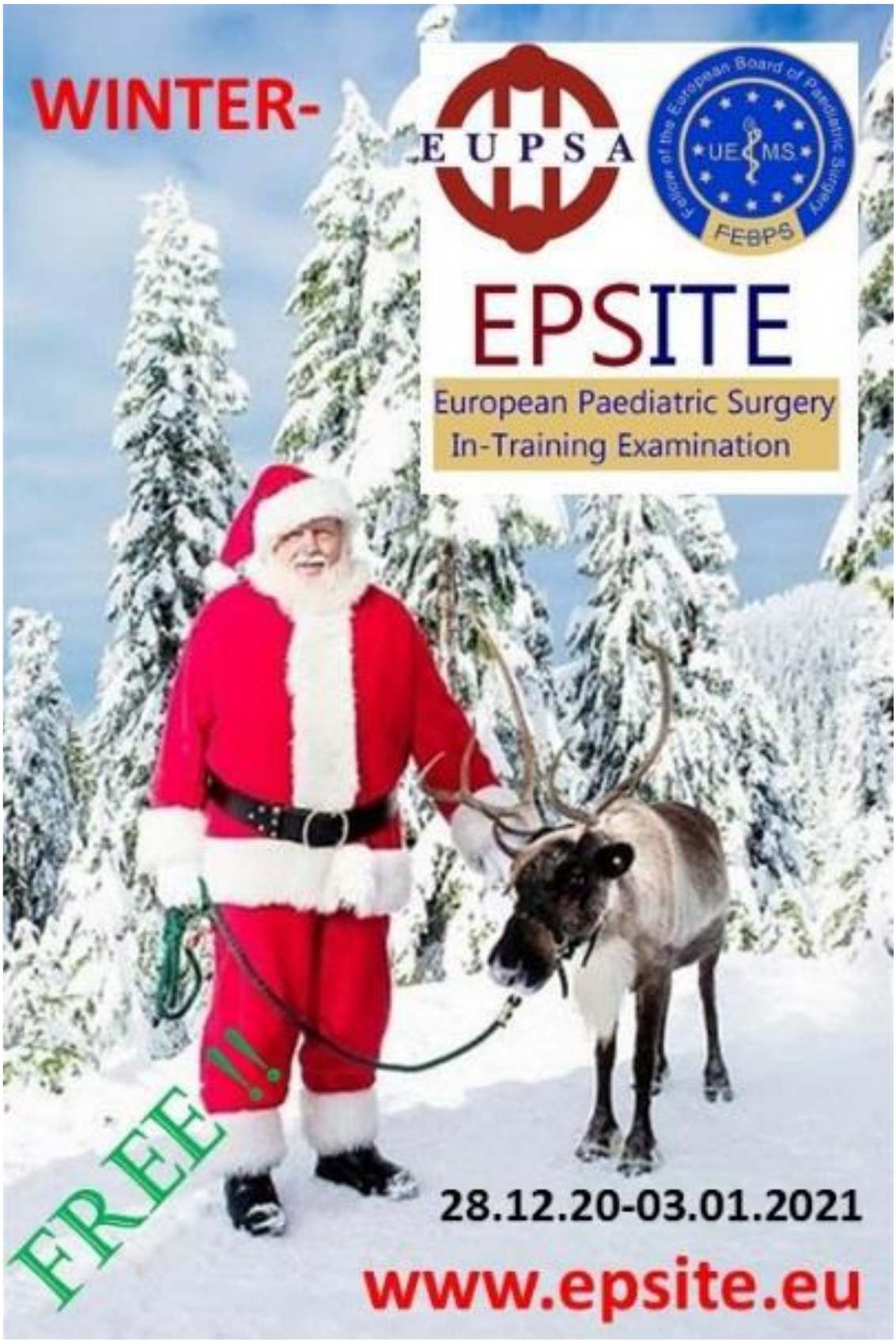
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Winter EPSITE (2020)

1. This girl is brought to you with a lump on her upper abdomen

What is the correct diagnosis?

