

Treatment outcomes of civilian gunshot tibia fractures at a major trauma centre (Gerafa M, Jakoet S, Van Heukelum M, Le Roux N, Van der Merwe S, Makhubalo O, Du Preez G, Burger M, Ferreira N)

1. Choose the correct statement regarding the management of civilian gunshot-induced tibia fractures:

- a. No association was found between clinical outcome and HIV status A
- b. A staged approach is preferred over single-stage surgery B
- c. Delay to surgery did not affect outcome in terms of union and infection C
- d. Intramedullary fixation showed poor outcomes with union rates below 20% D
- e. External fixation produced the best outcome in terms of union and infection E

2. Which fractures are most frequently identified in civilian gunshot-induced fractures involving tibial fractures in young males?

- a. Articular injuries to the knee A
- b. Articular injuries to the ankle B
- c. Diaphyseal injuries C
- d. Proximal metaphyseal injuries D
- e. Distal metaphyseal injuries E

3. What is the most common complication in civilian gunshot-induced tibia fracture?

- a. Malunion A
- b. Compartment syndrome B
- c. Fracture-related infection C
- d. Nonunion D
- e. Fat embolism syndrome E

The association between HIV infection and periprosthetic joint infection following total hip replacement in young adults (Ngwazi M, Ryan P, Goga I, Marais LC)

4. With regard to the use of cemented implant in the HIV-positive patient, the correct statement is:

- a. Always use cemented implants to prevent infection A
- b. There is no risk involved and it is acceptable to use uncemented implants B
- c. The results are the same with cemented and uncemented implants C
- d. There is an increased rate of stem subsidence with uncemented implants D
- e. Cementation has shown an increase in wear in the short- to mid-term E

5. With regard to joint arthroplasty:

- a. There is evidence to show that the use of prolonged antibiotic prophylaxis will reduce infection A
- b. The use of cemented implants helps in the prevention of infection post-joint arthroplasty B
- c. Well-optimised patients with regard to CD4/viral load and comorbidities will have same outcomes as HIV-negative patients C
- d. We should avoid arthroplasty in HIV-positive patients as it is associated with increased complication rates D
- e. Arthroplasty should only be reserved for elderly HIV-positive patients with well-controlled comorbidities E

Adherence to a standard operating procedure for patients with acute cervical spine dislocations: review of a tertiary, referral, academic hospital in South Africa (Ayik GDD, Mukabeta TDM, Nyandoro G, Osborne C, Kruger NA)

6. According to this article, what is the most common mechanism of injury of cervical dislocations associated with high-risk catastrophic long-term disabilities if not treated and addressed well?

- a. MVA only A
- b. Fall only B
- c. MVA and fall C
- d. Diving injuries D
- e. Violent assault E

7. Groote Schuur Hospital introduced the standard operating procedure protocol in 2016 for early reduction of acute cervical dislocation injuries. According to this protocol, reduction should be done within how many hours?

- a. 3 A
- b. 4 B
- c. 5 C
- d. 1 D
- e. 6 E

8. To reduce the potential risk of acute cervical dislocation injuries as stated in this article, what is the best intervention?

- a. Anterior cervical decompression and fusion A
- b. Posterior cervical decompression and fusion B
- c. Early reduction using skeletal traction to realign the vertebrae C
- d. Both A and B D
- e. No intervention is needed, only conservative management E

Growth modulation may decrease recurrence when used as an adjunct to osteotomy in infantile Blount's disease (Maré PH, Thompson DM, Marais LC)

9. The approximate recurrence rate after proximal tibial osteotomy and acute realignment in infantile Blount's disease is:

- a. 100% A
- b. 80–100% B
- c. 60–80% C
- d. 40–70% D
- e. 0–20% E

10. Which of the following factors are associated with recurrent deformity after proximal tibial osteotomy and acute realignment in infantile Blount's disease?

- a. Age at osteotomy greater than 4 to 5 years A
- b. Langenskiöld stage ≥ 4 B
- c. Medial physeal slope $\geq 60^\circ$ C
- d. LaMont stage $\geq C$ D
- e. All of the above E

11. Which of the following strategies to decrease the recurrence rate after proximal tibial osteotomy and acute realignment in infantile Blount's disease have been investigated?

