

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201708B)

**Question 1.** Regarding the diagnosis of acute rhabdomyolysis:

- (a) Clinical symptoms usually consist of cramp-like pain, swelling and loss of function.
- (b) Laboratory markers such as elevated serum creatine kinase levels and urine myoglobinuria are helpful in diagnosis.
- (c) Muscle biopsy is always indicated for definitive diagnosis.
- (d) Imaging is helpful in evaluating the anatomical extent and complications of rhabdomyolysis.

True      False

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**Question 2.** The following are known clinical complications of rhabdomyolysis:

- (a) Acute renal failure.
- (b) Disseminated intravascular coagulation.
- (c) Diabetes insipidus.
- (d) Compartment syndrome.

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**Question 3.** Regarding the radiological evaluation of acute rhabdomyolysis:

- (a) Magnetic resonance (MR) imaging has superior soft-tissue resolution in the evaluation of muscle abnormality.
- (b) Computed tomography has high specificity in the diagnosis of acute rhabdomyolysis.
- (c) Muscle oedema may appear as hypoechoic on ultrasonography.
- (d) It is often difficult to distinguish the radiological findings of rhabdomyolysis from those of other infective and inflammatory muscle conditions.

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**Question 4.** The following imaging findings may be seen in MR imaging evaluation of acute rhabdomyolysis:

- (a) Homogeneous hyperintense signal on T2-weighted imaging in Type 1 rhabdomyolysis.
- (b) Focal areas of raised T1-weighted hyperintensities suggestive of intramuscular haemorrhage.
- (c) Raised T1-weighted signal suggestive of muscle oedema.
- (d) A 'stippled' appearance in Type 2 rhabdomyolysis.

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**Question 5.** Regarding the clinico-radiological findings of other muscle abnormalities:

- (a) Necrotising fasciitis typically spares the deep fascial planes.
- (b) Multi-compartmental involvement is typical in necrotising fasciitis.
- (c) Diabetes mellitus is associated with myonecrosis.
- (d) Inflammatory myopathies (such as polymyositis, dermatomyositis) tend to involve proximal muscle groups.

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**Doctor's particulars:**

Name in full: \_\_\_\_\_ MCR no.: \_\_\_\_\_  
Specialty: \_\_\_\_\_ Email: \_\_\_\_\_

**SUBMISSION INSTRUCTIONS:**

Visit the SMJ website: <http://www.smj.org.sg/current-issue> and select the appropriate quiz. You will be redirected to the SMA login page.  
**For SMA member:** (1) Log in with your username and password (if you do not know your password, please click on 'Forgot your password?'). (2) Select your answers for each quiz and click 'Submit'.  
**For non-SMA member:** (1) Create an SMJ CME account, or log in with your SMJ CME username and password (for returning users). (2) Make payment of SGD 21.40 (inclusive of 7% GST) via PayPal to access this month's quizzes. (3) Select your answers for each quiz and click 'Submit'.

**RESULTS:**

(1) Answers will be published online in the SMJ October 2017 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 9 October 2017. (3) Passing mark is 60%. No mark will be deducted for incorrect answers. (4) The SMJ editorial office will submit the list of successful candidates to the Singapore Medical Council. (5) One CME point is awarded for successful candidates.

**Deadline for submission: (August 2017 SMJ 3B CME programme): 12 noon, 2 October 2017.**