

Clinical Quiz

The “EJPS Reports Clinical Quiz” is a new regular feature in which you can test your medical knowledge on the topics covered in this issue of the journal. Each quiz is a multi-choice challenge which will test your understanding and recall of the cases and resolutions described in each report.

1. **Which statement on Caudal Duplication Syndrome (CDS) is incorrect?**
 - A. CDS represents a rare entity of congenital anomalies that involve the gastrointestinal and urogenital tracts and neural tube
 - B. CDS describes a spectrum of structures derived from the embryonic cloaca and notochord which are duplicated to various degrees
 - C. The clinical presentation of each patient varies considerably
 - D. Colonic duplication is a common malformation that usually presents in adolescence
 - E. When the duplicated colons share a common wall, a septotomy is a practical option

2. **Which description of Microgastria is incorrect?**
 - A. Microgastria is almost always associated with other congenital anomalies
 - B. Total Esophageal Gastric Dissociation (TEGD) may be surgical option
 - C. The Hunt–Lawrence jejunal pouch to augment the stomach usually achieves age-appropriate catch up of growth without additional feeding tubes
 - D. Patients with microgastria have normal swallowing abilities
 - E. Neurologically normal patients who underwent TEGD with microgastria may tolerate full oral feeds without symptoms of dumping

3. **Which statement on Congenital Lung Lesions is correct?**
 - A. The coincidence of pulmonary sequestration (PS) in addition to a congenital diaphragmatic hernia (CDH) may improve the prognosis of patients as PS may act as an anatomical barrier to the rise of the abdominal viscera
 - B. Malignancy has been reported to be associated with cystic lesions, in particular with type I congenital cystic adenomatoid malformation in 10% of cases
 - C. Hypercapnia and acidosis during thoracoscopy in newborns frequently leads to neurologic impairment
 - D. The feeding vessel of pulmonary sequestration (PS) often rises from a pulmonary artery
 - E. If the feeding vessel of PS not properly closed it usually results in only minor postoperative bleeding

4. **Which statement on Persistent Urogenital Sinus (UGS) is incorrect?**
 - A. The anterior sagittal approach usually requires splitting of the rectum
 - B. UGS may be associated with external genitalia virilization (congenital adrenal hyperplasia [CAH])
 - C. The length of the common channel between the urethra and vagina has an impact on the choice of surgical approach
 - D. Simple flap vaginoplasties are usually sufficient to treat low persistent urogenital sinus (UGS)
 - E. Most patients with UGS are identified at birth

5. **Which answer on Neonatal Gardner Fibroma (GF) and Familial Adenomatous Polyposis (FAP) is correct?**
 - A. The diagnosis of GF in the neonatal period requires the exclusion of FAP in the child but not the parents
 - B. The growth behavior of GF can be well predicted, also the onset of intestinal polyps
 - C. Gardner syndrome is defined as the triad of soft tissue lesions, osteomas, and dental abnormalities in FAP patients
 - D. GF are not regarded as a precursor lesion of desmoid tumors
 - E. The most common sites are the head and extremities, whereas a location at the back, paraspinous region, and chest does rarely occur

6. **All descriptions of Infantile Myofibromatosis (IM) are correct - except**
 - A. IM is a proliferative disorder of mesenchymal origin
 - B. Tumors are characterized by positive staining for smooth muscle actin and muscle-specific actin
 - C. The clinical course is less aggressive than in adult cases
 - D. Radiotherapy is used in noncomplete resection, nonresectable tumors, and recurrences
 - E. Postoperative surveillance should avoid radiation exposure; thus, MRI is recommended as a more favorable imaging modality

7. **Which statement on the reconstruction of large chest wall defects is incorrect ?**
- A. The morbidity and mortality of chest wall resections have been reported to be as high as 30 and near 50%, respectively
 - B. Posterior deficiency usually needs more than only soft tissue coverage as it has a greater impact on respiratory function than anterior chest wall defects
 - C. Synthetic meshes are easy to fix to the ribs and can be an excellent choice to cover small defects
 - D. The idea of using “neoribs” made from metal dates back to 1909
 - E. Custom-made titanium implants offer personalized reconstruction with excellent function and cosmetic results
8. **Which statement on Ovarian Teratoma is incorrect?**
- A. Familial ovarian teratoma is rare
 - B. Ultrasound is a suitable tool to distinguish mature from immature ovarian teratoma
 - C. Both CT and MRI have an excellent sensitivity and specificity for detecting mature ovarian teratoma
 - D. Fat in the cystic lumen is the most specific finding in mature ovarian teratoma
 - E. In adult patients with nonfamilial teratomas, bilaterality is reported in 10 to 25% cases whereas in familial ones the reported risk is up to 46%
9. **Pediatric Necrotizing Fasciitis – Which statement is incorrect?**
- A. Mortality is found to be around 15%
 - B. Delay of surgical intervention by more than 24 hours doubles mortality
 - C. At presentation these lesions are typically painless
 - D. For the pediatric patient cohort Type 2 infections (caused by a single organism infection) seem to be more frequent
 - E. Children should receive broad-spectrum IV antibiotics to cover streptococci, staphylococci, gram negative rods, and anaerobes.
10. **Which statement on urethral duplication is incorrect?**
- A. Urethral duplication is a rare, congenital lower urinary tract anomaly
 - B. Of the cases of urethral duplication reported in the literature, type I lesions (classification system proposed by Effman, Lebowitz, and Colodny) are thought to be the most common and generally asymptomatic
 - C. In the majority of patients with “Y-type” duplication, the dorsal urethra is the more functional, while the ventral urethra is less developed
 - D. The use of a voiding cystourethrogram is adequate to trace the course and caliber of the two channels

Correct answers: 1D; 2C; 3A; 4A; 5C; 6D; 7B; 8B; 9C; 10C.