

## Pediatric Gastrointestinal Emergencies

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1. A 6-week old girl has had three, blood-streaked stools over the past 2 days. She has not been vomiting and has been appeared otherwise well. She is formula-fed, has been gaining weight appropriately, and has no recent changes in her oral intake. She is afebrile with normal vital signs, and her physical examination is unremarkable.

All of these steps are appropriate in the INITIAL management of this child EXCEPT:

  - a. Complete blood count with differential
  - b. Stool white blood cell count and culture
  - c. Change in formula
  - d. Barium or air-contrast enema
2. An 8-year-old boy began complaining of diffuse, crampy abdominal pain that began last night. He denies fever, nausea or vomiting, but he has not wanted to eat since the onset of pain. His last bowel movement was two days ago. The child is afebrile, looks relatively well, and his abdominal examination is benign.

The NEXT appropriate step in this child's workup should be which of the following:

  - a. Oral challenge, discharge if tolerated
  - b. Rectal examination
  - c. Abdominal CT scan with oral and IV contrast
  - d. CBC, lipase, and liver function tests
3. A 7-week-old, full-term girl has worsening jaundice that the parents first noticed 10 days ago. On her examination, she is well appearing and is noted to have a liver edge 4cm below her costal margin. Her direct bilirubin is 9.

The most likely cause of her direct hyperbilirubinemia is which of the following:

  - a. Biliary atresia
  - b. Cholecystitis
  - c. Sepsis
  - d. Acetaminophen toxicity
4. All of the following are FALSE regarding intussusception EXCEPT:

  - a. The presence of "currant jelly" stools is a sensitive finding
  - b. Absence of abdominal pain essentially excludes the diagnosis
  - c. Plain radiographs are not helpful in making the diagnosis
  - d. Older children with intussusception are more likely to have an identifiable "lead point"
5. An 11-year-old girl presents with bloody diarrhea, vomiting, and diffuse abdominal pain. Her examination is notable for minimal, diffuse, abdominal tenderness. Her white blood cell count is 12,000, her hemoglobin is 8 g/dl, and her platelet count is 56,000. Her BUN is 44 and her creatinine is 1.8.

All of the following is TRUE about this patient's underlying disease EXCEPT:

- a. Associated with bacterial infection
  - b. Most common cause of acute renal failure requiring dialysis
  - c. Frequently accompanied by neurologic symptoms
  - d. Steroids helpful if given early in the course of illness
6. Potentially life-threatening complications of inflammatory bowel disease include:
- a. Toxic megacolon
  - b. Gastrointestinal bleeding
  - c. Intestinal obstruction
  - d. All of the above
7. All of the following statements are TRUE about pyloric stenosis EXCEPT:
- a. Biliious vomiting is the classic presenting complaint
  - b. Children may have a hypochloremic, hypokalemic metabolic alkalosis
  - c. This diagnosis can be made by contrast studies or ultrasonography
  - d. The hypertrophied muscle can sometimes be felt on abdominal exam
8. A 5-year old girl presents with a purpuric rash on her abdomen and buttocks. She has also had diffuse abdominal and bilateral ankle pain.
- All of the following are TRUE statements about this disease EXCEPT:
- a. Children may develop occult or frank gastrointestinal bleeding
  - b. Patients commonly progress to end-stage renal disease
  - c. Abdominal pain may be caused by intussusception
  - d. Steroids frequently improve the rash, joint pain, and abdominal symptoms
9. A 6-day-old girl presents with a three-hour history of bilious emesis and rectal bleeding. Initially she was quite irritable but is now lethargic. Her abdomen is distended. An abdominal obstruction series shows a dilated stomach and small intestine, but a paucity of gas in the colon.
- The next step in management of this patient should be which of the following:
- a. Upper GI series
  - b. Air-contrast enema
  - c. Surgical intervention
  - d. NICU admission for observation
10. All of the following are common causes of pancreatitis in children EXCEPT:
- a. Trauma
  - b. Idiopathic
  - c. Infection
  - d. Biliary disease
11. A 4-year-old boy presents with fever, vomiting, and profuse, watery diarrhea for two days. His physical examination is notable for a fever of 39.5°C and diffuse abdominal pain. A stool swab reveals copious amounts of white blood cells. Incidentally, his mother reports that her son's day care has been shut down because of an outbreak of Shigella.

