SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME  
(Code SMJ 201909B)

**Question 1.** Pertaining to the diagnosis of pyometra:
(a) Clinical symptoms usually consist of suprapubic pain, fever and chills.  
(b) The clinical finding of purulent vaginal discharge is sensitive for pyometra.  
(c) Most patients will complain of purulent vaginal discharge.  
(d) Computed tomography (CT) is helpful in establishing the diagnosis and looking for complications of pyometra.

**Question 2.** The following are known clinical complications of pyometra:
(a) Ovarian torsion.  
(b) Peritonitis.  
(c) Septic shock.  
(d) Vaginal squamous cell carcinoma.

**Question 3.** Regarding the radiological evaluation of pyometra:
(a) Ultrasonography may demonstrate uterine intramural gas as dirty acoustic shadowing.  
(b) CT usually shows low-attenuation fluid in the endometrial cavity.  
(c) Air-fluid levels may be seen in the endometrial cavity on CT.  
(d) Fibroid necrosis may mimic the radiological findings of pyometra on CT.

**Question 4.** Regarding uterine perforation from pyometra:
(a) The patient will present with signs of peritonitis.  
(b) CT is useful to assess for free intraperitoneal gas.  
(c) The site of discontinuity of the uterine wall cannot be seen on CT.  
(d) Urgent surgical intervention is usually required.

**Question 5.** Regarding the epidemiology of pyometra:
(a) It is a common cause of intermenstrual vaginal discharge.  
(b) It is more common in postmenopausal women.  
(c) Cervical os obstruction due to carcinoma is an important cause to consider in middle-aged and elderly patients.  
(d) Spontaneous uterine perforation is a common complication of pyometra.