

- (d) The pattern of abnormalities on MRI is highly suggestive of a cardioembolic source for the recent event
- (e) There is no clear indication to alter his existing secondary prevention strategy
- 8 A 26-year-old man has attended a clinic for 18 months with a diagnosis of epilepsy manifesting as collapses with involuntary movements. He has shown no convincing response to two different anti-epileptic drugs. He is accompanied by his wife who has witnessed several of the collapses. Which of the following statements are true and which false?**
- (a) A description of involuntary jerking during the attack strongly favours a diagnosis of epilepsy
- (b) The speed of recovery from an attack is a helpful discriminator between syncope and epileptic (convulsive) seizure
- (c) An abnormal interictal EEG strongly suggests a diagnosis of epilepsy
- (d) If syncope is suspected, and subsequently supported by further investigation, anti-epileptic drug withdrawal is likely to be possible and successful
- (e) If head-up tilting is performed and loss of consciousness with convulsive movements is provoked, epilepsy is unlikely

- 9 A 63-year-old woman with epilepsy presents with a one-month history of progressive cognitive impairment. She is encephalopathic but, apart from symmetrical akinetic rigidity, the physical examination is otherwise normal. Her epilepsy has been well controlled for the previous 14 years with sodium valproate 1.2 g twice daily. Results of routine blood tests, including inflammatory markers, are normal. Contrast-enhanced brain MRI is within normal limits. An EEG shows non-specific changes consistent with encephalopathy and CSF examination (including opening pressure) is normal. Which of**

**the following statements are true and which false?**

- (a) Sodium valproate should be withdrawn
- (b) Aciclovir should be started
- (c) High-dose iv methylprednisolone should be started
- (d) Hyperammonaemia may be present
- (e) Intracellular carnitine metabolism is likely to be abnormal

- 10 A 42-year-old man with a history of testicular carcinoma nine years previously and long-standing bipolar affective disorder is referred for investigation of a symmetrical cerebellar syndrome of one month's duration. His**

**medication comprises lithium carbonate, which he has been taking for six months, and long-term citalopram. About two years previously, carbamazepine was tried for three months but stopped because of hyponatraemia. He then took sodium valproate for about 15 months before changing to lithium carbonate. Which of the following are possible causes of his cerebellar syndrome and which not?**

- (a) Testicular carcinoma (with paraneoplastic cerebellar syndrome)
- (b) Sodium valproate
- (c) Lithium
- (d) Citalopram
- (e) Carbamazepine

From the June 2007 issue SAQs will follow a best of five format in line with the MRCP(UK) Part 1 exam. Further details will follow.

### CME Rheumatology SAQs

Answers to the CME SAQs published in *Clinical Medicine* January/February 2007

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