a. umbilical hernia

b. gastroschisis

c. diastasis recti

d. Prune belly syndrome

e. Pyloric tumor

2. What typical associations is this child most likely to have?

a. Respiratory distress, vomiting, and hypospadias

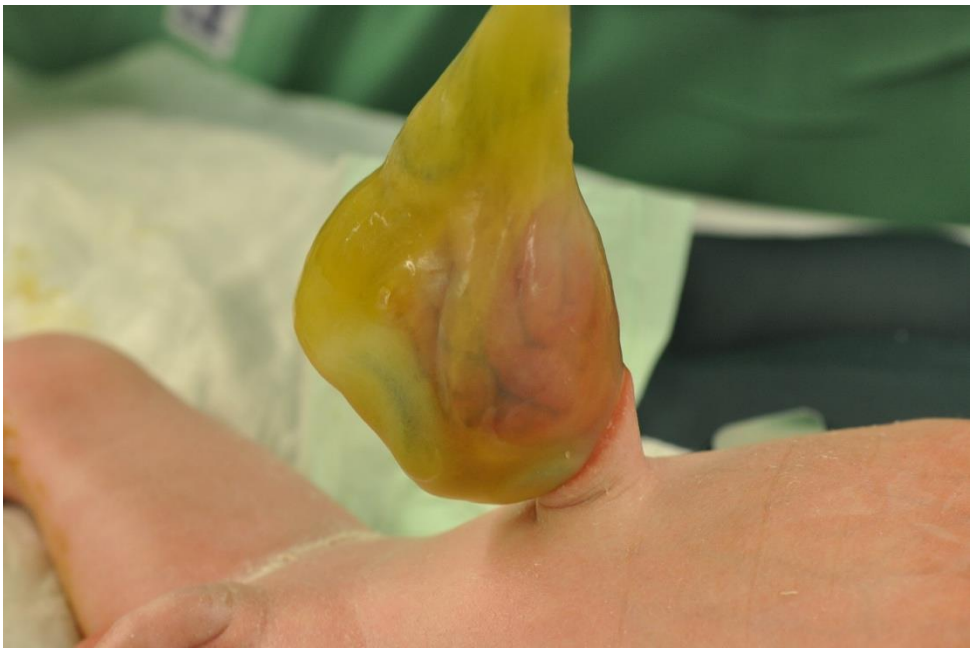
b. Hypospadias, undescended testis, and ileal atresia

