

The Ochsner Journal

Continuing Medical Education

CME QUESTIONS VOL. 9, NO. 2

This section provides a review. Mark each statement (circle the correct answer) according to the factual material contained in this issue and the opinions of the authors. A score of 70% per article is required to qualify for CME credit.

Update on the Diagnosis and Treatment of Caustic Ingestion

Michael Lupa, MD, Jacqueline Magne, BS, J. Lindhe Guarisco, MD, Ronald Amedee, MD

1. Hair straighteners are highly alkaline, what is the standard treatment in cases of their ingestion?
 - a. Neutralize ingested product with weakly acidic liquid.
 - b. Flexible endoscopy within 24 hours.
 - c. Observation.
2. What is the best initial modality to assess the extent of esophageal injury following a caustic ingestion?
 - a. Flexible esophagoscopy.
 - b. Barium esophagram.
 - c. Technetium-labeled sucralfate swallow.
3. The lifetime risk of eventually developing esophageal carcinoma is 1000x greater in patients with esophageal burns and stricture than in the general population.
True or False

Moving Beyond the Katrina Crisis: From Danger to Opportunity: Overview of Key Lessons Learned for Better Disaster Preparedness from the American Journal of Medicine Sciences Third Post-Katrina Anniversary Symposium Issue

Marie A. Krousel-Wood, MD, MSPH

1. Poor adherence to medications for chronic diseases such as hypertension was common in the year following Hurricane Katrina.
True or False
2. Delayed evacuation for Hurricane Katrina was related to better psychosocial health for hemodialysis patients.
True or False
3. Among the "invisible victims" of disasters are physicians and healthcare administrators, who often suffer from burn-out stress syndromes and compassion fatigue.
True or False
4. Exposure to general versus specific severe disaster events was associated with low-birth-weight babies from pregnant women following the disaster.
True or False

A Modified Bowel Clamp Technique for Ischemic Preconditioning

Jennifer Fong Ha, MBBS, Paul Wilson, FRCS

1. The ischemic preconditioning principle is believed to:
 - a. Attenuate vasospasm and ischemic reperfusion injury to allow early division of a pedicled flap.
 - b. Be dangerous, as it may result in decreased flap necrosis.
 - c. Delay pedicled flap division, as it causes chronic tissue deprivation, vasospasm, and ischemic reperfusion injury.
2. Which of the following is not an advantage of applying DuoDERM on the bowel clamp's serrated edges?
 - a. Even application of pressure across the pedicle.
 - b. Ineffective method for assessment of the pedicled flap.
 - c. Reduction of local pain and discomfort.
3. Which of the following is not true regarding bowel clamp?
 - a. Is for ischemic preconditioning in some units.
 - b. Used to divide pedicled flaps on the ward.
 - c. Often causes discomfort to the patients.

Rate-Dependent Left Bundle-Branch Block in a Child With Propionic Aciduria

Kipp B. Ardoin, MD, Douglas S. Moodie, MS, MD, Christopher S. Snyder, MD

1. Propionic aciduria is an autosomal recessive organic acidemia due to a defect in propionyl-CoA carboxylase, a biotin-dependent enzyme.
True or False
2. What are the associated laboratory findings of propionic aciduria?
 - a. Hypoglycemia.
 - b. Anion gap metabolic acidosis.
 - c. Ketosis.
 - d. Hyperammonemia.
 - e. All of the above.
3. The effective refractory period (ERP) denotes the longest coupling interval, or fastest heart rate, that fails to conduct normally over a structure or tissue.
True or False

Osteoporosis After Breast Cancer Chemotherapy: A Case Report

Giovanni Sisti, MD, Olga Prontera, MD

1. Arimidex, like tamoxifen, does not cause osteoporosis, because it has a positive estrogen effect on bone tissue.
True or False
2. In breast cancer patients, the overall therapeutic index of aromatase inhibitors seems superior to that of tamoxifen for:
 - a. Improved efficacy.
 - b. Better toxicity profile.
 - c. Improved survival.
 - d. Adversely affected bone health.
 - e. All the above.
3. When switching patients' adjuvant therapy from tamoxifen to Arimidex, it is important to prescribe bisphosphonates, which is strongly supported by literature data and is evidence based.
True or False

