

Crohn's disease update

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1. **The following are clinical characteristics associated with Crohn's disease, except:**
 - a. Conjunctivitis or uveitis can be associated manifestations
 - b. Ulcerative rectocolitis is part of the differential diagnosis
 - c. Toxic megacolon is frequent and self-limited
 - d. Acute ileitis must be differentiated from acute appendicitis

2. **The main indication for the use of nuclear magnetic resonance is:**
 - a. Detection of anal fistulas
 - b. Guide the biopsies
 - c. Make the differential diagnosis with ulcerative rectocolitis
 - d. It is indicated mainly in crises and exacerbations

3. **Regarding Crohn's Disease Activity Index or CDAI, it is a true that:**
 - a. It is considered in remission when the index is < 150
 - b. It is considered severe when the index is > 150
 - c. It is considered mild when the index is < 450
 - d. It is considered moderate when the index is > 220

4. **The following is correct on the treatment of Crohn's disease:**
 - a. Ileocecal disease can be treated with mesalazine (oral route) at a dose of 3 to 4 g/day
 - b. Colitis must be primarily treated with immunosuppressive agents
 - c. Corticosteroids must be associated with salicylates
 - d. Metronidazole should never be used before corticosteroids

5. **The maintenance treatment of the disease must be carried out:**
 - a. In all patients
 - b. Only in patients with anal fistulas
 - c. In patients submitted to corticoid therapy
 - d. Only after the first symptom episode

RESPONSES TO CLINICAL SCENARIO: BORDERLINE DONORS IN LIVER TRANSPLANTATION

[PUBLISHED IN RAMB 2011; 57(1)]

1. Those aged < 30 years. (**Alternative A**)
2. The possibility of using a living donor with comparable results regarding graft and receptor survival. (**Alternative D**)
3. The infection by cytomegalovirus is common in the postoperative period of liver transplant. (**Alternative A**)
4. The use of anti-HBc positive grafts in seropositive recipients does not alter survival in these receptors. (**Alternative B**)
5. The presence of ascites can increase the margin of safety to use larger grafts. (**Alternative B**)