

## 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.

True      False

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**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 chemotherapy-related cystitis may confound the diagnosis.

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**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.

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**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.

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**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.

- |                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <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.**