

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201812B)

Question 1. Regarding imaging techniques supporting the diagnosis of Creutzfeldt-Jakob disease (CJD), which is highly sensitive and specific, and currently widely in use?

- (a) Dynamic susceptibility contrast magnetic resonance (MR) imaging.
- (b) Diffusion-weighted MR imaging.
- (c) Positron emission tomography/computed tomography.
- (d) Susceptibility-weighted MR imaging.

True False

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Question 2. Common MR imaging patterns of sporadic CJD include:

- (a) Bilateral symmetric T2 hyperintense signal abnormalities in the mesial temporal lobes and hippocampi.
- (b) Diffuse T2 hyperintensities in the subcortical and deep white matter of the parietal and occipital lobes, with or without microhaemorrhages.
- (c) Asymmetric areas of restricted diffusion in the cerebral cortex and/or basal ganglia regions.
- (d) Symmetric restricted diffusion in the dorsomedial thalami.

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Question 3. A probable CJD is diagnosed based on:

- (a) Detection of scrapie prion protein on biopsy.
- (b) Positive electroencephalography (EEG) and MR imaging findings on a clinical background of rapidly progressive dementia and myoclonus.
- (c) Equivocal MR imaging and EEG results, with the presence of 14-3-3 protein in cerebrospinal fluid (CSF) in a patient without dementia.
- (d) Rapidly progressive dementia in less than two years with pyramidal signs but negative MR imaging, CSF analysis and EEG results.

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Question 4. Regarding CJD:

- (a) It is caused by abnormal formation and accumulation of scrapie prion protein in brain tissue.
- (b) There are several subtypes and variant CJD is the best understood subtype thus far.
- (c) It is rapidly progressive in clinical course and invariably fatal regardless of treatment.
- (d) Visual disturbance is an uncommon clinical presentation.

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Question 5. Regarding the differential diagnosis of CJD:

- (a) MR imaging is the key to differentiate it from hypoglycaemic encephalopathy.
- (b) Encephalitis usually spares the limbic system, unlike CJD.
- (c) In a postictal state, transient signal changes can usually be seen in the hippocampi and corpus callosum.
- (d) Wernicke's encephalopathy can also be seen in non-alcoholic individuals.

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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 February 2019 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 1 February 2019. (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 (December 2018 SMJ 3B CME programme): 12 noon, 25 January 2019.