Common Abdominal Emergencies in Children

1. What is the most common cause of intestinal obstruction in infants?
   a. Intussusception
   b. Malrotation with midgut volvulus
   c. Incarcerated inguinal hernia
   d. Necrotizing enterocolitis

2. Which of the following statements about appendicitis in infants and children is true?
   a. Pain precedes vomiting in greater than 50% of patients
   b. Perforation is rare in children younger than two years of age.
   c. Infants are more likely to have diffuse tenderness of the abdomen.
   d. Grunting respirations, cough or rhinitis make the diagnosis very unlikely.

3. In an older child with less than 24 hours of illness, which symptoms make appendicitis least likely?
   a. Dypsuria
   b. Constipation
   c. Diarrhea
   d. Fever > 38°

4. In diagnosis of appendicitis, which statement about CBC is true?
   a. Although nondiagnostic, it is a sensitive test for appendicitis.
   b. Although nondiagnostic, it is a specific test for appendicitis.
   c. Although it has poor sensitivity and specificity, it is considered to be part of "standard" testing for appendicitis.
   d. A normal CBC rules out the possibility of appendicitis.

5. Which of the following statements is true about abdominal pain?
   a. The child with pain from a serious etiology is easily differentiated from one with a benign condition.
   b. Children with abdominal pain should never receive anxiolytic medications.
   c. History and physical examination are less important than diagnostic testing in the diagnosis of abdominal pain.
   d. Infants in pain may present with poor sleeping and feeding.
6. Which electrolyte findings are typical in early pyloric stenosis without dehydration?
   a. Hypokalemic, hypochloremic metabolic alkalosis
   b. Hyponatemic metabolic acidosis
   c. Hyperkalemic hyperchloremic respiratory acidosis
   d. Normal electrolytes

7. What is the best diagnostic test for pyloric stenosis?
   a. Serum electrolytes
   b. Ultrasound of the pylorus
   c. Abdominal radiograph
   d. Nasogastric aspiration of greater than 10cc, 2 hours after feeding.

8. In a neonate with bilious emesis, the emergency physician should:
   a. Obtain a stat ultrasound to rule out pyloric stenosis.
   b. Reassure the parents, and ask them to return for outpatient US.
   c. Obtain a stat upper GI, surgical consult, type and cross blood.
   d. Give a trial of pedialyte and observe for 2-3 hours.

9. Which of the following features will distinguish Meckel's diverticulum from an intussusception?
   a. Age < 2 years
   b. Bloody stool
   c. Evidence of intestinal obstruction
   d. Painful episodes
   e. None of the above

10. Normal abdominal radiographs are least frequently found in which diagnosis?
    a. Intussusception
    b. Appendicitis
    c. Incarcerated inguinal hernia
    d. Meckel's diverticulum