

CPD QUESTIONNAIRE

Give ONE correct answer for each question.

1. Regarding thickening of the gallbladder wall, which of the following statements is false?

- A. It is a relatively frequent finding at diagnostic imaging.
- B. It is a well-known hallmark feature of acute cholecystitis.
- C. The finding itself is non-specific and can be found in a wide range of gallbladder diseases and extracholecystic pathological conditions.
- D. Sonography is not sufficient as the initial imaging technique for evaluating patients with suspected gallbladder disease, because of its moderate sensitivity in the detection of gallbladder dimensions.

2. Which of the following statements is false?

- A. Tumoral calcinosis may be defined as metastatic peri-articular calcification that can be found in a wide variety of conditions such as primary hyperthyroidism and connective tissue diseases, as well as an idiopathic form.
- B. Uraemic calcinosis occurs commonly in patients with chronic renal failure on long-term haemodialysis therapy and does not fall within the broad definition of tumoral calcinosis.
- C. The disease is usually asymptomatic but can present with complications such as impairment of mobility, nerve compression, ulceration of the overlying skin or bony erosion.
- D. If the radiologist is unfamiliar with the radiological patterns of tumoral calcinosis or disease processes that mimic the condition, then diagnosis and treatment can be delayed or the patient may be subjected to unwarranted invasive procedures.

3. Which of the following statements regarding cardiac magnetic resonance (CMR) is false?

- A. Various image sequences can be used, either rendering 'dark blood imaging' where the blood pool is darker than the myocardium, or 'bright blood imaging' where the myocardium is darker than the blood pool.
- B. Cardiac imaging planes (short axis, long axis and four-chamber orientations) are traditionally used. Standard imaging planes (axial, coronal and sagittal) have no value in assessment of the heart or extra-cardiac structures.
- C. CMR is used to excellent effect in patients with suspected cardiomyopathies, myocardial inflammation, tumours and infiltration.
- D. Myocardial iron deposits associated with transfusion-dependent anaemias can be quantified using T2* mapping.

4. Which of the following is true regarding digital teaching files (DTF)?

- A. The selected images may be submitted to the teaching archive in any digital form.
- B. Once submitted, no further editing of the case is necessary.
- C. The creation of a DTF requires several steps; firstly, a suitable case has to be chosen and appropriate selected images identified.
- D. Once the case has been completed, it should be made available for usage/review. A target group need not be identified.

5. Which of the following statements is false?

- A. A bifid rib or sternum bifidum is a congenital abnormality of the anterior chest wall, with the sternal end of the rib cloven into two.
- B. The condition occurs in approximately 1.2% of the population and is usually unilateral.
- C. Congenital anomalies of the anterior chest wall are uncommon.
- D. Bifid rib may be associated with Gorlin-Goltz basal cell nevus syndrome, a rare autosomal dominant condition characterised by multiple nevoid basal cell carcinomas, jaw cysts and bifid ribs. Further features include other rib anomalies, deficiency of the lateral clavicle, mandibular hypoplasia, macrocephaly and mental retardation.

6. Identify the false statement among the following.

- A. Macrodystrophia lipomatosa (MDL) results from progressive overgrowth of all the mesenchymal elements with a disproportionate increase in the fibro-adipose tissues.
- B. This congenital abnormality occurs most frequently in the distribution of the median nerve in the upper and medial plantar nerve in the lower extremity.
- C. Excess of unencapsulated fibro-fatty tissue on magnetic resonance imaging (MRI) is virtually diagnostic and can differentiate this entity from other diseases with similar presentation.
- D. Involvement of the ulnar aspect of the hand, though rare, has been described; however, involvement of the lateral aspect of the foot is a well-recognised and constant finding.

7. The following are true about gout, except for:

- A. Gout is the most common form of microcrystal arthropathy bilaterally.
- B. Gout results from the deposition of uric acid crystals in and around the joints and soft tissues.
- C. Plain radiographs remain the imaging modality of choice in the diagnosis of gouty arthritis. A characteristic feature is the loss of bone mineral density in the early stages of the disease.
- D. The most common cause is decreased uric acid clearance by the kidneys.

8. Identify the false statement among the following.

- A. Diabetic mastopathy is an uncommon benign fibro-inflammatory breast disease.
- B. It may mimic cancer and as such poses a diagnostic challenge. Raising awareness of this condition is essential to avoid unnecessary surgical intervention and patient anxiety.
- C. Up to 13% of long-standing insulin-dependent diabetics are affected by diabetic mastopathy.
- D. The disease is exclusive to females.

9. Identify the false statement:

- A. Echinococcal cyst of the bone is a rare manifestation of echinococcal disease, with involvement of long bones, such as the radius, especially rare.
- B. The disease is acquired when man becomes the definitive host of the parasite by ingestion of ova.
- C. Echinococcosis is caused by the larva of the tapeworm *Echinococcus granulosus* or *Echinococcus multilocularis* and is endemic in many rural areas of southern Africa.
- D. Echinococcal cysts usually involve the liver or lung, with involvement of bone rare and accounting for 0.5 - 4% of all cases.

10. Identify one false statement:

- A. The hilum overlay sign is present on a frontal chest radiograph when normal hilar structures can be visualised through a mass, which implies that the mass is either anterior or posterior to the hilum.
- B. The presence or disruption of mediastinal lines may further aid in the localisation of the mass. The absence of the paraspinal and azygo-oesophageal lines suggests that a mass is located in the posterior mediastinum.
- C. The sign enables the observer to distinguish a mediastinal mass from a prominent cardiac silhouette.
- D. A typical posterior mediastinal mass displaying the hilum overlay sign is vertebral in origin in the majority (88%) of cases.

CPD Instructions:

1. CPD questionnaires must be completed online by going directly (not via Google) to www.cpdjournals.org.za, and registering. You will then receive an email notifying you of your username and password for subsequent logging on.
2. Read the articles in the journal to find the answers to the questions.
3. After completing the questionnaire, you can check the answers and print your own CPD certificate. Questions may be answered up to 6 months after publication of the journal issue concerned.
4. Please contact Gertrude Fani on 021 681 7200 or gertrude@hmpg.co.za in the event of queries.

**Accreditation number:
MDB 001/007/01/2010**