

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201810B)

Question 1. Regarding multiple system atrophy-cerebellar type (MSA-C):

- (a) Prodromal autonomic symptoms may include urinary incontinence and sexual dysfunction.
- (b) There are no proven environmental risk factors.
- (c) MSA-C typically affects males between the ages of 18 and 40 years.
- (d) The combined prevalence of MSA-C and MSA with Parkinson's subtype is only 4.4 per 100,000 cases.

True	False
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<input type="checkbox"/>	<input type="checkbox"/>
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Question 2. Regarding patients presenting with cerebellar symptoms in MSA-C:

- (a) Clinical differentials should include vitamin deficiency, toxic causes and infectious states.
- (b) Dysarthria, dysphagia and drooling generally characterise more advanced disease.
- (c) MSA-C may occasionally present with unilateral motor and/or sensory weakness.
- (d) Rapid-eye movement sleep behavioural disorders can be seen in MSA-C.

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Question 3. With respect to the clinical and radiologic workup of suspected MSA-C patients:

- (a) Computed tomography is highly sensitive to the changes of MSA-C.
- (b) Magnetic resonance (MR) imaging cannot distinguish between alcoholic cerebellar atrophy and MSA-C.
- (c) Laboratory workup may include a complete blood count, Vitamin B1, E or B12, and alcohol levels.
- (d) Positron emission tomography may reveal fluorodeoxyglucose hypometabolism in the cerebellum and middle cerebellar peduncles (MCPs).

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Question 4. Regarding the evaluation of MSA-C with MR imaging:

- (a) Cruciform pattern of T2-weighted hyperintensity within the pons is seen in over 90% of cases of MSA-C.
- (b) Atrophy of the ventral pons, putamen and MCPs may be seen.
- (c) Spinocerebellar ataxia, vasculitis and variant Creutzfeldt-Jakob disease may also show a hot cross bun sign.
- (d) Characteristic neuroimaging findings are not required to make a diagnosis of MSA-C.

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Question 5. Regarding the management and prognosis of MSA-C:

- (a) Its natural history is a slow and progressive period of decline over 5–10 years before death.
- (b) Fludrocortisone and oxybutynin can be used for symptomatic treatment.
- (c) Routine follow up MR imaging is recommended for most cases of MSA-C.
- (d) Recombinant monoclonal antibodies and prednisone have a proven mortality benefit.

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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 December 2018 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 7 December 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 (October 2018 SMJ 3B CME programme): 12 noon, 30 November 2018.