

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) Childhood Chronic Recurrent Headache in Hong Kong: A Case Control Study

1. According to diagnostic criteria established by the International Headache Society, which of the following is NOT diagnostic criteria of migraine in children?
 - a. Headache duration 2 to 48 hours
 - b. Headache duration 48 to 96 hours
 - c. Photophobia and phonophobia
 - d. Unilateral location
 - e. Headache aggravated by climbing stairs or similar routine physical activity
2. Which of the following feature(s) is/are found to have higher differentiating values for childhood migraine in the present study?
 - a. Pulsating quality, nausea, photophobia and phonophobia
 - b. Lateralising ache, longer duration and worst intensity
 - c. Aggravation by physical activity
 - d. (a) and (c)
 - e. (b) and (c)
3. Which of the following is a true statement?
 - a. In the present study, migraine onset was less common in the first decade of life, and became more prevalent during adolescence.
 - b. Paediatricians should take into consideration the contexture of symptoms, behavioural changes, evolutions over time, and parental information to arrive at the correct diagnosis of childhood headaches.
 - c. Isolated headache or migraine was classified as high level of appropriateness for brain scans to be performed, according to the American College of Radiology Appropriateness criteria.
 - d. (a) and (b)
 - e. (a), (b) and (c)
4. Which of the following is the most common preventive medication in the present study?
 - a. Amitriptyline
 - b. Pizotifen
 - c. Propranolol
 - d. Topiramate
 - e. Acetazolamide
5. Which of the following is NOT a true statement?
 - a. Secular increase in chronic childhood headache over the past two decades has been correlated to factors such as increase in time demands, pressures from school, peers and family, and reduction in physical activities.
 - b. In the present study, impairment of daily functioning was equally prevalent in migrainous and non-migrainous children.
 - c. Cognitive behavioural therapy might augment the efficacy of standard medications in childhood migraine.
 - d. The under-utilisation of psychotherapy might be related to lack of physician awareness of this intervention to children with severe refractory headaches and the confined availability of clinical psychological service in our locality.
 - e. Co-morbid depressive, anxiety and somatisation disorders were uncommon in chronic childhood headaches.

(B) IgA Nephropathy Associated with Acute Kidney Injury in Young Patients: The Clinicopathological Features and Risk Factors Analysis

1. Which one is the leading cause of the ESRD of patients with primary glomerular diseases?
 - a. Poststreptococcal glomerulonephritis
 - b. Membranous nephropathy
 - c. IGA nephropathy
 - d. Diabetic kidney disease
 - e. None of the above
2. How many percent of the AKI patients could be fully cured during the post-acute stage?
 - a. 60%
 - b. 65%
 - c. 70%
 - d. 50%
 - e. 55%
3. Which of the following is not the basis of diagnosis of AKI according to the 2012 KDIGO criteria?
 - a. Increase in SCr by 0.3 mg/dl within 48 h,
 - b. Increase in SCr to 1.2 times baseline
 - c. Increase in SCr by 26.5 μ mol/l within 48 h,
 - d. Urine volume <0.5 ml/kg/h for 6h
 - e. None of the above
4. Which of the following is not part of the Oxford classification system?
 - a. Mesangial hypercellularity
 - b. Endocapillary hypercellularity
 - c. Segmental glomerulosclerosis
 - d. Tubular atrophy/interstitial fibrosis
 - e. Cytoclasia
5. According to this study, which two parameters are the most relevant ones associated with AKI among young patients with IgAN?
 - a. Heavy proteinuria and gender
 - b. Age and gender
 - c. Malignant hypertension and heavy proteinuria
 - d. Heavy proteinuria and the content of uric acid
 - e. Malignant hypertension and the content of uric acid

(C) Portrayal of Thyroid Abnormalities and Their Management in a Local Cohort of Children and Adolescents with Down Syndrome: An Update

1. What is the most common form of thyroid abnormalities in children with Down syndrome?
 - a. Congenital hypothyroidism
 - b. Transient hypothyroidism
 - c. Subclinical hypothyroidism
 - d. Acquired hypothyroidism
 - e. Hyperthyroidism
2. What is the current AAP recommendation for thyroid function evaluation in children with Down syndrome?
 - a. Thyroid function at birth then annually.
 - b. Thyroid function at birth then every 6 months.
 - c. Thyroid function at birth, at 6 months and 12 months then annually.
 - d. Thyroid function at birth, at 3 months, 6 months, 12 months then annually.
 - e. Thyroid function at birth, every 3 months till 12 months then annually.
3. What is the usual TSH cutoff for starting thyroxine supplement in cases of subclinical hypothyroidism?
 - a. 5 mIU/L
 - b. 10 mIU/L
 - c. 20 mIU/L
 - d. 40 mIU/L
 - e. 50 mIU/L
4. What are the possible causes of subclinical hypothyroidism in Down syndrome?
 - a. Non-pathological shift in normal range of TSH.
 - b. Chromosomopathy in Down syndrome attributes to alter in hypothalamic-pituitary-thyroid axis.
 - c. Autoimmunity in Hashimoto thyroiditis related subclinical hypothyroidism.
 - d. (a) and (b)
 - e. All of the above
5. What is special about oscillating thyroid disease in children and adolescents with Down syndrome?
 - a. It shows a continuum between Hashimoto thyroiditis and Graves' disease within the spectrum of autoimmune thyroid disorders.
 - b. Hashimoto thyroiditis is usually preceded by Graves' disease.
 - c. Children and adolescents with Down syndrome are more likely to progress from Hashimoto thyroiditis to Graves' disease.
 - d. (a) and (b)
 - e. (a) and (c)

(D) Clinical Characteristics and Outcomes of Paediatric Non-tuberculous Mycobacterial Infection: Single Institution Retrospective Review Over Past 20 Years

1. Which of the following mycobacterial infection is a notifiable disease in Hong Kong?
 - a. Mycobacterium abscessus
 - b. Mycobacterium avium complex
 - c. Mycobacterium chelonae
 - d. Mycobacterium fortuitum
 - e. Mycobacterium tuberculosis
2. Which of the following mycobacteria is not considered as non-tuberculous mycobacteria (NTM)?
 - a. Mycobacterium abscessus
 - b. Mycobacterium avium complex
 - c. Mycobacterium bovis
 - d. Mycobacterium chelonae
 - e. Mycobacterium fortuitum
3. Which of the following(s) is/are the clinical manifestation(s) of NTM infections?
 - a. Chest infection
 - b. Catheter-related bloodstream infection (CRBSI)
 - c. Lymphadenitis
 - d. Skin and soft tissue infection
 - e. All of the above
4. Which of the following(s) is/are the predisposing risk factor(s) to NTM infections?
 - a. Malignancy
 - b. Post-transplant
 - c. Primary immunodeficiency
 - d. Steroid use
 - e. All of the above
5. Which of the following antimicrobial agent is effective against NTM infection based on local sensitivity pattern?
 - a. Amikacin
 - b. Isoniazid
 - c. Pyrazinamide
 - d. Rifampicin
 - e. Moxifloxacin

Answers of July issue 2021

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

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

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

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