

MCQ

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) Investigation of the Efficacy of Short-term Use of Lansoprazole in the Treatment of Reflux Esophagitis in Children

1. Which of the following is not one of the extraesophageal signs of gastroesophageal reflux disease (GERD)?
 - a. Cough
 - b. Laryngitis
 - c. Pharyngitis
 - d. Sinusitis
 - e. Vomiting
2. Which of the following is not one of the underlying diseases associated with GERD?
 - a. Neurological impairment
 - b. Esophageal atresia
 - c. Prematurity
 - d. Congenital heart disease
 - e. Asthma
3. Which of the following is not a symptom of GERD symptoms that may help in the accurate diagnosis of the disease?
 - a. Cough
 - b. Food aversion
 - c. Feeding difficulties
 - d. Repeated regurgitation episodes
 - e. Poor weight gain
4. Which of the following is not one of the drugs used in the treatment of GERD in children?
 - a. H₂ Receptor antagonists
 - b. Omeprazole
 - c. Sucralfat
 - d. Esomeprazole
 - e. Lansoprazole
5. Which of the following is not one of the side effects associated with long-term use of proton pump inhibitors (PPI)?
 - a. Abdominal pain
 - b. Headache
 - c. Diarrhoea
 - d. Bloating
 - e. Chest pain

(B) Is Phosphate Enema Treatment Effective in Ileocolic Intussusception?

1. Which of the following is a late symptom in patients with intussusception?
 - a. Abdominal pain
 - b. Nausea
 - c. Loss of appetite
 - d. Restlessness
 - e. Rectal bleeding
2. Which patient with intussusception is treated with phosphate enema?
 - a. Long segment ileocolic intussusception
 - b. Short segment ileocolic intussusception
 - c. Symptom duration was more than 48h
 - d. Young children
 - e. Presence of lead points
3. Which is not a factor affecting the success of nonsurgical treatment?
 - a. Symptom duration
 - b. Blood in the stools
 - c. Loss of appetite and restlessness
 - d. The age of the patient
 - e. The length of intussusception
4. Non-surgical treatment can be applied in which intussusception patient?
 - a. Patients with findings of peritonitis
 - b. Patients with findings of intestinal necrosis
 - c. Patients with findings of intestinal perforation
 - d. Patients with abdominal pain and nausea
 - e. Patients with findings of shock
5. Which is not an advantage of phosphate enema therapy?
 - a. Non-exposure of the patient to radiations
 - b. Immediate radiologist support.
 - c. Low risk of complications
 - d. Low risk of recurrence
 - e. Ease of application

(C) Imaging Before Operation for Undescended Testes: Is It Necessary?

1. Undescended testis can be seen in how many percentages of male born full term?
 - a. 0.1%
 - b. 1%
 - c. 5%
 - d. 15%
 - e. 20%
2. What procedure brings down the testis and fix it in the scrotum?
 - a. Gastrostomy
 - b. Orchiectomy
 - c. Orchidopexy
 - d. Gastropexy
 - e. Splenectomy
3. When is the recommended timing for surgical correction of simple undescended testis according to international guidelines?
 - a. At birth
 - b. 0-6 months
 - c. 6-12 months
 - d. After 24 months
 - e. After 10 years old
4. Which preoperative investigation can help us to decide the operative approach in simple undescended testis?
 - a. Ultrasound
 - b. Magnetic resonance imaging
 - c. Examination under anaesthesia
 - d. Doppler ultrasound
 - e. Abdominal X-ray
5. In our study, ultrasound can only correctly identify testicular position in...
 - a. 16% of patients
 - b. 26% of patients
 - c. 36% of patients
 - d. 46% of patients
 - e. 56% of patients

(D) Sirolimus for the Treatment of Benign Vascular Anomalies in Children: A Single Centre Experience

1. Benign vascular anomalies include?
 - a. Capillary malformations
 - b. Lymphatic malformations
 - c. Arteriovenous malformations
 - d. Infantile haemangioma
 - e. All of above
2. Sirolimus has?
 - a. Pro-tumour activity
 - b. Immunosuppressive activity
 - c. Angiogenic activity
 - d. Lymphangiogenic activity
 - e. mTOR exhibitor activity
3. Patients with vascular anomalies may receive sirolimus treatment when there is?
 - a. Extensive capillary malformation covered whole body
 - b. Lymphatic malformation unresponsive to sclerotherapy
 - c. Arteriovenous malformation not amenable to surgery
 - d. Infantile haemangioma resistant to combined oral propranolol and corticosteroid
 - e. All of above
4. In benign vascular anomalies, sirolimus improves?
 - a. Mass effect
 - b. Ulceration
 - c. Vessel regeneration and invasion
 - d. Pain
 - e. Phlebitis
5. To manage sirolimus use for the treatment of benign vascular anomalies in children, there is definite information about?
 - a. Dosage
 - b. Duration of therapy
 - c. Efficacy
 - d. Safety
 - e. None of above

Answers of October issue 2022

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

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

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

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