Interactive with teaching and exam tips (Canada).
- Great collection of cases (India).
- Important points regarding viva were useful (Pakistan).
- Elaborated session. Thank you (Saudi Arabia).
- The case variety and approach were useful (Sri Lanka).
- Detailed explanation of the case and topic after every case was useful (Pakistan).
- Excellent teaching (Saudi Arabia).
- Good case mix (South Africa).
- Excellent session (Pakistan).
- The teaching and the cases were useful (Libya).
- Nice teaching cases (UK).
- All the aspects are extremely valuable (Pakistan).
- All the aspects were useful (UK).
- Good cases and discussion (UK).
- Excellent cases (Oman).
- Teaching formats and feedback were excellent (South Africa).
- The exam mimicking and clear case-by-case feedback were useful (Egypt).
- The cases & teachings were useful (Sudan).
- All the cases were useful (Oman).
- The explanation by the moderator was very useful (UK).
- Teaching points were useful (Sudan).
- Excellent teaching (UK).
- The explanation is good (Saudi Arabia).
- Very informative (UK).
- Exam points were useful (Pakistan).
- Detailed case handling and discussion were useful (Egypt).
- Lots of interesting cases (UK).
- Good cases (Pakistan).
- The explanations were useful (Nigeria).
- The variety of cases and the patient explanations were the most useful aspects of the session (Nigeria).
- Amazing teaching (UAE).
- Useful teaching session (Malaysia).
- The variety of cases and teaching style were useful (Saudi Arabia).
- The variety of cases was amazing (Kuwait).

FRCR 2B Practice Viva (Session 108) - THE POT POURRI OF FRCR VIVA CASES - Top Tips, Differentials, "A to ZEE" & More! (Part 19)

- Case discussion was useful (Pakistan).
- All of the lecture was useful (Sudan).
- Keep the good work up (Nigeria).
- It was perfect (UAE).
- Excellent teaching session (Algeria).
- Thank you to the presenter and team (UK).
- Very informative (Saudi Arabia).
- Very educational (UK).
- Brilliant (Palestine).
- Superb session (India).
- Wonderful (Nigeria).
- Amazing learning opportunity (India).
- Very educational (Nigeria).
- Excellent as always (Nigeria).
- Excellent teaching session (Nigeria).
- Excellent session as usual (UAE).
- Useful teaching session. Thank you (Malaysia).
- Very informative (UAE).
- Great and impressive (Iraq).





Bilateral Thalamic Lesions (Chapman Page 412-413)

13.25 BILATERAL THALAMIC LESIONS

Vascular

1. **Artery of percheron infarct**—variant solitary arterial trunk that arises from one of the posterior cerebral arteries supplying both paramedian thalami and rostral midbrain.
2. **Basilar tip thrombosis**—hyperdense thrombus/loss of flow void in the basilar tip.
3. **Internal cerebral venous infarct**—look for deep cerebral vein thrombus on CT (hyperdense) and MRI (loss of T2 flow void). Greater local swelling than arterial infarcts. SWI may show serpiginous thrombosed deep medullary veins and associated microhaemorrhage.
4. Hypertensive haemorrhage.
5. Hypoxic ischaemic encephalopathy.

Infection

1. **Encephalitis**—caused by arboviruses transmitted by mosquito or tick bites, e.g. Japanese encephalitis (Asia), West Nile encephalitis (Middle East), Murray Valley encephalitis (Australasia), St Louis encephalitis (USA). Bilateral thalamic involvement is typical ± extension into brainstem or basal ganglia; usually haemorrhagic. Fevers and fulminant course.
2. **Variant CID**—see [Section 13.22](#).
3. **Acute necrotizing encephalitis**—haemorrhagic syndrome in young children. Thought to be an overreaction to a mild antecedent viral infection.

Metabolic

1. **Carbon monoxide poisoning**—bilateral hyperdense areas in the globus pallidus.
2. **Wernicke's encephalopathy**—triad of ophthalmic, ataxic and mental changes. Due to thiamine deficiency. Abnormal signal in thalami, mammillary bodies and periaqueductal areas.
3. **Mitochondrial cytopathies**—Leigh, Kearns-Sayre, etc. (see [Section 13.22](#)).
4. **Fabry disease**—see [Section 13.23](#).
5. **Wilson's disease**—see [Section 13.22](#).

Neoplastic

1. **Bithalamic glioma**—low-grade astrocytoma in adults; expansile and often nonenhancing with hydrocephalus.

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Syamthanda...



Ali Korkmaz



Maryam Ch

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Vivek Kiyawat

Elham Ghazala

Simona Al-su...

Audio

Video

Participants

Chat

React

Share

Host tools

AI Companion

Apps

More

Leave



1 - CT Chest2 Sag 5 Avg (603)

Simona Al-su...

Jugal James

Aqeela Sadia

Ghada Moha...

Saeed Ahme...

Dina Jalalvand

Fatima Saida...

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Pronoy Pandit

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Alishba Zahid

Engela Fouche

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Ana Rizvi



Nafeesa Abd...

Audio

Video

Participants

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Share

Host tools

AI Companion

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