

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201803B)

**Question 1.** Regarding diagnosis of fat embolism syndrome (FES):

- (a) It is purely clinical.
- (b) It is purely radiological.
- (c) It can be challenging for clinicians.
- (d) It is based on a combination of clinical, radiological and laboratory findings.

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

**Question 2.** Regarding FES:

- (a) Cutaneous manifestations are usually the first to occur.
- (b) Respiratory manifestations are usually the first to occur.
- (c) Central nervous system manifestations always precede respiratory manifestations.
- (d) Acute-onset shortness of breath is a typical respiratory manifestation.

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

**Question 3.** Regarding cutaneous manifestations in FES:

- (a) They typically occur after a delay of 2–3 weeks.
- (b) Petechial rash is the typical manifestation.
- (c) Aggressive treatment is often required.
- (d) They usually resolve spontaneously.

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

**Question 4.** Regarding MR imaging findings in cerebral fat embolism:

- (a) Lesions may be patchy or confluent.
- (b) Lesions rarely involve white matter.
- (c) Petechial haemorrhages can be seen.
- (d) Lesions can show restricted diffusion.

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

**Question 5.** Regarding computed tomography (CT) imaging in FES:

- (a) CT brain findings are always diagnostic.
- (b) CT pulmonary angiograms often show filling defects in the pulmonary arteries.
- (c) Typical CT thorax findings include areas of cavitation and consolidation.
- (d) Typical CT thorax findings include ground-glass densities, interlobular septal thickening and sometimes nodules.

<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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**Doctor's particulars:**

Name in full : \_\_\_\_\_  
 MCR number : \_\_\_\_\_ Specialty: \_\_\_\_\_  
 Email address : \_\_\_\_\_

**SUBMISSION INSTRUCTIONS:**

Visit the SMJ website: <http://www.smj.org.sg/current-issue> and select the appropriate quiz. You will be redirected to the SMA login page.  
**For SMA member:** (1) Log in with your username and password (if you do not know your password, please click on 'Forgot your password?'). (2) Select your answers for each quiz and click 'Submit'.  
**For non-SMA member:** (1) Create an SMJ CME account, or log in with your SMJ CME username and password (for returning users). (2) Make payment of SGD 21.40 (inclusive of 7% GST) via PayPal to access this month's quizzes. (3) Select your answers for each quiz and click 'Submit'.

**RESULTS:**

(1) Answers will be published online in the SMJ May 2018 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 7 May 2018. (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: (March 2018 SMJ 3B CME programme): 12 noon, 30 April 2018.**