

- chronic liver disease and ascites. Investigations revealed serum albumin 28 g/l (37–49), serum total bilirubin 45 mmol/l (1–22), prothrombin time 19 sec (11.5–15.5) and serum alpha-fetoprotein (AFP) 180 ng/ml. An abdominal ultrasound (US) scan showed a 3 cm mass in the right lobe of the liver (confirmed by CT). Which of the following statements is most appropriate?
- A biopsy should be performed to establish the diagnosis of hepatocellular carcinoma (HCC)
 - A right hemi-hepatectomy is likely to be indicated
 - Liver transplant is contraindicated because of HCV infection
 - Radiofrequency ablation is the treatment of choice
 - The patient should be referred to a hepatobiliary multidisciplinary team
- 6 Which of the following statements regarding risk factors for the development of HCC is correct?
- Antiviral therapy does not reduce the incidence of HCC in patients with chronic hepatitis B virus infection
 - HCC-specific mortality is reduced by surveillance using six-monthly measurement of serum AFP
 - In a patient with established cirrhosis, the presence of a 1-cm liver mass and serum AFP 200 ng/ml is diagnostic of HCC without the need for biopsy
 - Male gender is a recognised risk factor
 - Worldwide HCC incidence is decreasing due to HCV vaccination programmes
- 7 A 68-year-old man with known inoperable squamous cell lung cancer presented to accident and emergency. He had received his first day-case cisplatin and gemcitabine chemotherapy two days previously and subsequently had been vomiting frequently, unable to eat and able to drink very little. He had vomited back his anti-emetic medication (ondansetron and dexamethasone). On examination, he appeared dehydrated, his pulse was 120 bpm and BP 100/65 mmHg. Investigations revealed serum sodium 138 mmol/l, serum potassium 3.1 mmol/l, serum urea 24.8 mmol/l, serum creatinine 279 μmol/l and serum magnesium 0.6 mmol/l. What is the most appropriate iv fluid replacement?
- Dextrose 5% with potassium chloride (KCl)
 - Gelatin solution
 - Sodium chloride (NaCl) 0.9%
 - NaCl 0.9% with KCl
 - NaCl 0.9% with KCl and magnesium sulphate (MgSO₄)
- 8 A 58-year-old man underwent right hemicolectomy for early stage colon cancer (T3 N1). He commenced his first cycle of adjuvant oxaliplatin and capecitabine chemotherapy five weeks after surgery. Towards the end of the oxaliplatin infusion he complained of acute difficulty in breathing and feeling generally unwell, with loss of sensation in both arms and numbness around the mouth. On examination, he was flushed and clearly distressed. His pulse was 130 bpm, with BP 130/95 mmHg and oxygen saturation 90% on high-flow oxygen. His breathing was shallow and he was unable to take a deep breath, but his breath sounds were normal with no wheeze or stridor. The nurses had stopped the oxaliplatin infusion. What is the most appropriate management?
- An iv infusion of calcium gluconate and MgSO₄
 - Intubation and ventilation
 - Nebulised salbutamol, iv hydrocortisone and chlorpheniramine
 - Reassure the patient and resume the oxaliplatin infusion at standard rate
 - Restart the oxaliplatin infusion at reduced rate
- 9 A previously fit 65-year-old woman presented with upper abdominal discomfort. On examination there was marked ascites. Fine-needle aspirate cytology revealed malignant cells. There was no obvious primary site. What is the most appropriate next step?
- Assess performance status and liver function tests
 - CT scan of abdomen and pelvis
 - Percutaneous biopsy
 - Positron emission tomography-CT scan
 - Upper and lower gastrointestinal tract endoscopy
- 10 A 55-year-old woman complained of discomfort in her left axilla which had been increasing over the past month. On examination, there was a soft non-tender 3-cm swelling in the medial wall of the axilla, thought to be an enlarged lymph node, but no other abnormality. What is the most appropriate next step?
- Check CA15.3, CA125 and carcinoembryonic antigen
 - CT scan of chest, abdomen and pelvis
 - Prescribe a course of antibiotics
 - US-guided biopsy of the mass
 - US scan of breast

CME Genitourinary medicine SAQs Short Answers

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