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CPD QUESTIONNAIRE. MAY 2023 VOL 22 NO 2

Complications of surgically managed pelvic and acetabular fractures (Mbatha ST, Duma MTN, Maqungo S, Marais LC)

1. Which of the following was *not* a risk factor for developing complications post pelvic and acetabular fracture fixation?

a. Sustaining a combined pelvic and acetabular fracture	A
b. A pelvic fracture with an associated sacral fracture	B
c. A partial articular acetabular fracture	C
d. Kocher-Langenbeck approach	D
e. Intraoperative blood transfusion	E

2. Which injury was more commonly associated with a pelvic and/or acetabular fracture?

a. Traumatic brain injury	A
b. Lung contusion	B
c. Long bone fracture	C
d. AAST grade 3 kidney injury	D
e. Bladder contusion	E

3. What was the most commonly encountered complication?

a. Early fracture-related infection	A
b. Heterotopic ossification	B
c. Avascular necrosis	C
d. Increased need for postoperative blood transfusion	D
e. Metalware failure	E

Analysis of orthopaedic injuries in CT pan scans of polytrauma patients at a quaternary academic hospital (Laney W, Naicker D, Milner B, Omar S)

4. What was the most common mechanism of injury in this study?

a. Gunshot wounds	A
b. Fall from height	B
c. Stab wounds	C
d. Road traffic accidents	D
e. Assault	E

5. What was the most common combination of injury found?

a. Rib fracture and traumatic brain injury	A
b. Chest injury and pelvic/sacral fracture	B
c. Tibia fracture and pelvic fracture	C
d. Splenic rupture and femur fracture	D
e. Traumatic brain injury and C-spine fracture	E

6. Road traffic accidents were significantly associated with which fractures?

a. C-spine fractures	A
b. Metacarpal fractures	B
c. Tibial/fibular fractures	C
d. Pelvic fractures	D
e. Humerus fractures	E

The Bridging Infix: a modified, minimally invasive subcutaneous anterior pelvic fixation technique (Strydom S, Snyckers CH)

7. Which of the following is *not* an indication for using the Bridging Infix?

a. Patients admitted to intensive care unit (ICU)	A
b. Obese patients	B
c. Elderly patients with a pelvic fragility fracture	C
d. Patients with purely ligamentous injuries resulting in pubic symphysis diastasis	D
e. To enhance anterior pelvic ring stability after adequate posterior fixation was done	E

8. Which of the following statements regarding the surgical approach for the Bridging Infix is true?

a. A lateral window is made from the ASIS, extending 4 cm proximally along the crest	A
b. A middle window is made 2 cm inferior to the pubic symphysis	B
c. Subcutaneous tunnels are made staying deep and parallel to the inguinal ligament	C
d. The subcutaneous tunnel should directly link the two lateral windows, remaining inferior to the umbilicus	D
e. Dissection in the middle window should be through the rectus abdominis fascia to allow exposure of the pubic symphysis	E

9. Which statement regarding the Bridging Infix construct is *false*?

a. Two 4 mm plate-rods and a 6 mm straight rod is used	A
b. Once the plate-rod has been fixed to the crest, absolutely no further bending of the construct is allowed	B
c. The tip of the rod is guided from the lateral to the middle window with a Kocher forceps	C
d. One method to reduce the fracture is by using the distraction or compression instruments before securing the second rod-rod connector	D
e. Posterior injuries must be reduced and stabilised before anterior fixation is done	E

10. Which statement is true?

a. The wounds must be irrigated with povidone (iodine) solution prior to closure	A
b. All patients must remain non-weight-bearing for a period of six weeks	B
c. Physiotherapy (in-bed mobilisation) can be started the same day as the surgery	C
d. A drain is routinely placed in the middle window	D
e. After fixation, patients must limit hip abduction for six weeks	E

Orthopaedic surgical antibiotic prophylaxis administration compliance with prescribing guidelines in a private hospital in the North West province, South Africa (Jordaan M, Du Plessis J, Rakumakoe D, Mostert L)

11. Surgical antibiotic prophylaxis (SAP) redosing occurred in:

a. All prolonged procedures	A
b. One of the three prolonged procedures	B
c. Two of the seven prolonged procedures	C
d. None of the prolonged procedures	D
e. None of the above statements are correct	E

12. The study identified orthopaedic SAP practice burdens in the following areas:	
a. Route of administration, choice of SAP and incorrect dosing	A
b. SAP overuse, prolonged duration of use and surgical site infections (SSIs)	B
c. SSIs, administration time and incorrect dosing	C
d. Prolonged duration of use, overuse and incorrect dosing	D
e. Overuse, unattended dose adjustments and route of administration	E
13. Orthopaedic SAP choice was deemed correct if the following were prescribed:	
a. Cefazolin, ceftriaxone or cefuroxime	A
b. Vancomycin, clindamycin or teicoplanin	B
c. Amoxicillin-clavulanic acid or moxifloxacin	C
d. Options A and B	D
e. Options B and C	E
14. SAP guidelines require the following replacement to be used in the presence of penicillin allergy:	
a. Cefazolin	A
b. Clindamycin	B
c. Moxifloxacin	C
d. Teicoplanin	D
e. None of the above	E

Acute haematogenous osteomyelitis in the paediatric population: a current concepts review (Thiart M, Nansook A)

15. *Kingella kingae* accounts for the majority of acute haematogenous osteomyelitis (AHOM) cases in which age group?	
a. Neonates	A
b. Babies under 6 months	B
c. Children between 6 months and 5 years	C
d. Adolescents	D
e. Children between 5 and 10 years of age	E
16. Negative cultures are seen in up to 50% of cases in AHOM. What factors contribute to this?	
a. Moderate bacterial load	A
b. A Gram-negative organism	B
c. Using blood culture bottles	C
d. Older children	D
e. Difficult surgical approach	E
17. The most common clinical feature seen in children with AHOM is?	
a. Localised signs/symptoms	A
b. Fever	B
c. Decreased range of motion	C
d. Pain	D
e. Inability to bear weight	E
18. The empiric antibiotic of choice in infants from birth to under 3 months with a community-acquired infection is:	
a. Cloxacillin and first-generation cephalosporin	A
b. Vancomycin and linezolid	B
c. Linezolid and rifampicin	C
d. Co-amoxiclav and rifampicin	D
e. Cloxacillin and third-generation cephalosporin	E

Cutaneous adenoid cystic carcinoma: clinical conundrum of a lower limb mass (Philip S, Kgagudi MP)

19. Adenoid cystic carcinoma (ACC) accounts for what percentage of all salivary gland tumours?	
a. 50%	A
b. 22%	B
c. 10%	C
d. 0.7%	D
e. 33%	E
20. What is the suggested management of primary ACC?	
a. Intralesional curettage and cryoablation	A
b. Chemotherapy	B
c. Neoadjuvant therapy and excision	C
d. Wide local excision and radiotherapy	D
e. Immunotherapy	E

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