

September 2013 – Pulmonology

CPD questionnaires must be completed online via www.cpdjournals.co.za
After submission you can check the answers and print your certificate.



True (A) or false (B):

A PRACTICAL APPROACH TO DIAGNOSING PLEURAL EFFUSION IN SOUTHERN AFRICA

1. Ultrasound has a superior sensitivity to computed tomography in detecting loculations.
2. A patient with a pleural effusion undergoes a diagnostic tap. The biochemical results are as follows: LDH fluid: serum ratio 0.65, protein 36 g/l, ADA 48, and it is lymphocyte predominant. The most likely cause is a malignancy and the patient should therefore be referred for further investigations.
3. In a patient with a pleural effusion, an albumin gradient >12 g/l in isolation is usually indicative of an exudate.

SARCOIDOSIS

4. When making a diagnosis of sarcoidosis, tuberculosis, fungal and other mycobacterial infections need to be actively excluded.
5. The majority of patients with sarcoidosis do not require treatment.
6. Serum angiotensin-converting enzyme is useful in monitoring disease activity and response to therapy.

MANAGEMENT OF COPD AND ASTHMA IN THE 21ST CENTURY

7. A 5-day course of oral steroids is as effective as a 10-day course in patients with severe COPD requiring hospital admission.
8. COPD exacerbations form part of the severity classification according to the latest GOLD classification.
9. Asthma therapy should be titrated against lung functions, especially FEV₁.

PULMONARY THROMBO-EMBOLIC DISEASE

10. The D-dimer is a useful test to rule out pulmonary embolism (PE).
11. A V/Q scan is currently the procedure of choice for the diagnosis of PE.

12. Immobilisation is the major risk factor for deep venous thrombosis (DVT) and PE.

AN APPROACH TO COMMUNITY-ACQUIRED PNEUMONIA IN ADULTS

13. In CAP, the symptoms of cough, fever, pleuritic chest pain and dyspnoea are nonspecific.
14. In the immunocompetent patient the presence of extrapulmonary symptoms, such as diarrhoea, headache and myalgia, suggests infection with the so-called atypical pathogens.
15. Patients on long-term immunosuppressive therapy or corticosteroids are at risk of infection with opportunistic pathogens and invasive fungi such as *Aspergillus fumigatus*.
16. A chest radiograph is not necessary to start the patient on treatment in suspected CAP.

A BRIEF OVERVIEW OF IPF AND NSIP

17. 39% of patients presenting with nonspecific interstitial pneumonia (NSIP) have an underlying condition, such as connective tissue disease.
18. Lung biopsy is not required in patients with a typical clinical picture and a definite usual interstitial pneumonia (UIP) pattern on high-resolution computerised tomography (HRCT).

DRUG-RESISTANT TUBERCULOSIS

19. In a South African study, fewer than 20% of patients with extensive drug-resistant tuberculosis (XDR-TB) culture converted within 6 months of initiation of treatment, and this poor outcome was independent of HIV status.
20. Clofazimine (CFZ) has been shown to be effective in treating drug-resistant TB (DR-TB).

A maximum of 5 CEUs will be awarded per correctly completed test.