

True (T) or false (F):

Regarding Waardenburg syndrome (WS):

1. WS is the most common cause of syndromic deafness in sub-Saharan Africa.
2. The presence of deafness is not a prerequisite for the diagnosis of WS.
3. Pigmentary abnormalities of skin or hair count among the classical features of WS.

Regarding noise exposure in neonatal intensive care units:

4. Noise exposure is not expected to have a detrimental effect on the hearing development of prematurely born infants.
5. High levels of noise in the intensive care unit can cause sleep disturbances.
6. There is a need for the development of programmes to monitor and reduce environmental noise in neonatal units.

Regarding the association of severe pneumonia with prolonged hospital stay:

7. Hypoxaemia on admission was found to be associated with a prolonged hospital stay.
8. Late presentation to hospital does not influence the duration of hospital stay.

Regarding the association of household-level factors with under-5 mortality:

9. Under-5 mortality is more likely in households where fathers and mothers have no form of education.
10. Under-5 mortality rates are higher in female-headed households than in male-headed households.

Regarding reticulocyte haemoglobin concentration (CHr):

11. Iron deficiency is extremely common in pre-school children.
12. Serum ferritin is an acute phase reactant and can therefore be used reliably in acute or chronic illness.
13. Transferrin saturation can also be used to evaluate iron deficiency.
14. Microcytic hypochromic red cells are specific for iron deficiency in chronically ill patients.
15. CHr is a measure of functional iron available for erythropoiesis over the previous 3 - 4 days.

Regarding Rubinstein-Taybi syndrome:

16. This uncommon syndrome consisting of characteristic facies, broad thumbs and great toes, stunted stature and mental retardation, always occurs in an autosomal dominant fashion.

Regarding congenital nasal obstruction:

17. This presents with respiratory distress and intercostal recession with intermittent cyanosis that is relieved by placement of an oropharyngeal airway.
18. In such a case, a nasogastric tube cannot be passed and the patient must be referred.

Regarding bacterial eye infections:

19. In neonates, bacterial endophthalmitis is always caused by an external injury or corneal infection.

Regarding Kawasaki disease (KD) in children:

20. KD is a chronic febrile illness with vasculitis involving both large and small arteries.

Effective in 2014, the CPD programme for SAJCH will be administered by Medical Practice Consulting:

CPD questionnaires must be completed online at <http://www.mpconsulting.co.za>

Accreditation number: MDB001/009/01/2014 (Clinical)

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

