

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 ≥ 3 of the 5 answers are correct. The total score of the 4 articles will be 4 CME points.

(A) Feasibility of One-stage Correction for Recto-bulbar Anorectal Malformations

1. What is the standard therapy for intermediate imperforate anus?
 - a. One-stage correction
 - b. Three-stage repair
 - c. Radiation
 - d. Laxatives
 - e. No treatment required
2. Which of the followings is not observed for functional evaluation in this paper?
 - a. Soiling
 - b. Constipation
 - c. Sphincter squeeze
 - d. Length of fistula
 - e. Voluntary bowel movements
3. How did the authors diagnose the type of anorectal malformations?
 - a. Urethrography
 - b. Computed tomography
 - c. Magnetic resonance imaging
 - d. Colonography from stoma
 - e. Ultrasound
4. What is the disadvantage of one-stage correction for intermediate imperforate anus?
 - a. Need colostomy
 - b. Can avoid a colostomy
 - c. Increasing infection
 - d. Functional prognosis unknown
 - e. Need multiple operations
5. What is the author's opinion in this paper?
 - a. Kelly score is useful for evaluating the anorectal malformations.
 - b. One-stage correction for recto-bulbar anorectal malformations is feasible.
 - c. Three-stage repair is preferable for recto-bulbar anorectal malformations.
 - d. Anorectal malformations should not be operated.
 - e. Operation for anorectal malformations should be done at 5-6 years of age.

(B) Is Hospital Admission Unnecessary After Successful Reduction in Paediatric Patients with Intussusception?

1. What is the USG finding observed in patient with intussusception?
 - a. Triangular cord sign
 - b. Target sign
 - c. Whirlpool sign
 - d. Circle sign
 - e. Double bubble sign
2. A 12-month-old male presents with two episodes of green emesis, abdominal pain, lethargy and bloody stool. Which of the following is the most likely diagnosis?
 - a. Pyloric stenosis
 - b. Malrotation
 - c. Intussusception
 - d. Incarcerated inguinal hernia
 - e. Acute appendicitis

3. A 12-month-old male presents with a 1-day history of abdominal pain, green emesis, lethargy, currant jelly stool. The physician feels there may be a small palpable mass in the right upper quadrant but is not certain. What is the best way to establish the most likely diagnosis?
 - a. Plain abdominal X-ray
 - b. Laparoscopy
 - c. CT of the abdomen
 - d. Upper GI study with contrast
 - e. Ultrasound

4. A 19-month-old male presents with a 2-day history of abdominal pain, green emesis, lethargy, and bloody stool. Infant is ill appearing. Physical exam reveals abdominal distention, direct & rebound tenderness on abdomen. Ultrasound demonstrated target sign. What is the best treatment?
 - a. CT of the abdomen
 - b. Fluid resuscitation
 - c. Hydrostatic reduction
 - d. Surgical intervention
 - e. Broad-spectrum antibiotic and blood cultures

5. A 10-month-old male present with a 4-hour history of abdominal pain, green emesis. On examination, the infant is healthy appearing. Physical exam reveals no abdominal distension or tenderness. Ultrasound demonstrated target sign. What is the next step in management?
 - a. CT of the abdomen
 - b. Fluid resuscitation
 - c. Hydrostatic reduction
 - d. Surgical intervention
 - e. Broad-spectrum antibiotic and blood cultures

(C) Laparoscopic Appendectomy for Complicated Appendicitis in Children: A Retrospective Study

1. What is the most common complication of acute appendicitis?
 - a. Appendiceal perforated peritonitis
 - b. Pylephlebitis
 - c. Subphrenic abscess
 - d. Pelvic abscess
 - e. Intestinal abscess

2. Who are most likely to develop acute appendicitis perforation?
 - a. The aged
 - b. Children
 - c. Pregnant woman
 - d. Adults
 - e. People with immunodeficiency

3. In who does appendicitis develop quickly, is prone to perforation and has a high mortality rate?
 - a. Children
 - b. The aged
 - c. Pregnant woman
 - d. Adults
 - e. Cancer patients

4. Which is the most typical clinical manifestation of acute appendicitis?
 - a. Paroxysmal right lower abdominal pain
 - b. Psoas test positive
 - c. Pyrexia
 - d. Metastatic right lower abdominal pain
 - e. Nausea and vomiting

5. What is the main cause of perforated appendix?
 - a. Obstruction of the appendix cavity
 - b. The wall of the appendix is pinched by the bezoar
 - c. Bacterial infection
 - d. Lymphatic obstruction
 - e. Immunodeficiency

(D) Efficacy of Postoperative High-dose Steroids in Infants with Biliary Atresia: A Meta Analysis

1. Which of the following operations is the surgical treatment of biliary atresia?
 - a. Kasai portoenterostomy
 - b. Liver transplanation
 - c. Cholecystectomy
 - d. A+B
 - e. B+C
2. Which are the complications after Kasai portoenterostomy in infants with biliary atresia?
 - a. Damage of liver function
 - b. Biliary cirrhosis
 - c. Jaundice
 - d. Cholangitis
 - e. All of the above
3. What are the treatment methods for cholangitis after Kasai portoenterostomy in infants with biliary atresia?
 - a. Antibiotics
 - b. Steroids
 - c. Vitamins
 - d. Ursodeoxycholic acid
 - e. All of the above
4. Which of the following steroids can be used as adjuvant therapy after Kasai portoenterostomy in infants with biliary atresia?
 - a. Prednisolone
 - b. hydrocortisone
 - c. Dexamethasone
 - d. Methylprednisolone
 - e. All of the above
5. How much dose of prednisone can improve the clearance rates of jaundice at a follow up of 6 months after Kasai portoenterostomy?
 - a. Over 10 mg/kg
 - b. Over 20 mg/kg
 - c. Over 40 mg/kg
 - d. Over 60 mg/kg
 - e. Over 80 mg/kg

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

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

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

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