Update on hearing loss: radiological diagnosis

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1. What is the role of computed tomography (CT) in suspected schwannoma of the eighth cranial nerve?
   a. It has 90% sensitivity for schwannomas.
   b. The sensitivity for ear canal tumors is 86%.
   c. By using air cisternography, the sensitivity of the CT increases to 100%.
   d. For cerebellopontine angle tumors, the sensitivity is 94%.

2. What is the exam indicated for diagnosing suspected cases of schwannoma of the eighth cranial nerve?
   a. Nuclear magnetic resonance with gadolinium as a contrast.
   b. Tomography associated to cisternography.
   c. Nuclear magnetic resonance with no contrast.
   d. Computerized tomography in sharp contrast.

3. How to radiologically differentiate schwannoma of the eighth cranial nerve from cerebellopontine angle meninigioma?
   a. Meningioma has a globular shape.
   b. Schwannoma of the eighth cranial nerve is a large base sessile tumor.
   c. Schwannomas do not usually present microhaemorrhages.
   d. Meningiomas usually present calcifications.

4. How often should magnetic resonance imaging be performed in patients with schwannoma of the eighth cranial nerve that have been conservatively treated?
   a. Monthly after the initial diagnosis.
   b. Every six months after the initial diagnosis for five years.
   c. Every two years after the third imaging from the initial diagnosis.
   d. Annually from the initial diagnosis and continuing throughout life.

5. May magnetic resonance imaging present a false-positive result for schwannoma of the eighth cranial nerve?
   a. T1 images with gadolinium identify lesions up to 2 mm size.
   b. False-positive rates may reach 50%.
   c. At the bottom of inner ear canal there are no false-positive results.
   d. The positive likelihood ratio is low (10).

Responses to the clinical scenario: update on home nutrition therapy (HNT)

[published in RAMB 2012; 58(5)]

1. It is indicated in burn patients (Alternative B).
3. It can be 2.7 times lower than in-hospital costs (Alternative A).
4. Catheter-related infection is the major cause of hospitalizations (Alternative B).
5. The family members must be trained before the patient is discharged (Alternative C).