

HKMJ October 2014 CME/CPD for Fellows and non-Fellows

The *Hong Kong Medical Journal* has introduced CME/CPD for Fellows of the Hong Kong Academy of Medicine (HKAM), and registrants of the MCHK CME Programme under the HKAM or the Hong Kong Medical Association can also participate. It is based on published articles in the Journal, and the Editorial Board aims at selecting topics of more general interest to a wide range of specialties. For HKAM Fellows, decision of whether any of the selected article(s) is/are appropriate for CME/CPD exercise rests with the CME/CPD committee of their representative Colleges. Answer sheets sent by Fellows of College(s) that do not assign CME/CPD points will not be processed.

The amount of CME/CPD points awarded (for specialist CME/CPD) to each of the articles by the specific Colleges is indicated at the bottom of this page. Fellows of the specific Colleges can either participate by returning the answer sheet to the quizzes by mail/fax to the Academy or doing the quizzes online at iCMECPD (<http://www.icmecpd.hk>). If Fellows choose to do a quiz online, their answer sheet for the same quiz sent to the Academy by mail/fax will not be processed.

For the MCHK CME Programme, one CME point has been accredited per article by the Academy. Registrants of the MCHK CME Programme must mail or fax the completed answer sheet to their respective Administrator. **Registrants of the Academy must return the answer sheet to the Academy, similarly registrants of the Medical Association must return it to the Association.** The Academy and the Association, who are both appointed as Administrators for the MCHK Programme, will not be responsible for re-directing answer sheets sent to the wrong Administrator by mistake to each other.

Instructions:

1. Fill in the personal particulars in the answer sheet.
2. Shade the correct answer square for each question.
3. Mail or fax the Answer Sheet to the Academy or the Medical Association by **30 November 2014**.

Category	Answer sheet to be mailed/faxed to:
Academy Fellows; <i>OR</i> Registrants for the MCHK CME Programme under the Academy	Ref: CMECPD Hong Kong Academy of Medicine, 10/F, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong; fax: (852) 2505 5577
Registrants for the MCHK/HKMA CME Programme under the Medical Association	The Hong Kong Medical Association Duke of Windsor Social Service Bldg., 5/F, 15 Hennessy Road, Hong Kong; fax: (852) 2865 0943

College CME/CPD Points (as of 18 September 2014) :

College	CME points I	Passing Mark I	CME points II	Passing Mark II
Hong Kong College of Anaesthesiologists	Nil	Nil	Nil	Nil
Hong Kong College of Community Medicine ¹	CME/CPD points already accredited for reading articles in the <i>Hong Kong Medical Journal</i> under "Self study". No additional CME/CPD points to be granted for the two specified articles.			
College of Dental Surgeons of Hong Kong	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Emergency Medicine	1 (Self Study)	50%	1 (Self Study)	50%
Hong Kong College of Family Physicians	1 (Cat.5.1)	50%	1 (Cat.5.1)	50%
Hong Kong College of Obstetrics and Gynaecologists	1 (Non-OG)	0%	1 (Non-OG)	0%
College of Ophthalmologists of Hong Kong	0.5 (Self Study)	50%	0.5 (Self Study)	50%
Hong Kong College of Orthopaedic Surgeons	Nil	Nil	Nil	Nil
Hong Kong College of Otorhinolaryngologists	1 (Cat.1.2)	80%	1 (Cat.1.2)	80%
Hong Kong College of Paediatricians	1 (Cat.D)	50%	1 (Cat.D)	50%
Hong Kong College of Pathologists	1 (Self Study)	60%	1 (Self Study)	60%
Hong Kong College of Physicians	1 (Active)	0%	0.5 (Active)	0%
Hong Kong College of Psychiatrists	1 (Self Study)	100%	1 (Self Study)	100%
Hong Kong College of Radiologists	Nil	Nil	1 (Cat A)	50%
College of Surgeons of Hong Kong	1 (Self Study)	0%	1 (Self Study)	0%

¹ The *Hong Kong Medical Journal* is already included in the list of the College's approved journals for self-study. One hour of self-study is awarded 1 point

