

CPD Challenge

Questions

Q1 Please indicate what is TRUE or FALSE for Kidney transplant recipients of intravenous fluid replacements:

- Kidney transplant recipients normally receive regular perioperative intravenous fluids to maintain volume and optimize graft function.
- Use of Saline (0.9% sodium chloride) is commonly associated with hyperchloremia, metabolic acidosis, renal vasoconstriction, decreased glomerular filtration rate, and renal damage.
- Use of Saline (0.9% sodium chloride) might increase the risk of delayed graft function (DGF).
- A balanced low-chloride crystalloid solution reduces the incidence of DGF.
- A balanced crystalloid solution should be the standard-of-care intravenous fluid used in cadaveric donor kidney transplantation.

Q2 Which of the following are TRUE or FALSE regarding options for Treatment of HIV Infection?

- Second-line antiretroviral therapy that includes a ritonavir-boosted protease inhibitor (PI) presents challenges, including pill burden, drug toxicities, cost, and drug interactions.
- Switching to dolutegravir in those who attain viral suppression gives better overall treatment outcomes, with less adverse outcome.
- There is no difference in the overall treatment outcome from using either dolutegravir or a ritonavir-boosted PI.
- In terms of second-line antiretroviral therapy for HIV infection in viral suppressed patients, a ritonavir-boosted protease inhibitor (PI) is superior to dolutegravir.
- Dolutegravir treatment is non-inferior to a ritonavir-boosted PI-based regimen in viral-suppressed patients on second-line treatment.

Q3 Please indicate what is TRUE or FALSE concerning the use of Hydrocortisone in Severe Community-Acquired Pneumonia

- The use of corticosteroids in severe community acquired Pneumonia is common practice and its use remains uncontroversial.
- Use of Hydrocortisone in patients with severe community acquired pneumonia could have mortality benefits.
- The benefits of glucocorticoids on mortality

among patients with severe community-acquired pneumonia is not clear

- Patients with severe community acquired pneumonia who are put on hydrocortisone could develop complications requiring endotracheal intubation.
- All FALSE

Q4 Which of the following statements are TRUE or FALSE in Clinical Practice?

- The bacille Calmette–Guérin (BCG) vaccine has immunomodulatory effects and is confirmed to lower the risk of Covid-19 infection.
- A daily dose of aspirin for 90 days or more reduces the risk of hepatocellular carcinoma in non-alcoholic fatty liver disease (NAFLD) patients.
- Spironolactone is an effective alternative to oral antibiotics for treatment of acne vulgaris in women.
- African children with HIV/AIDS infection are known to exhibit cardiac complications, including left ventricular hypertrophy (LVH) which may adversely affect their health.
- Interrupting Endocrine Therapy to Attempt Pregnancy in patients with early stage Breast Cancer is a common clinical practice that does not increase the short-term risk of breast cancer events.

Q5 Please indicate TRUE or FALSE statements on procedures commonly used in surgical practice:

- In patients with chronic subdural hematoma, the treatment of choice should be a surgical intervention involving burr-hole drainage which is superior to resorting to a tapering course of dexamethasone.
- In the management of acute subdural hematoma (SDH), surgical evacuation with craniotomy (bone flap is replaced) is superior to craniectomy (bone flap is not replaced).
- Patients with acute subdural hematoma who are managed with craniectomy (bone flap is not replaced) have better outcome measures.
- Patients with acute subdural hematoma who are managed with craniotomy (bone flap is replaced) have better outcome measures.
- No significant difference in outcome has yet been found in the use of either craniotomy or craniectomy for the management of acute subdural hematoma.

Answers

1. a). T; b). T; c). T; d). T; e). T.
2. a). T; b). F; c). T; d). F; e). T.
3. a). F; b). T; c). F; d). F; e). F.
4. a). F; b). T; c). T; d). T; e). T.
5. a). T; b). F; c). F; d). F; e). T.

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