

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 202006A)

	True	False
1. A proportion of women have normal physiological vaginal discharge.	<input type="checkbox"/>	<input type="checkbox"/>
2. Vaginal discharge can vary with the menstrual cycle and tends to decrease during higher oestrogen states.	<input type="checkbox"/>	<input type="checkbox"/>
3. Vaginal discharge that has a significant change in colour and odour, contains blood, and causes itch or discomfort is more likely to be abnormal.	<input type="checkbox"/>	<input type="checkbox"/>
4. The most common cause of vaginal discharge is vaginal infections.	<input type="checkbox"/>	<input type="checkbox"/>
5. Vulvovaginal candidiasis (VVC) is the most common cause of vaginal infections.	<input type="checkbox"/>	<input type="checkbox"/>
6. <i>Chlamydia trachomatis</i> and <i>Neisseria gonorrhoeae</i> should be suspected in sexually active women with purulent endocervical discharge and easily induced cervical bleeding.	<input type="checkbox"/>	<input type="checkbox"/>
7. Inflammatory vaginitis is often associated with physical examination findings of erythema and oedema, and is commonly seen in VVC and trichomoniasis (TV).	<input type="checkbox"/>	<input type="checkbox"/>
8. A vagina and speculum examination should be offered to all women presenting with vaginal discharge, unless the woman refuses or is a virgo intacta, to look for signs of atrophic vaginitis, foreign body and tumour growths.	<input type="checkbox"/>	<input type="checkbox"/>
9. A simple point-of-care test that can aid diagnosis is a pH test of the discharge.	<input type="checkbox"/>	<input type="checkbox"/>
10. A vaginal pH < 4.5 is seen in VVC and TV.	<input type="checkbox"/>	<input type="checkbox"/>
11. TV is a sexually transmitted disease and sexual partners need to be treated.	<input type="checkbox"/>	<input type="checkbox"/>
12. Pregnant women with abnormal vaginal discharge should be referred back to their specialist for a review.	<input type="checkbox"/>	<input type="checkbox"/>
13. Topical azoles are as effective as a single dose of oral fluconazole in the treatment of VVC.	<input type="checkbox"/>	<input type="checkbox"/>
14. Both topical azoles and oral fluconazole can be used to treat VVC in pregnant women.	<input type="checkbox"/>	<input type="checkbox"/>
15. The use of topical azole formulations can weaken latex condoms and diaphragms.	<input type="checkbox"/>	<input type="checkbox"/>
16. Metronidazole can be used in the treatment of both bacterial vaginosis (BV) and TV and can be used for pregnant women as well.	<input type="checkbox"/>	<input type="checkbox"/>
17. Vaginal douching helps to reduce the frequency and amount of vaginal discharge.	<input type="checkbox"/>	<input type="checkbox"/>
18. There is evidence for the use of probiotics for vaginal health.	<input type="checkbox"/>	<input type="checkbox"/>
19. In those with TV or in high-risk sexually active woman, testing for sexually transmitted infection is recommended.	<input type="checkbox"/>	<input type="checkbox"/>
20. Women who have a history of recurrent BV and are keen on contraception should not use intrauterine devices.	<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 2020 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 10 August 2020. (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 June 2020 issue will be credited for the month of June 2020, even if the deadline is in August 2020).

Deadline for submission (June 2020 SMJ 3B CME programme): 12 noon, 3 August 2020.