

## MCQ FORM V01\_LYMPHA04\_2019\_M

FULL NAME:.....

1. Which are the possible theories to explain the efficacy of LNT in the treatment of lymphedema?
  - a. Reconstitution of lymphatic flow in the proximal position (groin, axilla)
  - b. Local lympho-lymphatic fluid shunting
  - c. Lymphovenous fluid shunting at the level of the flap
  - d. None of the previous answers
2. What is the reverse lymphatic mapping used for?
  - a. It is used to identify lymph nodes in the submental area that contribute to head and neck drainage
  - b. It is used to differentiate the lymph nodes that drain the extremity from the lymph nodes that drain the trunk
  - c. It allows the surgeons to identify the pathological drainage pathway of lymph nodes
  - d. It helps surgeons to harvest the lateral thoracic lymph node flap
3. Which of the following is part of the right gastroepiploic lymph node flap harvesting procedure?
  - a. Careful dissection of the right gastroepiploic vessels from the surrounding omentum
  - b. Include of the mesocolon in the right gastroepiploic lymph node flap
  - c. Keep the omental tissue around the pedicle
  - d. Keep the left gastric vessels inside the flap
4. What does “double gastroepiploic” lymph node flap stand for?
  - a. It is a lymph node flap with a double pedicle (right and left gastroepiploic artery and vein)
  - b. It is an extended right gastroepiploic lymph node flap with a double inset
  - c. It is a lymph node flap with a double pedicle (right gastroepiploic pedicle and left gastric pedicle)
  - d. None of the previous answers
5. Which of the following can be considered the main advantage of harvesting a gastroepiploic lymph node flap?
  - a. It includes the highest number of lymph nodes among all the lymph node flaps
  - b. It includes the highest number of lymphatic vessels among all the lymph node flaps
  - c. There is no risk of secondary lymphedema
  - d. There is no need of further excisional procedures
6. In case of vascularized lymph node transfer from the submental region:
  - a. The upper margin of the flap is designed just below the lower border of the mandible
  - b. The lower margin of the flap is designed just below the upper border of the mandible
  - c. The harvested vascularized lymph nodes included are based on the level III latero-cervical nodes
  - d. The harvested vascularized lymph nodes included are based on the level IV latero-cervical nodes

7. The most feared complication during the harvest of submental vascularized lymph node flap is:
- The lesion of the marginal mandibular branch of the facial nerve
  - The lesion of the parotid gland
  - The lesion of the lingual salivary gland
  - Hypertrophic scar
8. Where are the lymph nodes located in the supraclavicular lymph node flap?
- Along the subclavian artery
  - Along the axillary artery
  - Along the transverse cervical artery
  - Along the thoracodorsal artery
9. For the treatment of breast-related upper limb lymphedema:
- The groin lymph node flap can be transferred to the axilla together with the DIEP flap
  - The groin lymph node flap can be transferred to the supraclavicular region
  - The groin lymph node flap can be transferred to the axilla together with the antero-lateral flap
  - The groin lymph node flap can be transferred to the mammary region
10. According to the International Society of Lymphology, vascularized lymph node transfer are indicated in case of:
- Stage I lymphedema
  - Lymphedema responsive to conservative treatment
  - Stage II-III Lymphedema, resistant to conservative treatment, with at least one episode of cellulitis during the previous year
  - Stage V lymphedema
11. Where can the lymph node flap be transferred for the treatment of upper limb lymphedema:
- Axilla
  - Wrist
  - Axilla + wrist
  - None of the previous answers is correct
12. When the lymph node flap is transferred to the wrist, where is the anastomosis performed?
- The anastomosis is performed between the vascular pedicle of the flap and the brachial vessels
  - The anastomosis is performed between the vascular pedicle of the flap and the radial vessels
  - The anastomosis is performed between the vascular pedicle of the flap and the anterior interosseous vessels
  - None of the previous answers is correct
13. In case of harvesting a double gastroepiploic lymph node flap for the treatment of lower limb lymphedema, where are the lymph node flap anastomosed to?
- Posterior tibialis vessels and medial sural pedicle
  - Anterior tibialis vessels and medial sural pedicle
  - Posterior tibialis vessels and lateral sural pedicle
  - Anterior tibialis vessels and posterior tibialis pedicle

14. How is the inset of the vascularized lymph node flap performed?
- An anastomosis of the afferent lymphatic vessels of the lymph node and recipient lymphatics is performed
  - An anastomosis of the efferent lymphatic vessels of the lymph node and recipient lymphatics is performed
  - No anastomosis is performed
  - An anastomosis of the vascular pedicle of the lymph node flap and recipient vessels is performed
15. Where are the lymph nodes located in the groin lymph node flap?
- Along the transverse branch of the circumflex femoral artery
  - Along the superficial circumflex iliac artery
  - Along the descending branch of the femoral artery
  - Along the ascending branch of the femoral artery
16. How are lymphatic vessels identified in order to perform lympho-venous anastomoses?
- ICG lymphography
  - Tc
  - RMN
  - PET-TC
17. How is the diagnosis of lymphedema performed?
- Ultrasound
  - History, physical examination (difference in circumference of more than 2cm)
  - TC
  - Routine blood tests
18. Which of the following professional figures are involved in a lymphedema center?
- Plastic surgeon
  - Physiotherapist
  - Nuclear Medicine Doctor
  - All the previous answers are correct
19. Which of the following represent a risk factor for the onset of breast-related upper limb lymphedema?
- BMI<30
  - Radiotherapy
  - Smoke
  - Alcohol
20. Which of the following represent an approach to prevent secondary lymphedema?
- Multiple Lymphatico-Venular Anastomosis (MLVA)
  - Lymph node transfer
  - Liposuction
  - Excisional procedures