

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201809B)

Question 1. Regarding subacute combined degeneration of the spinal cord (SCD):

- (a) SCD most commonly presents with abnormal fine touch, vibration and proprioception.
- (b) Onset may occur over several weeks in the setting of recent nitrous oxide exposure.
- (c) Dorsal column symptoms are typically present in a lower limb distribution.
- (d) B12 deficiency may be the result of autoimmune disease.

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 patients presenting with dorsal cord symptoms in SCD:

- (a) The clinical differential should include multiple sclerosis, syphilis and spinal cord tumour.
- (b) Involvement of the lateral spinothalamic and lateral corticospinal tracts may also be seen.
- (c) SCD may occasionally present with retrograde and anterograde amnesia.
- (d) Paraplegia is considered a late manifestation of SCD.

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Question 3. With respect to the clinical and radiologic workup of suspected SCD patients:

- (a) Computed tomography is highly sensitive to the changes of SCD.
- (b) Magnetic resonance (MR) imaging cannot distinguish between copper and B12 deficiency as the cause of SCD.
- (c) Laboratory workup may include a complete blood count, methylmalonic acid and homocysteine.
- (d) Cerebrospinal fluid examination may be helpful to exclude syphilis and multiple sclerosis.

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Question 4. Regarding the evaluation of SCD with MR imaging:

- (a) Diffuse central cord T1 hyperintensity is a chronic change associated with SCD.
- (b) T2 hyperintensities are indicative of SCD.
- (c) Acquired immune deficiency syndrome-associated vacuolar myelopathy may appear identical to SCD.
- (d) Dorsal column enhancement may be seen in SCD.

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Question 5. Regarding the management and prognosis of SCD:

- (a) Dorsal column symptoms are typically fully reversible.
- (b) SCD patients are often treated with intramuscular vitamin B12.
- (c) Autonomic tract involvement may indicate a less favourable prognosis for recovery.
- (d) Surgical management is not indicated for this condition.

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Doctor's particulars:

Name in full: _____ MCR no.: _____
Specialty: _____ Email: _____

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 November 2018 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 7 November 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. (6) SMC credits CME points according to the month of publication of the CME article (i.e. points awarded for a quiz published in the December 2017 issue will be credited for the month of December 2017, even if the deadline is in January 2018).

Deadline for submission (September 2018 SMJ 3B CME programme): 12 noon, 31 October 2018.