Which of the following statements is TRUE about Shigella?

- a. The CBC commonly shows a high white blood cell count.
- b. Commonly associated with bacteremia
- c. Antibiotics may be beneficial
- d. High rates of intestinal perforation

12. Which of the following statements is TRUE about upper gastrointestinal (UGI) hemorrhage in children?

- a. Ulcers may cause UGI bleeding in young children
- b. All patients should undergo nasogastric tube placement and lavage
- c. Esophageal varices are a common cause of UGI bleeding
- d. Hematemesis in a newborn is usually a symptom of significant disease

13. Overdose of all of the following medications can cause liver failure include EXCEPT:

- a. Iron
- b. Tylenol<sup>®</sup>
- c. OxyContin<sup>®</sup>
- d. Vicodin<sup>®</sup>

14. Which of the following statements about appendicitis is TRUE?

- a. Perforation and peritonitis are uncommon in younger children
- b. The presence of diarrhea effectively excludes appendicitis
- c. Both ultrasound and CT scan are sensitive and specific tests for appendicitis
- d. Most abdominal x-rays in patients with appendicitis reveal a fecalith

15. A 7-year-old boy presents with painless rectal bleeding. He had a large amount of red blood per rectum at home and continued to bleed on the way to the ED, but the bleeding has subsequently stopped. He has been otherwise well. His abdominal examination reveals no tenderness or masses. He has no fissures, polyps, or hemorrhoids noted on rectal examination. The remainder of his examination is unremarkable.

Which of the following conditions is the MOST likely cause of his symptoms:

- a. Meckel's diverticulum
- b. Inflammatory bowel disease
- c. Bacterial gastroenteritis
- d. Allergic colitis

16. All of the following statements are TRUE about gastroesophageal reflux disease (GERD) EXCEPT:

- a. GERD is a benign illness without any life-threatening complications
- b. Many infants with GERD can be treated successfully with conservative measures alone
- c. Symptoms are frequently non-specific, such as failure to thrive and irritability
- d. H<sub>2</sub>-blocking drugs (e.g., ranitidine) and prokinetic agents (e.g., metoclopramide) are agents commonly used in the treatment of GERD

17. A 2-month-old, otherwise healthy boy presents with several episodes of vomiting and no bowel movement for 4 days. His parents state that he has had difficulty passing his stools since birth. His abdomen is distended, and stool is palpable in the suprapubic region. His rectal examination reveals no fissures, and no stool is palpable on digital examination. He has a bowel movement after you remove your finger.

Which of the following statements is TRUE about the most likely etiology of this patient's constipation?

- a. Caused by neurotoxins elaborated by bacteria in the GI tract
- b. Caused by an absence of parasympathetic ganglion cells in the intestine
- c. Likely due to a combination of behavioral and environmental factors
- d. Caused by poorly functioning endocrine glands

18. A 3-year-old girl presents to the ED with fever, vomiting, and abdominal pain. She has right upper quadrant tenderness and hepatomegaly. Her serum transaminases are elevated, but her total and direct bilirubin are only slightly above normal. Several other children in her day care are sick with similar symptoms.

Which of the following statements is FALSE:

- a. Most patients with this illness do not develop fulminant or chronic disease
- b. Jaundice is common in young children with this illness
- c. Highly effective vaccines exist against this disease
- d. Most commonly transmitted by fecal-oral contact

19. A 5-year-old boy presents with abdominal pain.

Potential causes of his abdominal pain include:

- a. Pneumonia
- b. Strep throat
- c. Testicular torsion
- d. Diabetic ketoacidosis
- e. All of the above