



# Revista Colombiana de Anestesiología

## Colombian Journal of Anesthesiology

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## Questions and answers<sup>☆</sup>

### Fernando Raffán Sanabria\*

Anesthesiologist and Intensivist, University Hospital Fundación Santa Fe de Bogotá. Professor, Universidad el Bosque and Universidad de los Andes, Bogotá, Colombia

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.

<sup>☆</sup> Please cite this article as: Raffán Sanabria F. Preguntas y respuestas. 2012;40:245–6.

\* Corresponding author. Calle 119 # 7 – 75, Bogotá, Colombia.

E-mail address: raffanmago@gmail.com

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 CO<sub>2</sub>:
- 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 PCO<sub>2</sub> < 25 mm Hg) in cranioencephalic 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.
  - Cranioencephalic 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.