## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 202012B)

<ul> <li>Question 1. Regarding aortic dissection:</li> <li>(a) A Stanford Type A dissection arises proximal to the left subclavian artery.</li> <li>(b) The true lumen is of lower radiographic density than the false lumen.</li> <li>(c) The presence of a dissection flap is a sign of aortic dissection on computed tomography (CT)</li> </ul>	True	False
angiography.  (d) CT angiography has superseded catheter aortography in the diagnosis of aortic dissection.		
<ul> <li>Question 2. Regarding left atrial enlargement:</li> <li>(a) A barium swallow performed in the lateral position in the setting of left atrial enlargement shows posterior displacement of the distal oesophagus.</li> <li>(b) The left atrium is the most anteriorly located cardiac chamber.</li> <li>(c) Mitral valve disease can cause left atrial enlargement.</li> <li>(d) Patients with this condition can present with hoarseness of voice due to Ortner syndrome.</li> </ul>		
<ul> <li>Question 3. Classic radiological features of silicosis include:</li> <li>(a) Calcified lymph nodes.</li> <li>(b) Pulmonary nodules.</li> <li>(c) Ground-glass changes.</li> <li>(d) Cystic lymph nodes.</li> </ul>		
<ul> <li>Question 4. Regarding Eisenmenger syndrome:</li> <li>(a) It is a sequela of chronic pulmonary arterial hypertension.</li> <li>(b) It may be associated with an atrial septal defect.</li> <li>(c) It is associated with cyanosis due to a right-to-left shunt.</li> <li>(d) It is associated with right ventricular hypertrophy.</li> </ul>		
<ul> <li>Question 5. Regarding catheter cerebral angiography:</li> <li>(a) In the presence of an intracranial mass lesion, the vascular structures will deviate towards the side of the lesion.</li> <li>(b) A focal collection of capillaries with adjacent contrast staining is present in an acute infarct.</li> <li>(c) It remains the gold standard method for the characterisation of intracranial aneurysms.</li> <li>(d) Its role as the default radiological investigation for patients with neurological symptoms has since been superseded by CT and MR imaging.</li> </ul>		
Doctor's particulars:  Name in full: MCR no.:  Specialty: Email:  SUBMISSION INSTRUCTIONS:		

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 February 2021 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 8 February 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 December 2020 issue will be credited for the month of December 2020, even if the deadline is in February 2021).

Deadline for submission (December 2020 SMJ 3B CME programme): 12 noon, 1 February 2021.