



SAJS CPD QUESTIONS

- Please submit online before 31 March 2025 -

New horizons in liver transplantation for hepatocellular carcinoma

1. A 65 year old male with medical history of hypertension, morbid obesity, and diabetes mellitus presents for evaluation of an incidentally diagnosed 7 cm liver lesion on US. The background liver appears nodular, and his AFP is 1 200. MRI confirms cirrhosis and an arterially-enhancing segment 7 liver lesion consistent with HCC. He is referred for TACE, and follow-up imaging and diagnostics are scheduled for 3 months after TACE treatment. What combination of features would be conducive for subsequent referral for liver transplant?

- 6.6 cm segment 7 lesion, AFP 1 000
- 4.9 cm segment 7 lesion, AFP 300
- 5.2 cm segment 7 lesion, AFP 700
- 5 cm segment 7 lesion, new segment 2 lesion (1.2 cm), AFP 600

Liver resection for hepatocellular and fibrolamellar carcinoma in a South African tertiary referral centre

2. Choose the correct answer:

- HCC is the sixth leading cause of cancer deaths worldwide after lung, stomach, breast, prostate and colon
- The London Clinic Liver Cancer (LCLC) staging system is most widely used internationally for surgical resection and treatment
- Hepatectomy for HCC has a complication rate of about 15%
- Recurrence after hepatectomy for HCC is as high as 80%

Outcomes of jaundice in advanced hepatocellular carcinoma: A sub-Saharan perspective

3. In patients with hepatocellular carcinoma, jaundice is mostly caused by:

- Viral hepatitis
- Dubin-Johnson Syndrome
- Doxorubicin toxicity
- Diffuse hepatic tumour infiltration

Does the textbook outcome in pancreatic surgery (TOPS) score after pancreaticoduodenectomy for ampullary carcinoma have prognostic value?

4. Which of the following combination of variables are evaluated when determining the TOPS score?

- Resection margin status, total intra-operative blood loss, post-operative complications.
- Resection margin status, number of lymph nodes resected, post-operative pancreatic fistula formation.
- Resection margin status, post-operative complications, length of stay.
- Resection margin status, post-operative complications, 1-year survival.

Pancreaticoduodenectomy for distal cholangiocarcinoma at a South African centre

5. With regards to pancreaticoduodenectomy for distal cholangiocarcinoma, which one is the correct statement?

- The five-year survival after pancreaticoduodenectomy for distal cholangiocarcinoma and pancreatic ductal adenocarcinoma are similar.
- Bleeding is the most common complication encountered after pancreaticoduodenectomy for distal cholangiocarcinoma.
- Distal cholangiocarcinoma is a more common malignancy than pancreatic ductal adenocarcinoma.
- None of the responses are correct

Intermediate and long-term survival prediction using prognostic scores in patients undergoing salvage TIPS for uncontrolled variceal bleeding

6. Choose the *incorrect* answer: In cirrhotic patients with refractory variceal bleeding who underwent sTIPS placement the following factors were associated with increased mortality at 90-days

- Albumin < 25g/L
- > 10 units of blood transfused
- Balloon tube placement
- the need for inotropic support

Audit of an in-patient palliative care quality improvement process for patients with pancreatic ductal adenocarcinoma in a South African teaching hospital

7. Choose the correct statement:

- PDAC patients are referred for palliative care during the final 30 days of life.
- Only PDAC patients with an ECOG score of 3 or 4 require palliative care.
- It is not necessary to document a treatment response for PDAC symptoms.
- Invasive diagnostic procedures should be avoided in patients with advanced PDAC.
- All hospital readmissions for PDAC patients during the final 30 days of life are unavoidable.

30-day outcomes in 1 000 consecutive laparoscopic cholecystectomies undertaken in four Cape metropole public hospitals

8. Which of the following statements about laparoscopic cholecystectomy (LC) and its outcomes is NOT supported by the text?

- LC has become the standard treatment for symptomatic gallstone disease due to its advantages over open procedures.
- Bile duct injuries (BDI) occur less frequently in LC compared to open cholecystectomies.
- Readmission rates within 30 days after LC are predominantly due to non-surgical complications.
- Mortality rates following LC are significantly lower than those reported for open cholecystectomies.

Misinterpretation of the severity of bile duct injuries by MRCP

9. Regarding BDI's, which of the following is incorrect:

- CT scan is a good modality to judge the level of injury
- Minor BDI's could be managed endoscopically
- MRCP is the preferred modality for delineation of BDI's
- Hepaticojejunostomy is the treatment of choice for major BDI's

Can cannabinoids contribute to cholecystitis – a case of gangrenous acalculous cholecystitis

10. Gangrenous cholecystitis is associated with which of the following risk factors?

- Diabetes mellitus
- Young age
- Hypertension
- Female Sex

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