

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201608A)

	True	False
1. Haemoptysis is defined as any blood expelled from the mouth by coughing.	<input type="checkbox"/>	<input type="checkbox"/>
2. Blood from massive nosebleeds that is coughed up through the mouth is the most common and harmless cause of haemoptysis.	<input type="checkbox"/>	<input type="checkbox"/>
3. True haemoptysis is only defined as blood loss from the tracheobronchial tree or pulmonary parenchyma.	<input type="checkbox"/>	<input type="checkbox"/>
4. Multiple episodes of haemoptysis with small amounts of blood that add up to an estimated volume loss of at least 200 mL or more in 24 hours is considered as massive haemoptysis.	<input type="checkbox"/>	<input type="checkbox"/>
5. Massive haemoptysis is rare and accounts for less than 1% of haemoptysis cases.	<input type="checkbox"/>	<input type="checkbox"/>
6. Massive haemoptysis has an associated mortality of above 75%.	<input type="checkbox"/>	<input type="checkbox"/>
7. The five more common causes of haemoptysis can be grouped into infective, neoplastic, vascular, autoimmune and drug-related causes.	<input type="checkbox"/>	<input type="checkbox"/>
8. Pneumonia is not a common underlying cause for patients presenting with haemoptysis.	<input type="checkbox"/>	<input type="checkbox"/>
9. Tuberculosis is a common cause of haemoptysis, but not a common cause of massive haemoptysis.	<input type="checkbox"/>	<input type="checkbox"/>
10. Tuberculosis is a rare diagnosis with an incidence rate of approximately 1–2 per 100,000 population in Singapore and should not be suspected in patients with haemoptysis.	<input type="checkbox"/>	<input type="checkbox"/>
11. Lung metastases that cause haemoptysis can come from other primary malignancies such as breast, kidney, gastrointestinal, ovarian and cervical cancers.	<input type="checkbox"/>	<input type="checkbox"/>
12. The presence of vasculitic rash, haematuria, joint pain or swelling may be suggestive of underlying autoimmune diseases that may contribute to haemoptysis.	<input type="checkbox"/>	<input type="checkbox"/>
13. Common drugs that may increase the risk of haemoptysis include anticoagulants and antiplatelet agents.	<input type="checkbox"/>	<input type="checkbox"/>
14. The presence of haemoptysis caused by anticoagulants and antiplatelet agents is a compelling reason to stop these medications, regardless of their indications.	<input type="checkbox"/>	<input type="checkbox"/>
15. A thorough clinical history-taking and physical examination in the primary care setting is important as it helps to narrow down the differential list and also quantify the amount of blood lost.	<input type="checkbox"/>	<input type="checkbox"/>
16. Chest radiography should be performed for every patient who presents with haemoptysis to screen for any focal or diffuse parenchymal involvement as well as pleural abnormalities.	<input type="checkbox"/>	<input type="checkbox"/>
17. When a patient with non-massive haemoptysis has a normal chest radiograph and no haemodynamic instability, no additional testing is required if the risk of massive bleed is low in the acute setting.	<input type="checkbox"/>	<input type="checkbox"/>
18. A patient presenting with haemoptysis who has a normal chest radiograph but is at increased risk of malignancy (i.e. 30 pack-years of smoking, age \geq 40 years) will still require computed tomography of the chest.	<input type="checkbox"/>	<input type="checkbox"/>
19. In patients presenting with massive haemoptysis with haemodynamic instability, the priorities of management should be the patient's airway, breathing and circulation.	<input type="checkbox"/>	<input type="checkbox"/>
20. While waiting for the ambulance, the patient should be placed in the lateral decubitus position with the affected lung in a dependent position to avoid pooling of blood in the unaffected lung.	<input type="checkbox"/>	<input type="checkbox"/>

Doctor's particulars:

Name in full : _____
MCR number : _____ Specialty: _____
Email address : _____

SUBMISSION INSTRUCTIONS:

(1) Visit the SMJ website: <http://www.smj.org.sg/current-issue> 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 online in the SMJ October 2016 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 3 October 2016. (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 2016 SMJ 3B CME programme): 12 noon, 26 September 2016.