CPD QUESTIONNAIRE

Mark each numbered statement as true (A) or false (B).

Concerning endovascular therapy for acute tumour-related obstruction of the superior vena cava using a self-expanding Nitinol stent:

1. Superior vena cava syndrome is characterised by venous congestion and increased pressure resulting from a displacement or compression of the superior vena cava (SVC), which takes a fast and acute course in most circumstances.
2. The Stanford classification divides stenoses into four types, with type III being complete obstruction with reverse circulation in the azygos vein.
3. General and pharmacotherapeutic treatments can alleviate and cure symptoms with great clinical success.
4. In the event of severe symptoms, endovascular stent implantation represents the method of choice for acute treatment and is capable of providing rapid relief in up to 90% of cases.
5. Failures after stent implantation may be linked to tumour invasion into the SVC through the stent mesh and thrombus formation, with relevant stenosis defined as a constriction of the lumen by more than 50%.

Concerning cerebral schistosomiasis:

6. Schistosomiasis is one of the most common parasitic infections among humans, and infection of the nervous system is rare.
7. On MRI, cerebral schistosomiasis has a pseudo-tumour-like appearance that is hyperintense on T1W images and hyperintense on T2W images.

Concerning adrenal lesions encountered in current medical practice – a review of their radiological imaging:

8. Most incidental adrenal lesions in patients without a background history of malignancy are benign, with the incidence almost zero.
9. CT is the cornerstone of adrenal imaging with morphology, CT densitometry, washout percentage and distant spread being crucial determinants that help to characterise an adrenal mass and guide diagnosis.
10. Chemical shift imaging is the principal technique employed in the MR evaluation of adrenal lesions using in- and out-of-phase techniques, and exploits the presence of abundant intracellular lipid in adenomas that helps to distinguish them from non-adenomatous lesions.
11. When classifying an adrenal neoplasm, it is not imperative to broadly establish if the lesion is hyper-functioning or non-hyper-functioning.
12. Metastases are the most common malignant lesion affecting the adrenal gland, found in approximately 37% of cancer patients at autopsy.
13. Myelolipoma is a benign, non-functioning adrenal neoplasm composed of an admixture of mature adipose tissue and haemopoietic elements, with macroscopic fat being the hallmark feature.
14. Most adrenal lesions are successfully detected and accurately characterised on a single patient visit, using CT methods only with very few lesions requiring further evaluation by specialised techniques or expertise.

Concerning CT-guided biopsy of suspected malignancy: A potential pitfall:

15. Any manipulation of paragangliomas, without appropriate medical therapy, can result in excess catecholamine release leading to a catecholamine crisis.
16. Thirteen per cent of patients with a catecholamine-secreting tumour will not be hypertensive, and 8% will be asymptomatic altogether.

Concerning dual (Type IV) left anterior descending artery:

17. This is seen relatively often with congenital malformations such as complete transposition of the great arteries and tetralogy of Fallot.

18. Dual left anterior descending coronary artery is defined as the presence of two LADs within the anterior inter-ventricular sulcus: a short LAD that courses and terminates low in the AIVS, and a long LAD that originates from either the LAD proper or the right coronary artery, then enters the distal AIVS and courses to the apex.

Concerning cribriform pattern in brain MRI: A diagnostic clue for mucopolysaccharidosis:

19. The earliest and most common abnormality found in patients with MPS is cystic lesions that correspond to enlargement of the Virchow-Robin perivascular spaces (PVS), which are arachnoid-lined spaces that accompany penetrating arteries and arterioles into the brain parenchyma.
20. Pituitary sellar abnormalities include a J-shaped, elongated sella with a shallow anterior convexity owing to an exaggerated normal shallow impression of the sulcus chiasmaticus.

A maximum of 5 CEUs will be awarded per correctly completed test.

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