- a. Overcorrection to 5°–10° mechanical valgus alignment A
- b. Lateral proximal tibial epiphysiolytic B
- c. Postoperative ambulatory medial unloader knee bracing C
- d. Medial proximal tibial epiphysiodesis D
- e. Bisphosphonate therapy E

Polio-like deformity: a diagnostic dilemma (Ben Salem KA, Maré PH, Goodier M, Marais LC, Thompson DM)

12. Relating to polio vaccination, which statement(s) is/are true?

- a. Vaccination has eradicated polio worldwide A
- b. OPV cannot cause vaccination-associated paralytic poliomyelitis (VAPP) B
- c. IPV has been associated with VAPP C
- d. All of the above D
- e. None of the above E

13. Clinical features of poliomyelitis include:

- a. Over 90% are associated with acute flaccid paralysis A
- b. Symmetrical lower motor neuron paralysis B
- c. Tibialis anterior muscle is commonly involved C
- d. All of the above D
- e. None of the above E

Culturally competent patient–provider communication with Zulu patients diagnosed with osteosarcoma: an evidence-based practice guideline (Brown O, Van Rooyen DRM, Aldous C, Marais LC)

14. Cultural competence requires the application of:

- a. Self-reflection skills for managing cultural differences A
- b. Awareness, attitudes, knowledge and skills about cultural differences B
- c. Knowledge of others' prejudice and awareness of patients' prejudice C
- d. Expert care and detailed knowledge of the medical condition D
- e. Communication skills that demonstrate knowledge of cultural bias E

15. When delivering prognostic information, it is recommended that:

- a. Patients are informed regarding treatment limitations and poor prognoses A
- b. Mortality timelines are specifically and clearly communicated B
- c. Patients are not burdened with metastatic information C
- d. Treatment limitations are not specified so that patients don't lose hope D
- e. Healthcare providers do not talk about death E

16. It is recommended that healthcare professionals demonstrate an understanding of patients' cultural beliefs by:

- a. Acknowledging patients' need to discuss treatment with their family A

- b. Encouraging patients to engage in their cultural traditions and rituals B
- c. Encouraging patients to combine Western and traditional approaches C
- d. Respecting patients' cultural health beliefs and their desire to consult a traditional healer D
- e. All of the above E

Chronic lateral ankle instability: a current concepts review (Mayet Z, Ferrao PNF, Saragas NP, Paterson R, Magobotha SKM, Alexander A, Eshragi H, Ettehad H, Khademi MA, Mehtar M, Tladi MJ, Strydom A, Workman M)

17. Which statement regarding lateral ankle ligament injuries is incorrect?

- a. This accounts for 85% of all ankle sprains A
- b. Acute injuries are best managed conservatively B
- c. This injury occurs when the foot is forced into inversion while the ankle is dorsiflexed C
- d. Up to 20% of acute injuries can progress to chronic instability D
- e. Chronic instability can be either mechanical or functional E

18. Which statement regarding functional instability is incorrect?

- a. The patients complain of a perceived sense of instability A
- b. These patients may have weak peroneal muscles B
- c. These patients have decreased postural control C
- d. These patients have a positive anterior drawer stress radiograph D
- e. This can be caused by disruption of capsular mechanoreceptors E

Mycobacterium xenopi osteomyelitis of the spine: a case report (Ukunda FUN)

19. Which one of the statements is correct with regard to typical radiological spinal TB manifestations?

- a. Two adjacent vertebrae irregularities or collapse on X-rays A
- b. Double heart-shadow or 'heart within a heart' sign on thoracic spine is seen on lateral view X-rays B
- c. MRI scan is mandatory in all spinal TB cases C
- d. The disc is first to be affected in spinal *M. tuberculosis* infection D
- e. Only follow-up X-rays are required in assessing disease progression and response to TB treatment E

20. Regarding *M. xenopi*, which one of the following statements is correct?

- a. It is a rapid-growing, nonchromogenic or scotochromogenic nontuberculous mycobacterium (NTM) A
- b. Increasingly, rRNA nucleic acid probe testing for *M. xenopi* is performed to confirm the diagnosis B
- c. The microbiologic criterion for NTM of bones requires a positive culture from at least two separate tissue samples C
- d. In HIV-reactive patients, low CD4 counts has no role to play D
- e. A positive culture for *M. xenopi* cannot be a contaminant E

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