

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201701B)

Question 1. Regarding scimitar syndrome:

- (a) It has a female preponderance.
- (b) The most common pattern of lung drainage by the scimitar vein is partial lung drainage.
- (c) It shows left-to-right shunting which, if large enough, can result in pulmonary hypertension.
- (d) It is commonly associated with ventricular septal defect, right-sided aortic arch and pulmonic stenosis.

True False

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Question 2. Regarding the scimitar sign:

- (a) It refers to a vertical curvilinear opacity parallel to the right heart border, which gradually increases in width along its caudal course before merging with the right lower cardiomeastinal silhouette.
- (b) It is specific for scimitar syndrome.
- (c) It can be seen in cases of meandering pulmonary vein.
- (d) Although lung hypoplasia and dextroposition of the heart are helpful signs, they can obscure the demonstration of the scimitar vein.

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Question 3. Regarding imaging of scimitar syndrome:

- (a) Chest radiography depicts all components of the syndrome, including the scimitar vein.
- (b) Cardiac catheterisation and angiography are the preferred modalities for establishing the diagnosis.
- (c) Conventional angiography is helpful in the evaluation of patients with high-grade pulmonary stenosis.
- (d) Air trapping in the horseshoe lung segment should alert the physician to the possibility of bronchial stenosis.

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Question 4. Regarding horseshoe lung:

- (a) Horseshoe lung commonly occurs in association with scimitar syndrome.
- (b) The isthmus lies posterior to the pericardial sac, oesophagus and aorta.
- (c) Unilateral pulmonary hypoplasia is a constant feature of horseshoe lung.
- (d) The bronchovascular supply to the isthmus is almost always from the normal lung.

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Question 5. Preoperative imaging for scimitar syndrome should evaluate for:

- (a) Total or partial pulmonary anomalous return.
- (b) Shunt fraction.
- (c) The presence of pulmonary hypertension.
- (d) The presence of bronchopulmonary collaterals.

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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 March 2017 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 3 March 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: (January 2017 SMJ 3B CME programme): 12 noon, 24 February 2017.