SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME
(Code SMJ 202006A)

1. A proportion of women have normal physiological vaginal discharge. 
2. Vaginal discharge can vary with the menstrual cycle and tends to decrease during higher oestrogen states.
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.
4. The most common cause of vaginal discharge is vaginal infections.
5. Vulvovaginal candidiasis (VVC) is the most common cause of vaginal infections.
6. *Chlamydia trachomatis* and *Neisseria gonorrhoeae* should be suspected in sexually active women with purulent endocervical discharge and easily induced cervical bleeding.
7. Inflammatory vaginitis is often associated with physical examination findings of erythema and oedema, and is commonly seen in VVC and trichomoniasis (TV).
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.
9. A simple point-of-care test that can aid diagnosis is a pH test of the discharge.
10. A vaginal pH < 4.5 is seen in VVC and TV.
11. TV is a sexually transmitted disease and sexual partners need to be treated.
12. Pregnant women with abnormal vaginal discharge should be referred back to their specialist for a review.
13. Topical azoles are as effective as a single dose of oral fluconazole in the treatment of VVC.
14. Both topical azoles and oral fluconazole can be used to treat VVC in pregnant women.
15. The use of topical azole formulations can weaken latex condoms and diaphragms.
16. Metronidazole can be used in the treatment of both bacterial vaginosis (BV) and TV and can be used for pregnant women as well.
17. Vaginal douching helps to reduce the frequency and amount of vaginal discharge.
18. There is evidence for the use of probiotics for vaginal health.
19. In those with TV or in high-risk sexually active woman, testing for sexually transmitted infection is recommended.
20. Women who have a history of recurrent BV and are keen on contraception should not use intrauterine devices.

True  False
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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 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).