

## 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- a) all but non-essential drugs should be withdrawn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) lymphoscintigraphy
- 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