

## MCQs

### Instruction:

1. Please use pencil to shade the box for the best and correct answer (only one answer for each question).
2. Send back the answer sheet (see loose leaf page) to the Hong Kong College of Paediatricians. One point will be awarded to each article if  $\geq 3$  of the 5 answers are correct. The total score of the 4 articles will be 4 CME points.

### (A) Prevalence, Risk Factors and Impact of ADHD on Children with Recent Onset Epilepsy

1. Children with epilepsy are at higher risk of having:
  - a. Hypertension
  - b. Asthma
  - c. Attention deficit hyperactivity disorder
  - d. Hypothyroidism
  - e. Hearing loss
2. What is the prevalence of ADHD in this cohort of children with epilepsy:
  - a. 20.8%
  - b. 6.1%
  - c. 31.5%
  - d. 24.6%
  - e. 58%
3. What was identified as a significant risk factor for development of ADHD in this cohort:
  - a. Seizure localisation
  - b. Low socioeconomic status of family
  - c. Frequent seizures
  - d. Early age of seizure onset
  - e. All of the above
4. How do the characteristics of ADHD in children with epilepsy differ from that of children in the general population:
  - I. Male predominance
  - II. Equal gender distribution
  - III. Combined subtype is the most common
  - IV. Hyperactive-impulsive subtype is the most common
  - V. Inattentive subtype is the most common
  - a. I, III
  - b. I, IV
  - c. II, III
  - d. II, IV
  - e. II, V
5. How does comorbid ADHD affect children with epilepsy?
  - a. Increases the need for multiple anticonvulsants
  - b. Associated with poorer seizure control
  - c. Poorer health related quality of life
  - d. Lowers chance of being able to wean off anticonvulsant
  - e. Higher risk of developing status epilepticus

### (B) Solid Liver Tumours with Cystic Appearance: Do They Have the Same Outcome?

1. Undifferentiated embryonal sarcoma has similar radiographic appearance and is possibly linked with which of the following tumour?
  - a. Hepatocellular carcinoma
  - b. Hepatoblastoma
  - c. Hepatic haemangioendothelioma
  - d. Mesenchymal hamartoma
  - e. Focal nodular hyperplasia of liver
2. By using current therapeutic approach including surgery and chemotherapy, the long term prognosis of undifferentiated embryonal sarcoma is now considered to be?
  - a. Incurable
  - b. May need liver transplant to achieve a cure
  - c. Not very good with less than half of the patients survive
  - d. Fairly good with around 75% of patients survive
  - e. Very good with more than 90% of patients survive
3. Which of the following statement about undifferentiated embryonal sarcoma is correct?
  - a. Associates with elevated serum AFP
  - b. Obstructive jaundice is a common finding
  - c. Liver function test shows hepatitic picture
  - d. Low serum albumin and ascites are the warning signs
  - e. USG shows a mixed cystic & solid tumour

4. Which one of the following features may help to differentiate undifferentiated embryonal sarcoma from mesenchymal hamartoma?
  - a. Age of onset
  - b. Sex
  - c. Abdominal sign
  - d. Family history
  - e. History of hepatitis
5. Evidence to suggest that undifferentiated embryonal sarcoma and mesenchymal hamartoma are possibly linked including the following:
  - a. Sarcomas can develop from hamartoma
  - b. They both share similar radiographic features
  - c. They can occur in the same family
  - d. They have similar biochemical findings
  - e. They have similar pathological features

**(C) Effectiveness of Macau Hepatitis B Vaccination Programme for Newborns from Hepatitis B Carrier Mother**

1. What is the overall risk of maternal-infant transmission for hepatitis B virus before the era of hepatitis B vaccination?
  - a. 85-90%
  - b. 32%
  - c. 40%
  - d. <5%
  - e. 50%
2. According to international studies, what is the vertical transmission rate for hepatitis B virus after proper hepatitis B vaccination and hepatitis B immunoglobulin injection?
  - a. <5%
  - b. <1%
  - c. 10%
  - d. 20%
  - e. 40%
3. What is the principal mode of transmission for hepatitis B virus in China and South-East Asia region?
  - a. Sexual (from unprotected sexual intercourse)
  - b. Perinatal transmission
  - c. Parenteral (e.g. sharing needles with IV drug user)
  - d. Horizontal transmission
  - e. Air borne

4. If hepatitis B virus is acquired during the perinatal period, what is the percentage of patients who will develop chronic carrier status?
  - a. 50%
  - b. 80%
  - c. 90%
  - d. 75%
  - e. 30%
5. Which of the following areas is/are considered as having high prevalence for hepatitis B infection?
  - a. China
  - b. Australia
  - c. United States of America
  - d. South-East Asia
  - e. A and D

**(D) Regular Flush-lock is Unnecessary to Maintain Patency of Resting Totally Implantable Venous Access Device**

1. Totally implantable central venous devices require regular flush-lock with heparin saline to maintain catheter patency because:
  - a. It is a practice supported by randomised controlled clinical trials.
  - b. It is recommended by the manufacturers.
  - c. It helps to reduce the risk of infection.
  - d. It helps to reduce the risk of venous thromboembolism.
  - e. It helps to reduce the risk of catheter rupture.
2. According to the published literature, which of the following solutions has/have been used for the flush-locking of totally implantable central venous devices?
  - a. Normal saline
  - b. Heparin saline 10 units/mL
  - c. Heparin saline 25 units/mL
  - d. Heparin saline 100 units/mL
  - e. All of the above
3. Which of the following statements concerning the removal of needle from a totally implantable central venous device is correct?
  - a. It is alright to leave blood or medication in the needle before needle removal.
  - b. Urokinase has to be instilled every time prior to needle removal.
  - c. A positive pressure at the time of clamping the needle is recommended close to the end of the heparin flush-lock.
  - d. Aseptic technique is generally not recommended during needle removal.
  - e. None of the above.

4. Which of the following statements is true when a totally implantable venous access device is accessed with a non-boring needle?
- Do not use aseptic procedure.
  - If blood can be withdrawn from the device, its patency is confirmed.
  - The first drawn blood sample can be used for cell counts and biochemistry tests.
  - If blood cannot be withdrawn, catheter patency can be obtained by pushing a bolus of saline with as much force as possible.
  - If blood cannot be withdrawn, nothing can be done to restore its patency.
5. According to the conclusions of this study, which of the following statements is/are true when children with totally implantable venous access devices are discharged?
- Parents are not required to take any action to safeguard the device patency.
  - Children can shower or swim without any precaution against device infection.
  - When ant-cancer treatment is completed, there is no urgency to remove the device.
  - Regular flush-lock with heparin saline to maintain device patency is not recommended.
  - All of the above

***Answers of January issue 2019***

(A) 1. e; 2. c; 3. b; 4. a; 5. e

(B) 1. a; 2. c; 3. d; 4. e; 5. b

(C) 1. a; 2. e; 3. b; 4. c; 5. d

(D) 1. b; 2. c; 3. c; 4. e; 5. a