

## CME Clinical Immunology SAQs

- (b) Advice to avoid a further sting and prescription of a self-injectable adrenaline device is a reasonable long-term solution for this woman
- (c) Wasp venom immunotherapy is indicated in patients with large local reactions following a sting in view of the risk of anaphylaxis following a further sting
- (d) Wasp venom immunotherapy prevents anaphylaxis in more than 90% of cases on re-sting
- (e) Venom immunotherapy may afford long-term protection in anaphylaxis caused by stings

**9 A 35-year-old man with a renal transplant attended the emergency department complaining of a fever and shortness of breath. He said his medication had been changed recently. He knew it included Neoral but was unsure of the dose. Examination revealed signs of a left basal pneumonia. Investigations showed serum potassium 5.4 mmol/l, serum creatinine 94 µmol/l and alanine aminotransferase 82 u/l. Which of the following statements are true and which false?**

- (a) The pneumonia is unlikely to be associated with his immunosuppression
- (b) The hyperkalaemia is likely to be related to his immunosuppression
- (c) Changes in ciclosporin brand may be important
- (d) Measurement of his serum ciclosporin level will indicate whether or not his renal transplant is rejecting
- (e) The pneumonia is probably related to hypogammaglobulinaemia secondary to ciclosporin

**10 A 47-year-old woman was advised to start AZT treatment for her systemic lupus erythematosus. She was concerned about taking an immunosuppressive drug. Which of the following statements concerning AZT are true and which are false?**

- (a) AZT may make her Ig levels fall, leaving her susceptible to infection
- (b) Measuring thiopurine methyl transferase enzyme activity may be useful in predicting the likelihood of AZT toxicity
- (c) Monitoring of blood counts is not required for this drug
- (d) Corticosteroids should not be used during AZT therapy
- (e) Changes to her hair may occur during AZT treatment

For some time we have run the SAQs in paper and electronic form. From the September/October 2006 issue we will be moving to an on-line only system. If there are any problems with this change, please contact [clinicalmedicine@rcplondon.ac.uk](mailto:clinicalmedicine@rcplondon.ac.uk) or write to the Publications Department, Royal College of Physicians, 11 St Andrews Place, London NW1 4LE

### 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 September 2006** 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 Nuclear Medicine SAQs

Answers to the CME SAQs published in *Clinical Medicine* May/June 2006

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