SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201702B)

 Question 1. Regarding osteoblastoma: (a) It is an osteoid-forming, benign primary neoplasm. (b) It accounts for approximately 5% of primary bone tumours. (c) Within the long bones, it commonly affects the metaphysis. (d) Posterior elements of the vertebral column are one of the common sites. 	True	False
 Question 2. Regarding clinical presentations of osteoblastoma: (a) It causes persistent and dull-aching pain. (b) The pain is characteristically worse at night and relieved by salicylates. (c) Patients can present with neurological symptoms. (d) Patients can present with painful scoliosis. 		
 Question 3. Regarding imaging of osteoblastoma: (a) An osteolytic lesion with matrix mineralisation that is less than 1 cm is a characteristic feature. (b) Computed tomography is the imaging modality of choice. (c) Magnetic resonance imaging is particularly useful to define the involvement of soft tissue and neural elements. 		
(d) Bone scintigraphy can help to detect osteoblastic activity.		
 Question 4. Regarding diagnosis and differential diagnosis of osteoblastoma: (a) Osteoblastoma is relatively stable when compared to osteoid osteoma. (b) A tract leading away from the abscess cavity is helpful in differentiating a Brodie's abscess from an osteoblastoma. 		
(c) There is more periosteal reaction in osteosarcomas as compared to aggressive osteoblastomas.(d) Epithelioid osteoblast is a characteristic histologic feature of aggressive osteoblastomas.		
 Question 5. Regarding management of osteoblastoma: (a) Radiofrequency ablation (RFA) is preferred for small, uncomplicated osteoblastoma in long bones. (b) RFA is performed at 90°C for a maximum of two minutes. (c) Additional RFA needle placements may be needed in larger lesions. (d) Simple curettage alone has a high recurrence rate. 		
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 April 2017 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 30 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: (February 2017 SMJ 3B CME programme): 12 noon, 23 March 2017.