Perineal/Perianal Crohn's Disease
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1. **What is the approximate percentage of children with Crohn's disease that have perianal disease?**
   
   A. <10%
   B. 20-40%
   C. 60-80%
   D. 100%

   **Correct Answer: B**
   **Rationale:** Studies have reported 15-38% of children with Crohn’s disease (CD) exhibit perianal disease. Answer A is incorrect. >15% children with CD get perianal disease. Answer C is incorrect. Only up to ~40% children with CD get perianal disease at some time during their disease course. Answer D is incorrect. Only up to ~40% children with CD get perianal disease at some time during their disease course.

   **References:**

2. **What term best describes a linear fluid filled tract that extends through the internal sphincter and then descends in the intersphincteric space to a cutaneous opening?**
   
   A. Transphincteric fistula
   B. Intersphincteric fistula
   C. Intersphincteric sinus
   D. Horseshoe abscess

   **Correct Answer: B**
   **Rationale:** A simple intersphincteric fistula traverses the internal anal sphincter, and then descends in the intersphincteric space to the skin. It does not traverse the external anal sphincter.

   **References:**

Crohn's Disease Standardized Nomenclature/Reporting
Kassa Darge, MD
Michael S. Gee, MD, PhD

3. **According to the recently published SAR/AGA consensus reporting guidelines, what term should be used to replace “phlegmon” when describing dense mesenteric inflammation without a well-defined fluid component?**
   
   A. Inflammatory mass
   B. Complex fistula
   C. Engorged vasa recta
   D. Sinus tract
Correct Answer: A
Rationale: An inflammatory mass is defined as an ill-defined mass-like process of mixed fat and/or soft tissue attenuation/signal intensity (not frank fluid attenuation/signal intensity). This form of penetrating disease has been previously referred to as “phlegmon”.
Reference:

4. According to the recent SAR/AGA consensus document, what is generally required for penetrating disease to occur in Crohn disease patients?
   A. Luminal narrowing and active bowel wall inflammation
   B. “Creeping” fat
   C. Vasa recta engorgement
   D. Bowel wall T2-weighted signal hypointensity

Correct Answer: A
Rationale: Luminal narrowing and active inflammation are both generally needed for penetrating disease (e.g. fistula, abscess) to occur. In Crohn disease patients.
Reference:

Median Arcuate Ligament Syndrome
James S. Donaldson, MD, FACR
Seng H. Ong, MBBS

5. Which celiac artery ultrasound finding is suggestive of median arcuate ligament syndrome (MALS)?
   A. Tortuosity of the celiac artery
   B. Increase in peak systolic velocity during inspiration
   C. Peak systolic velocity of greater than 200 cm/sec
   D. Mean change in peak systolic velocity with respiration of 20 cm/sec

Correct Answer: C
Rationale: A celiac artery peak systolic velocity of greater than 200 cm/sec is suggestive of MALS.
Reference:

6. Patients with the following clinical symptom generally have good outcomes after surgery for median arcuate ligament syndrome (MALS):
   A. Vomiting
   B. Resting abdominal pain
   C. Post exertional abdominal pain
   D. Weight loss

Correct Answer: C
Rationale: A post exertional abdominal pain is commonly associated with good outcomes after surgery for median arcuate ligament syndrome (MALS).
Correct Answer: C
Rationale: Of patients who get pain relief following surgery for MALS 85% had post-exertional pain preoperatively. It does not mean that 85% of patients with post exertional pain have MALS! The other symptoms (A, B & D) can be present with MALS however the correlation with improvement following surgery is significantly less.”

References:

Small Bowel Tumors
Jesse Courtier, MD
Ellen M. Chung, MD

7. Which of the following is the most common gastrointestinal tract neoplasm in the pediatric population?
   A. Burkitt lymphoma
   B. Juvenile polyp
   C. Carcinoid tumor
   D. Gastrointestinal stromal tumor (GIST)

Correct Answer: B
Rationale: Juvenile polyps are the most common neoplasm of the pediatric gastrointestinal tract.
Reference:

8. Which of the following best describes the most common imaging appearance of Burkitt lymphoma?
   A. Focal mural mass in the jejunum
   B. Diffuse polypoid masses throughout the small bowel
   C. Bulky mass involving the distal ileum and cecum
   D. Aneurysmal dilation of the small bowel

Correct Answer: C
Rationale: Burkitt lymphoma of the GI tract most commonly presents as a bulky mass of the distal ileum and cecum.
References: