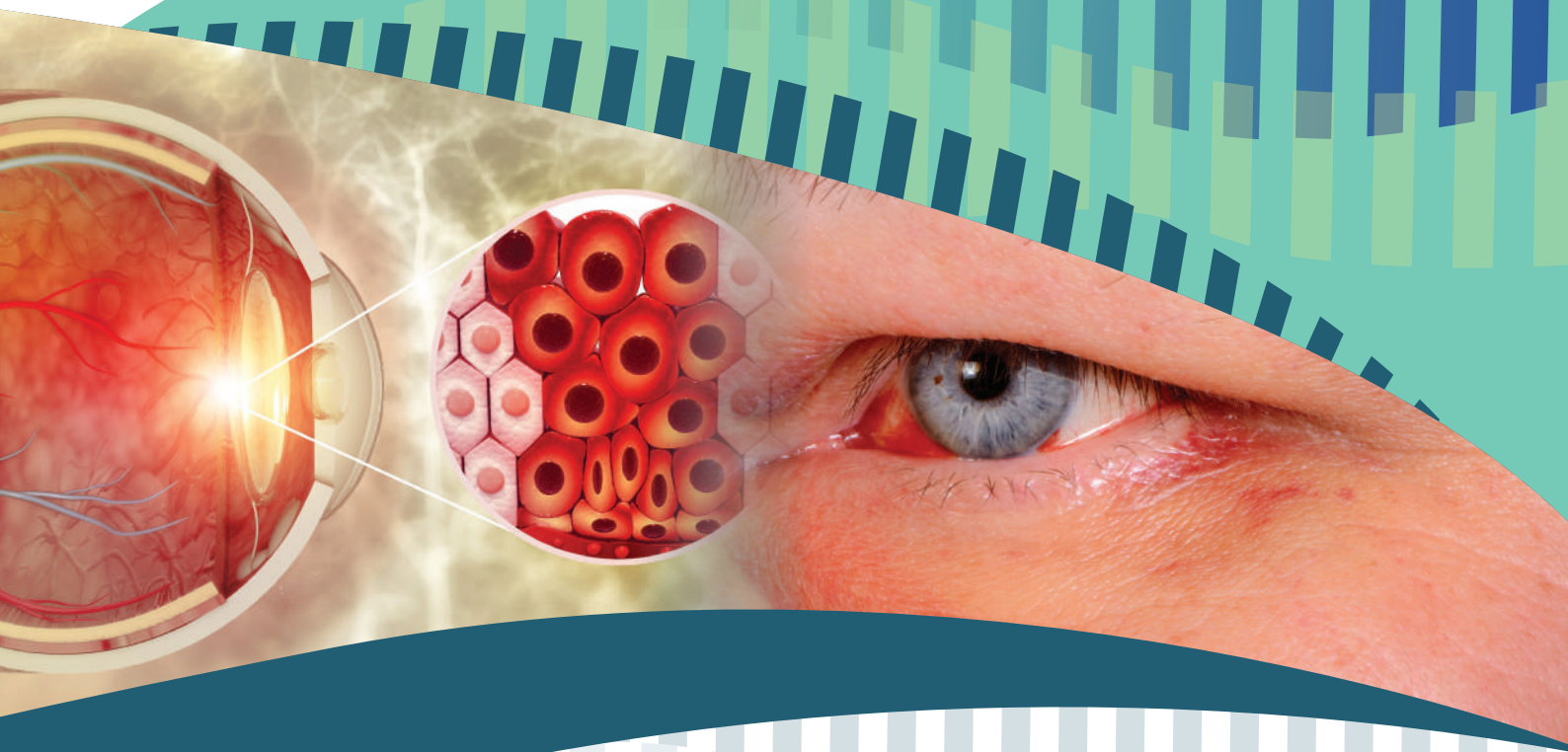
www.hkma.org | May 2023
HK$ 100

香港醫學會
THE HONG KONG MEDICAL ASSOCIATION

CME BULLETIN

持續醫學進修專訊



Acquired Eyelid Lesions: Overview and Common Clinical Considerations

CME LIVE

Dr. Marcus M. MARCET

HKMA CME Bulletin
持續醫學進修專訊

Contents

The Hong Kong Medical Association is dedicated to providing a coordinated CME programme for all members of the medical profession. Under the HKMA CME Programme, a CME registration process has been created to document the CME efforts of doctors and to provide special CME avenues. The Association strives to foster a vibrant environment of CME throughout the medical profession. Both members as well as non-members of the Association are welcome to join us. You may contact the HKMA Secretariat for details of the programme.

HKMA CME Bulletin –
MONTHLY SELF-STUDY SERIES to help you grow!

Please read the articles and answer the questions. Participants in the HKMA CME Programme will be awarded credit points under the Programme for returning the completed answer sheet via fax (2865 0943) or by mail to the HKMA Secretariat on or before submission deadline. Questions may also be answered online at www.hkma.org. Answers to questions will be provided in the next issue of the HKMA CME Bulletin.

HKMA CME Programme or CME Bulletin Advertising Enquiry

Tel: 2527 8452
Fax: 2865 0943
Email: cme@hkma.org
Address: 5/F, Duke of Windsor Social Service Building, 15 Hennessy Road, Hong Kong
Website: www.hkma.org

CME Bulletin & Online Editorial Board

HKMA CME Bulletin Electronic Version in 2023

In response to the initiative to go green, HKMA CME Bulletin will be distributed electronically to subscribed members starting from January 2023. We understand that some doctors still use printed copies to complete their self-study quizzes; if you prefer to continue receiving printed copies, please kindly scan the QR code below and complete the e-form, or contact the Secretariat at 2527 8452 or cme@hkma.org to sign-up.

CME Bulletin Printed Copy Request Form:

EDITORIAL – May Issue 2023

Dr. HO Hung Kwong, Duncan
Co-editor, Hong Kong Medical Association CME Bulletin

The author of the Spotlight article on Ophthalmology is particularly worth to mention. Dr. Marcus M. MARCET graduated from the University of Florida and finished his specialist training in the United States.

In contrast to the current very relaxed pathway to obtain full medical license, Dr. MARCET faced every challenge and passed the written and oral Hong Kong Medical Licensing Exam, not to mention overcoming the language barrier and the exhaustive one-year internship in our public hospital. He then worked as faculty in Queen Mary Hospital before joining private practice. He is respectable by proving himself as a reliable colleague in our practice rather than taking the cut corner route to the full licensure.

Hong Kong medical profession has a rich history, strong tradition of academic excellence, and emphasis on cultivation of moral values, region, and compression. We should commit to uphold these ideals and strengthening our professional community, welcome foreign talents who have gone through the above mentioned internationally recognized route to full licensure.

Dear General Practitioners,

HKMA Membership ≠ **HKMA as your CME Program Administrator**

Please choose your CME Administrator and register for CME Program for Non-Specialist!

The HKMA is one of the CME Programme Administrators. For HKMA MEMBERS, please find the registration form on www.hkma.org !

(HKMA Website Homepage → Login to Members Home Page → My e-Membership Card → Downloads → Registration form for choosing HKMA as Administrator under MCHK CME Programme)

Remarks: A maximum of 20 points can be awarded for self-study per year and no upper limit of CME points for attending CME lectures per year. Please contact the HKMA Secretariat at 2527 8452 or by email cme@hkma.org for assistance.

Acquired Eyelid Lesions: Overview and Common Clinical Considerations

Dr. Marcus M. MARCET
LMCHK, MD (University of South Florida, USA), DABOph, PGDipClinDerm (QMUL), DCH (Sydney), FCOphth HK, FHKAM (Ophthalmology)
Specialist in Ophthalmology

Introduction

The eyes and their lids are both vital structures and the focal point of the face. Consequently, pathology around the eyes is often noticed by the patient and those around them. Studies show, for example, that over 60% of eye movements during emotion recognition in faces are focused on the eyes and on the space between the eyes.[1] The lids frame the eyes and are themselves critical parts of a proper functioning ocular system. Important roles of the eyelids, include protecting the globes, keeping the eyes moist, assisting in focus and lighting control, conveying emotion and gender dimorphism, among other functions.

To fulfill their various roles, the eyelids have complex anatomy that includes both skin and its adnexa, as well as mucosal, fibrous, and other tissues. Consequently, conditions of the eyelids result from a wide range of potential pathologies and affect patients in different ways.[2,3] Introductory specialty coverage of eyelid lesions starts at about 30 print pages and extends to over 200 pages in comprehensive textbooks.[3–5] In contrast, this overview covers general concepts of acquired lesions of the eyelids and aims to enhance understanding of common considerations in the care of such patients by a wide range of medical practitioners.

General anatomy

From anterior to posterior at the margin, the eyelids consist of skin (keratinized epithelium), orbicularis oculi muscle, tarsus, and palpebral conjunctiva (non-keratinizing epithelium).[5,6] The palpebral conjunctiva forms a cul-de-sac at the fornices and continues onto the globe as the bulbar conjunctiva and cornea. The eyelid skin is continuous with the skin of the rest of the face, but becomes thicker outside of the periorbital area.

Apart from the pilosebaceous units of the eyelashes, the tarsus itself also has sebaceous (meibomian) glands to specifically lubricate the ocular surface. Within the eyelid, distal to the tarsus in both upper and lower eyelid, the lid retractors and orbital septum diverge and contain and area known as the middle lamella. The middle lamella contains 3 fat pads in the lower eyelid. In the upper eyelid, the middle lamella contains the lacrimal gland laterally and the central and medial (or nasal) fat pads. The lymphatics of the eyelids and periocular structures drain to preauricular, submandibular, parotid, and/or upper cervical lymph nodes, with considerable variation between individuals.[7]

Clinical history

A careful history and examination can help the clinician gain a better sense of the lesion. However, if a definitive diagnosis is needed, then a biopsy is required for histopathologic confirmation. Cutaneous eyelid lesions are often visible to the patient and they frequently are able to explain when they first noticed the lesion. Family history may be relevant, especially in the case of melanoma.

Benign lesions may cause the patient irritation or other bothersome symptoms may be indicated for removal for functional reasons. In addition, bleeding may raise clinical suspicion of malignancy. Therefore, a history of symptoms, if any, should be elicited.[5] Relevant background history is summarized in Table 1.

Table 1. Key history questions regarding eyelid lesions

1.	How long has the lesion been present?
2.	Has the lesion grown or changed in appearance?
3.	Are there any associated symptoms, such as itching, bleeding, discharge, or pain?
4.	Has the lesion been previously treated, biopsied or undergone surgery?
5.	Any past history of other skin lesions or cancer?
6.	Any family history of skin cancer?

Photography

Review of patient-supplied photographs can help establish the initial size and appearance of lesions. In the clinic, eyelid lesions can be photographed with slit lamp imaging or other clinical photography to help in assessing for changes in size, shape, and appearance over time. If surgery is planned, baseline preoperative imaging is essential to document the appearance prior to any intervention and to facilitate later monitoring for possible recurrences.

