Question 1. Regarding multiple system atrophy-cerebellar type (MSA-C):
(a) Prodromal autonomic symptoms may include urinary incontinence and sexual dysfunction. True False □ □
(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. □ □

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. □ □

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). □ □

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. □ □

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. □ □