CPD Challenge

Questions

Q1 Clinical manifestations and treatment of urolithiasis in Sub-Saharan Africa:

a. Most urolithiasis cases in Sub-Saharan Africa occur in the kidney, followed by bladder and ureteral stones, with urethral stones being rare.
b. Common symptoms include flank or lower back pain, and nausea or vomiting.
c. The prevalence of urolithiasis is rising across the region, showing wide variation but higher rates in males.
d. Percutaneous nephrolithotomy (PCNL) and semi-rigid ureteroscopy (SR-URS) are effective surgical options even in low-resource settings.
e. Endoscopic surgery plays an important role in managing upper urinary tract stones.

Q2 Maternal and neonatal outcomes in adolescent versus adult mothers:

a. Adolescent mothers are about three times more likely than adults to experience eclampsia, while preeclampsia is more frequent among adults.
b. Adolescents in suburban or rural areas face higher risks of adverse perinatal outcomes compared to adult mothers.
c. Beyond biological factors, adolescent pregnancy increases maternal and neonatal risks due to social and health system challenges.
d. Strengthening antenatal care, education, and social support for adolescents is vital to improve outcomes.
e. Adolescent pregnancy remains a key public health concern linked to poor maternal and newborn outcomes in Sub-Saharan Africa.

Q3 Non-communicable diseases (NCDs) in South Asia, Africa, and the Caribbean

a. Geography, lifestyle, socio-economic conditions, and healthcare quality all shape the prevalence and management of NCDs.
b. In the Caribbean, major risk factors include inactivity, poor diet, sedentary living, and smoking.
c. In South Asia, poverty, low awareness, rapid urbanization, and weak regulatory enforcement contribute to rising NCDs.
d. In Africa, malnutrition, alcohol misuse, low healthcare access, and underfunded systems drive the dual burden of infectious and chronic diseases.
e. Effective control requires integrated, regionally adapted strategies addressing systemic gaps in all three regions.

Q4 Bladder cancer in Sub-Saharan Africa

a. Squamous cell carcinoma (SCC) predominates in areas where schistosomiasis is endemic, unlike in developed countries where transitional cell carcinoma (TCC) is more common.
b. Though TCC occurs in Africa, it is less frequent than SCC in schistosomiasis-endemic regions.
c. Chronic Schistosoma haematobium infection causes SCC, which often presents late with hematuria and necroturia.
d. SCC responds poorly to chemo- and radiotherapy, making surgical resection (e.g., radical cystectomy) the preferred treatment.
e. EAU and AUA guidelines are based mainly on TCC and do not fully address Africa's schistosomiasis-related SCC or resource constraints

Q5 Adolescents living with perinatally-acquired HIV (ALHIV) in Africa

a. ALHIV are at risk of unintended pregnancies that affect their health, education, and increase the risk of mother-to-child HIV transmission.
b. Knowing one's HIV status does not always lead to safer behaviour; stigma and lack of SRH services contribute to unplanned pregnancies.
c. Integrating SRH into HIV care supports ALHIV, reduces unintended pregnancies, and improves overall wellbeing.
d. Newborns of ALHIV should receive PMTCT interventions and ART; early infant diagnosis at six weeks remains essential.
e. Unintended pregnancies among ALHIV often result in emotional, financial, and educational challenges, including barriers to safe abortion.

Answers

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