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