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

Question 1. Regarding arterioureteral fistulas:
(a) Primary arterioureteral fistulas are more common than secondary arterioureteral fistulas.  
(b) Primary arterioureteral fistulas are usually a result of chronic inflammation and fibrosis from previous surgery or radiotherapy.  
(c) They commonly occur at the ureteric crossing involving the distal common iliac artery.  
(d) Their incidence is decreasing due to improvements in surgical and radiotherapy techniques.

Question 2. Regarding the clinical presentation of arterioureteral fistulas:
(a) The degree of gross haematuria is variable.  
(b) The condition has a low mortality rate of < 1%.  
(c) Patients often have risk factors such as malignancy, previous pelvic surgery and radiotherapy.  
(d) Co-existing pathologies such as radiation or chemotheraphy-related cystitis may confound the diagnosis.

Question 3. The following is the gold standard for the diagnosis of arterioureteral fistula:
(a) Cystoscopy.  
(b) Digital subtraction angiography.  
(c) CT urogram.  
(d) CT angiography.

Question 4. Regarding diagnosis of arterioureteral fistulas:
(a) CT has high sensitivity and specificity in the diagnosis of arterioureteral fistulas.  
(b) CT findings include hydronephrosis and blood clots within the urinary system.  
(c) An iliac artery pseudoaneurysm is a common CT finding seen in most cases.  
(d) Digital subtraction angiography is reported to be 69% sensitive in the detection of arterioureteral fistula.

Question 5. Regarding management of arterioureteral fistulas:  
(a) Any existing ureteric stents should be left in situ to avoid exacerbating the patient’s haematuria.  
(b) Surgical repair of the involved artery and ureter is now the most commonly performed procedure for the management of arterioureteral fistulas.  
(c) Insertion of a stent graft across the arterioureteral fistula is more commonly performed than embolisation of the affected artery.  
(d) Reported complications of endovascular treatment include lower limb ischaemia, deep vein thrombosis and limb amputation.

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).