Patient examination

The clinical examination helps inform the practitioner of the nature of the lesion and may raise suspicion for a possible eyelid malignancy. Assessing the patient's sun exposure and Fitzpatrick skin type can help determine cancer risk. The slit lamp biomicroscope's ruler function allows for measurement and microscopic assessment. In the absence of a slit lamp, a handheld ruler is perfectly suitable to measure an eyelid lesion, especially when further from the lid margin and/or for larger lesions. The contiguous areas, including facial skin and ocular surface are examined. To inspect the eyelid's posterior surface, the lid is everted. Typically, in cases of eyelid infections or possible malignancies, the relevant regional lymph nodes are palpated.[7,8] Associated preoperative conditions, such as ptosis, dermatochalasis, or lower eyelid malposition, may impact the functional status of the patient and are noted.[2] In addition, factors such as the amount of eyelid laxity and/or excess skin that may affect the surgical reconstructive options are assessed, particularly for major excisions.

Benign lesions

Over 85% of lid lesions are benign, according to research analyzing the histopathological classification of biopsied eyelid tumors.[9–11] If one factors the selection bias of biopsied lesions for ones that are clinically suspicious, then the actual percentage of benign lesions in clinical practice is likely to be even higher. Clinicopathological studies of biopsy specimens have shown the most common benign eyelid tumors are nevi, seborrheic keratosis, squamous papillomas (Fig. 1-3), epidermoid cysts, and warts.[9,10,12] Chalazion, a focal inflammatory lesion, is more common to clinical practice, however a specimen is not typically sent to pathology after incision and curettage, unless the chalazion is recurrent or clinically suspicious-appearing. There are many other types of benign lesions, such as apocrine hidrocystoma, syringomas, and pilomatricoma (Fig. 4).

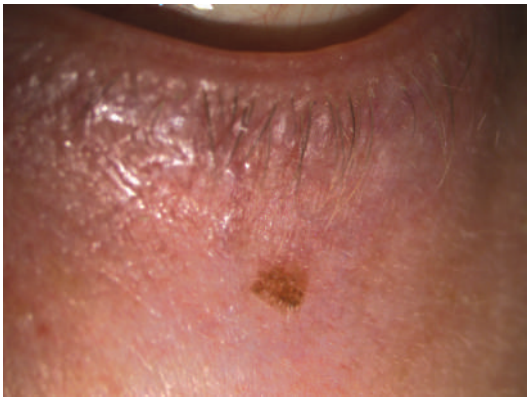


Figure 1. Compound nevus of lower eyelid.

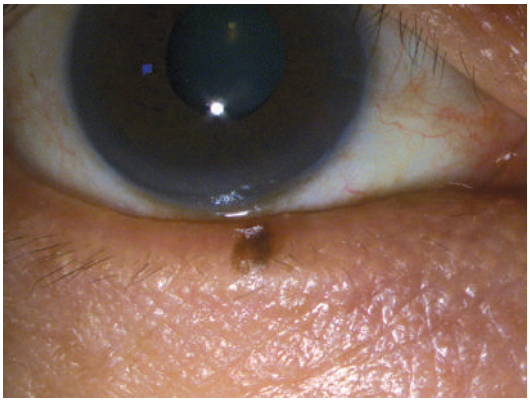


Figure 2. Seborrheic keratosis along lower eyelid margin.

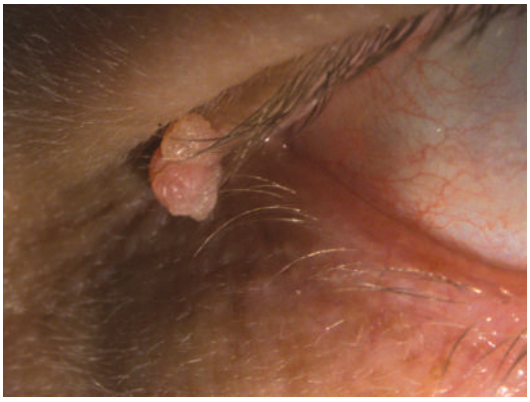


Figure 3. Squamous papilloma at right lateral canthus.

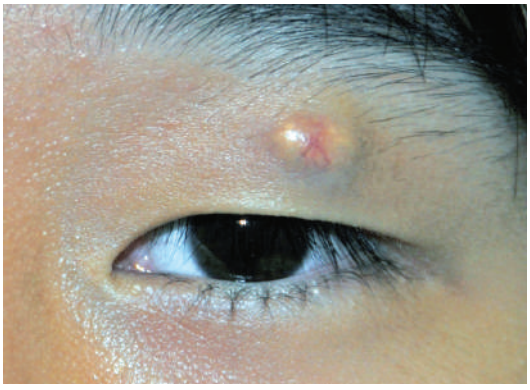


Figure 4. Pilomatricoma of upper eyelid.

Malignant lesions

Based on histopathological analyzes, less than 1 in 6 biopsied lid lesions are malignant.[9,10] Clinical features of concern for possible malignancy are summarized in Table 2. Patients with eyelid malignancies tend to be older in age compared to those with benign lesions (typically over 60 years of age for malignancy versus younger for benign lesions). [9,10]

Table 2. Features of concern for eyelid malignancy

1.	Enlargement of the lesion
2.	Skin ulceration, induration, and/or bleeding
3.	Irregular or skin pigmentary changes
4.	Overlying telangiectasias
5.	Loss of eyelashes (madarosis)
6.	Disruption of the normal eyelid architecture
7.	ABCDE characteristics

The most common eyelid malignancy is basal cell carcinoma,[13] Figures 5 and 6 show an example of typical loss of eyelid architecture, madarosis and telangiectatic vessels. The next most common malignancies are sebaceous gland carcinoma (Fig. 7) and squamous cell carcinoma.[9,10,12,14] Keratoacanthoma is typically considered a low grade squamous cell carcinoma, distinguished by rapid growth over a several weeks to months (Fig. 8). Rarely other malignancies such as lymphoma (Fig. 9) and melanoma (~1% of malignant lid lesions) may also present in the eyelid.[3,9]

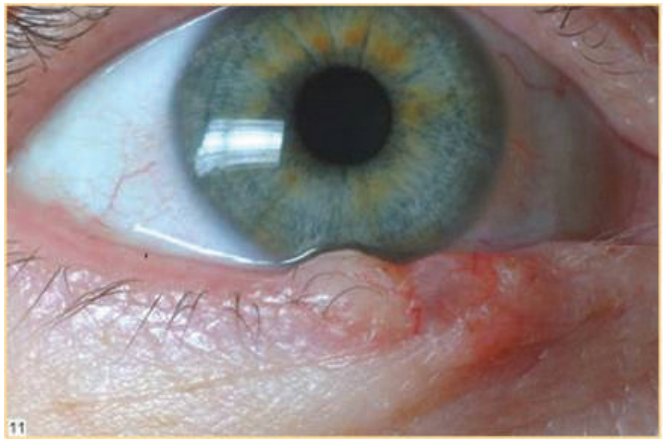


Figure 5. Basal cell carcinoma of the central lower eyelid margin with typical pearly appearance and loss of lid architecture.

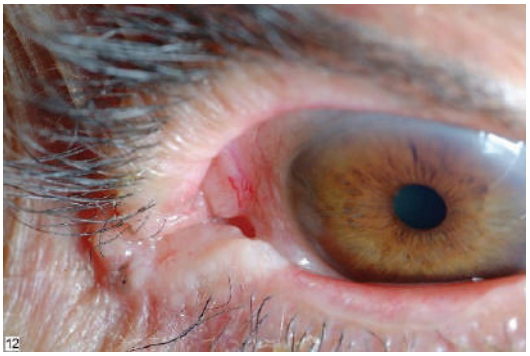


Figure 6. Basal cell carcinoma of the lateral lower eyelid invasive to the orbit, which initially presented with ptosis.

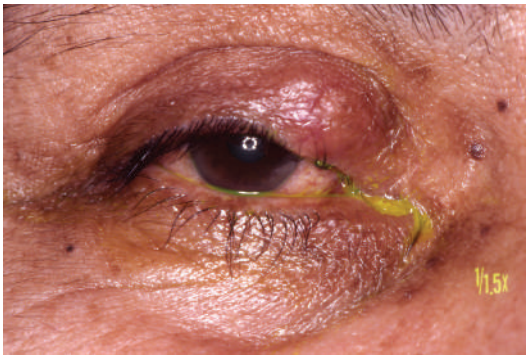


Figure 7. Sebaceous gland carcinoma of the upper eyelid resembling a chronic chalazion for months in a 50-something year old.

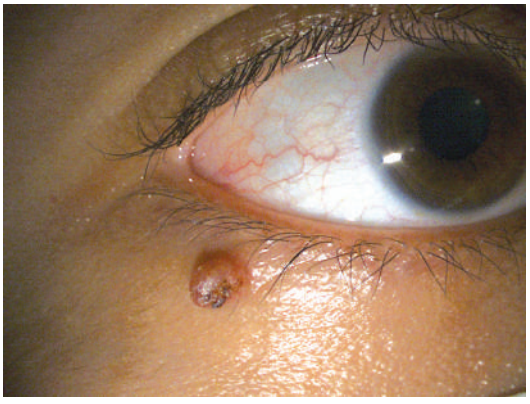


Figure 8. Keratoacanthoma, a type of low-grade squamous cell carcinoma of the lower eyelid, that erupted over 4 weeks.

Figure 9. Lymphoma of the anterior orbit with infiltration of the brow and upper eyelid tissues that presented with asymmetry, fullness and ptosis impacting vision.

Accordingly, lesions are also assessed against the ABCDE characteristics for melanoma (asymmetry, border irregularity, color variation, diameter >6 mm, evolution) with any suspicious lesions warranting biopsy.[15]

Other types of lid lesions

Common infectious etiologies for eyelid lesions include molluscum contagiosum, verruca vulgaris (common cutaneous warts), varicella-zoster, and herpes simplex. Molluscum contagiosum is commonly associated with a follicular conjunctivitis (Fig. 10). There are many other miscellaneous types of lesions that can present in the eyelid, including vascular lesions and foreign bodies. Infiltrative type lesions, such as the commonly seen xanthelasma, may be associated with hyperlipidemia in about 50% of cases. Less commonly, eyelid amyloidosis (Fig. 11), a rare infiltrative lesion, is typically localized, but may occasionally be associated with systemic amyloidosis.

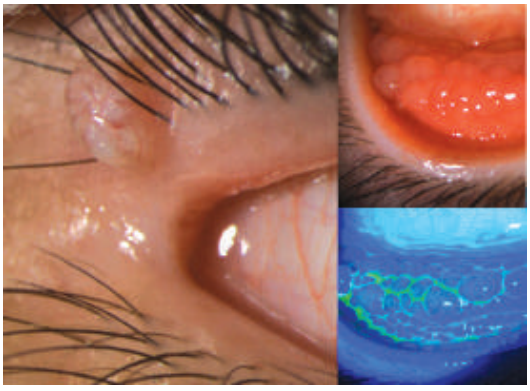


Figure 10. Molluscum contagiosum lesion of the lateral, right upper lid (left image) with associated follicular conjunctivitis of the lower fornix on slit lamp views (white light and cobalt blue).

