

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 201906B)

Question 1. Regarding the incidence, clinical presentation and mechanism of injury of posterior cruciate ligament (PCL) tear:

- (a) PCL injury is relatively uncommon compared to its counterpart, the anterior cruciate ligament (ACL) injury.
- (b) The most common aetiologies are motor vehicle accidents and sports injuries.
- (c) Proposed mechanisms of injury include exaggerated forceful hyperflexion of the knee, posterior tibial translational force in a flexed knee, and knee rotation in combination with varus or valgus force.
- (d) Posterior drawer or positive quadriceps active tests are often performed in patients with suspected PCL tears.

Question 2. Regarding the anatomy and functions of the PCL:

- (a) The PCL is a dense, fibrous collagen band that originates from the lateral aspect of the medial femoral condyle to insert into the posterior intercondyloid fossa.
- (b) The PCL is composed of anteromedial and posterolateral bundles that are tightly bound together.
- (c) The PCL functions only to restrict the posterior translation of the tibia in relation to the femur.
- (d) Other ligamentous structures of the knee, namely the ACL, collateral ligaments and menisofemoral ligaments, contribute to the overall stability of the knee joint.

Question 3. Regarding the imaging of PCL injuries:

- (a) Imaging, namely magnetic resonance (MR) imaging, has no role in the management of PCL injury.
- (b) Normal PCL is a uniformly low signal ligamentous structure in the knee joint on all MR pulse sequences.
- (c) It is normal for the PCL to appear lax when MR imaging of the knee is performed in partial extension.
- (d) Proton density-weighted sequence alone is sufficient to accurately characterise a PCL tear.

Question 4. Regarding the imaging features of PCL injury:

- (a) When the PCL is no longer seen in the anatomical location, it is suggestive of a partial tear.
- (b) A PCL measuring 7 mm or more with incomplete fibre disruption is highly suggestive of a partial tear.
- (c) When the PCL shows increased signal on T2-weighted image without ligamentous fibre disruption, it is likely to be sprained.
- (d) An avulsion fracture involving the tibial attachment of the PCL is part of the spectrum of PCL injuries.

Question 5. Regarding the management of a PCL tear:

- (a) Surgical treatment is often indicated in patients with acute complete PCL tear and other associated ligamentous or meniscal injuries.
- (b) PCL reconstruction can be performed using autografts or allografts.
- (c) In PCL reconstruction, the single-bundle technique aims to replace the anterolateral bundle, while double-bundle reconstruction attempts to restore normal knee kinematics by replacing both bundles.
- (d) Autografts are often harvested from the Achilles tendons.

True False

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.