

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 202011A)

	True	False
1. Lymphadenopathy is defined as having one or more lymph nodes that are more than 0.5 cm in diameter, with or without an abnormality in character.	<input type="checkbox"/>	<input type="checkbox"/>
2. It is important to perform an examination of the eyes, ears, nose, mouth and throat in the evaluation of a child with cervical lymphadenopathy.	<input type="checkbox"/>	<input type="checkbox"/>
3. Congenital neck masses may present later in life with chronic drainage or recurrent episodes of swelling after secondary infection.	<input type="checkbox"/>	<input type="checkbox"/>
4. Branchial cleft anomalies are the most common cause of congenital neck mass.	<input type="checkbox"/>	<input type="checkbox"/>
5. Infective causes, in particular reactive lymphadenopathy secondary to viral infection, comprise the most common cause of acute cervical lymphadenopathy.	<input type="checkbox"/>	<input type="checkbox"/>
6. The most common causative pathogens of acute bacterial cervical lymphadenitis are Group B <i>Streptococcus</i> .	<input type="checkbox"/>	<input type="checkbox"/>
7. Atypical mycobacterial, or non-tuberculous mycobacterial infection, often affects older children above the age of five years.	<input type="checkbox"/>	<input type="checkbox"/>
8. The most common cause of chronic cervical lymphadenopathy is malignancy.	<input type="checkbox"/>	<input type="checkbox"/>
9. Worrying features of lymphadenopathy secondary to malignancy include firm, indurated, fixed and matted lymph nodes that are usually not tender.	<input type="checkbox"/>	<input type="checkbox"/>
10. To diagnose Kawasaki disease, fever must always be present with the full constellation of symptoms, including polymorphous exanthem, bilateral non-suppurative conjunctivitis, changes in lips and oral mucosa, changes in extremities and unilateral cervical lymphadenopathy.	<input type="checkbox"/>	<input type="checkbox"/>
11. Kikuchi-Fujimoto disease is an uncommon, self-limiting illness that never leads to any significant complications.	<input type="checkbox"/>	<input type="checkbox"/>
12. Targeted investigations should be performed for a child with cervical lymphadenopathy if the clinical assessment is suggestive of a serious underlying aetiology.	<input type="checkbox"/>	<input type="checkbox"/>
13. In subacute or chronic cervical lymphadenopathy, full blood count and C-reactive protein test are appropriate first-line investigations.	<input type="checkbox"/>	<input type="checkbox"/>
14. Thrombocytosis might be present in cases of reactive cervical lymphadenitis or inflammatory conditions such as Kawasaki Disease.	<input type="checkbox"/>	<input type="checkbox"/>
15. Mediastinal widening on chest radiography is not a feature that might be seen in children with lymphoma.	<input type="checkbox"/>	<input type="checkbox"/>
16. The gold standard for tissue diagnosis for cervical lymphadenopathy is an excisional biopsy.	<input type="checkbox"/>	<input type="checkbox"/>
17. Most cases of isolated cervical lymphadenopathy are reactive in nature and resolve in 4–6 weeks.	<input type="checkbox"/>	<input type="checkbox"/>
18. Toxic-looking children as well as children with features of Kawasaki disease should be immediately referred to the emergency department.	<input type="checkbox"/>	<input type="checkbox"/>
19. Oral Augmentin is not an appropriate first-line antibiotic for outpatient treatment.	<input type="checkbox"/>	<input type="checkbox"/>
20. A child who has been started on oral antibiotics in the outpatient setting should be re-evaluated 48–72 hours later for clinical response.	<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 January 2021 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 11 January 2021. (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 November 2020 issue will be credited for the month of November 2020, even if the deadline is in January 2021).

**Deadline for submission (November 2020 SMJ 3B CME programme): 12 noon, 4 January 2021.**