

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201510B)

Question 1. Regarding lateral patellar dislocation:

- (a) It is most commonly encountered in middle-aged men.
- (b) Anatomical variants can lead to patellar instability and predispose an individual to lateral dislocation.
- (c) The most common mechanism of injury is a direct blow to the medial aspect of the knee.
- (d) The diagnosis can usually be confidently made without the use of imaging.

True	False
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<input type="checkbox"/>	<input type="checkbox"/>
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Question 2. Regarding predisposing factors for patellar instability:

- (a) On lateral knee radiographs, patella alta is present when the Insall-Salvati ratio is more than 1.2.
- (b) On axial computed tomography (CT) and magnetic resonance (MR) imaging, a lateral trochlear inclination of more than 11° indicates femoral trochlear dysplasia.
- (c) On axial CT and MR imaging, femoral depth of 3 mm or less indicates femoral trochlear dysplasia.
- (d) Tibial tuberosity-trochlear groove (TT-TG) distance is abnormal if it is more than 20 mm.

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Question 3. Regarding imaging features of associated injuries:

- (a) 'Kissing' contusions are often seen in the medial patella and medial femoral condyle.
- (b) The medial patellofemoral ligament (MPFL) may be injured in up to 70%–100% of patients.
- (c) MR imaging is useful in detecting purely chondral loose bodies which are radiolucent on radiography.
- (d) Chondromalacia patellae and patellofemoral osteoarthritis may be seen in chronic patellar instability.

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Question 4. Regarding management of patellar dislocation and instability:

- (a) Lateral patellar dislocation often requires open surgical reduction.
- (b) The presence of osteochondral fragments or loose bodies is an indication for surgery.
- (c) Surgical procedures for recurrent patellar instability include medial capsular plication and release of the lateral patellar retinaculum.
- (d) The MPFL can be reconstructed with the gracilis or semimembranosus tendon.

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Question 5. Are the following statements true or false?

- (a) Most MPFL injuries occur at the patellar attachment of the MPFL.
- (b) If a lipohaemarthrosis is seen on imaging, an osteochondral injury should be suspected.
- (c) A joint effusion may not occur after a recurrent dislocation in cases of chronic patellar instability.
- (d) Oedema in Hoffa's (infrapatellar) fat pad is identified by low signal on a fluid-sensitive MR sequence.

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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 December 2015 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 4 December 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: (October 2015 SMJ 3B CME programme): 12 noon, 27 November 2015.