

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201605B)

Question 1. Regarding superior mesenteric artery syndrome (SMAS):

- a) It is a common diagnosis of upper gastrointestinal tract obstruction.
- b) It is secondary to compression of the second portion of the duodenum by the superior mesenteric artery (SMA).
- c) Surgical correction of scoliosis is a risk factor for its development.
- d) It is a self-reinforcing condition.

True False

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Question 2. Regarding the clinical presentation of SMAS:

- a) It is easily diagnosed due to its specific symptomatology.
- b) Vomiting must always be bilious due to the location of the obstruction.
- c) Relief of symptoms in the prone position points to a possible diagnosis.
- d) Oesophageal rupture is a known complication.

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Question 3. Concerning differentials of SMAS:

- a) Malrotation with midgut volvulus in adults is not possible due to its early presentation in the paediatric age group and early surgical correction.
- b) Reversal of the normal right-left relationship of the superior mesenteric vein to the SMA is an imaging sign of malrotation.
- c) Pancreatic pseudocyst develops 2–3 weeks after an episode of severe acute pancreatitis.
- d) Secondary infection of a pseudocyst is a complication that can easily be managed conservatively.

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Question 4. Concerning the diagnosis of SMAS:

- a) An aortomesenteric angle of less than 25° is insufficient for the diagnosis of SMAS.
- b) SMAS can be diagnosed on purely clinical grounds.
- c) Proximal bowel and gastric dilation to the transition point between the SMA and aorta lends support to the diagnosis of SMAS.
- d) The classical normal cut-offs for the aortomesenteric angle and distance are widely acknowledged to be specific for SMAS.

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Question 5. Regarding the management of SMAS:

- a) Immediate parenteral nutrition is the therapy of choice.
- b) Fluid and electrolyte monitoring is necessary during intravenous hydration and nasogastric tube aspiration.
- c) Surgical management is the treatment of choice for all patients with SMAS.
- d) Lysis of the ligament of Treitz with duodenal mobilisation is the surgical approach of choice.

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Doctor's particulars:

Name in full : _____
 MCR number : _____ Specialty: _____
 Email address : _____

SUBMISSION INSTRUCTIONS:

(1) Log on at the SMJ website: <http://www.sma.org.sg/publications/smjcurrentissue.aspx> and select the appropriate set of questions. (2) Provide your name, email address and MCR number. (3) Select your answers and click "Submit".

RESULTS:

(1) Answers will be published in the SMJ July 2016 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 27 June 2016. (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: (May 2016 SMJ 3B CME programme): 12 noon, 20 June 2016.