

## MCQ

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**1. Which of the following is true for acute eosinophilic pneumonia (AEP) and chronic eosinophilic pneumonia (CEP):**

- A. Both are associated with peripheral blood and BAL fluid eosinophilia
- B. Both may have a rapid initial response to corticosteroids but the relapse rate is significantly higher in CEP
- C. Both show predominantly peripheral opacities on chest xray
- D. Both often present with respiratory failure
- E. None of the above

**2. A 69-year-old man with a longstanding history of hypertension has a cerebrovascular accident complicated by vomiting and pulmonary aspiration of liquid gastric contents. He is intubated in transport to your ICU, where you find him unresponsive to voice but moving his left extremities in response to painful stimuli. He is mechanically ventilated in a pressure-control mode, with an Fio<sub>2</sub> of 1.0, a positive end-expiratory pressure of 10 cm H<sub>2</sub>O, an inspiratory positive airway pressure above positive end-expiratory pressure of 35 cm H<sub>2</sub>O, an inspiratory-to-expiratory time ratio of 1:1, and a respiratory rate of 15 breaths/min. Arterial blood gas analysis reveals a Po<sub>2</sub> of 45 mm Hg, a Pco<sub>2</sub> of 44 mm Hg, and a pH of 7.32. The safest intervention likely to improve this patient's hypoxemia is to:**

- A. Change the ventilator mode to volume-preset mechanical ventilation while titrating the tidal volume to a peak airway pressure of 35 cm H<sub>2</sub>O.
- B. Increase the inspiratory-to-expiratory time ratio.
- C. Raise positive end-expiratory pressure while reducing inspiratory positive airway pressure to maintain a constant peak airway pressure.
- D. Turn the patient to the prone position.
- E. Administer a nondepolarizing neuromuscular blocking agent

**3. Diffuse alveolar hemorrhage is most reliably diagnosed by the presence of a compatible CT scan and the presence of:**

- A. Hemoptysis
- B. Hypoxemia
- C. Bloody BAL fluid
- D. Presence of > 20% hemosiderin laden macrophages in BAL fluid
- E. None of the above

**4. You are asked by an obstetrician to assist in caring for a 24-year-old woman who is 24 weeks pregnant, was in a motor vehicle accident that caused multiple trauma, and has the acute**

**respiratory distress syndrome. She is afebrile, her heart rate is 110 beats/min, and her blood pressure is 106/56 mm Hg. She is being ventilated with a tidal volume of 0.6 L, a respiratory rate of 14 breaths/min, PEEP of 5 cm H<sub>2</sub>O, and an Fio<sub>2</sub> of 0.50. Her arterial blood gases show a Po<sub>2</sub> of 66 mm Hg, a Pco<sub>2</sub> of 31 mm Hg, and a pH of 7.49. Her cardiac index is 2.8 L/min, her pulmonary arterial pressure is 34/12 (mean of 19) mm Hg, and her pulmonary arterial occlusion pressure is 12 mm Hg. Her hematocrit level is measured at 32%. Each of the following would be a reasonable intervention EXCEPT:**

- A.. Increasing the Fio<sub>2</sub> to 0.75.
- B. Decreasing the respiratory rate to 10 breaths/min.
- C. Turning the patient to the right lateral decubitus position.
- D. Administering intravascular volume.
- E. Transfusing packed red blood cells

**5. A 50-year-old man who is 1 day status post a laparoscopic cholecystectomy is transferred to the ICU because of fever and mental status changes. His past medical history is notable for significant alcohol use. Medications include piperacillin/tazobactam and morphine for pain control. He was begun on haloperidol 12 h previously for agitation. Physical examination reveals a patient who is disoriented but who is alert and arousable. The patient is diaphoretic with a temperature of 40.6°C (105°F), a blood pressure of 160/70 mm Hg, a pulse of 110 beats/min, and a respiratory rate of 18 breaths/min. Head, eyes, ears, nose, and throat examination, lung examination, and cardiac examination are unremarkable. Abdominal examination reveals a postsurgical abdomen. Extremity examination reveals diffuse rigidity of all four extremities without edema. Neurologic examination shows cranial nerves 2 through 12 to be intact and rigid, as described above. Laboratory examination is notable for a creatinine kinase level of 5,000 IU/L. All of the following statements about this disorder are true EXCEPT:**

- A. It is an idiosyncratic reaction.
- B. The pathophysiology is a calcium channel abnormality.
- C. Dantrolene may be beneficial in treatment.
- D. Bromocriptine may be beneficial in treatment
- E. Recurrence with rechallenge is not predictable.

**Answer Key.**

1 E, 2 D, 3 D, 4 E, 5 B.