

The CPD programme for *SAMJ* is administered by Medical Practice Consulting.
CPD questionnaires must be completed online at www.mpconsulting.co.za.

Please note: The change in CPD question format comes from the accreditation bodies, who have informed us that CPD questionnaires must consist of a minimum of 5 questions, 80% of which should be MCQs with a minimum of 4 options and only 20% of which may now be in the form of 'True or false' answers.

MCQs may be of 'single correct answer' or 'multiple correct answer' format. Where the question states that more than one answer is correct, mark more than one of a, b, c or d (anything from two to all answers may be correct). For example, in Question 1, if you think that b, c and d are correct (note that these are not necessarily the correct answers), mark each of these on the answer form. Where the question states that only one answer is correct (there are none of these this month), mark the single answer that you think is correct.

1. Rapid evolution of our understanding of the pathogenesis of COVID-19 – implications for therapy

Regarding the pathogenesis of COVID-19 (more than one answer is correct):

- SARS-CoV-2 infects multiple pulmonary cell types, including bronchial epithelium.
- The angiotensin-converting enzyme 2 (ACE-2) receptor that SARS-CoV-2 binds to is not found in the heart.
- There is no evidence for an increased risk of COVID-19 as a result of angiotensin-converting enzyme inhibitor or angiotensin II receptor blocker treatment.
- The hyperinflammatory state that characterises COVID-19 appears to be linked in part to endothelial dysfunction, which may result from viral binding to endothelial and pulmonary vascular smooth-muscle cell ACE-2 receptors.

2. Prevalence and characteristics of incidental colorectal polyps in patients undergoing colonoscopy at a South African (SA) tertiary institution

Answer true or false:

Sub-Saharan African countries report much lower age-standardised incidence rates of colorectal cancer than the USA and other Western countries, ranging from 6.3 in men and 2.7 in women in Mozambique, to the highest rates, i.e. 15.6 in men and 9.5 in women in SA.

3. Postmortem lung biopsies from four patients with COVID-19 at a tertiary hospital in Cape Town

Regarding the findings of postmortem lung biopsies from four patients with COVID-19 (more than one answer is correct):

- Numerous autopsy and postmortem biopsy studies have described histopathological features of the severe acute respiratory syndrome caused by SARS-CoV-2.
- Pulmonary histopathological findings at postmortem in this study demonstrated varied pathology between cases, including

interstitial lymphocytes, intra-alveolar macrophages and oedema, multinucleated giant cells and type 2 pneumocyte hyperplasia.

- The histopathology of the pulmonary tissue showed changes sufficient to be deemed the cause of death in only one patient.
- Viral particles could be seen on electron microscopy within pneumocytes, macrophages or endothelial cells.

4. The impact of COVID-19 on routine patient care from a laboratory perspective

Regarding the impact of COVID-19 on routine patient care (more than one answer is correct):

- During lockdown stage 5, many healthcare workers were redeployed to serve in COVID-19-related activities.
- Routine patient follow-up visits and elective surgeries took place as normal.
- Using routine monitoring of diabetes, dyslipidaemia and hypothyroidism, and patients with malignancies as a proxy of patient follow-up, there was a decrease in relevant testing that coincided with initiation of stage 5 lockdown.
- The follow-up of haematological malignancies and neonatal bilirubin was least affected.

5. Use of the antenatal antiretroviral (ARV) tracking form in maternity case records to improve ARV management

Regarding the antenatal antiretroviral tracking form in maternity case records (more than one answer is correct):

- Most pregnant women in KwaZulu-Natal Province receive their antenatal care in primary healthcare (PHC) clinics, both fixed and mobile.
- In the PHC clinics, doctors do almost all the work of screening pregnant women for HIV at their first antenatal or booking visit.
- At booking, a CD4 count was taken on all HIV-positive pregnant women.
- At 6 months after booking, all pregnant women on ARVs should have had a viral load and creatinine taken.

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

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

INSTRUCTIONS

- Read the journal. All the answers will be found there, in print or online.
- Go to www.mpconsulting.co.za to answer the questions.

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