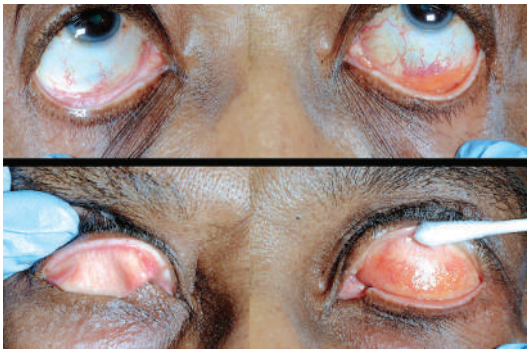


Figure 11. Localized amyloidosis seen as a yellow infiltrate and thickening of the left upper and lower lids, which presented clinically with a mechanical ptosis. The right eye is unaffected.

Management

Asymptomatic benign-appearing eyelid lesions with low suspicion of malignancy may be followed with observation, including serial examination, measurement and photography. The development of symptoms, patient concern for growth or other changes, or the medical practitioner's assessment that further evaluation is required suggests the need for further intervention, including biopsy, removal, or referral. A number of common medical indications for removal of lid lesions are listed in Table 3. Lesions may also be removed for cosmetic reasons, where the appearance of the lesion is the patient's main concern.

Table 3. Common medical indications for removal of eyelid lesions

1.	Symptomatic, e.g., pain, bleeding, irritation
2.	Affecting vision, e.g., causing mechanical ptosis
3.	Repeated physical trauma due to anatomic location
4.	Infections, e.g., warts
5.	Possible malignancy, e.g., due to coloration or change in size/shape
6.	Biopsy suggests or indicates malignancy or pre-malignancy

Basal cell carcinoma (BCC) is typically managed with surgical excision.[13] For the eyelids, the necessary surgical margins depend partly on the subtype of BCC. Solid BCC are the most common subtype of BCC. Solid BCC have a lower chance of recurrence, even with very small histologic margins of >0.2 mm, but those margins may be more suitable only for critical and visually easily accessible periocular tumor sites that can undergo regular clinical examinations.[16] In comparison, the fibrous (also known as sclerosing or morpheaform) subtype has an infiltrative nature with poorly defined edges that requires larger surgical margins, has a higher risk of recurrence, and needs indefinite postoperative surveillance.[16–18]

Non-surgical treatments for BCC have higher recurrence rates than surgery. While less effective than surgical treatments, Imiquimod, in particular, does have some evidence to support its efficacy in select cases of low-risk basal cell carcinoma.[17]

Sebaceous carcinoma and other malignancies may have lower chance of recurrence with margin-controlled techniques such as Mohs surgery or complete circumferential peripheral and deep margin assessment by intraoperative frozen or permanent sections and en face sectioning.[8,11] Conjunctival map biopsies may help discern the extent of pagetoid spread in sebaceous carcinoma.[8,11,19]

Cutaneous melanomas elsewhere on the body have well established guidelines on surgical margins.[20] However, due to their rare incidence and sensitive anatomic location, controversy exists on the exact margins needed for eyelid melanomas.[15,21–23] Some advocate for 3 mm margins for lesions ≤1 mm thick and 5 mm margins for lesions >1 mm.[22] Melanomas are commonly diagnosed by shave biopsy during initial office screening, however a full-thickness skin biopsy is preferred for melanoma and required to calculate the Breslow thickness, which is the most influential determinant of prognosis.[20] When the index of suspicion is low, current guidelines consider a superficial/tangential shave biopsy acceptable.[20]

Apart from BCC, all eyelid malignancies have the tendency to metastasize to regional lymph nodes prior to spreading systemically, thus sentinel lymph node biopsies have a role in the management of such conditions, especially for more aggressive lesions, such as Merkel cell carcinoma, melanoma, and sebaceous carcinoma.[8,11] Imaging may be performed for widespread or diffuse disease.[8]

Complications and risks

The postoperative issues that may arise are as varied as the different types of eyelid lesions and the anatomic location on the lid itself. General risks of surgery for eyelid lesions includes but is not limited to downtime for the patient, postoperative hemorrhage, vision loss, ecchymosis, edema, eye discomfort, recurrence or persistence of the lesion(s), scarring, asymmetry (new or worsening of existing), and a poor aesthetic result. For the upper eyelid, there may be a change in the eyelid crease, whereas surgery for lower eyelid lesions carries risks of ectropion and entropion. There are risks of tearing, for lesions near the punctum (at the medial aspect of the eyelids) and the lacrimal draining system. For larger malignant lesions that require full thickness wedge resection of the eyelid (Fig. 12), the patient is warned the eyelid may feel tight against the eye, especially during the early stages of healing and the postoperative course will take several weeks.

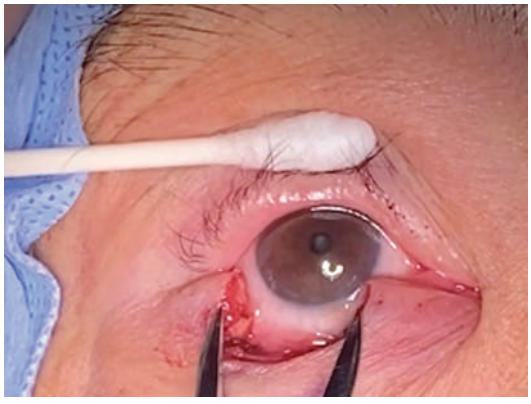


Figure 12. Appearance of a full thickness wedge resection of lower eyelid, prior to reconstruction, in the management of a basal cell carcinoma.

Postoperative course

Recovery depends on the nature of the excision and the extent of the reconstruction, if any. Malignant lesions with systemic spread and/or lesions with multi-system involvement or systemic concerns may require cross-disciplinary support.

In the immediate term, an eye patch may be temporarily applied based on patient preference and/or a need for continued gentle postoperative compression. Many benign lesions are small and the patient commonly experiences mild postoperative soreness for 1 or 2 days. Typically, a combination steroid-antibiotic ointment is prescribed to prevent infection, minimize postoperative inflammation, and facilitate wound healing. The intraocular pressure (IOP) is monitored, particularly in the setting of medications containing topical steroids to assess for the potential side effect of a rise in IOP from the steroids.

For larger lesions and other types of more major eyelid surgery, postoperative cold compresses and head of bed elevation may be advised to minimize postoperative edema and discomfort. The eyelid skin is especially thin; if cutaneous sutures are used (Fig. 13), then they are removed on or before postoperative day 7. In cases of malignancy, the patient continues regular follow up monitoring for recurrences.

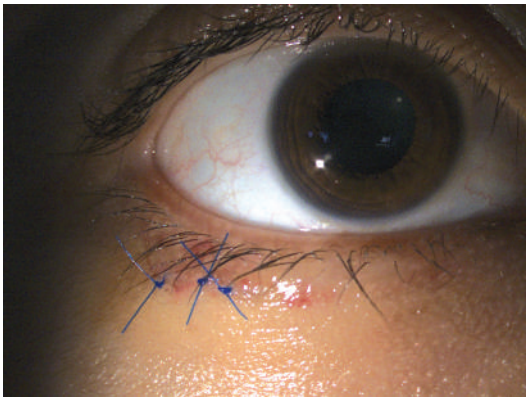


Figure 13. Postoperative appearance at day 5 of the lesion shown in Fig. 8 with series of three, interrupted 6-0 polypropylene sutures.

Summary

The eyelid's complex anatomy, sensitive location adjacent to the globe, and wide range of potential pathologies can present unique clinical challenges to the medical practitioner. General principles of identifying patients' signs and symptoms help guide the appropriate approach to eyelid lesions. The majority of eyelid lesions are benign, however symptomatic and/or clinically suspicious lesions should be further assessed via biopsy, removal, or referral.

Key Messages

- Due to the anatomic complexity of the eyelids, there is a wide variety in the types of lesions that can occur, most of which are benign.
- Assessment of the patient, includes determining the functional impact of the patient's symptoms even in the case of benign lesions.
- The signs and symptoms of eyelid lesions help to guide clinical decision making.
- Enlargement, ulceration, telangiectasias, and madarosis are features concerning for potentially malignancy in an eyelid lesion.
- The initial management of an eyelid lesion suspected to be malignant starts with a biopsy.
- Recurrence of a previously benign-appearing lesion should prompt biopsy for pathologic diagnosis.

References

1. Schurgin MW, Nelson, J, Iida S, Ohira H, Chiao JY, Franconeri SL. Eye movements during emotion recognition in faces. Journal of Vision 2014;14:1–16.
2. Cahill KV, Bradley EA, Custer PL, Holck DE, Marcet MM, Mawn LA, Meyer DR. Functional Indications for Upper Eyelid Ptosis and Blepharoplasty Surgery: a report by the American Academy of Ophthalmology. Ophthalmology 2011;118:2510-7.
3. Shields JA, Shields CL. Eyelid, Conjunctival, and Orbital Tumors: An Atlas and Textbook, 2nd ed. Philadelphia, PA: Lippincott Williams & Wilkins;2008:5-241.
4. Albert DM, Miller JW, Azar DT, Blodi BA, editors. Albert & Jakobiec's Principles and Practice of Ophthalmology. 3rd ed. Vol. 3. Philadelphia, PA: Saunders/Elsevier;2008: 3229–3394.
5. Nerad J. Oculoplastic Surgery: The Requisites in Ophthalmology. St. Louis, MO: Mosby; 2001:254–281.
6. Ng SK, Chan W, Marcet MM, Kakizaki H, Selva D. Levator palpebrae superioris: an anatomical update. Orbit 2013 Feb;32(1):76-84.
7. Yen YT, Lee GN, Evans WI, Bohnak CE, Ingrassia-Miano D. Sentinel Lymph Node Biopsy for Periorbital Malignancy. EyeWiki. Available at: https://eyewiki.org/Sentinel_Lymph_Node_Biopsy_for_Periorbital_Malignancy. Last accessed: 18 April 2023.
8. Owen JL, Worley B, Kelm RC, Choi JN, Reynolds BA KA, Poon E, et al. Sebaceous carcinoma: evidence-based clinical practice guidelines. Lancet Oncol 2019;20:e699–714.
9. Wang L, Shan Y, Dai X, You N, Shao J, Pan X, et al. Clinicopathological analysis of 5146 eyelid tumors and tumour-like lesions in an eye centre in South China, 2000-2018: A retrospective cohort study. BMJ Open. 2021 Jan 26;11(1).
10. Yu SS, Zhao Y, Zhao H, Lin JY, Tang X. A retrospective study of 2228 cases with eyelid tumors. Int J Ophthalmol. 2018;11(11):1835–41.
11. Phelps PO, Silverstein E, Yen MT, Marcet MM, Silkiss RZ, Burkat CN. Sebaceous Carcinoma. EyeWiki 2023 Jan 12. Available at: https://eyewiki.org/Sebaceous_Carcinoma. Last accessed: 14 Apr 2023.
12. Ho M, Liu DTL, Chong KKL, Lam D, Ng HK, Lam DSC. Eyelid tumours and pseudotumours in Hong Kong: a ten-year experience. Hong Kong Med J. 2013;19:150-5.
13. Phelps PO, Kozak A, Goel S, Stewart K, Marcet MM, Burkat CN. Basal Cell Carcinoma. EyeWiki. Available at: http://eyewiki.aao.org/Basal_Cell_Carcinoma 2023 Feb 8. Last accessed: 14 Apr 2023.
14. Kozak A, Burkat CN, Sundar G, Marcet MM, Phelps PO, Silkiss RZ, et al. Squamous Cell Carcinoma of the Eyelid. EyeWiki 2022 Nov 3. Available at: https://eyewiki.org/Squamous_Carcinoma_of_the_Eyelid. Last accessed: 14 Apr 2023.
15. Bladen JC, Malhotra R, Litwin A. Long-term outcomes of margin-controlled excision for eyelid melanoma. Eye 2023;37:1009–1013.
16. Auw-Haedrich C, Frick S, Boehringer D, Mittelviefhaus H. Histologic Safety Margin in Basal Cell Carcinoma of the Eyelid. Correlation with Recurrence Rate. Ophthalmology. 2009 Apr;116(4):802–6.
17. Thomson J, Hogan S, Leonardi-Bee J, Williams HC, Bath-Hextall FJ. Interventions for basal cell carcinoma of the skin. Cochrane Database of Systematic Reviews. 2020 Nov 17;2020(11).
18. Hamada S, Kersey T, Thaller VT. Eyelid basal cell carcinoma: Non-Mohs excision, repair, and outcome. British Journal of Ophthalmology 2005;89:992–4.
19. Ul Kadir SM, Rani Mitra M, Rashid R, Nuruddin M, Hassan Khan MK, Haider G, et al. Clinicopathological Analysis and Surgical Outcome of Eyelid Malignancies: A Study of 332 Cases. J Skin Cancer. 2022;2022.
20. National Comprehensive Cancer Network. Melanoma: Cutaneous, Version 2.2023,. NCCN Clinical Practice Guidelines in Oncology 2023 Mar 10. Available at: https://www.nccn.org/professionals/physician_gls/pdf/cutaneous_melanoma.pdf. Last accessed: 19 Apr 2023.
21. Esmaeli B, Youssef A, Naderi A, Ahmadi MA, Meyer DR, McNab A. Margins of excision for cutaneous melanoma of the eyelid skin-The collaborative eyelid skin melanoma group report. Ophthalmic Plast Reconstr Surg. 2003 Mar;19(2):96–101.
22. Harish V, Bond JS, Scolyer RA, Haydu LE, Saw RPM, Quinn MJ, et al. Margins of excision and prognostic factors for cutaneous eyelid melanomas. Journal of Plastic, Reconstructive and Aesthetic Surgery. 2013 Aug;66(8):1066–73.
23. Oliver JD, Boczar D, Sisti A, Huayllani MT, Restrepo DJ, Spaulding AC, et al. Eyelid Melanoma in the United States: A National Cancer Database Analysis. J Craniofac Surg. 2019 Nov 1;30(8):2412–5.

