

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201507B)

**Question 1.** Regarding the clinical presentation of ossification of the posterior longitudinal ligament (OPLL):

- (a) It is more common among the elderly.
- (b) OPLL is predominantly a disease of non-Asian populations.
- (c) Most patients with OPLL are asymptomatic.
- (d) Most patients with OPLL present with acute onset of symptoms.

True	False
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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**Question 2.** Regarding radiological imaging of OPLL:

- (a) OPLL is best visualised on radiographs of the cervical spine.
- (b) The segmental subtype of OPLL is more likely to show clinical progression than the continuous subtype.
- (c) Computed tomography (CT) is able to detect OPLL in the early stages.
- (d) The 'single-layer' sign is associated with > 50% rates of dural tears.

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**Question 3.** Regarding magnetic resonance (MR) imaging of OPLL:

- (a) Disc protrusions and spinal cord compression are best visualised on MR imaging.
- (b) OPLL appears hyperintense on T1-weighted imaging.
- (c) An increase in T2-weighted signal in the spinal cord reflects irreversible spinal cord damage.
- (d) An increase in T1-weighted signal in the spinal cord reflects irreversible spinal cord damage.

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**Question 4.** Regarding treatment of OPLL:

- (a) Prophylactic surgery is routinely performed in OPLL.
- (b) Anterior surgical decompression is associated with a lower risk of postoperative clinical progression than posterior decompression.
- (c) OPLL patients with a 'double-layer' sign on CT imaging have a lower risk of complications in anterior surgery.
- (d) Anterior surgery is recommended for patients with loss of cervical lordosis.

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**Question 5.** Regarding diagnostic imaging of OPLL:

- (a) Both CT and MR imaging need to be performed for proper diagnosis of OPLL.
- (b) Severity of OPLL is more accurately assessed on axial CT than on MR imaging.
- (c) On MR imaging, the T1-weighted hypointense appearance of OPLL makes differentiation from adjacent soft tissues difficult.
- (d) Continuous follow-up imaging of patients with MR imaging is not required once a diagnosis of OPLL is made.

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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 September 2015 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 4 September 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: (July 2015 SMJ 3B CME programme): 12 noon, 28 August 2015.**