SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME
(Code SMJ 202011A)

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.

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.

3. Congenital neck masses may present later in life with chronic drainage or recurrent episodes of swelling after secondary infection.

4. Branchial cleft anomalies are the most common cause of congenital neck mass.

5. Infective causes, in particular reactive lymphadenopathy secondary to viral infection, comprise the most common cause of acute cervical lymphadenopathy.

6. The most common causative pathogens of acute bacterial cervical lymphadenitis are Group B Streptococcus.

7. Atypical mycobacterial, or non-tuberculous mycobacterial infection, often affects older children above the age of five years.

8. The most common cause of chronic cervical lymphadenopathy is malignancy.

9. Worrying features of lymphadenopathy secondary to malignancy include firm, indurated, fixed and matted lymph nodes that are usually not tender.

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.

11. Kikuchi-Fujimoto disease is an uncommon, self-limiting illness that never leads to any significant complications.

12. Targeted investigations should be performed for a child with cervical lymphadenopathy if the clinical assessment is suggestive of a serious underlying aetiology.

13. In subacute or chronic cervical lymphadenopathy, full blood count and C-reactive protein test are appropriate first-line investigations.

14. Thrombocytosis might be present in cases of reactive cervical lymphadenitis or inflammatory conditions such as Kawasaki Disease.

15. Mediastinal widening on chest radiography is not a feature that might be seen in children with lymphoma.

16. The gold standard for tissue diagnosis for cervical lymphadenopathy is an excisional biopsy.

17. Most cases of isolated cervical lymphadenopathy are reactive in nature and resolve in 4–6 weeks.

18. Toxic-looking children as well as children with features of Kawasaki disease should be immediately referred to the emergency department.


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.

Doctor’s particulars:
Name in full: ________________________ MCR no.: ________________________
Specialty: ________________________ Email: ________________________

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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) SMJ 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).