Q&A Assessment Questions

Complete Spotlight, **1 CME Point** will be awarded for at least five correct answers

Answer these on page 13 or make an online submission at: www.hkma.org. Please indicate whether the following statements are true or false.

1. Studies show that the majority of eye movements during emotion recognition in faces are focused on the eyes and on the space between the eyes.
2. Clinical photography and measurements aid in the serial follow up of benign lesions.
3. Clinical examination alone is sufficient to completely rule out skin cancer.
4. Loss of eyelashes is also known as madarosis and is a concerning exam finding for possible malignancy.
5. Disruption of the normal eyelid architecture suggests a benign etiology for an eyelid lesion.
6. Basal cell carcinoma is the most common type of skin cancer in the eyelids.
7. Most eyelid lesions are due to malignancy.
8. In cases of clinically suspicious lesions, eyelid biopsy is recommended.
9. Some eyelid lesions can be manifestations of systemic disease.
10. A superficial/tangential shave biopsy of an eyelid lesion is never acceptable.

The content of the May 2023 Cardiology Series is provided by:
Dr. CHEUNG Shing Him, Gary
MBBS, MRCP, FHKCP, FHKAM (Medicine), Specialist in Cardiology
五月臨床心臟科個案研究之內容承蒙張誠謙醫生提供。

Complete Cardiology case,
0.5 CME POINT will be awarded for
at least 2 correct answers in total

Q&A About Structural Heart Disease

Q&A **Please answer ALL questions**

Answer these on page 13 or make an online submission at: www.hkma.org.

1. **The followings are true for atrial septal defect (ASD)?**
   A. Primum ASD is the most common type of all ASD.
   B. Secundum ASD is the congenital heart defect between left ventricle and right ventricle.
   C. ASD closure is indicated if there's enlarged right atrium, even the patient did not have any symptoms.
   D. Sinus venous ASD should be repaired by percutaneous closure rather than open heart surgery.
   E. Paradoxical embolism is not the indication for ASD closure.

2. **The followings are true for ventricular septal defect (VSD)?**
   A. Once born with VSD, no VSD will close itself spontaneously.
   B. Muscular VSD is the most common type of all VSD.
   C. VSD is usually detected in adults, rather than in children.
   D. VSD closure is indicated when Qp/Qs (pulmonary–to–systemic blood flow ratio) > 2.0, and clinical evidence of left ventricle volume overload.
   E. VSD closure is indicated when Qp/Qs < 1.5 with the presence of LV diastolic failure.

3. **The followings are true for left atrial appendage (LAA) occlusion?**
   A. All thrombi coming from the heart are formed in LAA.
   B. LAA occlusion is an acceptable alternative for stroke prevention in atiral fibrillation (AF) patients not suitable for oral anticoagulants.
   C. Every patients with AF must take warfarin or new anticoagulant for stroke prophylaxis.
   D. Warfarin or new anticoagulants are free of complications.
   E. LAA occlusion should be considered for stroke prevention in all elderly patients with high risk of stroke.

4. **The followings are true for mitral stenosis?**
   A. Infective endocarditis is the most common cause of mitral stenosis.
   B. Percutaneous Transvenous Mitral Commissurotomy (PTMC) could be performed for patient with severe mitral stenosis and severe mitral regugitation.
   C. Presence of intracardiac thrombus is one of contraindication of Percutaneous Transvenous Mitral Commissurotomy (PTMC).
   D. Rhuematic mitral stenosis is more common in developed countires than in developing countires.
   E. Percutaneous Transvenous Mitral Commissurotomy (PTMC) is superior than open heart mitral valve operation in all types of mitral stenosis.

Cardiology April Answers

Discussion:

Answers: 1.B 2.B 3.C

Atrial septal defects (ASD) are the most common congenital heart disorder and can go undiagnosed until after the 4th decade of life. Various forms of ASD exist including secundum ASD (where the defect, or "hole" occurs in the fossa ovalis), primum ASD (defect occurs adjacent to the atrioventricular valves with communication between atria), superior/inferior sinus venosus defect (associated with partial or complete connection between the right pulmonary veins to right atrium near the SVC/IVC) and unroofed coronary sinus (separation of the coronary sinus from left atrium). Ostium Secundum ASD is most commonly encountered accounting for 80% of all ASDs whereas primum ASD 15% only, the latter are rare. A secundum or primum ASD will often be associated with right ventricular volume or pressure overload. Thus, the ECG will show complete or incomplete right bundle branch block with or without features of right ventricular hypertrophy and strain pattern. Right axis deviation differentiates secundum from primum ASD which has left axis deviation. A notching of the QRS complex in the inferior leads known as the "Crochetage sign" is highly specific for secundum ASD, especially if present in all II, III and aVF. A CXR will often show prominent pulmonary vasculature hinting at concomitant pulmonary hypertension. A transthoracic echocardiogram followed by a transoesophageal echocardiogram is the primary imaging modality to confirm the diagnosis and type of ASD. Our case demonstrated a secundum ASD with classical symptomatology. Percutaneous closure remains the state of art treatment for secundum ASD provided certain hemodynamic criteria are met.

The content of the April 2023 Cardiology Series is provided by:
Dr. CHEUNG Ling Ling
MBBS(HK), MRCP(UK), FHKCP, FHKAM(Med), Specialist in Cardiology
Dr. Karl CHAN
MBBS (HK), MRCP (UK)
四月臨床心臟科個案研究之內容承蒙張玲玲醫生及陳斯暑醫生提供。

HKMA CME Bulletin
Monthly Self-Study Series
Call for Articles

Since its publication, the HKMA CME Bulletin has become one of the most popular CME readings for doctors. This monthly publication has been serving more than 10,000 readers each month through practical case studies and picture quizzes. To enrich its content, we are inviting articles from experts of different specialties. Interested contributors may refer to the General Guidance below. Other formats are also welcome.

For further information, please contact **CME Dept. at 2527 8452 or by email at cme@hkma.org.**

General Guidance for Authors

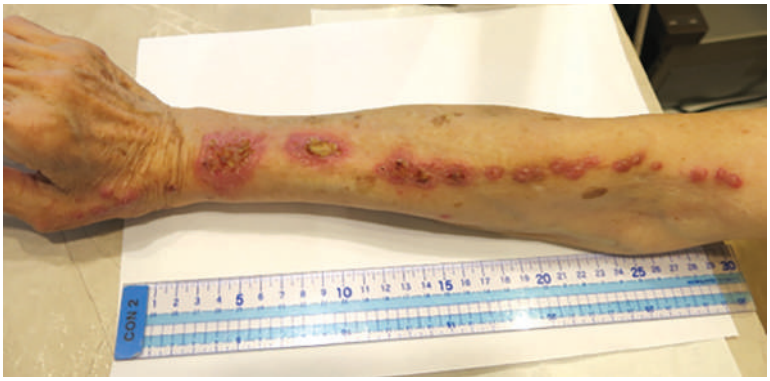
Intended Readers	:	General Practitioners
Length of Article	:	Approximately 8-10 A-4 pages in 12-pt fonts in single line spacing, or around 1,500-2,000 words (excluding references).
Review Questions	:	Include 10 self-assessment questions in true-or-false format. (It is recommended that analysis and answers to most questions be covered in the article.)
Language	:	English
Highlights	:	It is preferable that key messages in each paragraph/section be highlighted in bold types.
Key Lessons	:	Recommended to include, if possible, a key message in point-from at the end of the article.
Others	:	List of full name(s) of author(s), with qualifications and current appointment quoted, plus a digital photograph of each author.
Deadline	:	All manuscripts for publication of the month should reach the Editor before the 1st of the previous month.

All articles submitted for publication are subject to review and editing by the Editorial Board.

Dermatology Series for May 2023 is provided by:
Dr. CHAN Hau Ngai, Kingsley, Dr. TANG Yuk Ming, William, Dr. LEUNG Wai Yiu, Dr. KWAN Chi Keung, Dr. NG Shun Chin, Dr. CHENG Hok Fai and Dr. KOH Chiu Choi
Specialists in Dermatology & Venereology
五月皮膚科個案研究之內容承蒙**陳厚毅醫生、鄧旭明醫生、梁偉耀醫生、關志強醫生、吳順展醫生、鄭學輝醫生及許招財醫生提供。**

Complete Dermatology case,
0.5 CME POINT will be awarded for at least 3 correct answers in total

A 56-Year-Old Woman Presents with Painful Growths



A 56-year-old housewife with history of diabetes mellitus complained of painful growths along her right upper limb. She recalled a history of minor injury over her right thumb while she was handling raw fish in the kitchen around 6 months ago. She did not seek any medical attention and just applied over-the-counter cream. The initial wound did not heal completely and later she noticed new rashes along her forearm progressively. She did not complain of any systemic symptoms. She had no travel history over the past 3 years.