c. Undescended testis, hydronephrosis, and pyloric stenosis

d. Imperforate anus, hydronephrosis, and poor abdominal muscle tone

e. Poor abdominal muscle tone, undescended testis, and hydronephrosis

3. You are called to examine this newborn. What is the diagnosis?



a. exomphalos major

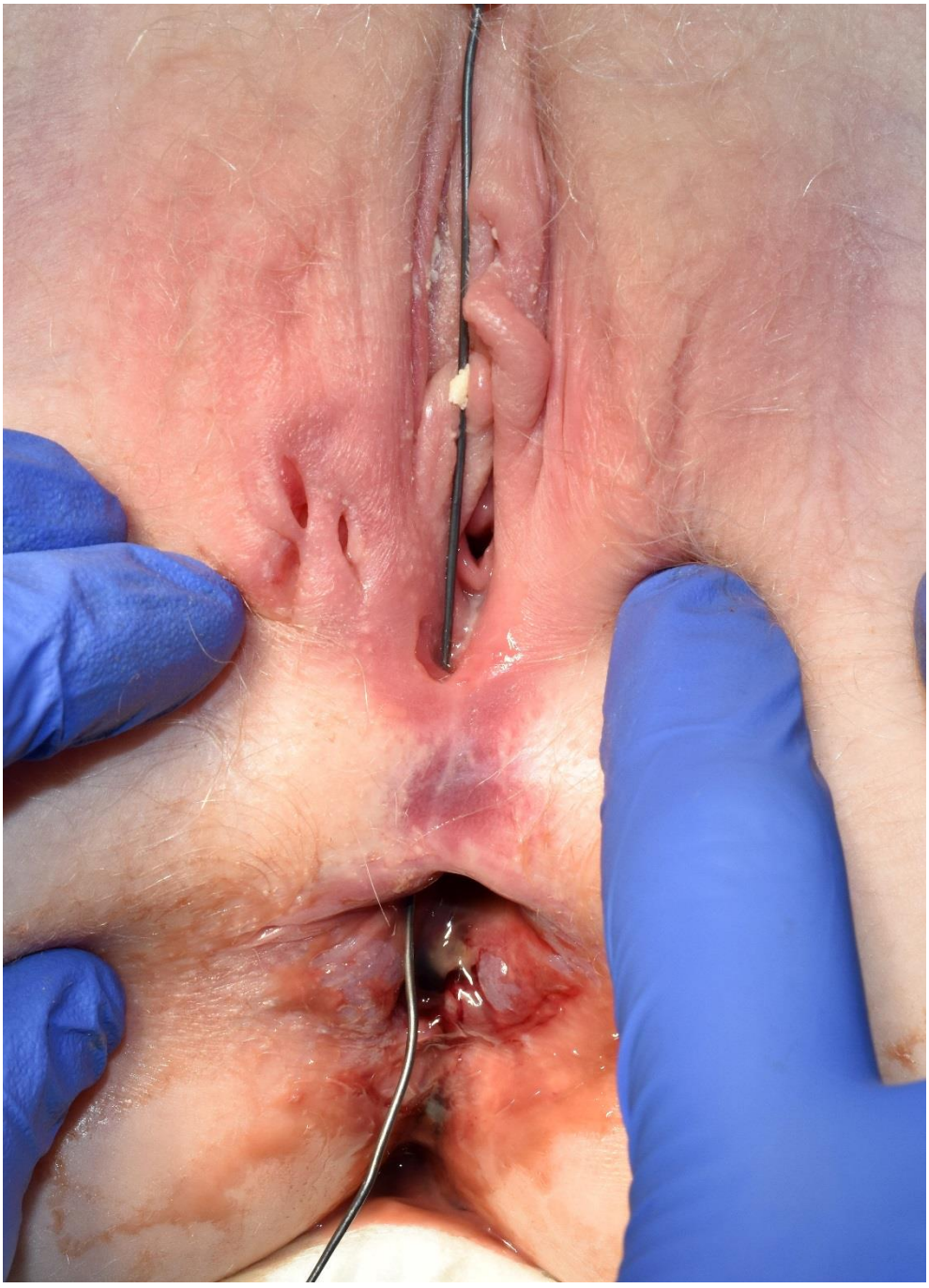
b. gastroschisis

c. umbilical hernia

d. hernia to the chord

e. Cantrell's syndrome

4. A 16 year old girl has had diarrhea and weight loss for the last 4 months. Her anal exam looks like this. What is most likely the basis of her symptoms?



a. Askaris lumbricoides infection

b. Crohn disease

c. ulcerative colitis

d. sexual abuse

e. irritable bowel syndrome

5. Which statement concerning the following lesion is correct?

a. maternal serum alfa-Fetoprotein levels are usually depressed during pregnancy

b. fetal surgical intervention is not an option

c. this lesion is most likely the result of birth trauma.

d. neurogenic voiding dysfunction is frequent

e. Hirschsprung disease is a typical association

6. Which of the following statements regarding solid organ trauma in children is correct?

a. Grade 4 splenic lacerations require splenectomy

b. Children who sustain liver lacerations should refrain from all athletic activities for at least 6 months

c. Children with these types of injuries are less likely to be treated operatively if they are treated by a pediatric surgeon compared to those that are treated by a general surgeon

d. Transfusion of packed red blood cells is indicated if the hematocrit drops below 24% in a hemodynamically stable child

e. Pancreatic injuries generally require operative intervention

7. Describe the typical location and trajectory of a congenital tracheoesophageal fistula without atresia (N-type or H-type fistula).

a. at the level of the carina, proximal from the trachea, distal to the esophagus

b. at the level of the carina, proximal from the esophagus, distal to the trachea

c. at the level of the thoracic inlet, proximal from the trachea, distal to the esophagus

d. at the level of the thoracic inlet, proximal from the esophagus, distal to the trachea

e. at the level of the mid-trachea, horizontal between trachea and esophagus

8. Which is the most important tumor marker for hepatoblastoma?

a. human chorionic gonadotropin

b. vanillinmanedelic acid

c. homovanillic acid

d. alfafetoprotein

e. carcinoembryonic antigen

9. Chilaiditi syndrome is defined as

a. free air under the diaphragm

b. herniation of the lung below the diaphragm

c. small bowel trapped between the liver and the diaphragm

d. a gastric volvulus into the triangular ligament

e. colon between the liver and the diaphragm

10. At birth, this infant's perineum was noted to be abnormal. Which one of the following five is the correct diagnosis?

A. Anal stenosis

B. Recto-prostatic fistula

C. Recto-perineal fistula

D. Rectal atresia

E. Recto-vestibular fistula

11. Which statement on Anti-Reflux-Surgery in Neurologically impaired children is true?

A. Around 20% of all neurologically impaired children has gastroesophageal reflux disease (GERD)

B. The outcome of complete (Nissen) fundoplication is superior to partial (Toupet, Thal) fundoplication

C. The positive effects of a fundoplication are life-long and recurrence of symptoms very rare

D. After failed fundoplication, Total Esophagogastric dissociation (TEGD) shows inferior results compared to redo-fundoplication

