

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201911B)

**Question 1.** Regarding anticoagulant-induced bleeding:

- (a) The transverse colon and jejunum are common sites for bleeding in the gastrointestinal tract.
- (b) Blunt abdominal trauma is an aetiological factor for duodenal haematoma.
- (c) Novel direct oral anticoagulants (DOACs) such as rivaroxaban have a higher risk of intracranial bleeding than warfarin.
- (d) Underlying amyloid angiopathy is a risk factor for intracranial re-bleeding after restarting anticoagulation.

True      False

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**Question 2.** Regarding imaging of gastrointestinal intramural haematoma:

- (a) Radiological features on computed tomography (CT) include circumferential bowel wall thickening and intramural hyperdensity.
- (b) Complete resolution of imaging findings usually occurs within two months after the onset of symptoms.
- (c) The concentric ring sign on magnetic resonance imaging is due to the paramagnetic properties of iron in the haemoglobin degradation products within the haematoma.
- (d) A non-contrast CT scan may be performed before the acquisition of contrast-enhanced images to demonstrate the presence of any intramural haemorrhage, which may be masked by contrast enhancement.

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**Question 3.** The risk factors for developing small bowel haematomas include:

- (a) Haemophilia.
- (b) Over-anticoagulation.
- (c) Leukaemia.
- (d) Vasculitis.

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**Question 4.** Which of the following applies to the management strategies of anticoagulant-induced bleeding?

- (a) Discontinuation of the anticoagulant and use of the relevant reversal agent.
- (b) Transfusion of blood products when there is haemodynamic compromise or a haemoglobin drop of  $\geq 2$  g/dL.
- (c) Therapeutic arterial embolisation does not have a role in spontaneous retroperitoneal, soft tissue or extremity haemorrhage.
- (d) Surgery is indicated for all cases of anticoagulant-induced gastrointestinal haemorrhage.

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**Question 5.** Regarding new-generation DOACs:

- (a) DOACs are as effective as vitamin K antagonists in preventing thromboembolism.
- (b) Chromogenic anti-factor Xa is routinely used as an assay to measure the anticoagulant effect of warfarin.
- (c) Non-activated prothrombin complex concentrates may be used in the management of bleeding in patients on DOAC.
- (d) Vitamin K does not reverse the anticoagulant effect of DOACs.

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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 January 2020 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 7 January 2020. (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. (6) SMC credits CME points according to the month of publication of the CME article (i.e. points awarded for a quiz published in the December 2017 issue will be credited for the month of December 2017, even if the deadline is in January 2018).

**Deadline for submission (November 2019 SMJ 3B CME programme): 12 noon, 31 December 2019.**