CME Points for MCHK CME Programme: 1 CME point per article

Answer Sheet – Hong Kong Medical Journal October 2014 Issue

Name: _____

<p>Hong Kong Academy of Medicine</p> <p><i>For Academy Fellows:</i></p> <p>College: _____ Fellowship No: _____</p> <p><i>For MCHK CME Registrants:</i></p> <p>MCHK Reg. No. _____</p>	<p>Hong Kong Medical Association</p> <p>HKMA Membership or CME No.: _____</p> <p>HKID No: ____ - ____ - ____ - ____ X X (X)</p> <p>Contact Telephone No.: _____</p> <p>Signature: _____</p>
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I. Use of cephalosporins in patients with immediate penicillin hypersensitivity: cross-reactivity revisited	<i>True</i>	<i>False</i>
<p>A. Which of the following statement(s) regarding beta-lactam hypersensitivity is/are true?</p> <p>1. Cross-reactivity between penicillins and cephalosporins before 1980s may be partly explained by contamination of first-generation cephalosporins by trace amounts of penicillin. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>2. Epitopes (antibody-binding sites) on penicillin molecules may involve the beta-lactam nucleus, the thiazolidine ring, the side-chain, or even new antigenic determinants. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>3. R1 side-chain plays an important role in the cross-reactivity between penicillins and cephalosporins. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>4. Background hypersensitivity occurs in up to 20% of patients receiving penicillins or cephalosporins. <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>5. Among patients with penicillin allergic history, more than 80% do not exhibit positive hypersensitivity reaction to skin test or challenge test. <input checked="" type="checkbox"/> <input type="checkbox"/></p>		
<p>B. Which of the following statement(s) concerning cross-reactivity between penicillins and cephalosporins is/are true?</p> <p>1. Early studies showed that high cross-reactivity was based on results of skin tests or in-vitro tests using first-generation cephalosporins. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>2. In the meta-analysis by Pichichero and Casey on patients with a history of penicillin allergy, the risk of developing cross-reactivity with first-generation cephalosporins was around 10 times that of third-generation cephalosporins. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>3. Patients with cross-reactivity between penicillins and cephalosporins can be safely given non-beta-lactam antibiotics. <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>4. In this review, the estimated cross-reactivity between penicillins and cephalosporins was around 4%. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>5. According to this review, clinicians should avoid all cephalosporins in patients with penicillin hypersensitivity. <input type="checkbox"/> <input checked="" type="checkbox"/></p>		
II. Paediatric vesicoureteric reflux imaging: where are we? Novel ultrasound-based voiding urosonography	<i>True</i>	<i>False</i>
<p>A. Which of the following statement(s) about imaging on paediatric vesicoureteric reflux is/are true?</p> <p>1. The current trend of reflux imaging is to perform micturating cystourethrography/voiding cystourethrography (MCU/VCUG) or radionuclide cystography (RNC) among children presenting with urinary tract infection with high risk of vesicoureteric reflux. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>2. There are three grades in the most commonly used radiographic grading system for vesicoureteric reflux on MCU/VCUG devised by the International Reflux Study Committee. <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>3. The major drawback of MCU/VCUG is radiation exposure to patients. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>4. RNC is commonly employed as a diagnostic examination to assess vesicoureteric reflux and look for posterior urethral valve in boys presenting with urinary tract infection. <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>5. Both contrast-enhanced voiding urosonography (ceVUS) and MCU/VCUG require urinary bladder catheterization and intravesical administration of contrast agent. <input checked="" type="checkbox"/> <input type="checkbox"/></p>		
<p>B. Which of the following statement(s) about the new reflux imaging technique, ceVUS, is/are true?</p> <p>1. The diagnosis by ceVUS is based on the presence of echogenic particles in the ureter or renal pelvicalyceal system, which appear bright on ultrasound examination. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>2. The contrast agent used for ceVUS nowadays is stabilised ultrasound contrast agent, which offers the advantages of improved stability and visualisation for sonographic examination. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>3. Recent comparative studies on ceVUS and MCU/VCUG showed that ceVUS had a higher detection rate of vesicoureteric reflux than MCU. <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>4. The most common complication of ceVUS is allergic reaction to the ultrasound contrast. <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>5. ceVUS allows accurate assessment of vesicoureteric reflux, grading of reflux in a similar fashion to MCU/VCUG, and direct visualisation of the posterior urethra in boys. <input checked="" type="checkbox"/> <input type="checkbox"/></p>		