

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 201908B)

Question 1. Regarding bezoars:

- (a) Small bowel bezoars are more common than gastric bezoars.
- (b) Small bowel bezoars are more likely to present with bowel obstruction than gastric bezoars.
- (c) The most common site of bowel obstruction due to bezoar is the ileocaecal valve.
- (d) The most common type of bezoar is the trichobezoar.

True	False
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<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

Question 2. Predisposing factors for bezoar formation include:

- (a) High fibre intake.
- (b) Previous colectomy.
- (c) Previous vagotomy.
- (d) Previous gastrectomy.

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<input type="checkbox"/>	<input type="checkbox"/>
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Question 3. Regarding the imaging evaluation of small bowel obstruction:

- (a) Abdominal radiography is sufficient for evaluating the cause of small bowel obstruction.
- (b) Computed tomography (CT) is often diagnostic in identifying bezoars as a cause of intestinal obstruction if the typical imaging features are present.
- (c) CT is useful to identify the site of obstruction.
- (d) CT is useful to identify the complications of obstruction (perforation or bowel ischaemia).

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Question 4. Regarding the CT imaging finding of phytobezoar:

- (a) It is a lobulated mass arising from the wall of the bowel.
- (b) It is a discrete intraluminal mass with gas locules in the interstices.
- (c) It is usually identified at the transition point of dilated bowel loops.
- (d) It may be misdiagnosed as the 'small bowel faeces' sign.

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Question 5. Regarding the management of bezoars:

- (a) The definitive management is often surgical.
- (b) Enterotomy is always necessary to remove the obstructing bezoar.
- (c) Conservative management with intravenous hydration and nasogastric tube decompression is sufficient.
- (d) Assessment of the proximal bowel loops intraoperatively is recommended to exclude a concomitant bezoar in a more proximal location.

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Doctor's particulars:

Name in full: _____ MCR no.: _____
Specialty: _____ Email: _____

SUBMISSION INSTRUCTIONS:

Visit the SMJ website: <http://www.smj.org.sg/current-issue> and select the appropriate quiz. You will be redirected to the SMA login page.

For SMA member: (1) Log in with your username and password (if you do not know your password, please click on 'Forgot your password?'). (2) Select your answers for each quiz and click 'Submit'.

For non-SMA member: (1) Create an SMJ CME account, or log in with your SMJ CME username and password (for returning users). (2) Make payment of SGD 21.40 (inclusive of 7% GST) via PayPal to access this month's quizzes. (3) Select your answers for each quiz and click 'Submit'.

RESULTS:

(1) Answers will be published online in the SMJ October 2019 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 10 October 2019. (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. (6) SMC credits CME points according to the month of publication of the CME article (i.e. points awarded for a quiz published in the December 2017 issue will be credited for the month of December 2017, even if the deadline is in January 2018).

Deadline for submission (August 2019 SMJ 3B CME programme): 12 noon, 3 October 2019.