

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201508B)

Question 1. The following have gallbladder wall thickening as an imaging feature:

- (a) Acute cholecystitis.
- (b) Hypoproteinaemia.
- (c) Hepatitis.
- (d) Ascites.

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. The following indicate an increased risk of developing gangrenous cholecystitis:

- (a) Elderly patients.
- (b) Diabetes mellitus.
- (c) White blood cell count > 15,000 cells/mL.
- (d) Chronic anaemia.

<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 3. The following computed tomography (CT) features suggest gangrenous cholecystitis:

- (a) Poorly enhancing gallbladder wall.
- (b) Curvilinear membranes in the gallbladder lumen.
- (c) Intramural abscesses.
- (d) Pericholecystic fat stranding.

<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 4. The following CT features suggest Mirizzi syndrome:

- (a) Dilated intrahepatic ducts with nondilated common bile duct.
- (b) Dilated common bile duct and normal intrahepatic ducts.
- (c) Dilated pancreatic duct and common bile duct.
- (d) Dilated intrahepatic and extrahepatic bile ducts.

<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 5. Regarding gallstone ileus:

- (a) Patients present with gastric outlet obstruction.
- (b) Offending gallstones are usually less than 2 cm.
- (c) Rigler's triad can be seen on CT.
- (d) Obstruction is usually at the level of the distal jejunum.

<input type="checkbox"/>	<input type="checkbox"/>
<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 October 2015 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 2 October 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: (August 2015 SMJ 3B CME programme): 12 noon, 25 September 2015.