



QUESTIONARIO E.C.M.

ESSIC Annual Meeting 2018

Firenze 29 Novembre - 1 Dicembre 2018

Titolo del corso: ESSIC Annual Meeting 2018

Sede: Auditorium al Duomo - Firenze

Nome del Provider: DEFOE - No.: 199 - Evento No.: 242664 - Crediti: 13

Si ricorda che la corretta e completa compilazione dei dati anagrafici è requisito necessario per la successiva attribuzione dei crediti ECM. L'attribuzione dei crediti prevede che il partecipante risponda esattamente ad almeno il 75% delle domande previste. Ricordiamo che per l'erogazione dei crediti ECM è obbligatoria la presenza al 90% dell'attività formativa.

1) Central Sensitization is

Reduced responsiveness of nociceptive neurons to their normal input, and/or recruitment of a response to normally subthreshold inputs.



Increased responsiveness of nociceptive neurons to their normal input, and/or recruitment of a response to normally subthreshold inputs



Expression of painful stimuli



Espression of inflammatory pain



2) The objective measures of central sensitivity sindrome could be:

CT scan



EMG/ENG



Functional MR images



EEG standard



3) The interstitial cystitis/bladder pain syndrome can be associated to

Abnormal connectivity of brain grey matter



Abnormal connctivity of brain white matter



Amyloid plaques



Pick plaques



4) The subjective measures of central sensitivity syndrome could be measured by:

Central Sensitivity Inventory



SF36



Beck depression scale



Sleepness Scale



5) The syndromes associated to central sensitization include:

Fibromyalgia



Restless leg syndrome



Temporomandibular joint disorder



All answers



6) The syndromes associated to central sensitization include:

Irritable bowel syndrome



Bladder pain syndrome



Neck injury



All answers



7) Patients affected by bladder pain syndrome:

Can have an increase of other sensitization syndromes in the time



Can not have an increase of other sensitization syndromes in the time



Can develop skin diseases



Can develop schizophrenia



8) Repetitive transcranial magnetic stimulation can improve:

Bladder residues



oABQ



NPSI



All answers



9) Inflammation can disrupt the urothelial barrier by:

Increases pathogens



Decreases permeability



Increased repair



No change to proteins



10) Animal models often exhibit changes similar to human conditions:

Increased angiogenesis



No change in mediators



Barrier is never compromised



Animal models do not exist



11) Experimental models for IC:

Often include inducing disease in healthy animals



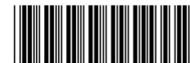
Studies in animals always exhibit changes similar to humans



Spontaneous occurring disease models do not exist



Models of stress do not exist



12) Chronic syndromes are made worse by stress:

There is a link between stress and epithelial dysfunction



No animal models exist



Catecholamines are not changed



ANS dysregulation occurs only in the neurogenic bladder



13) Complex regional pain syndrome:

Exhibits similarities to IC



Has a clear etiology



There are no changes in central sensitization



There is a change in blood flow which only occurs on occasion



14) Chronic stress:

In both animals and patients exhibit SNS abnormalities



There is no effect with alpha blockers



There is no correlation with ANS changes



Pain scores are not affected by alpha blockers



15) Mitochondria are responsible for:

Energy produced by cells



No changes in ROS



Do very little



Abnormalities never relate to the human or animal condition



16) ATP is:

An important cellular fuel and neurotransmitter



Is never increased in pathology



Is not released by the urothelium



Has never been considered a biomarker or druggable target



17) What is a phenotype?

The genetic makeup of an organism



The epigenetic profile of an organism



Any useful way to divide therapeutic alternatives



The observable physical properties of an organism



18) The only proven phenotype of BPS in 2018 is

Functional bladder capacity



Glomerulations



Hunner lesion



Mast cell count



19) When did Hunner lesion no longer define interstitial cystitis?

1978



1915



1960



1988



20) Which published guideline does not require pain to define the syndrome of IC/BPS?

- | | | |
|----------------------|-------------------------------------|---|
| AUA | <input type="checkbox"/> |  |
| ESSIC | <input type="checkbox"/> |  |
| East Asian Guideline | <input checked="" type="checkbox"/> |  |
| EAU Guideline | <input type="checkbox"/> |  |

21) Rand high specificity prevalence of BPS symptoms in females in USA is?

- | | | |
|---------------------------|-------------------------------------|---|
| 2.7 per hundred thousand | <input type="checkbox"/> |  |
| 27 per hundred thousand | <input type="checkbox"/> |  |
| 270 per hundred thousand | <input type="checkbox"/> |  |
| 2700 per hundred thousand | <input checked="" type="checkbox"/> |  |

22) Percentage of patients with identified Hunner lesion is least in what area?