Q&A Please answer ALL questions

Answer these on page 13 or make an online submission at: www.hkma.org.

1. **Which of the following is the most likely diagnosis?**
   A. Herpes Zoster infection
   B. Fish tank granuloma
   C. Contact dermatitis
   D. Impetigo
   E. Bullous Pemphigoid

2. **What is the pathogen causing this disease?**
   A. Mycobacterium Tuberculosis
   B. Staphylococcus Aureus
   C. Varicella Zoster Virus
   D. Mycobacterium Marinum
   E. Streptococcus pyogenes

3. **What is the common source of infection?**
   A. Blood
   B. Droplet
   C. Faeco-oral
   D. Contaminated water
   E. Sex

4. **Which of the following is a proper investigation for this patient?**
   A. Wound swab
   B. Blood culture
   C. Tissue biopsy
   D. Tuberculin skin test
   E. Quantiferon-TB Gold test

5. **Which of the following is NOT useful for treating this disease?**
   A. Rifampicin
   B. Ethambutol
   C. Augmentin
   D. Minocycline
   E. Clarithromycin

Dermatology April Answers

1. E

Follicular occlusion tetrad consists of acne conglobata, dissecting cellulitis of scalp (DCS), hidradenitis suppurativa, pilonidal cysts. Face, upper back, chest examination should be examined to look for acneiform papules of acne conglobata. Axilla, groin examination may find inflammatory papules, nodules, interconnecting sinus and scars of hidradenitis suppurativa. Lower back examination may find associated pilonidal cysts. Nail examination may reveal nail pitting of alopecia aerata, pterygium of lichen planus. Periungual erythema, dilated capillary loop, glomeruloid loop around nail fold may be found in connective tissue disease e.g., lupus erythematous. Lacy oral white buccal patches may be seen in lichen planus. Frontal fibrosing alopecia is a variant of lichen planopilaris with slow progress of frontal scarring hair loss, loss of eyebrow, non-scarring alopecia of pubic, axillary hair. Fungal infection may be presented as kerion with boggy plaque with overlying alopecia and lymphadenopathy.

2. E

Alopecia aerata and discoid lupus erythematous (DLE) are not presented as fluctuant nodules. Tinea capitis is common in children and most common cause is Microsporum Canis. It may present with alopecia patches with scaling, broken hair, inflammation (e.g., pustular reaction- kerion). Kerion may present as boggy plaque with overlying alopecia. Patients may have posterior cervical lymphadenopathy. DLE may have scarring alopecia, central hypopigmentation, follicular plugging, peripheral hyperpigmentation. Anti-nuclear antibody may be positive in small number of patients. Folliculitis declavans is a type of scarring alopecia. Staphylococcal may be cultured and may present as follicular papulopustules but usually less deep seated. The most likely diagnosis is dissecting cellulitis of scalp. It is a rare chronic inflammatory disease of scalp with unknown aetiology. There is defect in follicular keratinization with accumulation of sebaceous and keratinous material. These material release into dermis and triggers an intense neutrophilic inflammatory reaction followed by abscess and sinus tract formation. It is presented as perifolliculitis of scalp, superficial and deep abscess. It tends to affect dark-skinned young man (aged 20 to 40 years). There may be multiple firm scalp papules which enlarge become interconnected, boggy, oval or linear fluctuant nodules on scalp with purulent sinus and drainage. There is hair loss but not much pain. It run a chronic progressive relapsing course which end up in scarring alopecia and hypertrophic scar. It may be complicated with squamous cell carcinoma. It can be part of follicular occlusion tetrad (acne conglobata, hidradenitis suppurativa, dissecting cellulitis, pilonidal cysts).

3. E

Secondary syphilis may present with moth-eaten alopecia and blood for syphilis serology may be helpful. Folliculitis declavans may show multiple pustules and scars over scalp. Poor hygiene with repeated skin infection, abscess may be considered for patient live in hostel. Aspiration of fluid from fluctuant area for bacteria culture may be considered if persistent active inflammation and discharge. Skin swab culture are negative for DCS. Staphylococci, streptococci or pseudomonas, and anaerobic organism may be cultured after secondary bacterial infection. Wood's light examination may show greenish fluorescence which indicate fungal infection. Skin scraping for fungal culture may be helpful if scaling is prominent. Dermoscopy of DCS may show empty follicular opening, black dots, yellow dots in early stage. It may also show confluent ivory-white area without follicular openings in advanced stage. Dissecting cellulitis of scalp has an association with other follicular occlusion condition: acne conglobata, DCS, hidradenitis suppurativa, pilonidal cysts. No other features of follicular occlusion condition were found in this patient. Hence, a skin biopsy from a scalp alopecia plaque would play a role in confirming (or refuting) dissecting cellulitis and aid in early recognition of follicular occlusion tetrad. Skin biopsy of DCS may show peri folliculitis, mid to deep pandermal abscess with heavy mixed inflammatory infiltrate composed of neutrophils, lymphocytes and plasma cells. Granulation tissue, sinus tract and fibrosis may be seen.

4. B

Treatment of dissecting cellulitis of scalp include Isotretinoin (0.5 to 1 mg/kg), doxycycline, oral rifampicin with clindamycin. Intralesional steroid, incision and drainage may be indicated for symptomatic relief of painful fluctuant nodules. Biologic (anti-tumour necrosis factor (TNF) inhibitors)-adalimumab, infliximab, surgical excision and skin graft may be used in refractory case.

Dermatology Series for April 2023 is provided by:
Dr. KOH Chiu Choi, Dr. TANG Yuk Ming, William, Dr. CHAN Hau Ngai, Kingsley, Dr. LEUNG Wai Yiu, Dr. KWAN Chi Keung, Dr. NG Shun Chin and Dr. CHENG Hok Fai
Specialists in Dermatology & Venereology
四月皮膚科個案研究之內容承蒙**許招財醫生、鄧旭明醫生、陳厚毅醫生、梁偉耀醫生、關志強醫生、吳順展醫生及鄭學輝醫生提供。**

Name

HKMA Membership No.

HKID No. - xxx(x)

Signature:

Contact Tel No.:

Answer Sheet

May 2023

ANSWER SHEET

Please answer ALL questions and write the answers in the space provided.

SPOTlight

Complete Spotlight, 1 CME point will be awarded for **at least 5** correct answers

1	2	3	4	5	6	7	8	9	10

Cardiology

Complete Cardiology, 0.5 CME point will be awarded for **at least two** correct answers

1	2	3	4

Dermatology

Complete Dermatology, 0.5 CME point will be awarded for **at least three** correct answers

1	2	3	4	5

A maximum of 20 points can be awarded for self-study per year and no upper limit of CME points for attending CME lectures

Please return the completed answer sheet to the HKMA Secretariat (email: cme@hkma.org or Fax: 2865 0943) on or before 15 June 2023 for documentation.

If you want to complete the exercise online, please scan the below QR code and you are NOT required to return the answer sheet by fax/email.

CME Self-Studies Series

You can register the CME Lectures and finish the CME Self-Studies Series within the webpage (https://www.thkma.org/cme/continuous_medical_education/).

Don't wait! Please register and create your own account through https://www.thkma.org/members/register.phpc (*1st time register account is limited on desktop ONLY*) to experience our new Members Portal.

Please scan the QR code below to access the latest CME Self-Studies Series online.

HKMA CME Lecture Policy and Procedure

Lecture in Physical Attendance Mode

1. Unless otherwise specified, registrations are accepted from HKMA Members or Medical Practitioners in Hong Kong ONLY. Non-Medical Practitioners will not be served.
2. Prior registration is strictly required.
3. Registration is basically on a first-come-first-served basis except for district-based lectures that registration priorities will be given to doctors practicing in the related districts.
4. No walk-in will be accepted. Attendance without registration will not be recognized and no CME point(s) will be awarded. (*Please refer to the policy of "Non-registrants at CME Lecture in Physical Attendance Mode")
5. HKMA Members and Medical Practitioners intending to register for CME lectures must complete the online registration form at https://www.thkma.org/cme/continuous_medical_education/and return to HKMA Secretariat before deadline.
6. Confirmation emails will be sent out by the HKMA Secretariat to successful registrants before each lecture. Please ensure that registration is confirmed before coming to CME lecture.
7. Successful registrants must attend the lecture in real-time and sign in person the attendance form(s) for obtaining the CME point(s).
8. Successful registrants can only attend ONE lecture at a time regardless of which CME providers. Only 1 Lecture will be counted if the doctor watches multiple CME Lectures conducted at the same time.

Non-registrants at CME Lecture in Physical Attendance Mode

1. Basically, all CME lectures require prior registration and entertain no non-registrant. But under exceptional circumstances that non-registrants come to CME lecture without prior registration, a non-registrant fee will be charged.
2. If under such exceptional circumstances, non-registrants must produce proof of personal identity together with MCHK registration for verification by the on-site HKMA staff.
3. Non-registrants must settle the exact amount of the non-registrant fees in cash or cheque before accessing the lecture. Electronic payment is not accepted, and no change will be provided.
4. The non-registration fees schedule is shown below:

	HKMA Premises	Venues outside HKMA Premises
HKMA Member	HK$150 per person	HK$300 per person
Non-HKMA Member	HK$300 per person	HK$600 per person

5. Any non-registrants in breach of the above policy will have to bear full legal responsibilities. The HKMA serves rights to take action against non-registrants for loss incurred for the non-observance.
6. This policy takes effect from 1 June 2023.

Lecture in Online (via ZOOM)

1. Registration is open to HKMA Members or Medical Practitioners in Hong Kong ONLY. Non-Medical Practitioners will not be served.
2. Prior registration is strictly required.
3. Registration is basically on a first-come-first-served basis.
4. No walk-in will be accepted. Attendance without registration will not be recognized and no CME point(s) will be awarded.
5. Please complete the online registration form at https://www.thkma.org/cme/continuous_medical_education/ and return to HKMA Secretariat before deadline.
6. Confirmation / notification emails will be sent out by the HKMA Secretariat to successful registrants 1 day and 1 hour before each lecture. Please ensure that registration is confirmed before attending the CME lecture online.
7. CME accreditation will apply to both specialist and non-specialist doctor for each lecture. If the CME accreditation is for non-specialist doctors only, there will be a notice showing in the registration form.
8. CME point(s) will be awarded to successful registrants after attending the lecture and completing the quiz with at least 50% correct answers.
9. Successful registrants must watch the lecture in real-time and complete the online quiz within the designated time after the lecture. Late submission of the quiz will not be accepted.
10. Successful registrants can only attend ONE lecture at a time regardless of which CME providers. Only 1 Lecture will be counted if the doctor watches multiple CME Lectures conducted at the same time.
11. Successful registrants may install ZOOM app/launcher system to join the lecture online.
12. Wi-Fi connection is recommended on your mobile device or computer while watching the lecture via ZOOM. Unstable internet connection may cause interruption to the broadcasting.
13. In case of technical issue and broadcast interruption, please be patient while the HKMA Secretariat works on fixing the problem; the video should resume in a few minutes.

Lecture in Hybrid Format (Online + Physical Attendance)

1. Registration policy applies the same statements as above.
2. Please ensure that registration is confirmed before attending the lecture.

