The Journal of Laryngology and Otology
December 1997, Vol. **111,** pp. 1202–1205

CME Multiple Choice Questions

These questions, which have been prepared by Mr Liam Flood, are derived from papers published in the *Journal of Laryngology & Otology* between November 1996 and August 1997. The particular article referrred to is cited before each group of questions. The answers are true or false. Please place your answer on the form or copy of the form provided as an insert and if you wish to claim 10 CME points, send them to Mrs Gillian Goldfarb, Production Editor, JLO Editorial Office, 2 West Road, Guildford GU1 2AU. Please send an A5 stamped addressed envelope in which a certificate confirming the CME points can be returned to you.

A. State whether the following comments about Kawasaki disease are true or false:

See *JLO* January 1997. Peritonsillar abscess – an unusual presentation of Kawasaki disease. K. V. Ravi and J. R. Brooks, page 73.

1. Raised antistreptolysin O titres are essential for diagnosis. T/F
2. A fall in platelet count occurs within three weeks of onset. T/F
3. Aspirin therapy is to be avoided in such a disease of childhood. T/F
4. There is a risk of coronary artery disease which is reduced by gamma globulin therapy. T/F
5. Kawasaki disease is an acute febrile mucocutaneous syndrome with lymphoid involvement and peripheral desquamation. T/F

B. Superficial siderosis is a recognized cause of hearing loss. State whether the following statements are true or false:

See *JLO* January 1997. Superficial siderosis of the CNS. M. L. Castelli and A. Husband, page 60.

See *JLO* December 1996. Cochlear implantation in superficial siderosis. R. M. Irving and J. M. Graham, page 1151.

1. Deafness is secondary to haemosiderin deposition in the glial sheath of the eighth nerve, sparing the distal portion. T/F
2. It produces a characteristic signal on CT scanning. T/F
3. The site of lesion makes it an ideal pathology for cochlear implantation. T/F
4. Sensorineural deafness commonly presents prior to general neurologic disease. T/F
5. Anosmia may develop. T/F

C. Kimura's disease is an uncommon disease with primarily ENT manifestations. State whether the following are true or false:

See *JLO* April 1997. CT and US Features of Kimura's Disease. D. Goldenberg *et al.*, page 389.

See *JLO* November 1996. Kimura's Disease. N. Pamaraju *et al.*, page 1084.

1. The disease is commonest in male orientals. T/F
2. It causes acute painful swelling of the major salivary glands. T/F
3. There may be associated peripheral eosinophilia, elevated serum IgE and renal disease. T/F
4. It is best treated conservatively with immunosuppressives. T/F
5. CT scanning may demonstrate cystic necrosis of involved lymph nodes. T/F

D. Lyme disease is increasingly recognized as a significant cause of facial paralysis with systemic illness. State whether the following are true or false:

See *JLO* June 1997. Reversible sensorineural loss in Lyme Disease. S. J. Quinn *et al.*, page 562.

1. Lyme described the disease in 1877 as causing sensorineural deafness. T/F
2. The responsible agent is a sphirochaete, Borrelia Burgdorferi carried by Ixodes ticks, found in woodland areas. T/F
3. The later stage of the disease, in the UK, differs from that seen in the US, with more neurologic manifestations. T/F
4. Steroid therapy is preferable to antibiotics. T/F
5. The Enzyme linked immunosorbent assay (ELISA) test is the most specific serologic confirmation of disease. T/F

E. The orbital hazards of endoscopic sinus surgery are well recognized. State whether the following are true or false:

See *JLO* June 1997. Visual evoked potentials in endoscopic and anterior skull base surgery. N. Jones, page 513.

See *JLO* April 1997. Extended applications of endoscopic sinus surgery. V. Lund, page 313.

1. Endoscopic orbital decompression for thyroid eye disease is inevitably accompanied by post-operative diplopia. T/F
2. The endoscopic approach to dacrocystorhinostomy makes stenting unavoidable. T/F
3. Intra-orbital sepsis, especially intraperiosteal and intraconal abscesses are better treated endoscopically than by external drainage. T/F
4. Visual evoked potentials (VEPs) are too variable to provide reliable peroperative monitoring for damage to the visual pathway during endoscopic surgery. T/F
5. Retro orbital haemorrhage during endoscopic surgery can still be salvaged by lateral canthotomy up to 60 minutes from onset. T/F

F. Osteomas of the frontoethmoid region are a common finding but rarely symptomatic. Mark the following true or false:

See *JLO* April 1997. Fronto-ethmoid osteoma: the place of surgery. S. Hehar and N. Jones, page 372.

1. Such osteomas are more likely to be composed of cancellous rather than compact bone. T/F
2. Osteomas are easily distinguished from periosteal osteosarcoma radiologically. T/F
3. Osteomas are associated with tuberous sclerosis. T/F
4. Osteomas cause atypical facial pain even in the absence of sinus disease. T/F
5. Those found as a chance finding on radiology average 30 mm in diameter. T/F

G. HIV infection has many ENT manifestations. Are the following statements true or false:

See *JLO* March. Human immunodeficiency virus in otolaryngology. R. Youngs, page 209.

