

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201611B)

**Question 1.** Regarding caecal volvulus:

- (a) It accounts for 1%–1.5% of all adult intestinal obstructions.
- (b) It accounts for 75%–90% of all cases of colonic volvulus.
- (c) It may present with either recurrent intermittent abdominal pain or acute intestinal obstruction.
- (d) It is often clinically indistinguishable from other causes of acute bowel obstruction.

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.** Predisposing factors for developing caecal volvulus include:

- (a) Excessive caecal mobility.
- (b) Intestinal malrotation.
- (c) Early pregnancy.
- (d) Chronic constipation.

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**Question 3.** Regarding the imaging evaluation of caecal volvulus:

- (a) Plain radiography is the best imaging tool in the diagnosis of caecal volvulus.
- (b) Computed tomography (CT) is often the first-line imaging investigation.
- (c) Plain radiography is both highly sensitive and specific in the diagnosis of caecal volvulus.
- (d) With radiographic evaluation, patients are not uncommonly misdiagnosed as having small bowel obstruction.

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**Question 4.** Imaging features of caecal volvulus on plain radiography include:

- (a) Caecal dilatation.
- (b) Dominant intraluminal air-fluid level related to the dilated caecum.
- (c) Dilatation of small bowel loops.
- (d) Gaseous distension of the distal colon.

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**Question 5.** Regarding the CT imaging features of caecal volvulus:

- (a) The 'CT coffee bean' sign refers to a dilated sigmoid colon filled with air and fluid.
- (b) The 'bird beak' sign on CT refers to progressively tapering efferent and afferent bowel loops that point to the site of torsion.
- (c) The 'whirl' sign is composed of a spiralled loop of collapsed caecum, with low-attenuation fatty mesentery and engorged mesenteric vessels.
- (d) The superior mesenteric vein lies to the left of the superior mesenteric artery in cases of intestinal malrotation.

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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 January 2017 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 30 December 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: (November 2016 SMJ 3B CME programme): 12 noon, 23 December 2016.**