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Questions and answers[☆]

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This section includes questions prepared on the basis of the contents of the articles published in volume 40, number 2 of the *Colombian Journal of Anesthesiology*. Accept the challenge to test your reading comprehension and knowledge.

Instructions

- A. If a, b & c are true
- B. If a & c are true
- C. If b & d are true
- D. If only d is true
- E. If all are true

1. In terms of mistakes and biases in scientific publications, the fact is:

- a. Random error occurs when repeated measures vary unpredictably.
- b. Systematic error equals non-random error.
- c. Non-random error occurs when these measurements vary in a predictable manner.
- d. Systematic error is quite evident through the measurements of exposure or outcome variables.

2. Metabolic syndrome is a condition based on the following clinical criteria:

- a. Triglycerides > 150 mg/dl
- b. HDL > 50 mg/dl in males
- c. Pre-prandial glycemia > 100 mg/dl
- d. Blood pressure > 150/90 mmHg

3. The following observations are derived from the paper published by Pomares J. et al. on metabolic syndrome (MS):

- a. There is no significant difference between the group of cases and the group of controls with regards to the incidence of perioperative complications.
- b. The most frequent complications in the MS group were hypoxemia and the presence of severe postoperative pain versus the control group.
- c. Postoperative nausea and vomiting were significantly more frequent in the MS group as compared to controls.
- d. The most frequent complications of the MS group were hypotension and hypertension.

4. Facts with regards to the classification of obesity:

- a. A BMI of 30–34.9 is grade II.
- b. A BMI > 40 is morbid obesity.
- c. Represents a 40% predictive value for difficult intubation as compared against non-obese patients.
- d. A neck circumference of >40 cm is a positive predictive value for difficult intubation.

5. Which of the following factors are linked to postoperative residual relaxation?

- a. Clindamycin.
- b. Aminoglycosides.
- c. Being a female.
- d. Calcium antagonists.

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6. With regards to allergic reactions related to neuromuscular blockers (NMB):
- Anaphylactic reactions are IgE-mediated
 - Immune reactions usually start clinically with bronchospasm while the skin manifestations are usually prevalent in anaphylactic reactions.
 - Represent approximately 50–70% of the cases of anesthesia-related allergic reactions.
 - The benzylisoquinolines NMBs trigger allergic reactions more often than steroid relaxants.
7. With regards to CO₂:
- Is a highly soluble gas transported in the blood dissolved at 20–30%
 - The effect of hypocapnia in the cerebral blood flow is not persistent.
 - According to BTF hyperventilation (arterial PCO₂ < 25 mm Hg) in cranioccephalic trauma is only recommended during the first 24 h.
 - Hypocapnia attenuates hypoxic pulmonary vasoconstriction.
8. Tropical spastic paraparesis is an endemic infection in Colombia caused by the HTLV-1 retrovirus. Which statement is true about this condition?
- The most frequent clinical manifestation in paraparesis is cerebellar ataxia.
 - The use of neuromuscular blocking agents is contraindicated in anesthesia.
 - It is a lower motor neuron disease.
 - May present with disruptions in the reflex sympathetic cardiac activity.
9. Baclofen is an analogue of the gamma-amino-butyric acid (GABA). Intrathecal therapy is indicated for spasticity associated with:
- Cerebral palsy.
 - Anoxic encephalopathy.
 - Multiple sclerosis.
 - Cranioccephalic Trauma.
10. Which of the following considerations is true with regards to the management of patients with mediastinal masses:
- Patients with anterior mediastinal masses should be pre-evaluated with a chest CT scan.
 - Preoperative spirometry reliably predicts anesthesia complications.
 - Rigid bronchoscopy may be a salvage measure in patients with serious intraoperative complications related to ventilation.
 - Clinical preoperative manifestation are reliable predictors of intraoperative complications.

References:

Raffán F. Preguntas y respuestas en anestesiología. Rev Colomb Anestesiología. 2012;40(2).

Answers:

- E.
- B.
- C.
- C.
- E.
- A.
- C.
- D.
- E.
- B.