- | | | |
|---------|-------------------------------------|---|
| USA | <input checked="" type="checkbox"/> |  |
| Japan | <input type="checkbox"/> |  |
| Sweden | <input type="checkbox"/> |  |
| Finland | <input type="checkbox"/> |  |

23) In clinical practice it is best to identify Hunner lesion patients with

- | | | |
|-----------------------------|-------------------------------------|---|
| Nitric oxide determination | <input type="checkbox"/> |  |
| Symptom profile | <input type="checkbox"/> |  |
| Functional bladder capacity | <input type="checkbox"/> |  |
| Cystoscopy | <input checked="" type="checkbox"/> |  |

24) A promising phenotype in the future may be

Mast cell count



Bladder capacity under sedation



Eosinophil biopsy count



Functional bladder capacity



25) Which of the following statements on pelvic floor overactivity is false?

It implies lack of relaxation of pelvic floor muscles when functionally needed.



It is often related to hypersexuality.



It has a bi-directional causal relationship with several pelvic floor morbidities.



Psycho-emotional distress often accompanies this condition.



26) The etiology of overactive pelvic floor includes all of the following, except:

Chronic pelvic-perineal pain conditions



Postural abnormalities



Pelvic Organ Prolapse



Psychosocial and psychosexual disturbances



27) Which of the following is correct regarding pelvic floor muscle tone during female sexual function:

The highest the tone, the more intense will be the orgasm.



Differently from men, there seems to be no pelvic floor muscle activity during the sexual response cycle.



Pelvic floor muscle training has been proven as the first line treatment for female anorgasmia.



The pattern of pelvic floor contractions during orgasm has been observed to vary between individual women.



28) Evaluation of pelvic floor muscles includes:

Viscoelastic stiffness



Electrogenic spasm vs contraction



The presene of contractures



All of the answers



29) Which of the following techniques does not assess pelvic floor muscle tone?

Conventional urodynamic studies



EMG



Dynamometry



Digital palpation



30) In women with genito-pelvic pain penetration disorders, which of the following findings have not been reported by clinical studies:

Higher prevalence of PFM tenderness on palpation, including trigger points



Higher resting EMG and greater contractile responses to the application of a painful stimulus of superficial PFMs



On trans-perineal US, greater levator hiatal enlargement compared to controls



On dynamometry, higher PFM passive resistance at minimal aperture.



31) Sexual arousal in women with genito-pelvic pain disorders:

Is impaired only in hypoestrogenic states.



Is usually accompanied by sharp genital pain.



Has been found to be impaired by fear of pain.



Needs to be induced by pharmacological therapy.



32) The individualized, multidisciplinary approach to be adopted for the treatment of OPF should not include:

Multimodal physiotherapy.



MRI to rule out spinal cord disease.



Medical evaluation and treatment.



Psychosocial treatment.



33) WHAT CAUSES PROBLEMS IN CLINICAL TRIALS THROUGHOUT THE PAIN WORLD?

Patients no longer have the time to participate.



Lack of new drugs for testing.



The ICD-10 pain classification.



The placebo effect



34) A Hunner lesion is

An easily bleeding vascular malformation



An umbrella term for bladder pain



An aggregation of inflammatory cells in the bladder wall



A remnant of previous instrumental bladder trauma



35) Hunner lesion represents

A lesion with a constant appearance



A quite distinct lesion but with variable appearance



A chronic ulceration in the bladder



The most common cause of bladder pain



36) The following is true:

It is not possible to diagnose Hunner lesion with local anesthesia cystoscopy



Cystoscopy in local anesthesia is always sufficient when diagnosing Hunner lesions



Typically Hunner lesions appear as multiple cracks in uninflamed bladder mucosa



Cystoscopy with bladder distension during anesthesia increases detection rate of Hunner lesions



37) The causes of BPS include:

Chronic bladder wall inflammation



Pelvic floor dysfunctions



CNS dysfunctions



All the answers



38) Confusable diseases to BPS are:

Diseases confusing the doctor



Diseases with urinary symptoms similar to BPS



Disease with confusing symptoms



All of the answers



39) Blood tests are necessary in the evaluation of patients suspected of BPS

To make a positive diagnosis of BPS



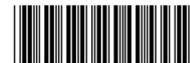
To exclude the diagnosis of BPS



To subclassify the type of BPS



No



defoe