

CME Fever syndromes SAQs (91579): Self-assessment questionnaire

Edited by Helen J Lachmann and Tahseen Chowdhury

SAQs and answers are ONLINE for RCP fellows and collegiate members

The SAQs printed in the CME section can only be answered online to achieve external CPD credits. Any comments should be sent in via email only: clinicalmedicine@rcplondon.ac.uk

Format

Candidates are asked to choose the best answer from the five possible answers. This best of five format is used in many medical examinations, however the questions are not intended to be representative of those used in the MRCP(UK) Part 1 or Part 2 Written Examinations.

The answering process

- 1 Go to www.rcplondon.ac.uk/SAQ
- 2 Log on using your usual RCP username and password
- 3 Select the relevant CME question paper
- 4 Answer all 10 questions by selecting the best answer from the options provided
- 5 Once you have answered all the questions, click on Submit

Registering your external CPD credits

Carrying out this activity allows you to claim two external CPD credits. These will be automatically transferred to your CPD diary, where you can review the activity and claim your points.

- 1 A 54-year-old woman presented with fever, joint pain and a diffuse macular rash on her trunk. Her symptoms started four days previously, while on a flight back from a holiday in the Caribbean, when she noted fever and loss of appetite, followed by joint pain. The rash occurred within the preceding 24 hours. Musculoskeletal examination revealed synovitis of the proximal small joints in both hands, as well as bilateral tenderness on squeezing across the metatarsophalangeal joints.

What is the most likely diagnosis?

- (a) chikungunya fever
- (b) dengue fever
- (c) malaria
- (d) pseudogout
- (e) rheumatoid arthritis

- 2 A 23-year-old female with known systemic lupus erythematosus (SLE) presented with worsening joint pain, rash and a high fever. She had recently returned from a holiday in the Azores.

Which of the following would be least suggestive of an SLE flare?

- (a) climbing double-stranded DNA antibody levels
- (b) high C-reactive protein
- (c) low complement
- (d) photosensitive rash
- (e) small joint arthralgia

- 3 What factor attributes to the fact that bacterial infections can be found as a cause of fever of unknown origin?

- (a) appropriate risk-factor histories are not taken
- (b) emerging drug resistance impairs pathogen detection
- (c) infective endocarditis is common
- (d) low-grade pathogenicity leads to less overt localisation of disease
- (e) there are no bacteriological tests to detect causative organisms

- 4 What is the most common cause of fever of unknown origin in developed countries?

- (a) autoimmune disease
- (b) infection
- (c) neoplasia/malignancy
- (d) no cause found
- (e) vasculitis

- 5 What is the most sensitive imaging technique in patients with fever of unknown origin?

- (a) abdominal and chest CT
- (b) chest X-ray
- (c) gallium scintigraphy
- (d) leukocyte scintigraphy
- (e) PET or PET-CT

- 6 Which of the following statements is true with regard to parasitic causes of fever of unknown origin?

- (a) a blood film will demonstrate malarial parasites or leishmaniasis in most cases
- (b) a travel history is rarely helpful in establishing a differential diagnosis

- (c) *Plasmodium falciparum* malaria is not a cause
- (d) *Plasmodium vivax* can cause a low-grade fever for several months and may be missed on blood film
- (e) visceral leishmaniasis should be suspected if a skin ulcer is present in a traveller to South America

7 Which of the following statements is true regarding the inherited systemic autoinflammatory diseases?

- (a) associated with a family history of similar symptoms in >50% of cases
- (b) often associated with predisposition to minor infections
- (c) usually associated with symptom onset in childhood
- (d) usually diagnosed by the characteristics of their rash
- (e) usually excluded by a normal FBC and CRP

8 A 16-year-old girl presented to her GP with a history of ten episodes of severe central abdominal pain over the last two years, all associated with menstruation. She described two days of feeling feverish and being bed bound with abdominal pain. She had a normal appendix removed at the age of 8. She was of Greek Cypriot ancestry and had no relevant family history.

Which of the following statements are correct?

- (a) a diagnosis of FMF would be supported by finding mutations in MEFV
- (b) her family should be counselled that her siblings and any future children have a 50% chance of inheriting the disease
- (c) most likely diagnosis is TRAPS
- (d) she should be administered prednisolone to terminate each episode of abdominal pain
- (e) she should be prescribed long-term colchicine treatment but counselled that this may be teratogenic

9 A 72-year-old woman with renal cell carcinoma presented with fever. After appropriate investigation, a short course of naproxen caused the fever to promptly subside.

This suggests the cause of her fever was attributable to which of the following?

- (a) drug reaction
- (b) the underlying malignancy
- (c) infection
- (d) thrombosis
- (e) transfusion reaction

10 An 18-year-old man presented with persistent fevers, cytopenias and hepatosplenomegaly. FBC showed pancytopenia. The patient had hepatitis and ferritin was markedly raised at 38,000.

What diagnosis should be considered?

- (a) Castleman's disease
- (b) haemophagocytic lymphohistiocytosis (HLH)
- (c) Hodgkin's lymphoma
- (d) infection
- (e) metastatic renal cell carcinoma

CME Hepatology SAQs

Answers to the CME SAQs published in *Clinical Medicine* April 2015

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
(b)	(b)	(d)	(d)	(c)	(e)	(b)	(b)	(b)	(e)