

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) The Preliminary Investigation of Faecal Microbiota Transplantation for Paediatric Recurrent Chronic Bowel Diseases and Literature Review

1. Which of the following diseases could be effectively treated by faecal microbiota transplantation (FMT)?
 - a. Crohn's disease
 - b. Ulcerative colitis
 - c. Clostridium difficile toxin-induced recurrent colitis
 - d. Irritable bowel syndrome
 - e. Autoimmune diseases
2. Which of the following descriptions about inflammatory bowel disease (IBD) patients is NOT correct?
 - a. Decreased intestinal bacterial diversity in IBD patients
 - b. *Escherichia coli* and *Campylobacter species* are increased in Crohn's disease (CD)
 - c. Bacteroidetes is decreased in CD patients
 - d. *Mycobacterium avium* is increased in CD patients
 - e. Firmicutes phyla is increased in CD patients
3. Which of the following mechanisms does NOT account for the benefit of FMT to treat *Clostridium difficile* toxin-induced recurrent colitis?
 - a. Direct competition
 - b. Restoration of secondary bile acid
 - c. Repair of the gut barrier.
 - d. Reduced secretion of inflammatory cytokines
 - e. Rebuilt microbial community
4. Which of the following is NOT the major adverse effect of FMT that were observed in the clinical trial?
 - a. Fever
 - b. Abdominal distension
 - c. Vomiting
 - d. Transit increase of serum inflammatory markers
 - e. Abdominal pain

5. Which of the following preparations is NOT necessary for patients prior to FMT?
 - a. Take donor's History Questionnaire
 - b. Pathogen testing of donors' and patients' stool samples
 - c. Fasting for several days
 - d. Bowel preparation of patients
 - e. Vancomycin treatment for patients

(B) Application of Three Dimensional High Resolution Anorectal Manometry to Demonstrate Anal Sphincter Pressure Asymmetry in Children after Anorectal Surgery: A Pilot Study

1. Which of the following is NOT a characteristic of the three dimensional high resolution anorectal manometry (3D HRARM)?
 - a. Radially arranged pressure channels in multiple levels
 - b. Anal pressures along the entire anal canal can be measured simultaneously
 - c. Topographic image of the anal canal can be reconstructed by the computer software upon integration of the pressure parameters
 - d. Requirement for manual manipulation of the catheter by pull-through technique to locate the anal sphincter region
 - e. Relatively new technology to be applied on the paediatric population
2. Which of the following is part of the preparation prior to the 3D high resolution anorectal manometric measurement?
 - a. Pre-operative assessment by the anaesthetist for fitness for general anaesthesia
 - b. Fasting for at least 12 hours prior to the procedure
 - c. Digital evacuation of the rectum to ensure empty rectum
 - d. Sodium phosphate rectal enema 3 ml/kg as bowel preparation after informed consent
 - e. Insertion of urinary Foley catheter to empty the urinary bladder

3. Which of the following is NOT observed during the 3D high resolution anorectal manometric procedure?
 - a. Presence of a caretaker to accompany the child and to relieve anxiety
 - b. Orientation and position of the catheter is well preserved to avoid rotation
 - c. Secure placement of the catheter onto the child's buttock with surgical tape
 - d. Correct naso-gastric tube placement to decompress the stomach
 - e. The patient remains awake and non-sedated
4. Which of the following is NOT a common form of evaluation of the bowel function in children after operation?
 - a. Endorectal ultrasound
 - b. Pelvic MRI
 - c. Validated questionnaires and bowel function scoring system
 - d. Endoscopy
 - e. Anorectal manometry
5. Which of the following could be the potential cause for the anal pressure asymmetry in nulliparous adult women?
 - a. Injury to the anal canal during childbirth
 - b. Congenital under-developed muscles
 - c. Imbalance of the muscle development
 - d. Triple looped anatomy of the puborectalis muscle in the anal canal
 - e. Over zealous stretching
3. "Myopia was defined as a spherical equivalent (SE) refraction having..... diopter (D) or lower values in one or both eyes". Please, fill in the blank with appropriate word for this study.
 - a. 0.25
 - b. 0.50
 - c. 0.75
 - d. 1.00
 - e. 1.25
4. What is the formulation of the spherical equivalency (SE) used in this study?
 - a. spheric + cylinder/2
 - b. spheric x cylinder/2
 - c. spheric - cylinder/2
 - d. spheric + cylinder/3
 - e. spheric + cylinder/ spheric - cylinder
5. "Hyperopia was defined as SE refraction's having..... diopter or higher values in one or both eyes." Please, fill in the blank with appropriate word for this study.
 - a. +0.25
 - b. +0.5
 - c. +1.0
 - d. +1.5
 - e. +2.0

(C) Frequency of Refraction Errors among School-age Children in Ankara, Turkey: A Cross-Sectional Study

1. Which of the following is the most frequent cause of visual impairment in school-age children?
 - a. Congenital cataract
 - b. Tumours
 - c. Uncorrected refractive errors
 - d. adminPremature retinopathy
 - e. Keratoconus
2. Which of the following may affect the development of refractive errors?
 - a. Genetics
 - b. Environment
 - c. Socio-economical level
 - d. Outdoor activities
 - e. All the above

(D) Paediatric Malone Antegrade Continence Enema (MACE): The Hong Kong Experience

1. Conservative management for faecal incontinence in children includes:
 - a. Stool softener
 - b. Bulking agent
 - c. Biofeedback
 - d. Rectal enema
 - e. All of the above
2. What is the theory of antegrade enema in the management of faecal incontinence?
 - a. A diverting stoma for stool diversion
 - b. To facilitate digital evacuation
 - c. Regular faecal elimination to prevent constipation and faecal incontinence
 - d. To alter the microflora of the colon
 - e. To excise redundant bowel

3. Which of the following could be a cause of faecal incontinence in children?
- Spinal cord anomalies
 - Anorectal malformation
 - Hirschsprung disease
 - Myelomeningocele
 - All of the above
4. Which of the following is considered as part of the bowel management programme?
- Medications, dietary manipulation and daily enema
 - Fluid restriction
 - Avoiding physical exercise
 - Alarm system
 - Electric shock therapy
5. How is antegrade continence enema (ACE) superior to rectal enema?
- Allows autonomy and independence to a growing child
 - Potentially able to reduce the use of phosphate by replacing it with normal saline
 - Eliminate the need for an assistant to administer the rectal enema
 - Effectively keep child dry and clean for 24 hours
 - All of the above

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

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

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

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