

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME

(Code SMJ 202101A)

	True	False
1. Kawasaki disease (KD) is a common childhood vasculitis disorder and is now the most common cause of acquired heart disease in children in developed countries.	<input type="checkbox"/>	<input type="checkbox"/>
2. Untreated KD is associated with development of coronary artery aneurysms, putting patients at risk of myocardial ischaemia.	<input type="checkbox"/>	<input type="checkbox"/>
3. Patients with KD commonly present to primary care clinics for acute fever.	<input type="checkbox"/>	<input type="checkbox"/>
4. The most common cause of acute undifferentiated fever in children is KD.	<input type="checkbox"/>	<input type="checkbox"/>
5. There is a diagnostic test for KD.	<input type="checkbox"/>	<input type="checkbox"/>
6. Classical KD is diagnosed in the presence of fever of ≥ 5 days, together with at least three of the five principal clinical features, including: (1) erythema and cracking of lips, strawberry tongue, and/or erythema of oral and pharyngeal mucosa; (2) bilateral suppurative conjunctivitis; (3) maculopapular, diffuse erythroderma or erythema multiforme-like rash; (4) erythema and oedema of the hands and feet in the acute phase and/or periungual desquamation in the subacute phase; (5) cervical lymphadenopathy (≥ 1 cm in diameter).	<input type="checkbox"/>	<input type="checkbox"/>
7. Incomplete KD should be considered in any infant or child with prolonged unexplained fever and fewer than four of the principal clinical findings.	<input type="checkbox"/>	<input type="checkbox"/>
8. The diagnosis of KD should be considered in patients with persistent fever of > 5 days and sterile pyuria.	<input type="checkbox"/>	<input type="checkbox"/>
9. Patients with persistent fever and cervical lymphadenopathy despite antibiotic treatment should be treated with a prolonged course of antibiotic therapy.	<input type="checkbox"/>	<input type="checkbox"/>
10. Bacille Calmette-Guérin vaccine site inflammation and irritability are common symptoms of KD.	<input type="checkbox"/>	<input type="checkbox"/>
11. COVID-19 infection is associated with multi-systemic inflammatory syndrome, which shares many characteristics with KD.	<input type="checkbox"/>	<input type="checkbox"/>
12. Patients with suspected KD can be managed as outpatients.	<input type="checkbox"/>	<input type="checkbox"/>
13. The presence of an infective aetiology such as infectious mononucleosis or scarlet fever excludes KD.	<input type="checkbox"/>	<input type="checkbox"/>
14. All clinical features of KD present simultaneously.	<input type="checkbox"/>	<input type="checkbox"/>
15. Patients who present with fever and one or two non-specific features such as rashes and non-suppurative conjunctivitis can be managed for viral fever even if the fever persists beyond five days.	<input type="checkbox"/>	<input type="checkbox"/>
16. First-line treatment for KD includes intravenous immunoglobulin (IVIG) and ibuprofen.	<input type="checkbox"/>	<input type="checkbox"/>
17. IVIG treatment should be given as early as possible within the first ten days of onset of fever, as soon as the diagnosis can be established, to reduce the risk of coronary aneurysm.	<input type="checkbox"/>	<input type="checkbox"/>
18. Patients with coronary artery aneurysm will be on long-term aspirin to reduce the risk of thrombosis and myocardial ischaemia.	<input type="checkbox"/>	<input type="checkbox"/>
19. All routine childhood vaccinations, including live vaccines, can be continued as usual after treatment with IVIG.	<input type="checkbox"/>	<input type="checkbox"/>
20. Urgent referral to a dermatologist is warranted if a patient with recent KD presents with peeling of the fingertips.	<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 March 2021 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 17 March 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 January 2021 issue will be credited for the month of January 2021, even if the deadline is in March 2021).

Deadline for submission (January 2021 SMJ 3B CME programme): 12 noon, 10 March 2021.