

In the U.K. normally only those who already hold the AFRCS(Ed) or an equivalent qualification from one of the other Royal Colleges, i.e., MRCOphth, AFRCSIre, can proceed to the Higher Examination leading to the full FRCS(Ed) (Ophthalmology). This examination will be substantially upgraded version of our present Sections B and C. It is expected that a very high pass rate will be achieved as is the case in the present Intercollegiate Board Examination which is between 60 and 100%.

It is obviously important that all trainers and especially new trainees understand this new training and examination system. Those already in training but not having completed the present FRCS(Ed)/FCOph(Hong Kong) will as already

mentioned be able to do so up to the year 2000. Those who already hold the full FRCS(Ed)/FCOph(Hong Kong) will be eligible to enter the new Higher Surgical Training programme in Hong Kong, but it is envisaged that those who do not enter the HST before March 1997 may have to pass the new Joint Higher Fellowship Examination before they can be accredited. All those concerned with training both at home and overseas are of the opinion that this new training programme is more logical, and it would better prepare ophthalmologists for ever increasing demands in our profession in the new century and the Edinburgh College looks forward to continuing co-operation with our colleagues in Hong Kong in this important venture.

HKJO Quiz



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Question

A 7-month-old baby boy was noticed to have proptosis of both eyes and an abnormal gaze. In addition, he also has some subtle pigmented skin lesions. Selected axial and coronal SE T1 post-gadolinium images of the MRI are shown here below.

The differential diagnoses would include the followings. Which is the correct diagnosis?

1. optic nerve glioma
2. meningioma

3. extension of primary ocular tumors
4. infiltrative disease such as lymphoma

(Answer and discussion on page 95)

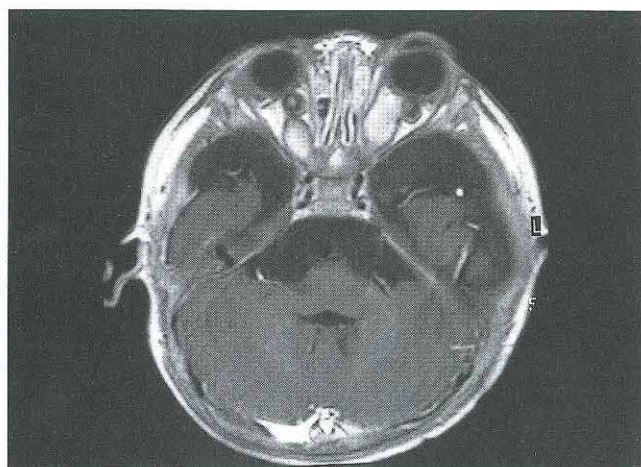


Figure 1 shows bilateral enlarged optic nerves with contrast enhancement in the retrobulbar region.

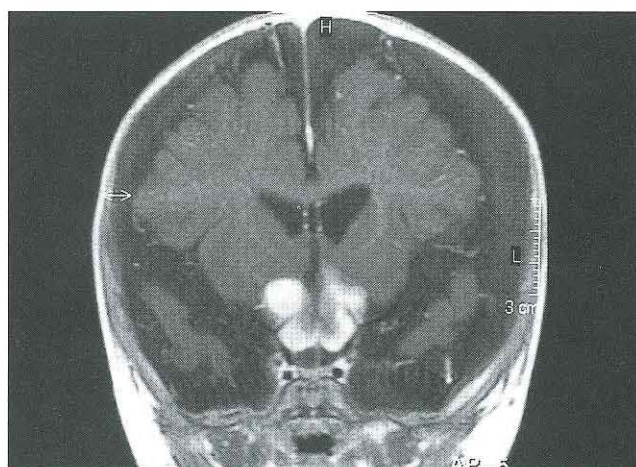


Figure 2 shows the lesion extending to and involving both the hypothalamus and the optic chiasma.