

CPD QUESTIONNAIRE

Give one correct answer for each question.

- Regarding cardiac magnetic resonance imaging (CMR), which of the following statements is false?**
 - A huge research interest led to an enormous number of publications resulting in a clear understanding of its absolute value, especially when assessing myocardial perfusion, viability and function in ischaemic heart disease.
 - CMR is also very valuable in the diagnosis of the cardiomyopathies, arrhythmogenic conditions and tumours.
 - There is unfortunately a growing trend for publications to be authored solely by cardiologists. In the USA, 37.7% of the studies are reported by cardiologists, according to a survey published in the *Journal of the American College of Radiology (JACR)* in 2006, indicating a decreasing involvement by the radiology community.
 - In view of significant technical advances over the past 20 years and growing research interest, infinitely more cardiac MRI studies are performed by radiologists compared with competing and often inferior tests.
- Which of the following statements is false?**
 - Aged X-ray equipment coupled with poor or no maintenance can have significant effects on radiographic image quality.
 - The use of high-speed film/screen contributes minimally to compliance with internationally acceptable DRLs (diagnostic reference levels).
 - Good equipment selection, an effective QA programme, and dosimeters can ensure patient radiation protection.
 - There is a need to use anatomical image quality assessment such as the EC image quality criteria during the adoption of a new imaging technique.
- Which of the following statements is false?**
 - Pseudomyxoma peritonei (PMP) is a rare complication of mucinous tumours of appendiceal or ovarian origin which results in peritoneal and omental implants.
 - Therapeutic paracentesis is consistently effective because of the nature of the mucin.
 - Clinical morbidity and mortality arise from the fact that copious amounts of extracellular and peritoneal mucin result in distortion and loss of function of visceral organs.
 - Currently, new techniques are being used to attempt to debulk the mucin volume; none, however, has led to superior outcome.
- Which of the following is true?**
 - CT characteristics of PMP include: multiple complex cystic masses of high attenuation in the peritoneum, which consistently have rims of calcifications.
 - Scalloping of the liver (and occasionally splenic) margins are seldom visualised.
 - Computed tomography is the modality of choice as it allows relatively accurate localisation and quantification of PMP.
 - Ultrasound often reveals gross, mobile ascites without septations and decreased echogenicity.
- Which of the following statements is false?**
 - The literature describes two distinct clinical forms of histoplasmosis that have different geographical distributions worldwide.
 - African histoplasmosis is attributed to *H. duboisii* infection which most commonly occurs between the Sahara and Kalahari Deserts.
 - The most common site of infection is bone, but it can also involve skin.
 - The femur is the most frequently affected skeletal site, with diaphyseal involvement in young children and juxtametaphyseal involvement in older children and adults.
- Identify the false statement in the following choices.**
 - Three types of clinical disease may occur in patients with histoplasmosis. The most common presentation is acute pulmonary histoplasmosis.
 - Patients typically present with pulmonary symptoms that run a self-limiting course. Chest radiographs may show hilar lymphadenopathy and upper lobe predominant nodules.
 - Chronic pulmonary histoplasmosis resembles tuberculosis.
 - Some patients may go on to disseminated infection with widespread disease. In this setting, pleural effusion and skeletal involvement is always present.
- The following statements about ARVD are true, except:**
 - Arrhythmogenic right ventricular dysplasia/cardiomyopathy (ARVD) is a familial cardiomyopathy characterised clinically by right ventricular (RV) dysfunction as well as ventricular tachycardia.
 - It is histopathologically characterised by fibro-fatty replacement of the myocardium.
 - Left ventricular (LV) involvement never occurs.
 - Cardiovascular magnetic resonance (CMR) findings are now included in the list of major and minor criteria and currently play an important role in establishing the diagnosis of ARVD.
- Identify the false statement among the following.**
 - Vascular abnormalities associated with neurofibromatosis type 1 (NF1) are well described.
 - Spinal arterio-venous fistula (AVF) is a rare finding in NF1.
 - Management of spinal AVFs can be endovascular or surgical.
 - The large amount of shunting of arterial blood into the venous system also steals blood from the spinal cord, but never leads to myelopathy.
- Identify the single false statement below.**
 - Primary fallopian tube carcinoma is a rare tumour, comprising less than 2% of female genital tract malignancies.
 - The incidence peaks between the fourth and sixth decades of life, with a median age of 55.
 - Clinical features include vaginal bleeding, abdominal pain, a pelvic mass and ascites. Imaging (most commonly ultrasound) may demonstrate a tubal mass.
 - Tubal carcinoma spreads mainly via the lymphatic system.
- Identify one false statement among the following.**
 - Intramural stratification with deposition of fat in the submucosal layer of the bowel wall, visualised on computed tomographic (CT) scans of the abdomen, is known as the fat halo sign.
 - Due to the infiltration of the submucosa by fat, the inner layer mucosa is separated from the outer layer of muscularis propria/serosa (both being of soft tissue density) by a layer of fat (of low attenuation) measuring between -18 to -64 Hounsfield Units.
 - Historically, the fat halo sign has been associated with patients suffering from chronic inflammatory bowel disease.
 - The fat halo sign is now known to occur only in patients whose mass exceeds 120 kg.

CPD Instructions:

- CPD questionnaires must be completed online by going directly (not via Google) to www.cpdjournals.co.za, and registering. You will then receive an email notifying you of your username and password for subsequent logging on.
- Read the articles in the journal to find the answers to the questions.
- After completing the questionnaire, you can check the answers and print your own CPD certificate.
- Please contact Gertrude Fani on 021 681 7200 or gertrude@hmpg.co.za in the event of queries.

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