E. Laparoscopic fundoplication has a higher recurrence rate compared to open fundoplication

12. Which of the following features is diagnostic of Hirschsprung's disease on a rectal biopsy?

A. Negative Calretinin staining

B. Positive Acetylcholinesterase (AChE) staining of the ganglion cells

C. Paucity of Ganglion cells (hypoganglionosis) in Auerbach's plexus

D. Thickened, hypertrophied vascular channels in the myenteric plexus

E. Thickened, elongated muscle fibres in Meissner's (submucosal) plexus

13. A previously healthy 2-month-old girl is brought to the ED with a 1-day history of abdominal pain and emesis that developed over the last several hours. The parents describe the vomitus as yellow-green and nonbloody. Physical examination reveals a fairappearing child with moderate diffuse tenderness of the abdomen. Vital signs are normal. Laboratory results are unremarkable except for a white blood cell count of 14,000 cells/mL. What is the next step in this patient's management?

A. Empiric antibiotics and observation

B. Immediate appendectomy

C. Immediate exploratory laparotomy

D. B-mode ultrasound of the abdomen

E. Upper gastrointestinal (GI) contrast study

14. A newborn delivered at 32 weeks gestation develops respiratory symptoms several hours after uncomplicated vaginal delivery and he is put on the ventilator because of respiratory distress. The midwife is unable to pass a nasogastric tube. A plain X-ray shows gross distension of the stomach. At this time, the infant is stable without hemodynamic or ventilatory instability. You diagnose esophageal atresia with tracheo-esophageal fistula (TEF) and decide to:

A. Withdraw treatment because the child is too ill to undergo any procedure

B. Perform a Stamm gastrostomy to let the air escape and facilitate ventilation

C. Give surfactant and Nitrous Oxide (NO)

D. Perform thoracotomy to close the TEF

E. Wait for 24-48 hours until the baby gets better

15. A ten-month-old boy is referred with unilateral impalpable testis. Which is the next step in the management of this infant?

A. Wait for another 6 months

B. Unilateral inguinal exploration

C. Endocrine referral with hormonal evaluation

D. Head MRI

E. Diagnostic laparoscopy

16. An eight year old girl is diagnosed with osteosarcoma of the humerus. After neoadjuvant chemotherapy and local therapy (amputation) the number of pulmonary metastasis has reduced from 8 to 4. Which is the next step in the management of this child?

A. Radiotherapy and chemotherapy

B. Thoracotomy and resection of metastasis

C. Radiotherapy

D. Chemotherapy

E. Interventional radiology

17. Infants with a double aortic arch most commonly present with which of the following complaint?

A. Dysphagia

B. High output cardiac failure

C. Positional hyperemia and edema of the right upper extremity

D. Symptomatic tracheal compression

E. Horner’s syndrome

18. A 3-month-old infant born at 31 weeks gestation underwent a laparotomy for perforated necrotising enterocolitis on the fourth day of life. An ileostomy was performed at the site of the perforation. The ileostomy was closed at 6 weeks of age. The child remains distended and a poor feeder. The child is not thriving and is referred to you for reassessment. Given the history of necrotising enterocolitis, which of the following is the most likely cause of the clinical signs:

A. Colonic stricture

B. Anastomic stricture

C. Malrotation of the midgut

D. Short Bowel Syndrome

E. Recurrent Necrotising Enterocolitis

19. A male infant weighing 3 kg is born via spontaneous vaginal delivery at 37 weeks' gestation. His Apgar score is 6 and 9 at 1 and 5 minutes, respectively. The patient is in no apparent distress. Physical examination reveals no anus. What is the most appropriate initial step in this patient's management?

A. Colostomy

B. Continued observation for 24 hours

C. Intubation and mechanical ventilation

D. Magnetic resonance imaging (MRI) of the abdomen and pelvis

E. Posterior sagittal anorectoplasty

20. A 14 year old boy was is brought to the emergency room after being hit by a car when crossing a street. He is pale & tender in the right upper quadrant of the abdomen. His vital signs are BP 115/59, HR: 109/min, RR: 20, Temp: 37,1°C. The initial laboratory shows an Hemoglobin/hematocrit of 10.1/31 Your initial management is:

A. 20cc/kg cristalloids (Ringer, normal saline 0,9%)

B. 10cc/kg cristalloids (Ringer, normal saline 0,9%)

C. 20cc/kg fresh frozen plasma (FFP)

D. 20cc/kg packed red blood cells (PRBC)

E. 30cc/kg cristalloids (Ringer, normal saline 0,9%)

21. In an infant, nonaccidental subdural hematoma

A. Is associated with overlying skull fracture

B. May cause hypotension and anemia

C. Results in more underlying cerebral damage than in an adult

D. Denotes an underlying coagulopathy

E. Rarely causes significant neurologic impairment