

## Examples of Test Questions for Continuing Medical & Interprofessional Education Activities

- 1. There can only be one correct answer.
- 2. The system only permits for 5 answers per question. (Answers cannot be All the above &/or select all the apply)
- 3. Images and Videos can be added to the questions.
- 4. Rationales are only required if the course is offering ABIM MOC points.
- 5. Passing scores will be determined based on the number of guestions.

Question	Pantoprazole infusion and octreotide infusion were initiated in the emergency room and the patient was transferred to the ICU. EGD is performed and reveals the following findings: (INSERT IMAGES) Appropriate interventions currently include:
Images	DR. M.
Answer A	Initiation of nadolol 40mg orally daily
Answer B	Endoscopic cyanoacrylate sclerotherapy
Answer C	Band ligation
Answer D	Proceed with TIPSS within 72h
Answer E	C & D

## Annotation: Answer E. Band ligation AND Proceed with TIPSS within 72h.

- A. Incorrect. While initiation of non-selective beta blocker will be recommended at discharge to prevent recurrent bleeding in tandem with serial band ligation (secondary prophylaxis in patients who do not undergo TIPS), non-selective beta blocker have no role in the management of acute variceal hemorrhage.<sup>1, 2</sup>
- B. Incorrect. Cyanoacrylate sclerotherapy is used for gastric variceal bleed (GOV1 and IGV1).<sup>7</sup>
- C. Incorrect. Endoscopic band ligation is the preferred therapy of acute esophageal variceal hemorrhage 8 but more than one answer is correct.
- D. Incorrect. More than one answer is correct. Emergent TIPSS is done for refractory acute variceal bleeding or in those who have failed variceal band ligation. This patient has not failed endoscopic therapy. However, the patient is CTP B8 with active bleeding so pre-emptive TIPSS should be considered after EVL within 72 hours.<sup>5, 6, 9</sup>
- E. Correct. Endoscopic band ligation is the preferred therapy of acute esophageal variceal hemorrhage <sup>8</sup> AND for CTP B patients with active bleeding pre-emptive TIPS within 72 hours improves survival.<sup>5, 6, 9</sup>

## References:

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