



## SAJS CPD QUESTIONS

- Please submit online before 31 March 2024 -

### Geographic distribution of pancreaticobiliary malignancy in central South Africa presenting to the Universitas Academic Hospital Complex

1. According to the International Cancer of the Pancreas Screening (CAPS) Consortium, which is the correct statement regarding the age that screening should start for pancreatic cancer in high-risk groups?

- From 50 years of age or 10 years younger than the youngest relative with pancreatic cancer.
- From 30 years of age or 10 years younger than the youngest relative with pancreatic cancer.
- From 60 years of age or in any person with significant loss of weight over the age of 50 years.
- From 50 years of age in males and 60 years of age in females.

### An audit of traumatic haemothoraces in a regional hospital in KwaZulu-Natal, South Africa

2. Regarding factors that predispose patients to retained haemothoraces, which statement is correct?

- Older patient population
- Bilateral chest injury
- Multiple organ injury
- All the above

3. Which statement is correct regarding factors that may influence the development of retained haemothoraces and should thus be audited?

- Proper intercostal chest drain positioning
- Lack of patient mobilisation
- Intercostal chest drain blockage
- All the above

### Surgical exploration for penetrating neck trauma – an audit of results in 145 patients

4. Which is the correct statement regarding the correct approach to penetrating neck injuries?

- All penetrating neck injuries that penetrate the platysma should be routinely explored.
- Only patients with hard signs in zone 1 of the neck should be immediately explored due to the high bleeding risk.
- Selective non-operative management is the universally accepted approach to penetrating neck injuries.
- If a vascular injury is suspected, haemodynamically stable patients should be investigated with a formal angiogram.

5. Regarding indications for surgery in penetrating neck injuries, which statement is correct?

- Penetration of the platysma
- All zone 2 injuries
- Haemodynamic instability or the presence of hard signs
- Zone 1 or 3 injuries

### The clinical utility of PET/CT scan and tissue biopsy in the management and follow-up of paediatric Hodgkin lymphoma in South Africa

6. With respect to the most appropriate method of surveillance of Hodgkin lymphoma for relapsed disease, which statement is correct?

- PET/CT scan and tissue biopsy
- PET/CT scan only
- Tissue biopsy only
- Bone marrow aspirate and trephine

7. Which statement is correct regarding the diagnostic value of PET/CT scans in the staging of Hodgkin lymphoma?

- PET/CT has a higher specificity than sensitivity
- PET/CT has a higher sensitivity than specificity
- PET/CT has a sensitivity equal to its specificity
- PET/CT has a low negative predictive value

### Concordance of fine needle aspiration cytology and final histology of salivary gland tumours

8. Regarding salivary gland tumours, which statement is correct?

- Parotid tumours are more likely to be malignant than submandibular gland tumours.
- Submandibular gland tumours are more likely to be malignant than minor salivary gland tumours.
- Pleomorphic adenomas may undergo malignant degeneration.
- Warthin's tumour is malignant.

### Hydrothorax and air fluid levels in the right chest – a diagnostic dilemma

9. Regarding adults with right-sided diaphragmatic hernias, which statement is correct?

- Trauma is the least common cause.
- This condition can be a delayed presentation of a congenital diaphragmatic hernia.
- Patients are symptomatic in the majority of cases.
- This is usually following spontaneous rupture.

### Trans-anal small bowel evisceration in a patient with a perforated rectal prolapse

10. Regarding trans-anal evisceration of the small bowel, which statement is incorrect?

- It is a common condition which has recently been described.
- Most of these cases have been noted to occur in the presence of a spontaneous rupture of the rectum.
- An accompanying rectal prolapse is a common finding.
- The condition is precipitated by manoeuvres that increase intra-abdominal pressure, such as coughing, vomiting, or straining while defecating.

### A rare occurrence of multiple intestinal atresias, with successful one-procedure resection and primary anastomosis

11. Which is the correct statement regarding the difference in pathogenesis between duodenal atresia and jejunoileal atresia?

- Duodenal atresia is caused by failure of recanalisation, and a vascular event causes jejunoileal atresia.
- Duodenal atresia is caused by inflammatory conditions and jejunoileal atresia by genetic anomalies.
- Duodenal atresia is caused by maternal drug use, and jejunoileal atresia by genetic conditions.
- Both have unknown aetiologies and there is no consensus regarding their pathogenesis.

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