

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.
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(A) Are There Regionalisation of High Complexity Surgeries and Decentralisation of Outpatient Treatment Services for Cleft Lip and/or Palate in the State of São Paulo, Brazil?

1. Which of the following is related to regionalisation?
 - a. Centralisation of high complexity services.
 - b. Transfer of the decision-making power, management driven by providers and financial resources to the states and municipalities.
 - c. Development of regional arrangements for health care.
 - d. Transfer of elements concentrated at the federal level to the municipalities.
 - e. Very little intergovernmental interdependence.
2. Which of the following is correct about the institutions for treatment of cleft lip and/or palate in the state of *São Paulo*, Brazil?
 - a. The state of *São Paulo* has three regional nuclei.
 - b. There is only one regional nucleus.
 - c. The state of *São Paulo* has 20 associations.
 - d. There are five associations.
 - e. There are two specialised treatment centers.
3. Which of the following is NOT correct about the Hospital for Rehabilitation of Craniofacial Anomalies, University of *São Paulo*, Brazil?
 - a. It serves patients from all regions of Brazil and others arising from abroad.
 - b. It is linked to the Brazilian Unified Health System.
 - c. It is a world class reference in the treatment of cleft lip and/or palate.
 - d. It is a private hospital.
 - e. It is the largest treatment center for craniofacial anomalies in South America.
4. Which of the following is (are) a problem (problems) for the treatment of cleft lip and/or palate in Brazil?
 - a. Organisation of the reference and counter reference system.
 - b. Unpreparedness of the public health services and geographical distance.
 - c. Absence of this theme in the curricula of undergraduate and postgraduate courses.
 - d. Total ignorance of many professionals about cleft lip and/or palate.
 - e. All of the above.
5. Which of the following is NOT a characteristic of the treatment of cleft lip and/or palate?
 - a. It is highly specialised.
 - b. It requires a team with professionals from different health areas.
 - c. It is often inexpensive.
 - d. The treatment course is often long.
 - e. It requires integral care.

(B) Associated Anomalies and Clinical Outcomes in Infants with Omphalocele: A Single-centre 10-year Review

1. Which of the following is the most common congenital anomaly associated with omphalocele?
 - a. Alveolar capillary dysplasia
 - b. Urinary tract anomaly
 - c. Beckwith-Wiedemann syndrome
 - d. Congenital heart disease
 - e. Imperforate anus
2. Which of the following statement is NOT TRUE according to the article?
 - a. Infants with non-liver containing omphaloceles were more likely to have primary repair compared to those with liver-containing ones.
 - b. Giant omphaloceles were more likely to have pulmonary hypoplasia compared with non-giant types.
 - c. In general, infants with giant omphaloceles were mechanically ventilated for a longer duration than those with non-liver containing ones.
 - d. Congenital heart disease is the most common associated anomaly in infants with omphaloceles.
 - e. Survival rate at discharge was low for isolated omphalocele without other congenital anomalies.
3. What is the median age of first feeding in this study?
 - a. Day 6 of life
 - b. Day 7 of life
 - c. Day 8 of life
 - d. Day 9 of life
 - e. Day 10 of life
4. What is the most common postoperative complication identified in this study?
 - a. Ventral hernia
 - b. Adhesion
 - c. Wound infection
 - d. Gut volvulus
 - e. Deep vein thrombosis
5. Which of the following is NOT a known medical long-term complication of omphalocele?
 - a. Failure to thrive
 - b. Gastroesophageal reflux
 - c. Recurrent urinary tract infections
 - d. Developmental delay
 - e. Recurrent lung infections

(C) Risk Factors Associated with General Movement Quality in Infants

1. Which of the following is NOT risk factors and predictors for abnormal general movements in infants?
 - a. Low delivery gestational age
 - b. Low birth weight
 - c. Severe asphyxia
 - d. Hyperbilirubinaemia
 - e. Whether the newborns are twins
2. Which of the following is an abnormal type of GMs during preterm, term and early post-term age?
 - a. Normal GMs (N)
 - b. Cramped-synchronised GMs (CS)
 - c. Fidgety movements (F⁺)
 - d. Absent (F⁻)
 - e. Abnormal (AF)
3. Which of the following is an abnormal type of GMs at the stage of fidgety movements?
 - a. Poor repertoire of GMs (PR)
 - b. Cramped-synchronised GMs (CS)
 - c. Chaotic general movements (CH)
 - d. Absent (F⁻)
 - e. Fidgety movements (F⁺)
4. Which of the following is the best observing time for writhing movements?
 - a. From the third day after birth to corrected age of 4 weeks (according to the expected date of delivery)
 - b. From the ninth day after birth to corrected age of 15 weeks (according to the expected date of delivery)
 - c. From the third day after birth to age of 4 weeks
 - d. From the ninth day after birth to age of 15 weeks
 - e. Between 2 and 5 months of age
5. Which of the following is the best observing time for fidgety movements (FMs)?
 - a. From the third day after birth to corrected age of 4 weeks (according to the expected date of delivery)
 - b. From the ninth day after birth to corrected age of 15 weeks (according to the expected date of delivery)
 - c. From the third day after birth to age of 4 weeks
 - d. From the ninth day after birth to age of 15 weeks
 - e. Between 1 and 2 months of age

(D) Double Aortic Arch in Infants and Children

1. Which is the correct description for double aortic arch?
 - a. Anomalous left pulmonary artery
 - b. Right aortic arch
 - c. An anomaly of the aortic arch in which two aortic arches form a complete vascular ring
 - d. Coarctation of aorta
 - e. Vascular sling
2. Patients with double aortic arch may be misdiagnosed with many other diseases except:
 - a. Asthma
 - b. Diarrhoea
 - c. Gastro-oesophageal reflux
 - d. Feeding difficulties
 - e. Recurrent cough
3. Which symptoms may occur if the vascular ring causes compression of the trachea and/or oesophagus?
 - a. Cough
 - b. Vomiting
 - c. Tachypnoea
 - d. Wheezing
 - e. All of the above
4. Which modality should be considered first to confirm the diagnosis of double aortic arch:
 - a. Bronchoscopy
 - b. Chest X-ray
 - c. Computed tomography
 - d. Angiography
 - e. Electrocardiogram
5. A vascular ring occurs when the aorta or its branches form a complete ring around the trachea and the esophagus. Which is the most common anomaly?
 - a. Double aortic arch
 - b. Right aortic arch
 - c. Anomalous left pulmonary artery
 - d. Anomalous left carotid artery arising further to the right than usual and passing anterior the trachea
 - e. Anomalous innominate artery arising further to the left on the arch than usual

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

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

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

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