

## 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 September 1997 and August 1998. The particular article referred 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.** Ortner's syndrome links vocal cord paralysis with cardiovascular disease. Mark the following true or false.

See *JLO* September 1997. Ortner's syndrome. A. S. Thirlwall, page 869 and *JLO* April 1998. Ortner's syndrome revisited A. Sengupta *et al.*, page 377.

1. Ortner's syndrome is a recognized cause of right recurrent laryngeal nerve palsy. T/F
2. The recurrent nerve is compressed between the pulmonary artery and aorta or aortic ligament. T/F
3. A normal left atrium excludes a diagnosis of Ortner's syndrome. T/F
4. An anaesthetic supraglottic hemi larynx results. T/F
5. Correction of the primary cardiovascular disease rarely restores cord function. T/F

**B.** Botulinum toxin is increasingly finding application outside its obvious neuromuscular benefits. Are the following true or false?

See *JLO* September 1997. Frey's syndrome, treatment with botulinum toxin. A. Bjerkhoel and O. Trobbe, page 839 and *JLO* March 1988. The effect of botulinum toxin type A injection for intrinsic rhinitis. K.-S. Kim *et al.*, page 248.

1. Injection of toxin is more effective in reducing rhinorrhoea than clearing nasal obstruction. T/F
2. A longer benefit is seen in management of postgustatory sweating than in control of rhinorrhoea. T/F
3. Total dosages in excess of 200 U are needed to control Frey's syndrome. T/F

4. If a facial muscle is paralysed by injection it will recover well before gustatory symptoms recur. T/F

5. Intranasal usage involves identification and injection of the sphenopalatine ganglion. T/F

**C.** Despite therapeutic advances, necrotizing fasciitis still presents a formidable challenge to the otolaryngologist. Mark the following true or false.

See *JLO* April 1998. Craniofacial necrotizing fasciitis secondary to sinusitis. E. Raboso *et al.*, page 371 and *JLO* March 1998. Cervical necrotizing fasciitis and radiotherapy. S. Mortimore and M. Thorpe, page 298.

1. Craniofacial involvement can arise secondary to peri-orbital infection. T/F
2. Necrotizing fasciitis is a frequent complication of radiotherapy. T/F
3. CT scanning is of little diagnostic value. T/F
4. Cervical necrotizing fasciitis is a polymicrobial infection with significant anaerobic involvement. T/F
5. Despite the degree of damage, pain is not a striking feature. T/F

**D.** There is an increasing trend towards day case surgery and audits have examined its practicality in ENT. Are the following true or false?

See *JLO* February 1998. ENT Day Surgery in England and Wales. P. Brown *et al.*, page 161 and *JLO* April 1998. A prospective evaluation of the feasibility of day case microlaryngeal surgery. K. W. Ah-See *et al.*, page 351.

1. Post-operative haemorrhage is the commonest reason for overnight stay after planned day case surgery. T/F
2. The day surgery rate has doubled since 1992. T/F
3. The use of a CO<sub>2</sub> laser in microlaryngoscopy does not preclude day surgery. T/F
4. An ASA score of IV or V is needed before listing a patient for day surgery. T/F
5. The Forbes Street – fit assessment requires an adult to accompany all patients on discharge. T/F

**E.** The role of radiotherapy in management of verrucous carcinoma remains controversial. Are the following statements true or false?

See *JLO* February 1998. Is primary radiotherapy an appropriate option for treatment of verrucous carcinoma of the head and neck. A. Ferlito *et al.*, page 132.

1. Associated lymphadenopathy requires neck dissection. T/F
2. Anaplastic transformation after radiotherapy carries a worse prognosis than if arising in non irradiated cases. T/F
3. Cytologically the tumour shows the characteristics of carcinoma. T/F
4. Radiotherapy can offer a local control rate of 43 per cent but six per cent anaplastic transformation. T/F
5. The prognosis for verrucous carcinoma is better than that for squamous carcinoma. T/F

**F.** Positron emission tomography (PET) imaging may prove of value in otolaryngology. Are the following true or false?

See *JLO* February 1998. Positron emission tomography. J. Davis *et al.*, page 125 and *JLO* March 1998. The use of PET and CT in assessment of trismus associated with head and neck malignancy. P. Tierney *et al.*, page 303.

1. In the majority of head and neck sites PET imaging is superior to MRI and/or CT in detecting residual or recurrent disease. T/F
2. PET is superior to conventional imaging or fine needle aspiration in distinguishing benign and malignant salivary gland tumours. T/F
3. PET imaging is contraindicated in patients with a cochlear implant. T/F
4. Cancer cells are detected because of their higher glucose metabolism. T/F
5. Muscle spasm can cause increased uptake. T/F

**G.** Arytenoid granuloma has long been notorious due to its tendency to recur. Mark the following true or false.

See *JLO* September 1997. Arytenoid granuloma. P. Bradley, page 801.

