

SINGAPORE MEDICAL COUNCIL CATEGORY 3B CME PROGRAMME (Code SMJ 202009B)

Question 1. Regarding patellar clunk syndrome:

- (a) It is the most common cause of perceivable ‘snapping’ of the knee following total knee replacement (TKR).
- (b) It is due to impingement of suprapatellar nodular scar tissue at the prosthetic intercondylar notch with knee flexion, which displaces with knee extension.
- (c) Patients often complain of symptoms during knee extension at about 80°–90°.
- (d) Low-lying patella (patella baja) is a risk factor.

True False

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| <input type="checkbox"/> | <input type="checkbox"/> |

Question 2. Which of the following applies to imaging assessment of patellar clunk syndrome?

- (a) Magnetic resonance (MR) imaging is the preferred imaging modality of choice.
- (b) On ultrasonography, a fibrous nodule can be seen to abruptly displace from the intercondylar notch into the suprapatellar region with knee extension.
- (c) Computed tomography (CT) is a useful modality of assessment.
- (d) MR imaging assessment may be limited by artefacts from the metallic prosthesis.

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| <input type="checkbox"/> | <input type="checkbox"/> |

Question 3. Regarding aseptic loosening of joint prosthesis:

- (a) Poor bone stock is a potential contributing factor.
- (b) It cannot be reliably distinguished from implant infection on radiography.
- (c) Imaging findings include progressively enlarging periprosthetic lucency.
- (d) Subsidence of the femoral component is more common than that of the tibial component after total knee replacement.

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| <input type="checkbox"/> | <input type="checkbox"/> |

Question 4. Regarding prosthetic joint infection:

- (a) Initial radiographs may be normal.
- (b) Radiographic findings in an infected joint may mimic aseptic loosening or osteolysis from particle disease.
- (c) Presence of gas within the joint or surrounding soft tissue on radiographs is a common feature.
- (d) A 99-mTc triple-phase bone scan is helpful to detect an infected TKR.

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| <input type="checkbox"/> | <input type="checkbox"/> |

Question 5. Regarding other complications in TKR:

- (a) Polyethylene wear is a frequently encountered early complication of TKR replacement.
- (b) Mild subclinical polyethylene wear is often subtle and best appreciated when radiographs are compared with prior images.
- (c) Polyethylene, cement or metallic particles can result in an inflammatory reaction and osteolysis.
- (d) Non-contrast CT may be considered when osteolysis is suspected.

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| <input type="checkbox"/> | <input type="checkbox"/> |

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 November 2020 issue. (2) The MCR numbers of successful candidates will be posted online at the SMJ website by 10 November 2020. (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 September 2020 issue will be credited for the month of September 2020, even if the deadline is in November 2020).

Deadline for submission (September 2020 SMJ 3B CME programme): 12 noon, 3 November 2020.