

## SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201703A)

**Question 1.** Regarding corpus callosal tumours:

- (a) The corpus callosum can be easily infiltrated by tumours.
- (b) Glioblastoma multiforme (GBM) should be considered as the primary differential diagnosis for lesions involving the corpus callosum that have a 'butterfly' pattern.
- (c) Non-neoplastic lesions such as toxoplasmosis can involve the corpus callosum and mimic butterfly gliomas.
- (d) A meningioma, when arising from the falx cerebri, can mimic a butterfly glioma.

True      False

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**Question 2.** Regarding GBM:

- (a) GBM is more commonly seen in adolescents.
- (b) GBM usually shows a homogeneous pattern of enhancement, without significant perilesional oedema.
- (c) Intralesional haemorrhage and necrosis may occur.
- (d) GBM tends to show increased relative cerebral blood volume (rCBV) in perfusion imaging.

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**Question 3.** Regarding primary central nervous system lymphomas:

- (a) They are usually of the B-cell non-Hodgkin type.
- (b) They are more commonly seen in adolescents.
- (c) Patients with congenital immunodeficiency and acquired immunodeficiency syndrome are at risk of developing primary central nervous system lymphoma.
- (d) In contrast to GBM, lymphomas tend to show more perilesional oedema and are more frequently necrotic.

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**Question 4.** In differentiation of lesions involving the corpus callosum, the following imaging characteristics favour the diagnosis of tumefactive demyelination over GBM:

- (a) An open ring-like enhancement.
- (b) Gross perilesional oedema in a small lesion.
- (c) Increased rCBV in perfusion imaging.
- (d) Resolution of the lesion after steroid therapy.

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**Question 5.** Regarding lesions in cerebral toxoplasmosis:

- (a) They are seen in patients with acquired immunodeficiency syndrome.
- (b) They usually present as multiple hypodensities, with ring-like or nodular enhancement on CT.
- (c) They are commonly located at the basal ganglia and corticomedullary junction.
- (d) They can involve the corpus callosum and mimic butterfly glioma.

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**Doctor's particulars:**

Name in full : \_\_\_\_\_  
 MCR number : \_\_\_\_\_ Specialty: \_\_\_\_\_  
 Email address : \_\_\_\_\_

**SUBMISSION INSTRUCTIONS:**

(1) Visit the SMJ website: <http://www.smj.org.sg/current-issue> 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 online in the SMJ May 2017 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 2 May 2017. (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: (March 2017 SMJ 3B CME programme): 12 noon, 25 April 2017.**