1. Oral ulceration and candidiasis may be presenting features of Stage 1 primary HIV infection. T/F
2. Malignancies defining AIDS include Hodgkin's lymphoma. T/F
3. Oral hairy leukoplakia is a premalignant condition. T/F
4. Most deafness associated with HIV infection is sensori neural. T/F
5. IgE mediated allergy accounts for the rhinitis symptoms associated with HIV infection. T/F

H. Cochlear otosclerosis may progress until cochlear implantation becomes necessary. Are the following comments true or false:

See *JLO* March 1977. Cochlear implantation in otosclerosis. R. Ramsden *et al.*, page 262.

1. The characteristic temporal bone changes are an osteolytic phase, formation of acidophilic bone and finally mature basophilic bone. T/F
2. CT scanning demonstrates the characteristic increased bone density of otosclerosis. T/F
3. Cochlear implantation carries a greater risk of facial nerve stimulation in otosclerosis. T/F
4. The Bench-Kowal-Bamford test must give a score greater than 90 per cent to consider cochlear implantation in otosclerotics. T/F
5. Resistance to electrode insertion is likely due to cochlear obliteration by otosclerosis. T/F

I. Angiomas may arise in the neck and major salivary glands. Mark the following true or false:

See *JLO* June 1997. Capillary haemangioma of the parotid in an adult. R. Hughes and J. Oates, page 588.

See *JLO* June 1997. Cavernous lymphangioma in the adult parotid. M. Morgan *et al.*, page 590.

1. Capillary haemangioma is the commonest tumour of the parotid in children. T/F
2. In contrast, cavernous lymphangioma of the parotid is far commoner in the adult than the child. T/F
3. Parotid haemangioma of infancy requires early surgery as spontaneous resolution is unlikely. T/F
4. Cavernous lymphangioma contains fluid rich in cholesterol and white blood cells which does not coagulate. T/F
5. Gadolinium enhanced T_2 weighted MRI images are the imaging of choice to demonstrate both haemangiomas and lymphangiomas. T/F

J. Actinomycosis has a predilection for the head and neck. Are the following statements true or false?

See *JLO* February 1997. Actinomycosis presenting as a nasopharyngeal tumour. A. Scott and J. Stansbie, page 163.

https://doi.org/10.1017/S0022215100139738 Published online by Cambridge University Press

See *JLO* February 1997. Actinomycosis of the thyroid gland masquerading as a neoplasm. J. Yiotakis *et al.*, page 172.

1. Actinomycosis can be distinguished from neoplasm as it does not raise the ESR. T/F
2. Actinomycosis is due to a non-sporing Gram positive bacterium. T/F
3. There is, characteristically, a reactive local lymphadenopathy. T/F
4. A positive cultive is required to distinguish it from infection by Nocardia sp. which also produce sulphur granules. T/F
5. Penicillin resistance has forced its rejection as therapy of choice. T/F

K. Thyroplasty has increasingly replaced injection therapy in medialization of the paralysed vocal cord. Mark the following as true or false:

See *JLO* February 1997. Laryngeal framework surgery (thyroplasty). M. Harries, page 103.

1. Hydrocylapatite is unsuitable as implant material, as being bioactive, it is absorbed. T/F
2. Thyroplasty type 1 is irreversible if silastic is used. T/F
3. Isshiki described thyroplasty type I as early as 1915. T/F
4. The lateralized, paralysed, cord lies higher than its fellow and arytenoid rotation may be required for compensation. T/F
5. Duration of paralysis does not influence results in type I thyroplasty. T/F

L. Although rare, olfactory neuroblastoma, has an established reputation as a tumour of the nasal vault and anterior skull base. Are the following statements true or false?

See *JLO* November 1996. Olfactory neural tumours, the role of external beam radiotherapy. N. Slevin *et al.*, page 1012.

See *JLO* December 1996. Somatostatin imaging of olfactory neuroblastoma. H. Ramsay, page 1161.

1. Neuroendocrine carcinoma should be distinguished histopathologically from classical neuroblastoma as it may carry a better prognosis. T/F
2. In management of olfactory neuroblastoma, elective neck irradiation is not recommended. T/F
3. Somatostatin scintigraphy employs a radiolabelled antibody for imaging. T/F
4. Limiting radiotherapy fractions to 180–200 cGy eliminates risk to the eye. T/F
5. Olfactory neuroblastoma most commonly presents in the second decade of life. T/F

M. Chiari malformations involve variable degree of protrusion of the brainstem through the foramen magnum. Mark the following as true or false:

See *JLO* November 1996. Audiovestibular manifestations of Chiari malformation and outcome of surgical decompression. A. Ahmmed *et al.*, page 1060.