General lecture policy

1. Doctor should sign for own CME.
2. Registration will cease when Q & A Session starts.
3. No recording unless permission is granted by the HKMA.
4. If doctor has attended CME Lecture in physical attendance and CME online at the same point of time, only CME Point(s) for the Lecture in physical attendance would be counted.
5. The HKMA will investigate when non-compliance at CME Session is reported, further action will be considered to ensure all CME activities are properly held.

Special weather arrangement

When Tropical Storm Warning Signal No. 8 (or above) or a Black Rainstorm Warning Signal is in force within 3 hours of the commencement time, the relevant CME function will be cancelled. (i.e., CME starting at 2:00 pm will be cancelled if the warning signal is hoisted or in force any time between 11:00 am and 2:00 pm).

The function will proceed as scheduled if the signal is lowered three hours before the commencement time. (i.e., CME starting at 2:00 pm will proceed if the warning signal is lowered at 11:00 am but will be cancelled even if it is lowered at 11:01 am).

When Typhoon No. 8 Signal or a Black Rainstorm signal is in force after CME commencement, an announcement will be made depending on the conditions as to whether the CME will be terminated earlier or be conducted until the end of the session.

The above are general guidelines only. Individuals should decide on their CME attendance according to their own transportation and work/home location considerations to ensure personal safety.

Contact

For enquiries, please contact the CME Department of the HKMA Secretariat at 2527-8452 or cme@hkma.org.

HKMA Monthly Self-Study Video

Dear HKMA Members,

The HKMA Monthly Self-Study Video is launched in HKMA website!

This is to acknowledge you that the HKMA Monthly Self-Study Video had been launched in our website for non-specialist doctors to gain 1 CME point for each video. Interested doctors, please click **www.hkma.org** for more details!

(HKMA Website Homepage → Login to Members Home Page → CME → Monthly Self-Study Series)

Remarks: A maximum of 20 points can be awarded for self-study per year and no upper limit of CME points for attending CME lectures per year.

Please contact the HKMA Secretariat at 2527 8452 or by email **cme@hkma.org** for assistance.

Important Note:

1. CME point is accredited for non-specialist ONLY.
2. No extra CME point will be granted if you have already attended the same lecture through Live broadcasting.
3. Quiz submission period: 16th of each month to 15th of next month (Submission before/after the stated dates will NOT be considered)
4. Complete each quiz, 1 CME point will be awarded for at least FIVE correct answers (only 1 attempt). A confirmation email will be automatically sent to doctors once who have submitted the quiz.
5. No CME point will be granted for incorrect personal information. Data collected will be used and processed for the purposes related to this self-study only. All personal information will be used to process CME records, and if required, may transfer to other CME Administrators for cross-checking and recording purposes.

100% OG Doctors interviewed Recommend Aptamil 白金版 for Cesarean Born Babies*

Aptamil 白金版

Formula Ingredients Clinically Proven to Support Immunity of Cesarean Born Babies[1,2]

OG = Obstetricians & Gynecologists.
*According to 2021 survey by Kantar HK. Respondents are doctors (Specialist in Obstetrics & Gynaecology). Sample size N=51.

References: 1. Chin Chua M, et al. JPGN 2017;65:102-6. 2. Phavichitr et al. Scientific Reports, 2021; 11:3534. 3. Martin R et al. Appl Environ Microbiol 2009;75;965-969. 4. Wong C, B et al. Nutrients 2019. 5. Coulier L et al. 2009; J. Aagric. Food Chem.;57, 8488- 8495. 6. Boehm G, et al. (2003) Acta Paediatr Suppl. 91(441):64-7. 7. Stahl B et al. Anal Biochem 1994; 223,218-226.

Important Notice: Breast-feeding is the best form of nutrition for babies and provides many benefits to babies and mothers. It is important that, in preparation for and during breast-feeding,pregnant and lactating women eat a healthy, balanced diet. Combined breast and bottle-feeding in the first weeks of life may reduce the supply of their own breast-milk, and reversing the decision not to breast-feed is difficult. Always consult healthcare professional for advice about feeding baby. If infant formula is used, mothers / care givers should follow manufacturer's instructions for use carefully- failure to follow the instructions may make baby ill. The social and financial implications of using infant formula should be considered. Improper use of an infant formula or inappropriate foods or feeding methods may present a health hazard.

For HCP use only, not for distribution to general public.

For more information:
3509 2008
1000days@nutricia.com.hk

香港醫學會
THE HONG KONG MEDICAL ASSOCIATION

HKMA CME Hybrid Symposium On Diabetes Mellitus & Heart Failure

10th June 2023, Saturday

zoom LIVE

PROGRAMME	
2:00 – 2:05 p.m.	Introduction
2:05 – 2:50 p.m.	Lecture 1: SGLT2 Inhibition: Latest Evidence Along the Cardio-Renal-Metabolic Axis Dr. CHUNG Chi Tung *Specialist in Endocrinology, Diabetes and Metabolism*
2:50 – 3:35 p.m.	Lecture 2: SGLT2 Inhibition Across LVEF Spectrum: The Turning Point in HF History Dr. LAU Chak Kwan *Specialist in Cardiology*
3:35 – 4:00 p.m.	Panel Discussion

Chairperson : **Dr. CHOW Wing Sun**
Specialist in Endocrinology, Diabetes and Metabolism

Format & Venue : **Online and Physical Attendance**
The HKMA Dr. Li Shu Pui Professional Education Centre 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong

Fee : **Free-of-charge**

Capacity : **The capacity is 60. Registration is strictly required on a first-come, first-served basis.**

CME Accreditation : **For Non-specialist Doctors: 2 CME points ***
Accreditation for Specialist Doctors: Yes #*
 # Accreditation from various colleges are pending.
**For both specialist and Non-Specialists doctors who attend via online, please completed the quiz online within two hours after the event with at least 50% correct for CME/CPD points.*

Registration Deadline : **Friday, 2 June 2023**

Registration : **Please register through https://forms.gle/3PPahe5hbWs1B5o16 or scan the QR code if you are interested to attend.**

Enquiry : **Please contact the HKMA Secretariat at 2527-8452 or email to cme@hkma.org.**
**Please contact the HKMA Secretariat if you do not receive confirmation 3 days before the lecture.*

Sponsor : Boehringer Ingelheim 德國寶靈家科研藥廠

[Application Closed]

The HKMA CME Live Lecture in May 2023

All lectures start at 2:00-3:00 p.m.

	Date	Organizer and Topic	Speaker	CME Points	CME Accreditation from Colleges (Pending) #
1.	29 May (Mon)	**The Hong Kong Medical Association** Updates on Management of Respiratory Tract Infections *Sponsor: Abbott Laboratories Limited*	**Dr. LAM Jenks Albinus** *Specialist in Paediatrics*	1	Yes
2	31 May (Wed)	**The Hong Kong Medical Association** Recent Advancement of Gut Microbiome Research and its Applications in COVID-19 Recovery and Preventing Long COVID *Sponsor: G-NiiB, Genie Biome Limited*	**Prof. WONG Chi Sang, Martin** *Specialist in Family Medicine*	1	Yes
Physical Participation					
3	30 May (Tue) 2:00-3:00 p.m.	**The HKMA District Health Network (Central, Western & Southern)** Clinical Applications of Gut Microbiome Venue: 56/F, Harbour Room, Island Shangri-La Hong Kong, Pacific Place, Supreme Court Road, Central, Hong Kong *Sponsor: No sponsor*	**Prof. CHAN Ka Leung, Francis, SBS, JP** *Dean, Faculty of Medicine, CUHK* *Specialist in Gastroenterology & Hepatology*	1	Yes
4	31 May (Wed) 2:00-3:00 p.m.	**The HKMA District Health Network (Shatin)** Personalized Prostate Health Assessment and Treatment Venue: Ballroom I, 2/F, Hong Kong Courtyard by Marriot Hong Kong Shatin, 1 On Ping Street, Shatin, NT *Sponsor: Synmosa Biopharma (HK) Co. Ltd*	**Dr. KAN Wai Man, Raymond** *Specialist in Urology*	1	Yes

The HKMA CME Live Lecture in June 2023

All lectures start at 2:00-3:00 p.m.

	Date	Organizer and Topic	Speaker	CME Points	CME Accreditation from Colleges (Pending) #
1.	1 June (Thu)	**The HKMA District Health Network (New Territories West)** When 1+1 is more than 2: How to Position Combination Therapy in Lipid Management *Sponsor: Organon Hong Kong Limited*	**Dr. KONG Chu Cheong** *Specialist in Cardiology*	1	Yes
2.	2 June (Fri)	**The Hong Kong Medical Association** **HKMA Certificate Course on Management of Insomnia in Primary Care** Treatment for Insomnia Part 1 *Sponsor: Eisai (HK) Co. Ltd* ***[Enrolled doctors who attended all 2 lectures of this CME Certificate Course would be awarded a Certificate of Attendance!]***	**Dr. CHEUNG Kin Leung, Ben** *Specialist in Psychiatry*	1	Yes
3.	5 June (Mon)	**The Hong Kong Medical Association** Patient Journey and Management from Dysmenorrhea to Endometriosis *Sponsor: Bayer HealthCare Limited*	**Dr. LEE Yun Ting, Vicky** *Specialist in Obstetrics & Gynaecology*	1	Yes
4.	7 June (Wed)	**The HKMA District Health Network (Central, Western & Southern)** Common Eye Disorders and Ophthalmic Emergency for Primary Care *Sponsor: No Sponsor*	**Dr. KWOK Ka Man, Madeline** *Specialist in Ophthalmology*	1	Yes
5.	8 June (Thu)	**The Hong Kong Medical Association** Best Practice of Lipid Management in all-round way for mixed-dyslipidemia patients, how can we do better? *Sponsor: Abbott Laboratories Limited*	**Dr. Enoch WU** *Specialist in Endocrinology, Diabetes and Metabolism*	1	Yes
6.	9 June (Fri)	**The HKMA District Health Network (Kowloon City)** Recent Updates on the Recommendations for Screening of Nasopharyngeal Cancer *Sponsor: No sponsor*	**Dr. LAM Wai Kei, Jacky** *Specialist in Otorhinolaryngology*	1	Yes
7.	12 June (Mon)	**The Hong Kong Medical Association** Updates on Psoriasis Diagnosis and Management: Treatment Optimization through Early Diagnosis *Sponsor: Janssen, a division of Johnson & Johnson (HK) Ltd*	**Dr. CHAN Yung** *Specialist in Dermatology & Venereology*	1	Yes

The HKMA CME Live Lecture in June 2023 (continued)

