

Pediatric Surgery: Review Questions

Brian F. Gilchrist, MD, FACS

Marc S. Lessin, MD, FACS

QUESTIONS

Choose the single best answer for each question.

- 1. A 3-day-old neonate has moderate abdominal distension. Plain radiographs and results of a barium enema show a transverse colon that is dilated to 4 times the size of the sigmoid colon. The fact that the newborn's mother has gestational diabetes suggests which of the following diagnoses?**
 - A) Hirschsprung's disease
 - B) Hypothyroidism
 - C) Milk bolus obstruction
 - D) Neonatal small left colon syndrome
- 2. A 6-year-old child has fever, generalized abdominal pain and tenderness, vomiting, and loose, guaiac-positive stools. Laboratory evaluation reveals a hematocrit of 29%, leukocyte count of $17.0 \times 10^3/\text{mm}^3$, and a platelet count of $62 \times 10^3/\text{mm}^3$. Which of the following is the most likely diagnosis for this patient?**
 - A) Appendicitis
 - B) Gastroenteritis
 - C) Hemolytic uremic syndrome
 - D) Intussusception
- 3. A 13-year-old boy has a 3-cm unilateral, nontender breast nodule. Which of the following management approaches is optimal for this patient?**
 - A) Perform an endocrinologic work-up
 - B) Perform an incisional biopsy
 - C) Perform operative excision
 - D) Provide reassurance and observe
- 4. Absence of the vas deferens is associated with each of the following conditions EXCEPT:**
 - A) Congenital rubella
 - B) Cystic fibrosis
 - C) Hirschsprung's disease
 - D) Ipsilateral renal agenesis
- 5. Which of the following is the most common cause of intrauterine growth retardation?**
 - A) Congenital diaphragmatic hernia
 - B) Congenital heart disease
 - C) Maternal infection
 - D) Uteroplacental insufficiency

(turn page for answers)

Dr. Gilchrist is the Chief of the Pediatric Surgery Division, Department of Surgery, Tufts-New England Medical Center and The Floating Hospital for Children, Boston, MA; and an Associate Professor, Department of Surgery, Tufts University School of Medicine, Boston, MA. Dr. Lessin is a Surgeon, Pediatric Surgery Division, Department of Surgery, Tufts-New England Medical Center and The Floating Hospital for Children, Boston, MA; and an Assistant Professor of Surgery, Tufts University School of Medicine, Boston, MA.

EXPLANATION OF ANSWERS

1. **(D) Neonatal small left colon syndrome.** Small left colon syndrome (SLCS) is a well-documented clinical entity that is seen only in infants with mothers who have gestational diabetes. The obstruction is often high grade and has a transition zone similar to that seen in Hirschsprung's disease. The syndrome is thought to be caused by transient dysmotility secondary to hypoglycemia. No anatomic abnormality is present. Infants with SLCS should undergo work-up for cystic fibrosis and Hirschsprung's disease.
2. **(C) Hemolytic uremic syndrome.** The low platelet count is the key piece of information in evaluating this patient. Low platelet counts are not present in patients with appendicitis, gastroenteritis, and intussusception. Uremia is always present with this pathology. In the United States, the responsible pathogen is usually *Escherichia coli* O157:H7. The pathogenesis is secondary to endothelial cell damage caused by an unclear mechanism.
3. **(C) Perform operative excision.** Operative excision is the only course that allows the surgeon to make a definitive diagnosis. The diagnosis is usually gynecomastia; thus, subcutaneous mastectomy ensures that the condition will not recur. Endocrinologic work-up is not usually necessary, unless bilateral pathology is present in the breasts. A testicular examination and history of marijuana use should be explored.
4. **(C) Hirschsprung's disease.** Absence of the vas deferens is not present in patients with Hirschsprung's disease. Congenital rubella, cystic fibrosis, and ipsilateral renal agenesis are associated with damage to the developing genitourinary tract, incorporating the vas deferens as well.
5. **(D) Uteroplacental insufficiency.** Uteroplacental insufficiency deprives the developing fetus of nutrients necessary for growth and development. Congenital diaphragmatic hernia, congenital heart disease, and maternal infection may affect intrauterine growth but are much less prevalent.

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