

JTGGA CME/CPD CREDITING



Answer form for the article titled “New insights on the pathogenesis of endometriosis and novel non-surgical therapies” within the scope of CME/CPD

1. Which one of the following is the gold standard diagnosis of endometriosis?

- History of chronic pelvic and infertility, vaginal examination shows frozen pelvis
- Endometriotic implant visualization by laparoscopy
- Ultrasound findings of low-echogenic adnexal cyst and diffuse echogenic peritoneal implants
- Laparoscopic biopsy, confirmed by histologic examination

2. Which one of the following is the most common complaint in endometriosis?

- Infertility
- Chronic pelvic pain
- Dysmenorrhea
- Menstrual cycle disorder

3. Which of the following theories regarding endometriosis pathogenesis would best explain the occurrence of endometriotic peritoneal implants far from pelvic compartment?

- Sampson's theory
- Ferguson's theory
- Mullerian remnant theory
- Stem cell theory

4. Which of the following statements is true about the pathophysiology of endometriosis?

- Various biomolecular changes are involved in the development of endometriosis lesions, including: impaired immune response, increased angiogenesis, excessive estrogen production, and progesterone resistance
- Ectopic endometrial tissues may avoid normal apoptotic and phagocytosis mechanisms, due decreased production of dissolved intercellular adhesion molecule-1 and increased MMP expression
- Increased inflammatory activity is also present in endometriosis, through the overproduction of Interleukin (IL) -1, IL-6, IL-8, monocyte chemo-attractant protein (MCP-1), RANTES, tumor necrosis factor (TNF)- α and TNF- β . These mediators will further stimulate the prostaglandins production and triggers the release of vascular endothelial growth factor (VEGF) that serves as pro-angiogenic agent [19]
- Hypomethylation of the CpG cluster changes the balance of estrogen receptors, from beta subtypes (ER β) dominance into alpha subtypes (ER α) dominance
- Prostaglandins are known to increase the immune response to endometriotic implant

5. Which one of the following statements is not true regarding the use of aromatase inhibitor in endometriosis?

- Aromatase inhibitors directly decrease aromatase activity in endometriotic tissue and estrogen level, thereby suppressing COX-2 activity, decreasing PGE2 level, and breaking the positive feedback loop
- In premenopausal women, AI suppresses estrogen production and increases the FSH production by the pituitary gland
- When combined with progestogen, COC, or GnRH agonist, it significantly increases the side effects without improving patient's quality of life
- AI is superior in preventing postoperative recurrence when compared to GnRH or Danazol, within 6 months period

6. The use of high-intensity focused ultrasound for endometriosis is supported by many researchers. Which one of the following is not the physical basis of its mechanisms of action on human tissues?

- Thermal coagulation
- Acoustic cavitation
- Radiation forces (microflow of liquid around the bubbles)
- Tumor desensitization

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1st Question

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2nd Question

A	B	C	D
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3rd Question

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4th Question

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5th Question

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6th Question

A	B	C	D
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People who answer these questions will receive “2 TMA-CME/CPD credits”

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JTGGGA MANUSCRIPT 2018/3

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