

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201906A)

	True	False
1. Scabies is a common infection affecting young individuals and people of lower socioeconomic status.	<input type="checkbox"/>	<input type="checkbox"/>
2. The incidence of scabies in Singapore is approximately equal among residents in institutions and those staying in their own homes.	<input type="checkbox"/>	<input type="checkbox"/>
3. There are three major clinical variants of scabies: classic scabies, crusted scabies and Norwegian scabies.	<input type="checkbox"/>	<input type="checkbox"/>
4. Scabies symptoms appear 2–6 weeks after infestation.	<input type="checkbox"/>	<input type="checkbox"/>
5. The number of mites on the body in classic scabies is more than a thousand times that of crusted scabies.	<input type="checkbox"/>	<input type="checkbox"/>
6. Crusted scabies usually occurs in older adults or immunocompromised individuals.	<input type="checkbox"/>	<input type="checkbox"/>
7. Classic scabies infestations often present as generalised dermatitis with crusted hyperkeratoses on the palms, soles, under the fingernails, and on the ears, trunk and extremities.	<input type="checkbox"/>	<input type="checkbox"/>
8. Salient features of classic scabies are intense itch, erythematous papules and excoriations.	<input type="checkbox"/>	<input type="checkbox"/>
9. Skin scraping, with the positive finding of mites, is necessary to diagnose scabies infestation.	<input type="checkbox"/>	<input type="checkbox"/>
10. Differential diagnoses of scabies infestation include eczema, hemiptera (bedbug) infestation, other arthropod reactions, lichen planus and drug eruptions.	<input type="checkbox"/>	<input type="checkbox"/>
11. Skin scrapings from the non-excoriated or non-inflamed areas, where there are burrows and a pimple-like rash, are more likely to yield mites.	<input type="checkbox"/>	<input type="checkbox"/>
12. Once an outbreak occurs, prompt control of the index patient and rapid tracing of contacts to identify secondary cases are necessary.	<input type="checkbox"/>	<input type="checkbox"/>
13. Topical malathion treatment of all close personal contacts should be done to avoid a cycle of transmission.	<input type="checkbox"/>	<input type="checkbox"/>
14. When identifying close personal contacts of scabies patients, do not include domestic helpers or grandparents who are living together with them.	<input type="checkbox"/>	<input type="checkbox"/>
15. When prolonged exposure to a case of crusted scabies results in multiple secondary cases in a nursing home, simultaneous mass topical treatment is the most efficient strategy for terminating the outbreak and can be implemented without ward closure.	<input type="checkbox"/>	<input type="checkbox"/>
16. The recommended treatment for classic scabies in children aged less than six months is malathion 0.5% lotion applied to all areas of the body from the neck down and left for 24 hours before washing off.	<input type="checkbox"/>	<input type="checkbox"/>
17. Itching may persist or even worsen for some time after applying the medication and topical calamine lotion or oral antihistamines and medium-potency topical steroids are recommended for scabetic nodules.	<input type="checkbox"/>	<input type="checkbox"/>
18. Scabies can cause secondary skin infections leading to boils, cellulitis or lymphangitis due to <i>Streptococcal pyogenes</i> . These infections are a major precipitant of acute post-streptococcal glomerulonephritis and possibly rheumatic fever.	<input type="checkbox"/>	<input type="checkbox"/>
19. When malathion 0.5% or permethrin 5% is used, treatment should be repeated in one week to kill any mites emerging from eggs that survived the first application.	<input type="checkbox"/>	<input type="checkbox"/>
20. Patients with crusted scabies should be referred to a dermatologist for assessment and appropriate management.	<input type="checkbox"/>	<input type="checkbox"/>

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 August 2019 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 8 August 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 (June 2019 SMJ 3B CME programme): 12 noon, 1 August 2019.