SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201608B)

Question 1. Regarding the anatomical aspect of lipomas in the hand:			False
a)	Thick, deep central palmar fascia accounts for the central location of lipomas.		
b)	Lipomas in Guyon's canal affect the radial nerve.		
C)	Lipomas in the carpal tunnel affect the ulnar nerve.		
d)	Tinel's sign is distal paraesthesia secondary to tapping on the tumour.		
Qu			
a)	The incidence of lipomas in the hands and fingers is about 10%.		
b)	Muscular atrophy and muscle paralysis are very common.		
C)	Acute neuropathy due to nerve compression by interstitial haemorrhage may be seen.		
d)	Giant lipomas are larger than 3.5 cm.		
Qu			
a)	On plain radiography, lucency within soft-tissue swelling may be seen.		
b)	On ultrasonography, they commonly appear as a hypoechoic mass with increased vascularity.		
C)	Magnetic resonance (MR) imaging is recommended before biopsy as it helps in the selection of suspicious areas for biopsy.		
d)	Tissue characterisation is superior on ultrasonography as compared to MR imaging.		
Qu			
a)	They appear hyperintense on both T1-weighted and T2-weighted images.		
b)	They appear homogenously hyperintense on fat-suppressed sequences.		
C)	Intramuscular lipomas are the most common subtype of palmar lipoma.		
d)	Areas of incomplete fat suppression and contrast enhancement are suspicious for malignancy.		
Qu	estion 5. Regarding differential diagnosis of lipomas in the hand:		
a)	Ganglion cysts can have a communicating tract with the joint or tendon sheath.		
b)	Giant cell tumours of the tendon sheath usually have high-signal foci on T1-weighted and T2-weighted MR imaging sequences.		
C)	On MR imaging, nerve sheath tumours can have a fusiform appearance with tapered ends.		_
d)	Flow voids may be seen in arteriovenous malformations on MR imaging.		
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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.