



## CME POST-TEST

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EXPIRATION DATE: MAY 2024

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### ADRENAL INCIDENTALOMAS

**1. The prevalence of adrenal incidentalomas is estimated at**

- less than 1%.
- 1% to 3%.
- 5% to 7%.
- 10% to 15%.

**2. What is the preferred imaging modality to assess Hounsfield units in a patient with an adrenal incidentaloma?**

- CT abdomen without contrast
- CT abdomen without and with contrast
- MRI abdomen
- FDG-PET

**3. All patients who have adrenal incidentalomas of 1 cm or greater must have which test completed, even if they are asymptomatic?**

- 24-hour urine metanephrines and catecholamines to rule out pheochromocytoma
- renin and aldosterone to rule out primary hyperaldosteronism
- adrenal biopsy to rule out malignancy
- a 1-mg dexamethasone suppression test to rule out mild autonomous cortisol secretion

**4. What level of Hounsfield units indicates a benign adrenal mass?**

- less than 0
- less than 10
- less than 20
- greater than 20

**5. In which of the following clinical scenarios would adrenalectomy *not* be indicated?**

- a patient with a 4.5-cm mass, 12 Hounsfield units, and negative biochemical workup
- a patient with a 6.5-cm mass, 54 Hounsfield units, and suspected adrenocortical carcinoma
- a patient with a 1.8-cm mass, 0 Hounsfield units, abnormal 1-mg dexamethasone suppression test, and risk factors for mild autonomous cortisol secretion
- a patient with a 1.5-cm mass, fewer than 10 Hounsfield units, and negative biochemical workup

### FECAL IMPACTION

**6. What are the top risk factors for developing fecal impaction?**

- anorectal stenosis and anorectal atresia
- Alzheimer disease and Parkinson disease
- diabetic neuropathy and hypothyroidism
- colonic hypomotility and insufficient consumption of dietary fiber

**7. Which patient would be *least* likely to be affected by fecal impaction?**

- 40-year-old man taking amlodipine for hypertension
- 45-year-old man with a spinal cord injury
- 35-year-old woman taking levothyroxine for hypothyroidism
- 70-year-old man taking carbidopa/levodopa for Parkinson disease

**8. Which approach would be *least* effective in preventing recurrent fecal impaction?**

- using polyethylene glycol for 1 week after resolution of the fecal impaction
- increasing daily hydration
- increasing physical activity/exercise
- having adequate access to toilet facilities

**9. A 70-year-old woman with a history of type 2 diabetes, hypothyroidism, chronic renal insufficiency, and recent hip replacement surgery is taking opioids for analgesia. She presents to the outpatient clinic with abdominal bloating, decrease in bowel movements, incomplete emptying of bowels, and small seepages of liquid stool from her rectum. She denies abdominal pain, hematochezia, fevers, or chills. A routine colonoscopy performed 1 year ago reported no colon polyps or malignancy. What is the most appropriate next step?**

- perform EGD
- perform abdominal examination including a DRE
- obtain serum amylase and lipase
- obtain stool cultures

**10. An older adult with morbid obesity was transported from a long-term care facility to the ED with diffuse abdominal pain. The patient's last recorded bowel movement was more than 1 week ago. The initial clinical assessment showed altered mental status, abdominal distension with severe tenderness, tachycardia, fever, leukocytosis, and elevated lactate. The DRE revealed minimal soft brown stool but was negative for impaction, blood, or rectal mass. Which statement describes the most appropriate next step for this patient?**

- Because the DRE found no impacted stool, a diagnosis of fecal impaction has been ruled out.
- Because fecal impaction could occur above the rectum, consider an abdominal image such as a CT scan to rule out fecal impaction-related intra-abdominal complications.
- Because the patient has not had a bowel movement for a week, immediately order a large-volume enema and a colonoscopy for stool disimpaction.
- Because the patient has not had a bowel movement for a week, immediately order a large volume of polyethylene glycol as an oral proximal purging washout.