

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 202106B)

Question 1. Regarding parathyroid imaging:

- (a) Technetium (Tc)-99m sestamibi imaging is useful for localisation of adenomas.
- (b) Magnetic resonance imaging is commonly employed for parathyroid imaging.
- (c) Parathyroid adenoma does not show contrast enhancement on contrast computed tomography (CT).
- (d) Fusion single-photon emission CT/CT is useful in localisation of ectopic parathyroid glands.

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 primary hyperparathyroidism (PHPT):

- (a) The most common cause is parathyroid hyperplasia.
- (b) It is associated with multiple endocrine neoplasia (MEN) Type 1 and MEN Type 2A syndromes.
- (c) It is most commonly seen in elderly men.
- (d) Parathyroid carcinoma is a common cause.

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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
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Question 3. Regarding parathyroid gland anatomy and imaging:

- (a) Parathyroid glands arise from the third and fourth pharyngeal pouches.
- (b) A normal parathyroid gland is typically not seen on ultrasonography.
- (c) Tc-99m sestamibi imaging is useful for ectopic parathyroid localisation.
- (d) Parathyroid adenomas are usually hyperechoic on ultrasonography.

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Question 4. Regarding the clinical and biochemical presentations of PHPT:

- (a) It commonly presents with non-specific symptoms such as malaise or lethargy.
- (b) It can present with neuropsychiatric manifestations.
- (c) Abdominal symptoms include diarrhoea.
- (d) A high PTH level will differentiate PHPT from other causes of hypercalcaemia.

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Question 5. Regarding the management of PHPT:

- (a) An intraoperative fall in PTH level is an indicator of successful surgery.
- (b) Bilateral exploration is needed for non-localised lesions.
- (c) Patients may need long-term calcium and vitamin D after surgery.
- (d) The patient's fracture risk will increase after surgical removal of parathyroid adenomas.

<input type="checkbox"/>	<input type="checkbox"/>
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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 2021 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 19 August 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 June 2021 issue will be credited for the month of June 2021, even if the deadline is in August 2021).

Deadline for submission (June 2021 SMJ 3B CME programme): 12 noon, 12 August 2021.