1. Post intubation granulomas are commoner in men. T/F
2. A nasogastric tube increases the risk of granuloma formation. T/F
3. Granulomas arise on the muscular process of the arytenoid secondary to perichondritis. T/F
4. Granular cell myoblastoma is a malignant tumour with a similar appearance. T/F

5. Smoking is substantially the single most important factor in aetiology. T/F

**H.** Advances in molecular genetics promise a greater understanding of inherited deafness. Are the following true or false?

See *JLO* June 1998. The molecular genetics of inherited deafness. T. Bussoli and K. Steel, page 523.

1. Non syndromic hearing impairment represents approximately 70 per cent of all cases of childhood deafness. T/F
2. Mutations within a single gene must cause either a syndromic or non syndromic pattern of hearing loss. T/F
3. Gene therapy of cochlear mal-development holds greater prospects for humans than experimental mice. T/F
4. No X-linked loci for hereditary hearing loss have yet been identified. T/F
5. The sibling of a child with non syndromic deafness has a recurrence risk of between one in five and one in 10. T/F

**I.** Orbital decompression can be of value in the management of exophthalmos. Mark the following true or false.

See *JLO* November 1997. Orbital decompression for thyroid eye disease. V. J. Lund *et al.*, page 1051.

1. Is it vital that the orbital periosteum is not penetrated. T/F
2. Endoscopic surgery avoids post-operative diplopia. T/F
3. External approach allows removal of the orbital floor lateral to the infra orbital nerve. T/F
4. This is a randomized controlled clinical trial to study the value of endoscopic orbital decompressions. T/F
5. Ideally decompression is followed by surgery to correct diplopia and defat the eyelids three months later. T/F

**J.** Most acute sinusitis is treated empirically by primary care physicians with antibiotics without bacteriology studies. Are the following true or false?

See *JLO* March 1998. Antibiotic choice in acute and complicated sinusitis. S. Mortimore *et al.*, page 264.

1. White cell count is an indicator of severity of infection. T/F
2. Culture of nasal and throat swabs reflects the bacteria infecting the sinuses. T/F
3. *S. pneumoniae* is the predominant organism causing sinusitis in the developed world. T/F
4. *S. milleri* shows a falling incidence in the developed world. T/F

5. For complicated sinusitis, augmentin is at least as appropriate as ampicillin and cloxacillin. T/F

**K.** Alarming reports of ototoxicity associated with gentamicin ear drops continue to appear. Mark the following true or false.

See *JLO* October 1997. Systemic absorption of gentamicin ear drops. K. M. Green *et al.*, page 960.

1. Gentamicin has a longer half life in perilymph than in blood. T/F

2. Loop diuretics protect the cochlea from gentamicin by increasing excretion. T/F

3. Gentamicin has a four fold greater affinity for the vestibular system than the cochlea. T/F

4. Serum levels are a reliable monitor for ototoxicity risk. T/F

5. In the case presented, serum gentamicin levels did not approach the therapeutic range. T/F

**L.** Delay in detection of infant hearing loss remains a major challenge. Are the following true or false?

See *JLO* November 1997. Congenital and early onset bilateral hearing impairment in children: The delay in detection. E. Vartiainen *et al.*, page 1018.

1. In children with a hearing loss up to 70 dB, identification of high-risk group had not led to earlier diagnosis. T/F

2. Otoacoustic emissions can distinguish mild from severe losses. T/F

3. Only 39 per cent of hearing impaired children were diagnosed by two years of age. T/F

4. The Joint Committee on Infant Hearing (1994) recommended all infants with hearing loss be identified by 18 months. T/F

5. The degree of loss did not influence the age of diagnosis. T/F

**M.** The increasing prevalence of tuberculosis is reflected in the number of articles appearing in the last year's issues. The parotid is rarely involved but disease can mimic neoplasia. Are the following true or false?

See *JLO* May 1988. Polymerase chain reaction in the diagnosis of parotid gland tuberculosis. E. A. Guneri *et al.*, page 494 and *JLO* June 1998. Tuberculosis of the parotid gland. Y. Suoglu *et al.*, page 588.

1. Tuberculosis is the causative organism in adults but atypical bacteria are seen between the ages of one to three years. T/F

2. Localized tuberculosis involves the submandibular gland whilst parotid disease represents systemic infection. T/F

3. Parotid tuberculosis is usually only diagnosed on histopathology. T/F

4. The polymerase chain reaction amplifies DNA sequences to aid diagnosis but require many weeks for analysis. T/F

5. Intradermal tests of tuberculin reactivity can distinguish between active and previous disease. T/F

**N.** Lymphoma can still cause surprises in diagnosis of head and neck lesions as shown by two case reports of otologic presentation. Mark the following true or false.

