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Body mass index and Blount's disease: a single academic hospital experience (Kgoedi MN, Rischbieter P, Goller R)

1. Which of the following is a feature of Blount's deformity?

- | | |
|-----------------------------|---|
| a. External tibial rotation | A |
| b. Genu valgus | B |
| c. Genu recurvatum | C |
| d. Genu procurvatum | D |
| e. None of the above | E |

2. Which of the following is not a risk factor for the development of Blount's disease?

- | | |
|----------------------|---|
| a. African ethnicity | A |
| b. Male sex | B |
| c. Obesity | C |
| d. Early walking age | D |
| e. None of the above | E |

3. Which statement regarding Blount's disease is true?

- | | |
|---|---|
| a. The mean BMI of patients with Blount's disease is not statistically different from the BMI of the general population | A |
| b. There is a relationship between early-onset Blount's disease and bilateral involvement | B |
| c. There is a relationship between BMI and the severity of Blount's deformity | C |
| d. Male patients with Blount's disease have a higher BMI than their female counterparts | D |
| e. None of the above | E |

Reactivation of chronic haematogenous osteomyelitis in HIV-infected patients (Siyo Z, Marais LC)

4. What is the prevalence of HIV infection among adult patients presenting with haematogenous chronic osteomyelitis vs adults with chronic osteomyelitis from other causes?

- | | |
|----------------------|---|
| a. 31% vs 23% | A |
| b. 23% vs 31% | B |
| c. 32% vs 13% | C |
| d. 13% vs 32% | D |
| e. None of the above | E |

5. Which of the following groups of chronic osteomyelitis has a lower HIV infection prevalence compared to the general population or any other causes in South Africa?

- | | |
|---|---|
| a. Chronic post-open fracture osteomyelitis | A |
| b. Chronic haematogenous osteomyelitis | B |
| c. Chronic post-operative osteomyelitis | C |
| d. Chronic contiguous osteomyelitis | D |
| e. All of the above | E |

6. Which type of chronic osteomyelitis was thought to be associated with reactivation of quiescent osteitis infection in adults?

- | | |
|---|---|
| a. Chronic post-operative osteomyelitis | A |
| b. Chronic post-open fracture osteomyelitis | B |
| c. Chronic contiguous osteomyelitis | C |
| d. Chronic haematogenous osteomyelitis | D |
| e. All of the above | E |

Minimally invasive CT-guided excision of osteoid osteoma and other small benign bone tumours: a single centre case series in South Africa (Sluis Cremer T, Hosking K, Held M, Hilton TL)

7. Regarding the natural history of osteoid osteoma, which statement is correct?

- | | |
|---|---|
| a. Malignant transformation is a rare complication. | A |
| b. Progression to osteoblastoma is common. | B |
| c. Osteoid osteoma is a transient condition that rapidly resolves. | C |
| d. Spontaneous resolution does not occur. | D |
| e. Spontaneous resolution occurs in all cases over a period of a number of years. | E |

8. Which of the following treatment options for a small benign lesion of bone, such as an osteoid osteoma, has the highest risk of iatrogenic fracture?

- | | |
|---|---|
| a. Percutaneous intralesional curettage under image guidance | A |
| b. Wide local resection through an open surgical approach | B |
| c. Percutaneous image-guided radiofrequency ablation | C |
| d. Open intralesional resection or the 'burr-down' technique | D |
| e. Arthroscopic assisted resection of intra-articular lesions | E |

9. Regarding the management of osteoid osteoma, what is the most common indication for surgical management?

- | | |
|---|---|
| a. Failure of medical management to bring symptomatic relief | A |
| b. Biopsy specimen for histological confirmation of diagnosis | B |
| c. Prevention of malignant transformation occurring | C |
| d. Prevention of growth disturbance in juxta-articular cases | D |
| e. To address associated fractures | E |

Burden and profile of spinal pathology at a major tertiary hospital in the Western Cape, South Africa (Miseer S, Mann T, Davis JH, Marais LC)

10. The primary cause of spinal trauma noted in the study was:

- | | |
|---------------------------------|---|
| a. Interpersonal violence | A |
| b. Falls | B |
| c. Motor vehicle accidents | C |
| d. Pedestrian vehicle accidents | D |
| e. Blunt trauma | E |

11. What percentage of spinal tuberculosis patients demonstrated an associated human immunodeficiency virus co-infection?	
a. 12.6%	A
b. 22%	B
c. 10%	C
d. 44%	D
e. 16%	E
12. Which one of the following is not mentioned as an option for decreasing overall patient burden and resource use?	
a. Improved surgical skills of district level surgeons to manage minor cases	A
b. Dedicated anaesthetic teams for spinal surgery cases	B
c. Stricter road traffic laws to reduce the incidence of motor vehicle accidents	C
d. Use of district spinal units to manage spinal trauma and infection	D
e. Employment of more spinal surgeons	E
Incidence and risk factors for extended post-operative length of stay following primary hip arthroplasty in a South African setting (Dlamini NF, Ryan PV, Moodley Y)	
13. Reducing post-operative length of stay:	
a. Reduces hospital expenditure	A
b. Increases hospital expenditure	B
c. Reduces hospital resource utilisation	C
d. Increases hospital resource utilisation	D
e. Both (a) and (c)	E
14. The following are risk factors for extended post-operative length of stay following primary hip arthroplasty in South African patients:	
a. Female sex, patient's minimum walking distance, extended duration of surgery	A
b. Diabetes, hypertension, female sex	B
c. Extended duration of surgery, posterior surgical approach, general anaesthesia	C
d. None of the above	D
e. All of the above	E

15. With regard to differences in risk factors for extended post-operative length of stay between South African and overseas hip arthroplasty patient populations:	
a. All the risk factors are the same between South African and overseas patient populations	A
b. Only certain risk factors are shared between South African and overseas patient populations	B
c. Differences in risk factors between South African and overseas settings necessitate setting-specific identification of risk factors	C
d. Both (b) and (c)	D
e. None of the above	E
Pharmaceutical management of bone catabolism: the bisphosphonates (Raubenheimer EJ, Noffke CEE, Lemmer LB, Slavik T, van Heerden WFP, Miniggio HD)	
16. The principal anti-resorptive action of bisphosphonates is related to:	
a. Improvement of the blood flow in bone	A
b. Increase of the mineral content of bone	B
c. Suppression of osteoclast activity	C
d. Facilitation of calcium uptake in the gastrointestinal tract	D
e. Activation of vitamin D	E
17. Identify the false statement:	
a. Care should be taken with the administration of bisphosphonates in renal patients	A
b. Bisphosphonates may be associated with the induction of jawbone osteonecrosis	B
c. Second and third generation bisphosphonates do not contain nitrogen	C
d. Pyrophosphates are naturally occurring bisphosphonates	D
e. Intravenous administration should be considered in patients with gastroesophageal irritation	E
18. Bisphosphonates are incorporated in:	
a. The hydroxyapatite in bone	A
b. The collagen in bone	B
c. Cells in the bone marrow	C
d. The periosteum	D
e. None of the above	E

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