

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201502B)

**Question 1.** Regarding Peutz-Jeghers polyps:

- (a) They are most commonly seen in the colon.
- (b) They are unique in that they have a characteristic smooth muscle core.
- (c) It is unusual to see only a solitary polyp.
- (d) They are premalignant.

True	False
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

**Question 2.** Regarding Peutz-Jeghers syndrome:

- (a) It commonly presents with rectal bleeding.
- (b) Patients do not have an increased risk of gastrointestinal tract malignancies.
- (c) Patients have an increased risk of pancreatic, breast and reproductive organ tumours.
- (d) The eyelid, dorsal aspect of the fingers and sole of the foot are the most common locations of mucocutaneous pigmentations.

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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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**Question 3.** Regarding imaging of intussusception:

- (a) Radiography often shows a 'doughnut' appearance.
- (b) Ultrasonography may reveal a 'pseudokidney' appearance.
- (c) It may be seen as a sausage-shaped mass and target-shaped mass on CT.
- (d) Barium meal and follow-through may reveal a 'coiled-spring' appearance of the bowel (coiled-spring sign).

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**Question 4.** Regarding hamartomatous polyposis syndromes:

- a) In juvenile polyposis syndrome, the rectosigmoid colon is the most common location of polyps.
- b) Cronkhite-Canada syndrome is familial.
- c) Patients with Cronkhite-Canada syndrome may develop ectodermal abnormalities such as brownish macules on the palms and soles, and dystrophic nail changes.
- d) Lhermitte-Duclos disease is associated with Proteus syndrome.

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**Question 5.** Regarding familial adenomatous polyposis syndrome:

- (a) It is an autosomal dominant disorder.
- (b) Polyps do not involve the small intestine.
- (c) Prophylactic surgery is usually performed by the fifth decade of life.
- (d) Gardner's syndrome is a variant of familial adenomatous polyposis, and is associated with medulloblastoma.

<input type="checkbox"/>	<input type="checkbox"/>
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**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 February 2015 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 6 April 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: (February 2015 SMJ 3B CME programme): 12 noon, 27 March 2015.**