Guess the Case

Jason K. Kim, MD, Britt H. Tonnessen, MD, Francisco C. Albuquerque, Jr, MD, Robert E. Noll, Jr, MD, W. Charles Sternbergh III, MD

1. The most common presentation of a popliteal artery aneurysm is:
 - a. Rupture and hypotension.
 - b. Intermittent claudication.
 - c. Acute limb ischemia.
 - d. Throbbing sensation in popliteal fossa.
 - e. Rupture without hypotension.
2. About half of the patients with popliteal artery aneurysms also have:
 - a. Asymptomatic gallstones.
 - b. Renal insufficiency.
 - c. Systemic lupus erythematosus.
 - d. Abdominal aortic aneurysm.
 - e. Inflammatory bowel disease.
3. A healthy patient with an incidental finding of an asymptomatic popliteal artery aneurysm 2.5 cm in diameter is best treated with:
 - a. Oral antiplatelet medication (clopidogrel) to minimize potential thrombosis.
 - b. Observation with semiannual ultrasound surveillance.
 - c. Open surgical repair.
 - d. A and B.
 - e. None of the above.

(Questions continued on opposite side)

(Questions continued from opposite side)

Guess the Case From the Ochsner Archives

Justin B. Gerth, MD, William S. Richardson, MD

- Why is it necessary to start heparin prior to beginning warfarin therapy?
 - The warfarin takes too long to work.
 - Patients who are started on warfarin become hypercoagulable in the short term. Protein C has the shortest half life of the vitamin K-dependent cofactors, and a deficiency in Protein C renders the patient hypercoagulable and at risk for warfarin skin necrosis.
 - Heparin makes warfarin work faster.
 - Heparin is a cofactor required for warfarin.
- What are the Vitamin K-dependent clotting factors?
 - Factors II, VII, IX, and X and Proteins C and S.
 - Antithrombin III, Factor XIII, and Factor III.
 - Factors X, XI, and XII.
 - Factors VIII, III, and V.
- What is the most common hereditary hypercoagulable clotting deficiency?
 - Factor VIII.
 - Factor IX.
 - Antithrombin III.
 - Factor V Leiden.
- Patients who are unable to obtain therapeutic heparin levels, despite using large doses of heparin, should be checked for what deficiency?
 - Thrombin.
 - Factor X.
 - Antithrombin III.
 - Protein C.

The Ochsner Journal CME CREDIT APPLICATION FORM

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VERIFICATION OF ATTENDANCE

Please indicate the actual time spent reading and completing this education activity. _____ hour(s) and _____ minutes. The maximum number of credits awarded for this activity is 7 AMA PRA Category 1™ credits.

Signature

Date

EVALUATION

Your response to these questions helps us to enhance our CME offerings. Please take the time to respond and return the evaluation. Thank you.

Please use the following codes to answer items 1-7.

SA – Strongly Agree
A – Agree
U – Undecided
D – Disagree
SD – Strongly Disagree

- The objectives of the CME activity were clearly stated.
SA A U D SD
- The content of the journal articles was up-to-date.
SA A U D SD
- The journal articles illustrated independence, objectivity, balance, and scientific rigor.
SA A U D SD
- The content was closely related to objectives of my clinical practice and/or teaching.
SA A U D SD

- The journal articles increased my knowledge of the subject.
SA A U D SD
- The content of the journal articles met my personal expectation and needs.
SA A U D SD
- I will apply the information learned from these journal articles in my clinical practice.
SA A U D SD

Do you have any suggestions as to how to improve the content of the journal articles?

What topics would you like to see in future journal articles?

Thank you for completing this evaluation and survey.