

Q5 In the patient with diarrhoea of more than four weeks' duration:

- (a) Useful information is conveyed by a history of weight loss
- (b) Concurrent hypertension therapy is relevant
- (c) Abdominal examination is usually contributory
- (d) A low red cell distribution width (RDW) specifically guides further investigation
- (e) Lactase deficiency is generally important therapeutically.

Q6 In the investigation of chronic diarrhoea in a white European:

- (a) 1 ml of normal jejunal content may contain up to 10,000 colony forming units of microorganisms
- (b) The lactulose hydrogen breath test is the preferred investigation for bacterial overgrowth
- (c) Steatorrhoea is best expressed as grams of fat per gram of stool weight
- (d) An ileal bowel wall thickness on ultrasound of 5 mm is strongly suggestive of Crohn's disease
- (e) Xylose absorption testing is highly sensitive but non-specific for mucosal disease.

Q7 A 35 year old woman with constipation and bright red rectal bleeding:

- (a) Requires an urgent colonoscopy as part of her investigations
- (b) Will not have a diagnosis of irritable bowel syndrome (IBS) in the presence of defaecatory difficulty
- (c) Noticed an improvement in her symptoms following a hysterectomy
- (d) May be adequately treated by the institution of a high fibre diet
- (e) Must be seen in a specialist pelvic floor clinic.

Q8 Concerning colonic transit:

- (a) Radio-opaque marker studies reliably discriminate between right and left sided poor colonic motility
- (b) If normal in the absence of defaecatory difficulties, points towards a diagnosis of constipation dominant IBS

- (c) A scintigraphic study suggesting a total transit time of 40 hours is normal
- (d) May be reduced in patients with Parkinson's disease
- (e) Is reliably measured only in specialist centres.

Q9 A 63 year old male is seen on the third post-operative day following a total gastrectomy for gastric carcinoma. He is making a steady recovery and is currently nil by mouth and receiving intravenous fluids. Over the last three months his weight fell from 75 to 60 kg due to anorexia and early satiety. His height is 1.84 m. What nutritional support does this patient require?

- (a) He requires nasojejunal feeding.
- (b) He should have had a jejunostomy feeding tube placed at operation.
- (c) Parenteral nutrition should be given, preferably peripherally as this has a lower complication rate.
- (d) No nutritional support is required. Continue NBM and IV fluids.
- (e) He needs feeding via a gastrostomy tube.

Q10 A 78 year old woman was admitted via A&E two weeks ago with a dense CVA resulting in a right hemiparesis as well as an expressive and receptive dysphasia. The speech and language therapist has demonstrated that her swallow is unsafe as she aspirates small amounts. Nasogastric feeding was initiated but the patient removed the tube on two occasions. Currently she has a chesty cough with a temperature of 38.0°C.

- (a) She should remain NBM until her swallow returns.
- (b) The patient should be consented for a PEG.
- (c) Continue attempts at nasogastric feeding, despite obvious difficulties.
- (d) Discuss PEG insertion with family and the healthcare professionals looking after the patient.
- (e) Start peripheral parenteral feeding.

CME Liver disease SAQs

Answers to the CME SAQs published in *Clinical Medicine* July/August 2002

Q1	Q2	Q3	Q4	Q5
a) F	a) F	a) F	a) T	a) F
b) F	b) T	b) T	b) F	b) T
c) F	c) T	c) F	c) T	c) T
d) T	d) T	d) T	d) F	d) F
e) T	e) F	e) F	e) T	e) T
Q6	Q7	Q8	Q9	Q10
a) F	a) F	a) T	a) T	a) T
b) F	b) F	b) T	b) T	b) F
c) T	c) F	c) T	c) F	c) T
d) F	d) F	d) F	d) T	d) T
e) T	e) T	e) T	e) T	e) T