

# CPD QUESTIONNAIRE

Give ONE correct answer for each question.

1. In patients with clinically suspected depressed skull fracture and no focal neurological deficit, which of the following statements is incorrect?

- A. Reviews suggest a considerable number of abnormal CT scans following a depressed skull fracture with no focal clinical neurological deficit.
- B. Although most injuries are minor and possibly do not require intervention, CT of the brain is still warranted retrospectively on the basis of the intracranial pathology.
- C. CT scans could provide a baseline for comparison of subsequent pathology related to injury in the event of later complications and patient follow-ups.
- D. A depressed skull fracture is seldom associated with intracranial pathology as observed on CT.

2. Which one of the following statements is true?

- A. A patient with normal CT of the brain always has an abnormal MRI.
- B. An abnormal CT does not predict neurological outcome.
- C. Previous studies have shown that patients with minor brain injury requiring no surgery or medical intervention had an average stay of 5 days in hospital.
- D. Patients with minor CT abnormalities and normal mental status have a moderate risk of deterioration.

3. Which one of the following statements is false?

- A. Hepatic vascular lesions are not an uncommon finding in children, and represent the most common benign liver tumours to present in infancy.
- B. Based on their biological and clinical behaviour, vascular anomalies can be broadly divided into two groups: vascular tumours and vascular malformations.
- C. Congenital haemangiomas stain positive for glucose transporter-1 protein (Glut-1), a marker of haemangioma of infancy.
- D. Vascular malformations are congenital lesions of vascular dysmorphogenesis, are always present at birth and enlarge in proportion to the growth of the child.

4. Causes of neonatal pulmonary oedema include all of the following, except:

- A. Infantile coarctation
- B. Congenital aortic stenosis
- C. Acquired mitral stenosis
- D. Obstructed TAPVR.

5. The most likely cause of severe pulmonary congestion and a normal heart is:

- A. Mitral stenosis
- B. Persistent fetal pulmonary circulation
- C. Large VSD
- D. TAPVR.

6. Which one of the following is not characteristic of macrodystrophia lipomatosa (MDL)?

- A. A rare, non-hereditary, congenital condition
- B. Presenting with localised macrodactyly and a proliferation of mesenchymal elements
- C. There is in particular a marked increase in adipose tissue with only strands of fibrous tissue around margins.
- D. Disproportionately large limbs since birth may be a feature.

7. Which one of the following statements is false?

- A. Macrodystrophia lipomatosa is a rare congenital disorder of focal gigantism affecting the extremities, more commonly the second and third digits of the foot, but it may also affect the hand.
- B. It is typically described in a particular nerve distribution; usually the medial plantar nerve or median nerve.
- C. Plain films show lucent soft-tissue overgrowth as well as hypertrophy of osseous structures in the distribution of the median and plantar nerves.
- D. MRI findings are relatively inconsistent in confining the differential diagnosis.

8. In MDL, which one of the following statements is incorrect?

- A. Doppler studies reveal extensive increase in vascularity.
- B. In older patients, secondary osteoarthritis changes may be seen.
- C. MRI shows overgrowth of unencapsulated fatty tissue that demonstrates high signal on T1WI and T2WI.
- D. Suppression of the signal on short inversion time inversion recovery (STIR) sequences.

9. Regarding MDL, identify one incorrect answer:

- A. Lack of flow voids and calcifications helps to differentiate the condition from vascular malformations of Klippel-Trenauney-Weber syndrome.
- B. Fibrolipomatous hamartoma of the nerve displays features similar to MDL; however, fat deposition surrounds the nerve, giving a solid hyperacoustic appearance on ultrasound and a continuous, linear fat signal on T1 MRI.
- C. Lymphangiomas and neurofibromas may be hyperintense to fat on T2WI, distinguishing MDL from these conditions.
- D. Proteus syndrome may be similar but has other associated features such as skull anomalies, lung cysts and pigmented naevi.

10. A registrar post recently advertised at one of our radiology departments attracted how many applications?

- A. 1
- B. 28
- C. 35
- D. 67

Tip: The answer is in the next issue; but a clue is that radiology has become the most sought-after speciality at South African medical schools.

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