See *JLO* June 1998. Lymphoblastic lymphoma/leukaemia presenting as perichondritis of the pinna. R. Indudharan *et al.*, page 592 and *JLO* September 1997. T cell lymphoma of the ear presenting as mastoiditis. J. Danino *et al.*, page 852.

1. The majority of non Hodgkin lymphomas present in extra nodal sites. T/F

2. Immunophenotyping with specific markers can demonstrate a T cell lineage but no markers for B cells have yet been developed. T/F

3. Bone marrow infiltration worsens prognosis. T/F

4. Malignant lymphoma of the mastoid is commoner than plasmacytoma. T/F

5. Mastoid involvement characteristically spares cranial nerves. T/F

**O.** Ionomeric cement is a synthetic bone substitute which held great prospects for middle ear and skull base reconstruction. Are the following true or false?

See *JLO* December 1997. Performance of ionomeric cement in the reconstruction of the posterior meatal wall after curative middle ear surgery. G. Geyer *et al.*, page 1130 and *JLO* April 1998. Epidural application of ionomeric cement implants. Experimental and clinical results. G. Geyer *et al.*, page 344.

1. In posterior meatal wall reconstruction after radical mastoid surgery these authors have demonstrated a 31 per cent failure rate after seven years. T/F

2. There is no need to graft the reconstructed meatal wall as re-epithelialization occurs spontaneously. T/F

3. These authors conclude that obliterative techniques are preferable to posterior meatal wall reconstruction. T/F

4. Ionomeric cement, during the setting process, can release dosages of aluminium which are toxic to humans. T/F

5. Ionomeric cement can be applied to dural defects associated with CSF leaks. T/F

**P.** Wegener's granulomatosis is characterized by disease of the upper respiratory tract and kidneys with a systemic vasculitis. Are the following true or false?

See *JLO* July 1998. Wegener's granulomatosis. First case report in Bahrain. A. Jamal *et al.*, page 664.

1. The incidence of Wegener's granulomatosis is greater than that of acoustic neuroma. T/F
2. The prevalence of WG is 1 in 250,000. T/F
3. cANCA estimation has a 90 per cent sensitivity and specificity for the disease. T/F
4. WG is commoner in white races than black. T/F
5. Marrow suppression causes a characteristic thrombocytopaenia in WG. T/F

**Q.** Aesthesioneuroblastoma is a rare neuroectodermal tumour of olfactory epithelium. Mark the following true or false.

See *JLO* July 1998. Aesthesioneuroblastoma. V. N. Koka *et al.*, page 628.

1. This tumour shows highly characteristic histologic features. T/F
2. The presence of cervical metastases at presentation was the only significant risk factor for survival. T/F
3. Distant metastasis was the commonest cause for failure of curative treatment. T/F
4. Elective neck dissection is recommended to prevent nodal metastasis. T/F
5. Orbital involvement indicates a T3 stage tumour. T/F

**R.** Visual damage is the fear of any nasal endoscopic surgery enthusiast. Monitoring is vital. Are the following true or false?

See *JLO* July 1998. Interpretation of the dilated pupil during endoscopic sinus surgery. J. Mason *et al.*, page 622.

1. Optic nerve damage will not cause a dilated pupil. T/F
2. The optic nerve is at risk in surgery around a Haller cell. T/F

3. Pupil asymmetry is expected in 20 per cent of people with normal vision. T/F

4. A pupil that remains unresponsive to light, whichever eye a light is shone in, warns of optic nerve damage. T/F

5. Provided a pupil constricts on contralateral illumination, vision is spared. T/F

**S.** Subglottic haemangioma can severely compromise the neonatal upper airway. Are the following statements true or false?

See *JLO* August 1998. Management of subglottic haemangioma. C. M. Bailey *et al.*, page 765.

1. Open surgical excision carries the inevitable disadvantage of a hazardous tracheostomy. T/F
2. Open excision is not compromised by previous laser surgery. T/F
3. The stridor will slowly improve from birth if left untreated. T/F
4. Intralesional steroid therapy requires several endoscopies. T/F
5. Small lesions may be treated with the CO<sub>2</sub> laser, medium sized lesions with steroids and larger ones with primary resection. T/F

**T.** The tendency of inverting papilloma to recur in the nose and paranasal sinuses is a recognized challenge. Are the following comments true or false?

See *JLO* August 1998. Endoscopic resection of inverted papilloma of the nose and paranasal sinuses. Cheuk Lun Sham *et al.*, page 758.

1. The recurrence rate after endoscopic resection is less than after conventional endonasal excision. T/F
2. The recurrence rate after endoscopy is less than after radical extranasal excision. T/F
3. The highest recurrence risk is associated with frontal sinus involvement. T/F
4. Endoscopic resection is not contraindicated for recurrent tumour. T/F
5. This paper presents the results of a randomized controlled clinical trial. T/F