	Date	Organizer and Topic	Speaker	CME Points	CME Accreditation from Colleges (Pending) #
8.	13 June (Tue)	**The Hong Kong Medical Association** Addressing Unmet Medical Needs in Atopic Dermatitis *Sponsor: AbbVie Ltd.*	**Dr. HO King Man** *Specialist in Dermatology and Venereology*	1	Yes
9.	16 June (Fri)	**The Hong Kong Medical Association** Silent Voices: Understanding Vocal Cord Paralysis *Sponsor: Widex Hong Kong Hearing & Speech Central Ltd.*	**Dr. NG Yiu Wing** *Specialist in Otorhinolaryngology*	1	Yes
10.	19 June (Mon)	**The Hong Kong Medical Association** Constipation Management in Expecting Mums and Infants *Sponsor: Abbott Laboratories Limited*	**Dr. WAN, Helene** *Specialist in Paediatrics*	1	Yes
11.	21 June (Wed)	**The HKMA District Health Network (Shatin)** Benefits of Higher Valent Pneumococcal Conjugate Vaccine, And Way Forward in Hong Kong *Sponsor: Pfizer Corporation Hong Kong Limited*	**Dr. LIN Wai Chi, Ada** *Specialist in Infectious Disease*	1	Yes
12.	26 June (Mon)	**The Hong Kong Medical Association** Long Term Use of Antiplatelet Drug in Primary Care *Sponsor: Sanofi Hong Kong Limited*	**Dr. NG Lok Hang, Canice** *Specialist in Cardiology*	1	Yes
13.	27 June (Tue)	**The Hong Kong Medical Association** Treating to Higher Targets in Psoriasis *Sponsor: AbbVie Ltd.*	**Dr. LOO King Fan, Steven** *Specialist in Dermatology and Venereology*	1	Yes
14.	28 June (Wed)	**The Hong Kong Medical Association** SGLT2 Inhibitors: Delivering More Evidences in Cardiorenal Protection *Sponsor: Boehringer Ingelheim (Hong Kong) Limited*	**Dr. WU, Enoch** *Specialist in Endocrinology, Diabetes & Metabolism*	1	Yes
15.	29 June (Thu)	**The HKMA District Health Network (Kowloon East)** New Generation Basal Insulin: Importance of Early Insulinization for Glycaemic Control *Sponsor: No Sponsor*	**Dr. CHUNG Chi Tung, Steve** *Specialist in Endocrinology, Diabetes & Metabolism*	1	Yes

Physical Participation

Points to note for CME Lecture with Physical Participation:

1. **Enrolment for CME lecture with physical attendance will be given to HKMA Members or Medical Practitioners in Hong Kong ONLY.**
2. **On behalf of the policy for lecture with physical participation, please refer to P. 14 for more details.**

	Date	Organizer and Topic	Speaker	CME Points	CME Accreditation from Colleges (Pending) #
1.	17 June (Sat) 2:00-4:35 p.m.	**The HKMA District Health Network (Hong Kong East)** Lecture 1: ADHD: a Lifespan Disorder from Childhood to Adulthood Lecture 2: Mental Health in the Community – Youth and Beyond Lecture 3: Using Deep Learning for Detection of Alzheimer's Disease Based on Retinal Images Venue: Forum Room 1 Basement 2, Regal Hong Kong Hotel, 88 Yee Wo Street, Causeway Bay, HK *Sponsor: no sponsor*	**1. Dr. CHAN Kwok Ling, Phyllis** *Specialist in Psychiatry* **2. Prof. WONG Tak Hing, Michael** *Specialist in Psychiatry* **3. Dr. Carol CHEUNG** *Associate Professor, Department of Ophthalmology and Visual Sciences, The Chinese University of Hong Kong*	3	Yes
2.	23 June (Fri) 2:00-3:00 p.m.	**The HKMA District Health Network (Kowloon West)** Differential Clinical Advantages of Antidepressant for Better Management of Depression Venue: Rich Garden Restaurant, C2/F, 114 Broadway Street, Mei Foo Sun Chuen Stage 8, Mei Foo *Sponsor: Servier Hong Kong Ltd*	**Dr. WONG Ka Yau, Raymond** *Specialist in Psychiatry*	1	Yes

Please register through https://forms.gle/qiwmsPVbiKo8DibQA or scan the QR code if you are interested to attend. For enquiry, please contact the Secretariat at 2527 8285.

Accreditation from various colleges pending, for specialists, please complete the quiz online within two hours after the lecture with at least 50% correct for CME/ CPD points. For lecture without "Yes", CME Accreditation is for Non-Specialists Only. Non-Specialists doctors must complete lecture quiz (10 Q&A) and answer questions within two hours after the lecture with at least 50% correct.

CME Hybrid

香港醫學會
THE HONG KONG MEDICAL ASSOCIATION

HKMA-HKSH CME Programme 2022-2023

Update in Medical Practice

養和 HKSH

zoom LIVE

Time : 1:00 - 2:00pm Lunch
2:00 - 2:45pm Lecture
2:45 - 3:00pm Q&A

Format : Hybrid; ZOOM / The Hong Kong Medical Association Central Premises, Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong

Fee : Free-of-charge

Capacity : The capacity for physical attendance is 30. Registration for both physical attendance and virtual format are strictly required on a first-come, first-served basis.

Registration Deadline : Wednesday, 31 May 2023

Registration : [If you have already registered for this CME Programme, you are already registered for the whole Programme. You will receive the notification email 1 day and 1 hour before each lecture. Therefore, you are not advised to register the Programme repeatedly.]

Please register through
https://forms.gle/E7eN5cCLFmuTQcyT6
or scan the QR code if you are interested to attend.

CME Accreditation : For Non-specialist Doctors: 1 CME point for each lecture #
Accreditation for Specialist Doctors: Yes #

\# *Accreditation from various colleges are pending. For specialists, please completed the quiz online within two hours after the lecture with at least 50% correct for CME/CPD points. Non-Specialists doctors must also complete lecture quiz (10 Q&A) within two hours after the lecture with at least 50% correct.*

Enquiry : Please contact the HKMA Secretariat at 2527-8452 or email to cme@hkma.org.

Date (Tuesday)	Topic	Speaker
6 June	Oncologic Emergencies	Dr. LAW Chun Key, Stephen *Specialist in Clinical Oncology*
4 July	Applications Of Transcranial Magnetic Stimulation In Neurorehabilitation	Dr. TSOI Tak Hong *Specialist in Neurology*
1 August	Cancer of Lung	Dr. YAU Chun Chung *Specialist in Clinical Oncology*
5 September	Bleeding Tendency	Dr. LIANG Hin Suen, Raymond *Specialist in Haematology & Haematological Oncology*

香港醫學會
THE HONG KONG MEDICAL ASSOCIATION

HKMA-CUHK Medical Centre CME Programme 2023

香港中文大學醫院 CUHK Medical Centre
Pioneering Solutions in Healthcare 開拓醫護新領域

zoom LIVE

Time : 1:00 - 2:00pm Lunch
2:00 - 2:45pm Lecture
2:45 - 3:00pm Q&A

Format : Hybrid; ZOOM / The Hong Kong Medical Association Central Premises, Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong

Fee : Free-of-charge

Capacity : The capacity for physical attendance is 30. Registration for both physical attendance and virtual format are strictly required on a first-come, first-served basis.

Registration Deadline : Friday, 2 June 2023

Registration : [If you have already registered for this CME Programme, you are already registered for the whole Programme. You will receive the notification email 1 day and 1 hour before each lecture. Therefore, you are not advised to register the Programme repeatedly.]

Please register through https://forms.gle/5azipM5jaxmfdqjg6 or scan the QR code if you are interested to attend.

CME Accreditation : For Non-specialist Doctors: 1 CME point for each lecture #
Accreditation for Specialist Doctors: Yes #

\# *Accreditation from various colleges are pending. For specialists, please completed the quiz online within two hours after the lecture with at least 50% correct for CME/CPD points. Non-Specialists doctors must also complete lecture quiz (10 Q&A) within two hours after the lecture with at least 50% correct.*

Enquiry : Please contact the HKMA Secretariat at 2527-8452 or email to cme@hkma.org.

Date (Wednesday)	Theme	Topic	Speaker
14 June	Common Health Problems For The Elderly	Combating Heart Failure – Common Course And Management	Dr. CHAN Yu Ho *Specialist in Cardiology*
12 July		Rectal Cancer Management – The Surgical Perspectives	Dr. LEE Fung Yee, Janet *Specialist in General Surgery*
9 August		Osteoarthritis Of The knee – Current Conservative Therapy & Surgical Options	Dr. HO Ki Wai, Kevin *Specialist in Orthopaedics & Traumatology*
13 September		Managing Age-related Macular Degeneration	Dr. MAK Shiu Ting, Theresa *Specialist in Ophthalmology*
11 October		How To Fight Common Elderly Health Problems – Dementia and Sarcopenia	Dr. HO Wan Sze, Wency *Specialist in Geriatric Medicine*
8 November	Women's Health	Common Breast Pathology	Dr. IP Yiu Tung *Specialist in Pathology*
13 December		Breast Health And Breast Surgery	Dr. CHAN Ho Yan, Yolanda *Specialist in General Surgery*

香港醫學會
THE HONG KONG MEDICAL ASSOCIATION

HKMA-HKSTP CME Programme 2023

Series 2: Neuro & Degenerative Disease Diagnosis + Treatment / Rehabilitation Solution

Time : 1:00 – 2:00pm Lunch
2:00 – 2:45pm Lecture
2:45 – 3:00pm Q&A

Format : Hybrid; ZOOM / The Hong Kong Medical Association Central Premises, Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong

Fee : Free-of-charge

Capacity : The capacity for physical attendance is 30. Registration for both physical attendance and virtual format are strictly required on a first-come, first-served basis.

Registration Deadline : Friday, 2 June 2023

Registration : [If you have already registered for this CME Programme, you are already registered for the whole Programme. You will receive the notification email 1 day and 1 hour before each lecture. Therefore, you are not advised to register the Programme repeatedly.]

Please register through
https://forms.gle/AMe1QGz6ymVzg3ft7
or scan the QR code if you are interested to attend.

CME Accreditation : For Non-specialist Doctors: 1 CME point for each lecture #
Accreditation for Specialist Doctors: Yes #

Accreditation from various colleges are pending. For specialists, please completed the quiz online within two hours after the lecture with at least 50% correct for CME/CPD points. Non-Specialists doctors must also complete lecture quiz (10 Q&A) within two hours after the lecture with at least 50% correct.

Enquiry : Please contact the HKMA Secretariat at 2527-8452 or email to cme@hkma.org.

Date (Thursday)	Topic	Speaker
15 June	Recovery of Locomotor Function in Chronic Complete Spinal Cord Injury	Prof. Wise YOUNG *Chairman and Laboratory Director, Mononuclear Therapeutics Ltd., Hong Kong*
27 July 2023 to 29 February 2024		The remaining lectures shall be announced in coming CME Bulletin issues.

香港醫學會
THE HONG KONG MEDICAL ASSOCIATION

HKMA-GHK CME Programme 2023

Gleneagles Hospital HONG KONG 港怡醫院

zoom LIVE

Time : 1:00 - 2:00pm Lunch
2:00 - 2:45pm Lecture
2:45 - 3:00pm Q&A

Format : Hybrid; ZOOM / The Hong Kong Medical Association Central Premises, Dr. Li Shu Pui Professional Education Centre, 2/F, Chinese Club Building, 21-22 Connaught Road Central, Hong Kong

Fee : Free-of-charge

Capacity : The capacity for physical attendance is 30. Registration for both physical attendance and virtual format are strictly required on a first-come, first-served basis.

Registration Deadline : Friday, 9 June 2023

Registration : [If you have already registered for this CME Programme, you are already registered for the whole Programme. You will receive the notification email 1 day and 1 hour before each lecture. Therefore, you are not advised to register the Programme repeatedly.]

