

The CPD programme for SAMJ is administered by Medical Practice Consulting.  
CPD questionnaires must be completed online at [www.mpconsulting.co.za](http://www.mpconsulting.co.za).

**True (A) or false (B):**

**SAMJ**

**Co-infection with *Streptococcus pneumoniae* and *Listeria monocytogenes* in an immunocompromised patient**

1. Combined bacteraemia with *S. pneumoniae* and *L. monocytogenes* is very common.
2. Ampicillin should be added to antibiotic regimens to improve patient outcome if *L. monocytogenes* infection is suspected.

**Fanconi anaemia (FA) in South Africa (SA): Past, present and future**

3. FA is an inherited disorder of impaired DNA repair, first described by Swiss paediatrician Guido Fanconi in 1927.
4. There are two sub-groups in SA who have well-characterised founder mutations responsible for FA.

**Differentiating Crohn's disease from intestinal tuberculosis (TB) at presentation in patients with tissue granulomas**

5. Differentiating Crohn's disease from intestinal TB is challenging because of overlapping clinical, endoscopic, radiographic and histological features and poor microbiological yield.
6. Crohn's disease can affect any part of the gastrointestinal tract.

**The 'ins and outs' of faecal microbiota transplant for recurrent *Clostridium difficile* diarrhoea at Wits Donald Gordon Medical Centre, Johannesburg, SA**

7. *C. difficile*-associated diarrhoea is a potentially life-threatening condition with mortality as high as 33% and a 28% possibility of relapse.
8. The disease is spread via the faecal-oral route by ingestion of acid-resistant spores.

**Healthcare-associated infections in paediatric and neonatal wards: A point prevalence survey at four SA hospitals**

9. HIV infection and HIV exposure have recently been identified as novel risk factors for healthcare-associated infections in SA children.

**The costs and outcomes of paediatric TB treatment at primary healthcare clinics in Johannesburg, SA**

10. TB is the fourth leading cause of child mortality in SA.

**CME**

**A practical approach to managing diabetes in the perioperative period**

11. Diabetes mellitus is now the second most important cause of morbidity and mortality in SA.
12. Circulating stress hormones alter insulin secretion and sensitivity, producing a state of relative insulin resistance.
13. There is no need to assess a diabetic patient's chronic glycaemic control before surgery.
14. Monotherapy with subcutaneous short- or rapid-acting insulin according to a sliding scale is *not* recommended for in-hospital management of diabetes mellitus preoperatively.
15. Non-insulin antidiabetic agents should not be started in the immediate perioperative period.

**Point-of-care and lung ultrasound incorporated in daily practice**

16. Point-of-care ultrasound is performed by a non-cardiologist at the patient's bedside along with the physical examination.
17. Point-of-care ultrasound is never used to detect endotracheal intubation and the examination of intracranial pressure.
18. Focused cardiac ultrasound as a screening modality has a more focused scope, and is used to answer a specific clinical question, often looking for a 'yes' or a 'no' answer.
19. The absence of lung sliding may occur as a result of absent ventilation caused by, for example, inadvertent intubation of the other bronchus.
20. Ultrasound for vascular access is limited to central venous access.

**Readers please note:** Articles may appear in summary/abstract form in the print edition of the Journal, with the full article available online at [www.samj.org.za](http://www.samj.org.za)

**A maximum of 3 CEUs will be awarded per correctly completed test.**

**INSTRUCTIONS**

1. Read the journal. All the answers will be found there, in print or online.
2. Go to [www.mpconsulting.co.za](http://www.mpconsulting.co.za) to answer the questions.

Accreditation number: MDB015/033/01/2018

