

**Prevalence of pathological neck of femur fractures in patients undergoing arthroplasty at a tertiary referral hospital (Khan S, Wadee N, Burger M, Ferreira N, Jordaan K)**

**1. Mortality rate after surgery for femoral neck fractures in the elderly population is approximately:**

- a. 5% A
- b. 12% B
- c. 33% C
- d. 55% D
- e. 66% E

**2. Select the most correct statement:**

- a. Metastatic lesions are the most common cause of femoral neck fractures. A
- b. Metastatic lesions are the least common cause of pathological femoral neck fractures. B
- c. Primary bony lesions are the most common cause of pathological femoral neck fractures. C
- d. Metastatic lesions and multiple myeloma are the least common causes of pathological fractures. D
- e. Fragility fractures are the most common cause of femoral neck fractures. E

**3. Which of the following primary malignancies most commonly metastasise to bone?**

- a. Brain, oesophagus, stomach A
- b. Breast, thyroid, kidney, lung and prostate B
- c. Breast, thyroid, ovarian, lung and prostate C
- d. Breast, thyroid, brain, lung and prostate D
- e. Breast, thyroid, kidney, lung and prostate E

**Tuberculosis of the extra-axial skeleton in paediatric patients (Vajapey S, Horn A)**

**4. Which of the following haematological studies are usually normal in children presenting with musculoskeletal tuberculosis?**

- a. Haemoglobin A
- b. White cell count B
- c. Platelet count C
- d. Erythrocyte sedimentation rate (ESR) D
- e. C-reactive protein (CRP) E

**5. In children who are eventually diagnosed with musculoskeletal tuberculosis, the most common presenting physical complaint is:**

- a. Fatigue A
- b. Weight loss and loss of appetite B
- c. Joint stiffness C
- d. Pain or limping D
- e. Deformity E

**6. In this study, the diagnostic test with the highest sensitivity or number of positive results was:**

- a. Tissue culture and sensitivity A
- b. GeneXpert B
- c. Histological examination C
- d. Microscopy D
- e. Mantoux skin test E

**Short-term comparison of the use of static and expandable intramedullary rods in the lower limbs of children with osteogenesis imperfecta (De Jager LJ, Maré PH, Thompson DM, Marais LC)**

**7. What was the most frequent complication in the Rush rod group?**

- a. Infection A
- b. Articular penetration B
- c. Distal deformity C
- d. Metalware failure D
- e. Failure to expand E

**8. What was the most frequent complication in the Fassier-Duval rod group?**

- a. Infection A
- b. Articular penetration B
- c. Distal deformity C
- d. Metalware failure D
- e. Failure to expand E

**9. What was the expected time to re-operation in the Rush rod group?**

- a. 6 months A
- b. 1 year B
- c. 2 years C
- d. 3 years D
- e. 5 years E

**The management of chronic osteomyelitis in adults: outcomes of an integrated approach (Venter RG, Tanwar YS, Grey JP, Ferreira N)**

**10. Choose the most correct statement. Considering current literature regarding 'single-stage management' of chronic osteomyelitis:**

- a. It is less cost effective than two-stage treatment methods but has similar success rates. A
- b. It is more cost effective than two-stage treatment methods but has higher complication rates. B
- c. It is more cost effective than two-stage treatment methods and has similar success rates. C
- d. It is less cost effective than two-stage treatment methods but obviates the need for adjuvant systemic antimicrobial therapy. D
- e. It is more cost effective than two-stage treatment and obviates the need for adjuvant systemic antimicrobial therapy. E

**11. The following are all accepted dead space management strategies mentioned in current literature, except:**

- a. Gentamycin-loaded PMMA beads A
- b. Antibiotic-loaded calcium-sulphate pellets B
- c. Bioactive glass C
- d. Hydroxyapatite powder D
- e. Antibiotic-impregnated collagen sponges E

