sels. In: Champion RH, Burton JL, Burns DA, Breathnach SM (eds). *Textbook of dermatology*, 6th edn. Oxford: Blackwell Science, 1998:2277–96.

3 Mortimer PS. Swollen lower limb-2: lymphoedema. Review. *Br Med J* 2000;**320**: 1527–9.

4 Gorman WP, Davis KR, Donnelly R. ABC of arterial and venous disease. Swollen lower limb-1: general assessment and deep vein thrombosis. Review. *Br Med J* 2000;**320**: 1453–6.

Address for correspondence:
Professor Peter S Mortimer,
Dermatology Unit, Division of Physiological Medicine,
St George's Hospital Medical School,
Cranmer Terrace, London SW17 ORE
Email: p.mortimer@sghms.ac.uk

SELF-ASSESSMENT QUESTIONNAIRE

Dermatology

Ten self-assessment questions (SAQs) based on the published articles will appear at the end of each CME specialty featured in *Clinical Medicine*. The questions have been validated for the purpose of CME by independent experts. Two (2) CME credits will be awarded to those achieving 80% correct answers. This opportunity is open only to RCP Fellows and Collegiate Members in the UK who are registered for CME*.

A loose leaf answer sheet is enclosed, which will be marked electronically at the Royal College of Physicians. **Answer sheets must be returned by 22 March 2002** to:

CME Department (SAQs),
Royal College of Physicians,
11 St Andrews Place, London
NW1 4LE.

Correct answers will be published in the next issue of *Clinical Medicine*.

* Further details on CME are available from the CME department at the Royal College of Physicians (address above or telephone 020 7935 1174 extension 306 or 309).

Guidelines on completing the answer sheet

Your completed answer sheet will be scanned to enable a quick and accurate analysis of results. To aid this process, please keep the following in mind:

1 Please print your GMC Number firmly and neatly
2 Only write in allocated areas on the form
3 Only use pens with black or dark blue ink
4 For optimum accuracy, ensure printed numbers avoid contact with box edges
5 Please shade circles like this: ● Not like this: ✔
6 Please mark any mistakes made like this: ✖
7 Please do not mark any of the black squares on the corners of each page
8 Please fill in your full name and address on the back of the answer sheet in the space provided; this will be used to mail the form back to you after marking.

Q1 Dermatomyositis:

a) has a bimodal age distribution
b) when associated with calcification has a worse prognosis
c) is associated with malignancy in 80% of patients over the age of 40 years
d) photosensitivity is a recognised feature of the skin rash
e) is undiagnosable in the presence of normal skin and muscle biopsies

Q2 In systemic sclerosis:

a) prognosis is related to the degree of internal organ involvement
b) digital ulceration is a recognised feature
c) vasodilators are able to produce symptomatic benefit
d) spontaneous resolution of the skin lesions is recognised to occur
e) the anticentromere antibody is negative in the limited form

Q3 Drug eruptions:

a) occur in about 2% of treatment courses

b) are more frequent in patients with HIV infection

c) are estimated to occur in 10% of patients treated with sulphonamides

d) genetic factors contribute to idiosyncratic reactions

e) do not necessarily persist even if the medication continues

Q4 In the diagnosis of drug eruptions:

a) it is usually possible to identify the culprit drug

b) prick testing for drug allergy is only practicable in specialised centres

c) *in vitro* tests are of limited application

d) challenge tests are contraindicated in the Stevens-Johnson syndrome

e) persistence of the eruption on drug withdrawal exonerates the drug

Q5 In the management of drug eruptions:

a) all but non-essential drugs should be withdrawn

b) the drug hypersensitivity syndrome responds to oral steroid therapy

c) toxic epidermal necrolysis should be routinely treated with combined antibiotic and steroid therapy

d) toxic epidermal necrolysis can be managed in a general ward

e) desensitisation therapy for IgE-mediated reactions is potentially capable of allowing essential drug therapy to be continued

Q6 Lymphoedema:

a) characteristically disperses over night

b) responds to diuretics

c) produces skin thickening, papillomatosis and hyperkeratosis (elephantiasis)

d) does not pit

e) requires prophylactic antibiotics if complicated by recurrent infection

Q7 Investigations of recognised value in suspected venous oedema include:

a) venous duplex

b) compression ultrasonography

c) CT abdomen/pelvis

d) lymphoscintography

e) MRI leg

Q8 In streptococcal necrotising fasciitis:

a) the diagnosis is confirmed if blisters appear in the cellulitic area

b) ultrasound is the most reliable non-invasive investigation

c) gentamicin is the antibiotic of choice

d) blood cultures are positive in about 25% of cases

e) severe tenderness is an important diagnostic pointer

Q9 Regarding urticaria:

a) it is defined by weal duration

b) when triggered by a physical stimulus it is typically of short duration

c) the underlying mechanism is not established in 80% of acute cases

d) when cholinergic it predominates in the limbs

e) vasculitic causes are typically painful

Q10 In the management of chronic urticaria:

a) episodic antihistamines is the preferred form of treatment

b) second generation H1 antagonists offer no advantage over classical antihistamines

c) desloratadine is established as the antihistamine of choice

d) systemic steroids is a recognised treatment for severe attacks

e) aspirin is best avoided

CME Haematology SAQs

Answers to the CME SAQs published in *Clinical Medicine* November/December 2001

Q1	Q2	Q3	Q4	Q5	Q11	Q12	Q13	Q14	Q15
a) F	a) F	a) F	a) F	a) F	a) F	a) T	a) F	a) F	a) F
b) F	b) T	b) F	b) F	b) T	b) F	b) F	b) F	b) F	b) T
c) F	c) T	c) F	c) F	c) F	c) T	c) T	c) F	c) T	c) T
d) F	d) F	d) T	d) F	d) T	d) T	d) T	d) F	d) F	d) F
e) T	e) T	e) F	e) T	e) F	e) T	e) F	e) T	e) T	e) T

Q6	Q7	Q8	Q9	Q10	Q16	Q17	Q18	Q19	Q20
a) T	a) F	a) F	a) F	a) T	a) F	a) F	a) F	a) F	a) T
b) F	b) T	b) T	b) T	b) F	b) F	b) F	b) T	b) F	b) T
c) T	c) F	c) F	c) F	c) F	c) T	c) T	c) F	c) F	c) F
d) T	d) T	d) T	d) F	d) F	d) T	d) F	d) T	d) T	d) F
e) T	e) T	e) T	e) T	e) T	e) F	e) T	e) T	e) F	e) F