Please register through
https://forms.gle/sutCWaBkf4Ky8w9HA
or scan the QR code if you are interested to attend.

CME Accreditation : For Non-specialist Doctors: 1 CME point for each lecture #
Accreditation for Specialist Doctors: Yes #

\# *Accreditation from various colleges are pending. For specialists, please completed the quiz online within two hours after the lecture with at least 50% correct for CME/CPD points. Non-Specialists doctors must also complete lecture quiz (10 Q&A) within two hours after the lecture with at least 50% correct.*

Enquiry : Please contact the HKMA Secretariat at 2527-8452 or email to cme@hkma.org.

Date (Tuesday)	Topic	Speaker
20 June	Nutrition and Supplement in Pregnancy	Dr. SHU Wendy *Specialist in Obstetrics & Gynaecology*
18 July to 21 November 2023		The remaining lectures shall be announced in coming CME Bulletin issues.

The Hong Kong Medical Association

(From left) Dr. Pierre CHAN (speaker), Dr. Steve CHENG (moderator) and Ms. Christine TSANG (speaker) giving the CME Physical lecture of The HKMA Medicolegal Support Workshops 2023 on 29 April 2023

Dr. SHIU Ka Lock giving a CME Live lecture on 4 April 2023

Dr. Justin WU giving a CME Live lecture on 19 April 2023

Dr. Sunny TSANG giving a CME Live lecture on 27 April 2023

The HKMA District Health Network – Central Coordination Committee

CME lecture of the HKMA District Health Network (Hong Kong East)

Dr. Nancy YUEN presenting a CME Live lecture on 13 April 2023

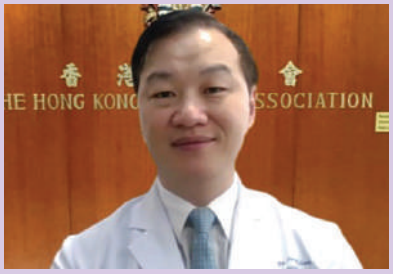
CME lecture of the HKMA District Health Network (New Territories West)

Dr. CHAN Chung Mau giving a CME Live lecture on 6 April 2023

CME lecture of the HKMA District Health Network (Kowloon East)

Speaker Dr. WONG Wai Sheung (right) receiving a souvenir from Moderator Dr. Gary AU on 20 April 2023

CME lecture of the HKMA District Health Network (Kowloon West)



Dr. Henry LAM presenting a CME Live lecture on 21 April 2023

CME lecture of the HKMA District Health Network (Central, Western & Southern)

Dr. TSANG Kin Lun giving a CME Live lecture on 12 April 2023

CME lecture of the HKMA District Health Network (Yau Tsim Mong)

Speaker Dr. TAM Fung Ling (right) receiving a souvenir from Moderator Dr. HO Lap Yin on 14 April 2023

CME lecture of the HKMA District Health Network (Kowloon City)

Speaker Dr. LAM Chun (left) receiving a souvenir from Moderator Dr. CHIN Chu Wah on 28 April 2023

香港醫生網
The Hong Kong Doctors Homepage

www.hkdoctors.org

The Hong Kong Doctors Homepage

This web site is developed and maintained by the Hong Kong Medical Association for all registered Hong Kong doctors to house their Internet practice homepage. The format complies with the Internet Guidelines which was proposed by the Hong Kong Medical Association and adopted by the Medical Council of Hong Kong.

We consider a practice homepage as a signboard or an entry in the telephone directory. It contains essential information about the doctor including his specialty and how to get to him. This facilitates members of the public to communicate with their doctors.

This website is open to all registered doctors in Hong Kong. For practice page design and upload, please contact the Hong Kong Medical Association Secretariat.

由香港醫學會成立並管理的《香港醫生網》，是一個收錄本港註冊西醫執業網頁的網站。內容是根據由香港醫學會擬訂並獲香港醫務委員會批准使用的互聯網指引內的規定格式刊載。

醫生的「執業網頁」性質與電話索引內刊載的資料相近。目的是提供與醫生執業有關的基本資料，例如註冊專科及聯絡方法等，方便市民接觸個別醫生。

任何香港註冊西醫都可以參加《香港醫生網》。關於網頁版面安排及上載之詳情，請與香港醫學會秘書處聯絡為荷。

Subscription Available

HKMA members are entitled to a FREE copy of CME Bulletin.
Subscription is open to sponsors and interested individuals.

CME Calendar

May 2023

29 May (Mon) 2:00-3:00 p.m.
The Hong Kong Medical Association
Updates on Management of Respiratory Tract Infections
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452
1

30 May (Tue) 2:00-3:00 p.m.
The HKMA District Health Network (Central, Western & Southern)
Clinical Applications of Gut Microbiome
HKMA CME Physical Lecture
HKMA District Health Network Dept. – Tel: 2861 1979
1 Physical

31 May (Wed) 2:00-3:00 p.m.
The Hong Kong Medical Association
Recent Advancement of Gut Microbiome Research and its Applications in COVID-19 Recovery and Preventing Long COVID
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452
1

31 May (Wed) 2:00-3:00 p.m.
The HKMA District Health Network (Shatin)
Personalized Prostate Health Assessment and Treatment
HKMA CME Physical Lecture
HKMA District Health Network Dept. – Tel: 2861 1979
1 Physical

June 2023

1 June (Thu) 2:00-3:00 p.m.
The HKMA District Health Network (New Territories West)
When 1+1 is more than 2: How to Position Combination Therapy in Lipid Management
HKMA CME Live Lecture
HKMA District Health Network Dept. – Tel: 2861 1979
1

2 June (Fri) 2:00-3:00 p.m.
The Hong Kong Medical Association
HKMA CME Certificate Course on Management of Insomnia in Primary Care
Treatment for Insomnia Part 1
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452
1

5 June (Mon) 2:00-3:00 p.m.
The Hong Kong Medical Association
Patient Journey and Management from Dysmenorrhea to Endometriosis
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452
1

6 June (Tue) 2:00-3:00 p.m.
The Hong Kong Medical Association and the Hong Kong Sanatorium & Hospital
Oncologic Emergencies
HKMA CME Hybrid Lecture
HKMA CME Dept. – Tel: 2527 8452
1 LIVE

7 June (Wed) 2:00-3:00 p.m.
The HKMA District Health Network (Central, Western & Southern)
Common Eye Disorders and Ophthalmic Emergency for Primary Care
HKMA CME Live Lecture
HKMA District Health Network Dept. – Tel: 2861 1979
1

8 June (Thu) 2:00-3:00 p.m.
The Hong Kong Medical Association
Best Practice of Lipid Management in all-round way for mixed-dyslipidemia patients, how can we do better?
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452
1

9 June (Fri) 2:00-3:00 p.m.
The HKMA District Health Network (Kowloon City)
Recent Updates on the Recommendations for Screening of Nasopharyngeal Cancer
HKMA CME Live Lecture
HKMA District Health Network Dept. – Tel: 2861 1979
1

10 June (Sat) 2:00-4:00 p.m.
The Hong Kong Medical Association
CME Hybrid Symposium on Diabetes Mellitus & Heart Failure
1: SGLT2 Inhibition: Latest Evidence Along the Cardio-Renal-Metabolic Axis
2: SGLT2 Inhibition Across LVEF Spectrum: The Turning Point in HF History
HKMA CME Hybrid Lecture
HKMA CME Dept. – Tel: 2527 8452
2 LIVE

12 June (Mon) 2:00-3:00 p.m.
The Hong Kong Medical Association
Updates on Psoriasis Diagnosis and Management: Treatment Optimization through Early Diagnosis
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452
1

13 June (Tue) 2:00-3:00 p.m.
The Hong Kong Medical Association
Addressing Unmet Medical Needs in Atopic Dermatitis
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452
1

14 June (Wed) 2:00-3:00 p.m.
The Hong Kong Medical Association and the CUHK Medical Centre
Combating Heart Failure – Common Course and Management
HKMA CME Hybrid Lecture
HKMA CME Dept. – Tel: 2527 8452
1 LIVE

15 June (Thu) 2:00-3:00 p.m.
The Hong Kong Medical Association and the Hong Kong Science Park
Recovery of Locomotor Function in Chronic Complete Spinal Cord Injury
HKMA CME Hybrid Lecture
HKMA CME Dept. – Tel: 2527 8452
1 LIVE

16 June (Fri) 2:00-3:00 p.m.
The Hong Kong Medical Association
Silent Voices: Understanding Vocal Cord Paralysis
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452
1

17 June (Sat) 2:00-4:35 p.m.
The HKMA District Health Network (Hong Kong East)
Half-day Seminar on Mental Health
Lecture 1: ADHD: a Lifespan Disorder from Childhood to Adulthood
Lecture 2: Mental Health in the Community – Youth and Beyond
Lecture 3: Using Deep Learning for Detection of Alzheimer's Disease Based on Retinal Images
HKMA CME Physical Lecture
HKMA District Health Network Dept. – Tel: 2861 1979
3 Physical

19 June (Mon) 2:00-3:00 p.m.
The Hong Kong Medical Association
Constipation Management in Expecting Mums and Infants
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452
1

20 June (Tue) 2:00-3:00 p.m.
The Hong Kong Medical Association and the Gleneagles Hong Kong Hospital
Nutrition and Supplement in Pregnancy
HKMA CME Hybrid Lecture
HKMA CME Dept. – Tel: 2527 8452
1 LIVE

21 June (Wed) 2:00-3:00 p.m.
The HKMA District Health Network (Shatin)
Benefits of Higher Valent Pneumococcal Conjugate Vaccine, And Way Forward in Hong Kong
HKMA CME Live Lecture
HKMA District Health Network Dept. – Tel: 2861 1979
1

23 June (Fri) 2:00-3:00 p.m.
The HKMA District Health Network (Kowloon West)
Differential Clinical Advantages of Antidepressant for Better Management of Depression
HKMA CME Live Lecture
HKMA District Health Network Dept. – Tel: 2861 1979
1 Physical

24 June (Sat) 2:30-4:30 p.m.
The Hong Kong Medical Association
The HKMA Medicolegal Support Workshops 2023
Lecture 5: How MPS can help you and what to ask when approaching MPS?
HKMA CME Physical Lecture
HKMA CME Dept. – Tel: 2527 8452
2 Physical

26 June (Mon) 2:00-3:00 p.m.
The Hong Kong Medical Association
Long Term Use of Antiplatelet Drug in Primary Care
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452
1

27 June (Tue) 2:00-3:00 p.m.
The Hong Kong Medical Association
Treating to Higher Targets in Psoriasis
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452
1

28 June (Wed) 2:00-3:00 p.m.
The Hong Kong Medical Association
SGLT2 Inhibitors: Delivering More Evidences in Cardiorenal Protection
HKMA CME Live Lecture
HKMA CME Dept. – Tel: 2527 8452
1

29 June (Thu) 2:00-3:00 p.m.
The HKMA District Health Network (Kowloon East)
Generation Basal Insulin: Importance of Early Insulinization for Glycaemic Control
HKMA CME Live Lecture
HKMA District Health Network Dept. – Tel: 2861 1979
1