

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201612B)

Question 1. Regarding intussusception in adults:

- (a) Small bowel intussusception can be transient and self-limiting.
- (b) Patients often present with a palpable mass, 'currant jelly' stool and acute abdominal pain.
- (c) Computed tomography (CT) is the investigation of choice.
- (d) The lead point is often a benign mass.

True	False
<input type="checkbox"/>	<input type="checkbox"/>

Question 2. Regarding intussusception in children:

- (a) Ultrasonography is the modality of choice, as it uses ionising radiation to acquire images.
- (b) Pneumoperitoneum is a potential complication.
- (c) A lead point is often found.
- (d) Air-enema reduction is performed under fluoroscopy.

<input type="checkbox"/>	<input type="checkbox"/>

Question 3. Regarding imaging of intussusception:

- (a) Identifying the 'bowel-within-bowel' appearance of the bowel loops is essential to diagnosis.
- (b) The loop of bowel that herniates into the distal bowel loop is called the intussusceptum.
- (c) CT does not use ionising radiation to acquire images.
- (d) Ultrasonography is not used in adults for the evaluation of intussusception due to the relatively large body habitus.

<input type="checkbox"/>	<input type="checkbox"/>

Question 4. Regarding the management of intussusception:

- (a) Surgery is the recommended treatment for a child with intussusception.
- (b) Air-enema reduction is the recommended treatment for intussusception in adults.
- (c) Surgery is indicated in a patient with intussusception complicated by perforation.
- (d) Patients found to have small bowel intussusception on CT, which was done for an unrelated reason, require urgent surgery.

<input type="checkbox"/>	<input type="checkbox"/>

Question 5. Regarding lead points in intussusceptions:

- (a) Intussusception in adults is often due to a malignant tumour acting as a lead point.
- (b) Most small bowel intussusceptions are due to a malignant tumour.
- (c) Lipoma is one of the most common causes of a benign lead point.
- (d) The lead point is usually found at the apex of the intussusceptum.

<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 February 2017 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 2 February 2017. (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: (December 2016 SMJ 3B CME programme): 12 noon, 26 January 2017.