HKMJ August 2021 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 or the Medical Association by 30 September 2021.

**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 September 2021.

**College CME/CPD Points (as of 19 August 2021):**

<table>
<thead>
<tr>
<th>Category</th>
<th>Academy Fellows; OR Registrants for the MCHK CME Programme under the Academy</th>
<th>Ref: CMECPD</th>
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<tr>
<td></td>
<td>Academy Fellows; OR Registrants for the MCHK CME Programme under the Academy</td>
<td>Hong Kong Academy of Medicine, 10/F, 99 Wong Chuk Hang Road, Aberdeen, Hong Kong; fax: (852) 2505 5577</td>
</tr>
<tr>
<td></td>
<td>Registrants for the MCHK/HKMA CME Programme under the Medical Association</td>
<td>The Hong Kong Medical Association Duke of Windsor Social Service Bldg., 5/F, 15 Hennessy Road, Hong Kong; fax: (852) 2865 0943</td>
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<tr>
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**CME Points for MCHK CME Programme:** 1 CME point per article
Name:  

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<th>Hong Kong Academy of Medicine</th>
<th>Hong Kong Medical Association</th>
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<td>For Academy Fellows:</td>
<td>HKMA Membership or CME No.:</td>
</tr>
<tr>
<td>College: ______   Fellowship No: ___________</td>
<td>HKID No: ___ - ___ ___ ___ X X (X)</td>
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<tr>
<td>For MCHK CME Registrants:</td>
<td>Contact Telephone No.: _______</td>
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<tr>
<td>MCHK Reg. No._________________</td>
<td>Signature: ___________________</td>
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I. Utility of cardiac magnetic resonance imaging in troponin-positive chest pain with non-obstructive coronary arteries: literature review

A. Are the following statements regarding patients with myocardial infarction with non-obstructive coronary arteries (MINOCA) true or false?

1. MINOCA accounts for <1% of patients presenting with acute coronary syndrome.  
   True  
   False

2. MINOCA is defined as evidence of acute myocardial infarction but without obstructive coronary artery disease on angiography (stenosis <50% diameter in a major epicardial vessel).  
   True  
   False

3. The commonest underlying causes of troponin-positive chest pain with non-obstructive coronaries on cardiac magnetic resonance are acute myocardial infarction, acute myocarditis, and takotsubo cardiomyopathy.  
   True  
   False

4. Statins, calcium channel blockers, and dual antiplatelet therapy should be initiated in patients with MINOCA.  
   True  
   False

5. Takotsubo cardiomyopathy can only be diagnosed on cardiac magnetic resonance.  
   True  
   False

B. Are the following statements concerning cardiac magnetic resonance (CMR) in MINOCA true or false?

1. Late gadolinium enhancement (LGE) and myocardial stress perfusion are essential in the CMR imaging protocol of MINOCA.  
   True  
   False

2. Novel parametric mapping techniques including T1/T2 mapping or extracellular volume measurement should be performed if available.  
   True  
   False

3. CMR allows for intravascular imaging for coronary plaque assessment.  
   True  
   False

4. Presence of LGE in patients with myocarditis is significantly associated with major cardiovascular events.  
   True  
   False

5. If myocardial infarct is seen on CMR, coronary angiographic images should be reviewed for subtle missed obstructive lesions or coronary artery dissection, and to rule out vasospasm or distal embolisation.  
   True  
   False

II. Initial intravenous fluid prescription in general paediatric in-patients aged >28 days and <18 years: consensus statements

A. The following contribute to development of hyponatraemia in hospitalised children: true or false?

1. Increased antidiuretic hormone secretion in response to non-osmotic stimuli.  
   True  
   False

2. Using maintenance intravenous fluid containing 0.45% sodium chloride (NaCl) and 2.5% glucose, which has similar osmolarity as plasma.  
   True  
   False

3. Replacing fluid deficit with 0.9% NaCl solution.  
   True  
   False

4. Replacing fluid deficit through increasing rate of hypotonic solution used as maintenance.  
   True  
   False

5. Reducing maintenance intravenous fluid for an infant with acute bronchiolitis to 60%-80% (as calculated from the Holliday–Segar formula).  
   True  
   False

B. The following are recommended practice of intravenous fluid prescriptions for hospitalised children: true or false?

1. 0.9% NaCl + 5% dextrose, containing glucose and being isotonic, is a suitable choice as maintenance fluid.  
   True  
   False

2. 0.9% NaCl + 5% dextrose is a suitable isotonic fluid to replace fluid deficit.  
   True  
   False

3. The Holliday–Segar formula is applicable to obese children.  
   True  
   False

4. Consider fluid restriction in perioperative state.  
   True  
   False

5. Plasma-Lyte 148 + 5% glucose is a suitable choice as maintenance fluid.  
   True  
   False