CPD Challenge

Questions

Q1 Which of the following are TRUE or FALSE concerning Mortality and Morbidity in Adults with Rheumatic Heart Disease?

a. The causes of mortality in patients with Rheumatic Heart Disease (RHD) may include any of the following: heart failure (HF) hospitalization, stroke, recurrent rheumatic fever, and infective endocarditis (T).
b. The majority of the causes of mortality in patients with RHD are linked to vascular causes i.e. mainly heart failure or sudden cardiac death. (T)
c. Severe valvular disease indicators in RHD include congestive heart failure, pulmonary hypertension, and atrial fibrillation. (T).
d. Surgery or valvuloplasty will NOT lower the overall Rheumatic Heart Disease mortality. (F) .
e. Mortality correlates with valve disease severity and improving access to surgical intervention is recommended. (T)

Q2 Which of the following are TRUE or FALSE concerning the use of Metformin?

a. Metformin is known to be protective of cardiometabolic disorders in patients with diabetes mellitus. (T).
b. Metformin is associated with a lower risk of all-cause and cardiometabolic death in cancer survivors. (T)
c. Metformin is associated with a lower risk of total cardiovascular disease, stroke, hypertension, and coronary heart disease. (T)
d. Metformin is generally associated with a lower risk of cardiometabolic diseases, and cardiometabolic deaths in all conditions where they are used. (T)
e. All TRUE

Q3 Please indicate TRUE or FALSE options regarding lateral episiotomy or no episiotomy in vacuum-assisted delivery in nulliparous women.

a. Pre-emptive lateral episiotomy in Vacuum-assisted vaginal deliveries are associated with fewer anal sphincter injury compared to no episiotomy. (T)
b. Patients undergoing episiotomy have more wound infections and dehiscence compared to those with no episiotomy. (T)
c. Lateral episiotomy is recommended for nulliparous women requiring vacuum extraction to reduce the risk of anal sphincter injury. (T)
d. Vacuum-assisted vaginal deliveries are associated with significant maternal complications including injury to the anal sphincter regardless of use of a pre-emptive lateral episiotomy or no episiotomy. (T)
e. All TRUE

Q4 Which of the following interventions are TRUE or FALSE in cases of brain injury interventions?

a. Chronic subdural hematoma is commonly surgically managed with burr-hole drainage and insertion of subdural drain. (T)
b. Irrigation of subdural space is recommended as standard practice following burr-hole drainage to improve functional outcome. (T)
c. For patients with spontaneous intracerebral hemorrhage surgical evacuation is NOT recommended as a lifesaving measure. (F)
d. Early minimally invasive surgical removal of hematoma and best medical management is recommended for intracerebral hemorrhage compared with medical management alone. (T)
e. Surgical intervention does not prevent death by 30 days following intracerebral hemorrhage. (F)

Q5 Which of the following are TRUE or FALSE in routine obstetric care?

a. Azithromycin prophylaxis improves maternal and neonatal outcomes in pregnant women. (T)
b. Antenatal azithromycin does not show any effect on neonatal or maternal outcomes. (F)
c. Although Kangaroo mother care (KMC) is recommended by the WHO, its effect on neonatal mortality and cost-effectiveness remains unclear. (T)
d. Kangaroo care has been found to have no effect on early neonatal mortality. (T)
e. All TRUE (F)

Answers

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