**12. Choose the *most correct* statement regarding a modern definition of chronic osteomyelitis:**

- |   |   |
|---|---|
| a. Infection involving bone, with a duration of at least one month, with signs of sequestrum on plain film X-ray or CT scan.  | A |
| b. Infection involving bone, with a duration of at least one month, where the causative organisms were thought to have persisted either intracellularly or in interactive biofilm-based colonies. | B |
| c. Infection involving bone, with a duration of at least ten days, where the causative organisms were thought to have persisted either intracellularly or in interactive biofilm-based colonies.  | C |
| d. Infection involving bone, with a duration of at least ten days, with signs of sequestrum on plain film X-ray or CT scan.   | D |
| e. Infection involving bone, with a duration of at least one month, with signs of both local and systemic signs of sepsis.  | E |

**Radiation-induced pathological fractures of the proximal femur: a case series considering an endoprosthesis solution (Vogel J, De Villiers S, Mugla W, McCaul J, Hosking K, Hilton T)**

**13. Standard trauma fixation methods, such as locked cephalo-medullary nails, used to treat radiation-induced pathological fractures of the proximal femur have a failure rate of:**

- |            |   |
|------------|---|
| a. 10–20%  | A |
| b. 20–40%  | B |
| c. 40–60%  | C |
| d. 60–80%  | D |
| e. 80–100% | E |

**14. The mechanism of radiation-induced pathological fractures is:**

- |                                 |   |
|---------------------------------|---|
| a. Local sarcopaenia            | A |
| b. Tumour recurrence            | B |
| c. Osteonecrosis                | C |
| d. Post-radiation osteomyelitis | D |
| e. Osteoporosis                 | E |

**Intra-operative extracorporeal radiation therapy for skeletally immature patients with malignant bone tumours (Shah MR, Shah MM, Agrawal AK, Shah MD, Desai SM)**

**15. The advantage/s of extracorporeal radiation is/are:**

- |  |   |
|--|---|
| a. Useful in skeletally immature patients                                | A |
| b. High dose of radiation given in one sitting kills tumour cells better | B |
| c. Patient's own bone can be used  | C |
| d. Avoids prolonged radiation therapy                                    | D |
| e. All of the above  | E |

**16. The following are treatment options for malignant bone tumours in skeletally immature bones *except*:**

- |   |   |
|---|---|
| a. Amputation   | A |
| b. Tumour excision and replacement with non-expandable megaprosthesis | B |
| c. Tumour excision and replacement with expandable megaprosthesis     | C |
| d. ECRT   | D |
| e. None of the above  | E |

**17. ECRT can be a choice of treatment in the case of multiple metastases.**

- |                      |   |
|----------------------|---|
| a. Strongly disagree | A |
| b. Disagree          | B |
| c. Agree             | C |
| d. Strongly agree    | D |
| e. Not sure          | E |

**Intraprosthetic dislocation after a revision hip replacement: a case report (Sekeitto AR, Van der Jagt K, Sikhauli N, Mokete L, Van der Jagt DR)**

**18. A 75-year-old male with comorbid neuromuscular disease underwent a total hip arthroplasty for severe osteoarthritis of his hip. The orthopaedic surgeon who performed the procedure opted to use a dual mobility cup. Which of the following explains the rationale for this implant choice?**

- |                              |   |
|------------------------------|---|
| a. Increased offset          | A |
| b. Increased stability       | B |
| c. Increased range of motion | C |
| d. Poor bone stock           | D |
| e. The patient's sex         | E |

**19. A 75-year-old male who had a total hip replacement with a dual mobility cup a few weeks prior falls in the bathroom. He is brought into the accident and emergency department and after imaging is confirmed to have dislocated his previously operated hip. Which of the following is the appropriate management?**

- |  |   |
|--|---|
| a. Open reduction  | A |
| b. Closed reduction under conscious sedation                             | B |
| c. Closed reduction under general anaesthesia                            | C |
| d. Closed reduction under general anaesthesia and full muscle relaxation | D |
| e. Revision of the components  | E |

**20. A 75-year-old male who is post-reduction of a dislocated dual mobility cup has a formal X-ray performed in recovery. Review of the X-ray by his orthopaedic surgeon shows an intraprosthetic dislocation. Which of the following is the appropriate management?**

- |  |   |
|--|---|
| a. Open reduction  | A |
| b. Closed reduction under conscious sedation                             | B |
| c. Closed reduction under general anaesthesia                            | C |
| d. Closed reduction under general anaesthesia and full muscle relaxation | D |
| e. Revision of the components  | E |

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