SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201501B)

	True	False
Question 1. Concerning the diabetic foot:		
(a) Diabetic foot infections are rarely due to direct spread from a skin ulcer.	☐	☐
(b) The diabetic foot is prone to skin ulceration due to multiple risk factors.	☐	☐
(c) Diabetic patients are predisposed to progressive arthropathy (neuroarthropathy) of the foot.	☐	☐
(d) Infection of the soft tissue and bones is particularly common in the diabetic foot, and early diagnosis is crucial as it permits timely treatment.	☐	☐
Question 2. Regarding imaging of pedal osteomyelitis:		
(a) Radiography is the preferred initial imaging modality.	☐	☐
(b) Magnetic resonance (MR) imaging is not useful, as it has poor sensitivity and specificity.	☐	☐
(c) Bone scintigraphy and white cell scintiscans have very high specificity.	☐	☐
(d) Ultrasonography has a limited role.	☐	☐
Question 3. Regarding soft tissue complications of the diabetic foot:		
(a) In ambulatory patients, skin calluses tend to occur over the calcaneum rather than the metatarsal heads.	☐	☐
(b) Ulcers are rarely preceded by skin calluses.	☐	☐
(c) An abscess manifests as a rim-enhancing collection of fluid signal intensity.	☐	☐
(d) On contrast-enhanced MR imaging, gangrene is seen as an area of homogeneously enhancing soft tissue.	☐	☐
Question 4. Regarding bone and joint complications of the diabetic foot:		
(a) Markedly low T1-weighted signal intensity is a key sign of osteomyelitis.	☐	☐
(b) Most cases of septic arthritis in the diabetic foot are due to haematogeneous spread.	☐	☐
(c) Periarticular marrow oedema, with no adjacent ulcer or secondary soft tissue signs of infection, is highly suggestive of neuroarthropathy.	☐	☐
(d) Osteomyelitis usually shows periarticular marrow changes, whereas neuroarthropathy shows diffuse marrow changes.	☐	☐
Question 5. Regarding musculotendinous complications of the diabetic foot:		
(a) On MR imaging, tenosynovitis is suggested by enhancement of the tendon.	☐	☐
(b) Acute muscle denervation may not show any abnormality on MR imaging.	☐	☐
(c) Bacterial myositis may show oedema as the only MR imaging abnormality, and is easily distinguishable from reactive myositis.	☐	☐
(d) In pyomyositis, intramuscular abscess formation may be seen.	☐	☐

Doctor's particulars:

Name in full : _____

MCR number : _____ Specialty: _____

Email address : _____

SUBMISSION INSTRUCTIONS:

(1) Log on at the SMJ website: http://www.sma.org.sg/publications/smjcurrentissue.aspx and select the appropriate set of questions. (2) Provide your name, email address and MCR number. (3) Select your answers and click "Submit".

RESULTS:

(1) Answers will be published in the SMJ March 2015 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 6 March 2015. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates.

Deadline for submission: (January 2015 SMJ 3B CME programme): 12 noon, 27 February 2015.