

right scapula. There is an area of sensory loss on the outer aspect of his upper arm. Which of the following statements are true and which are false?

- (a) A C5 radiculopathy needs to be excluded with MRI of the neck
- (b) The presentation with mononeuritis multiplex necessitates a vasculitis screen
- (c) The patchy involvement of different parts of the brachial plexus indicates that this is a brachial neuritis
- (d) Spontaneous recovery is to be expected
- (e) A history of recent trauma is common

9 A 32-year-old man was found unconscious after an accidental overdose of heroin and cocaine. On recovery, he had a profound foot drop, with severe weakness of foot dorsiflexion, eversion and toe extension. There was sensory loss over the outer aspect of his shin and the dorsum of his foot. Which of the following statements are true and which are false?

- (a) A proximal sciatic nerve lesion can be excluded because of the preserved inversion
- (b) The weakness will recover in 2–12 weeks
- (c) He should be advised to avoid crossing his legs
- (d) Nerve conduction after 14 days may clarify prognosis
- (e) Aggressive investigation is needed to determine the site of the lesion as this will change management

10 A 74-year-old woman had a ninemonth history of weakness and numbness in her right hand that woke her at night. She had stable treated hypothyroidism and treated pernicious anaemia. She had weakness of abductor pollicis brevis and a sensory loss within the median nerve. Tinel’s test was negative. Which of the following statements are true and which are false?

- (a) The absent Tinel’s test makes carpal tunnel unlikely
- (b) Surgical treatment should be avoided given her history of hypothyroidism
- (c) The weakness of abductor pollicis brevis makes carpal tunnel more likely
- (d) Nerve conduction studies are the best diagnostic test for carpal tunnel syndrome
- (e) Splinting is as effective as surgical decompression

Guidelines on completing the answer sheet for those who wish to submit their answers on paper

A loose leaf answer sheet is enclosed, which will be marked electronically at the Royal College of Physicians. **Answer sheets must be returned by 21 May 2004** to: CME Department (SAQs), Royal College of Physicians, 11 St Andrews Place, London NW1 4LE.

Overseas members only can fax their answers to 020 7487 4156. 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).

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.

CME Cardiology SAQs

Answers to the CME SAQs published in *Clinical Medicine* January/February 2004

Q1	Q2	Q3	Q4	Q5	Q6	Q7	Q8	Q9	Q10
a) F	a) T	a) F	a) T	a) F	a) F	a) F	a) T	a) F	a) T
b) F	b) T	b) T	b) F	b) F	b) T	b) T	b) T	b) T	b) F
c) F	c) T	c) F	c) T	c) T	c) F	c) F	c) T	c) F	c) T
d) T	d) F	d) F	d) F	d) F	d) T	d) T	d) T	d) T	d) T
e) T	e) T	e) T	e) F	e) F	e) T	e) F	e) T	e) F	e) F