1. Audiovestibular symptoms are a common presenting feature. T/F
2. A normal ABR excludes Chiari malformation. T/F
3. An abnormal ABR tends to improve with age. T/F
4. MRI, lacking a bone signal, cannot diagnose the degree of herniation. T/F
5. The most characteristic nystagmus is of a vertical, down beating variety on lateral gaze. T/F

N. Cricothyrotomy has long been valued as an emergency measure but the hazards are recognized. Are the following statements true or false?

See *JLO* November 1996. High tracheostomy and other errors – revisited. J. Bennett, page 1003.

1. A tube used for cricothyrotomy should have an external diameter 1 mm smaller than that used for orotracheal intubation. T/F
2. The cricothyroid artery lies closer to the cricoid than thyroid cartilage and so incision should be high. T/F
3. A 14 gauge cannula allows relief of airway obstruction with spontaneous respiration in air. T/F
4. Advanced trauma life support guidelines insist on nasotracheal rather than orotracheal intubation when cervical spine injury is suspected. T/F
5. The traditional surgical cricothyrotomy is, for medically qualified staff, safer and quicker to perform than percutaneous intubation. T/F

O. The Bone anchored hearing aid (BAHA) has an established place in auditory rehabilitation. Mark the following true or false:

See *JLO* (Suppl) December 1996. The Birmingham Bone anchored hearing-aid programme. D. Proops *et al.*

1. Surgery necessitates a two-stage technique at three months interval. T/F
2. Skull bone thickness as little as 2 mm can be implanted. T/F

3. Speech discrimination score greater than 60 per cent is a criteria for selection. T/F
4. Patients with congenital hearing losses report greater satisfaction than those with CSOM. T/F
5. To establish a BAHA programme, commercially, a unit must implant a minimum of 12 patients annually. T/F

P. Laryngeal tuberculosis is said to show a changed clinical pattern of late. Mark the following statements true or false:

See *JLO* July 1977. Laryngeal tuberculosis at the end of the 20th century. D. Kandrilos *et al.*, page 619.

1. Tuberculosis is the world's leading cause of death from a single infective agent. T/F
2. Laryngeal Tb is affecting a progressively younger population in developed countries. T/F
3. Laryngeal Tb is increasingly associated with ulceration and perichondritis rather than presenting as a tumour like mass. T/F
4. A negative Mantoux text does not rule out tuberculosis. T/F
5. There is an increasing tendency to primary laryngeal tuberculosis. T/F

Q. The role of cytotoxic chemotherapy in management of head and neck cancer remains controversial. Are the following true or false?

See *JLO* July 1997. Neoplastic chemotherapy and head and neck cancer. A. Jones, page 607.

1. The nausea and vomiting associated with cisplation therapy can be reduced by histamine H3 antagonists. T/F
2. Complete response can now be expected in 30 to 40 per cent of patients receiving combinations of Cisplatin and 5 FU. T/F
3. 5FU, cisplatin and carboplatin are radiosensitizers. T/F
4. Neoadjuvant chemotherapy is best given during irradiation. T/F
5. Chemotherapy with radiation has been demonstrated to improve local control and survival especially in the oral cavity and oropharynx. T/F

R. The late presentation of nasopharyngeal carcinoma is a major challenge to our specialty world-wide. Are the following statements true or false?

See *JLO* August 1997. Nasopharyngeal carcinoma: clinical trends. R. Indudharan *et al.*, page 724.

1. The site of primary tumour has no influence on patterns of cervical node metastasis. T/F
2. Involvement of cranial nerve V and VI is associated with a reduced risk of cervical node involvement. T/F
3. Younger patients show greater tendency to distant metastasis. T/F
4. Ethnic Malays and Chinese show no difference in incidence of nasopharyngeal cancer. T/F
5. Involvement of the accessory nerve is rarer than of the hypoglossal nerve. T/F

S. The advent of MR imaging allows earlier diagnosis of primary tumours of the inner ear. Are the following statements true or false?

See *JLO* August 1997. Primary tumours of the inner ear and vestibule. L. J. O'Keeffe *et al.*, page 709.

1. Primary schwannomas of the labyrinth most commonly arise from the cochlear division of the eighth nerve. T/F
2. MRI characteristically demonstrates a weak signal on T2 imaging compared with that of CSF/perilymph. T/F
3. This appearance can be also seen in soft tissue obliteration due to Cogan's syndrome. T/F
4. An intra vestibular schwannoma can present as a middle ear mass. T/F
5. The commonest neoplasm of the vestibule is, in fact, a true neuroma. T/F

T. A published study compared the morbidity following bipolar and monopolar microdissection tonsillectomy. Comment on the following statements as to design of the trial:

See *JLO* August 1997. Diathermy tonsillectomy. A. Akkielah *et al.*, page 735.

1. This is a randomized controlled clinical trial. T/F
2. Observer bias has not been eliminated. T/F
3. Power analysis determined the study size. T/F
4. For each of five days post-operatively, patients experienced more pain with monopolar than bipolar diathermy ($p<0.001$). T/F
5. Slough formation was significantly less with monopolar diathermy. T/F

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