CPD QUESTIONNAIRE

Give ONE correct answer for each question

1. Regarding rhabdomyosarcoma, choose one false answer:
   A. It is the third most common extracranial solid malignancy in children.
   B. It is a tumour of primitive mesenchymal cells committed to skeletal muscle. Differentiation can occur in a variety of organs.
   C. There are three main histological types i.e. embryonal, alveolar and botryoid.
   D. Tumours originating in the middle ear and mastoid have a particularly good prognosis.

   C. The dependent viscera sign is said to be present on the left side if the upper one-third of the liver abuts the posterior ribs, and on the right side if the stomach or bowel abuts the posterior ribs or lies posterior to the spleen.

   D. The Collar sign is a waist-like constriction of the viscera.

2. Regarding metastatic calcification, choose one false answer:
   A. Occurs in patients with chronic renal failure.
   B. Occurs in primary hyperparathyroidism.
   C. Occurs in hypervitaminosis D, diffuse myelomatosis, and milk-alkali syndrome.
   D. Metastatic calcification only occurs in the presence of hypercalcaemia.

   A. Pulmonary valve atresia with a VSD is an extreme form of Tetralogy of Fallot.

   B. It usually presents in the neonatal period as a ductal-dependent lesion.

   C. Surgery is usually optimal at 1-2 years.

   D. Anomalous origin of either pulmonary artery branch from the aorta has been reported.

3. Choose one correct answer:
   A. CT is an excellent modality to demonstrate soft-tissue injury and instability.
   B. Bilateral fractures which result in disruption of the bony ring of C2 constitute a hangman’s fracture.
   C. The hangman’s fracture represents fractures of the neural arch of C2 that are produced by a hyperflexion force.
   D. Neurological consequences of the hangman’s fracture are often more severe than might be anticipated.

   D. Electricity policy in South Africa service.

4. Choose one correct answer:
   A. The dependent viscera sign is seen with diaphragmatic rupture when there is loss of the anterior support of the diaphragm.
   B. The dependent viscera sign obliterates the lateral costophrenic recess.

   B. Remains the gold standard for exploration of the biliopancreatic region.

   C. Does not require sedation or ionising radiation.

   D. Widely available and not restricted to specialised centres.

5. Identify one incorrect answer:
   A. Pulmonary valve atresia with a VSD is an extreme form of Tetralogy of Fallot.

   B. It usually presents in the neonatal period as a ductal-dependent lesion.

   C. Surgery is usually optimal at 1-2 years.

   D. Anomalous origin of either pulmonary artery branch from the aorta has been reported.

6. All below is true concerning the causes of diffuse sclerosis of the skull, except:
   A. Chronic phenytoin therapy.

   B. Van Buchem’s diseases (sclerosteosis).

   C. Osteopetrosis.

   D. Cleido-cranial dysostosis.

7. Which is correct concerning ERCP:
   A. Safe procedure with negligible morbidity and mortality.

   B. Remains the gold standard for exploration of the biliopancreatic region.

   C. Does not require sedation or ionising radiation.

   D. Widely available and not restricted to specialised centres.

8. Concerning MRCP, identify one false response:
   A. It is a non-invasive and safe alternative to diagnostic endoscopic retrograde cholangiopancreatography (ERCP).

   B. It refers to selective fluid-sensitive magnetic resonance imaging (MRI) of the pancreatic and biliary ducts.

   C. It was developed in 1991, and techniques have progressively improved since then.

   D. No advantages over ERCP and should not be considered as initial investigative modality of choice.

9. All below are drawbacks of MRCP except:
   A. Currently has poorer resolution than direct cholangiography.

   B. Can miss small stones (<4 mm), small ampullary lesions, primary sclerosing cholangitis, and strictures of the ducts.

   C. Has difficulty visualising small stones in the pancreatic duct.

   D. Stones >4 mm are not readily seen and cannot be differentiated from filling defects such as blood clots, tumour, sludge or parasites.

10. Regarding SAJR, all is true except:
    A. The editor prefers electronic manuscript submission on the web site.

    B. Illustrations and tables should be submitted as supplementary files.

    C. Electronic submission of CPD questionnaires will happen in the near future.

    D. Electricity policy in South Africa may sway the editorial board to scrap the web page and return to using the South African postal service.

Instructions:
1. Read the articles in the journal to find the answers to the questions.
2. Place your answers on the CPD answer form which is on the back of the address sheet mailed with this journal.
3. Answer questions by marking correct answers with an ‘X’ in the appropriate box. Use a black pen. See instruction above each question.
4. Keep a copy for your records.
5. Post the completed form to CPD Points, SAJR, Private Bag X1, Pinelands, 7430.
6. All completed forms must be posted— not faxed.
7. Answers are recorded by the RSSA and are submitted directly to the HPCSA.