CPD QUESTIONNAIRE

Give ONE correct answer for each question.

1. Regarding echinococcus disease, choose one false answer.

A. Patients usually become symptomatic when larval cysts elicit space-occupying effects. By this time, extensive multi-organ involvement may be present, as was demonstrated in this case.
B. By the time of the symptomatic stage, extensive multi-organ involvement may be present, as was demonstrated in this case.
C. Humans are accidental hosts and are infected by the ingestion of ova from fomites.
D. After ingestion, embryos escape from the ova, penetrate the intestinal mucosa and enter the portal system from where they are carried to various organs, most commonly the liver and the brain.

2. Which one of the following statements does not apply to echinococcus disease?

A. Presentations may include anaphylaxis, pathological fractures, neurological deficit, pericarditis, arrhythmias and pelvic masses.
B. Treatment is based on considerations of the size, location and manifestations of the cysts, as well as the overall health of the patient; it should always be preceded by needle biopsy.
C. Radiographic imaging studies are important in detecting and evaluating echinococcal cysts. Plain films will reveal unruptured pulmonary cysts as rounded masses of uniform density.
D. Ruptured cysts result in complex cavitary lesions with variable radiographic features, which include: an air-fluid level, a floating membrane (water-lily sign), a double wall, an essentially dry cyst with crumpled membranes (serpent sign, rising sun sign) or an empty cyst.

3. Which one of the following statements is false?

A. A hydatid cyst may be found in almost any part of the body; however, a primary chest wall cyst is rare.
B. A possible mechanism of primary hydatid disease of the chest wall may be for the embryo to pass through the colonic wall into either the portal vein or thoracic duct.
C. The natural course of costal echinococcosis starts when the larvae lodge in the rib and buds start vegetating out of the mother cyst to produce a multilocular cavity.
D. The primary rib lesion is multiloculated and osteolytic and continues to grow slowly.

4. Which one of the following features is NOT associated with conjoined twins?

A. Conjoined twins are rare variants of monozygotic twins.
B. Conjoined twins result from incomplete division of the embryonic disk.
C. The incidence is estimated to be about 1 in 250 000 live births, with a strong male predominance.
D. There are many types of conjoined twins, and they are usually classified at the point at which they are fused.

5. Which one of the following statements is false?

A. The most commonly described type of renal fusion anomaly is the horseshoe kidney.
B. The horseshoe kidney consists of two distinct functioning kidneys on each side of the midline, and is more likely to be connected at the lower poles by an isthmus of functioning renal parenchyma or fibrous tissue that crosses the midline of the body.
C. The reported frequency of horseshoe kidney ranges from 1 in 400 live births to 1 in 800 live births, and is twice as common in females as in males.
D. No genetic determinant is known, although it has been reported in identical twins and in siblings within the same family.

6. Identify the one correct statement among the following choices:

A. As the internal cerebral veins develop, the anterior portion of the median prosencephalic vein of Markowski regresses and the posterior portion remains to form the vein of Galen.
B. Vein of Galen aneurysmal malformation accounts for up to 50% of paediatric vascular malformations.
C. It is believed that the vein of Galen aneurysmal malformation is the result of an arteriovenous connection between the primitive perforating arteries and the prosencephalic vein of Markowski.
D. The abnormal flow in these connections allows the involution of the prosencephalic vein of Markowski.

7. Regarding vein of Galen aneurysm, all the following are false except:

A. Vein of Galen aneurysmal malformation is divided into choroidal and mural types, based on the venous drainage.
B. The choroidal type is supplied by all the choroidal arteries, with an interposed network opening into a midline venous pouch. The arterial feeders are usually bilateral in the choroidal type, and this type is associated with cardiac failure in the neonate.
C. In the mural type, direct AV fistulae open on the wall of the internal cerebral vein.
D. Presentation of vein of Galen aneurysm depends on the age of the patient. Older infants and children often present with high-output cardiac failure.

8. Identify the one false statement among the following:

A. Short stature is a frequent presenting problem in the paediatric population, and Turner syndrome is frequently considered in the differential diagnosis in females.
B. Turner syndrome can easily be ruled out with chromosome analysis.
C. Advances in the field of genetics have estimated that about 2% of idiopathic short stature is related to haploinsufficiency of the short stature homeobox (SHOX) gene, which is found on the short arm of the X and Y chromosomes in the pseudoautosomal region.
D. Madelung deformity is diagnostic of Leri-Weill dyschondrosteosis.

9. Regarding short stature, identify a single false statement from the following:

A. SHOX-related haploinsufficiency disorders are estimated to have a prevalence of 1/4 000 and are known to account for a not insignificant proportion of cases of idiopathic short stature.
B. SHOX mutations can lead to Langer mesomelic dysplasia.
C. Bilateral Madelung deformities exclude Turner syndrome.
D. The differential diagnosis of Leri-Weill disease includes Turner syndrome, growth hormone deficiency and idiopathic short stature.

10. The optimum way of completing your quiz and generating your CPD certificate is via:

A. *heat* magazine.
B. Tattersall's.
C. The HPCSA has probably forgotten about this issue (maybe let's also just forget about it).
D. Go to www.cpdjournals.org.za and do it digitally.

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2. Read the articles in the journal to find the answers to the questions.
3. After completing the questionnaire, you can check the answers and print your own CPD certificate. Questions may be answered up to 6 months after publication of the journal issue concerned.
4. Please contact Gertrude Fani on 021 681 7200 or gertrude@hmpg.co.za in the event of queries.

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