

**Exam 2: Endoscopic Findings in Patients Infected With 2019 Novel Coronavirus in Lombardy, Italy**

Test ID No.: 0316

Contact Hours: 1.0

Expiration Date: September 30, 2021

**Question 1:**

A 47-year-old man is brought to the emergency room for evaluation of melena during the coronavirus disease 2019 (COVID-19) pandemic. He has no relevant past medical history and takes no medications. His systolic blood pressure on arrival is 70 mmHg. A nasogastric tube confirms the presence of blood. Resuscitation is initiated and a nasopharyngeal swab obtained for severe acute respiratory syndrome coronavirus 2 (SARS-Cov-2). Within 8 hours, the test result is positive. Which of the following statements regarding the need for urgent upper endoscopy in a patient with SARS-Cov-2 infection is true?

- The patient should not undergo endoscopy until the result of a nasopharyngeal swab for SARS-Cov-2 is known
- The patient should undergo endoscopy as soon as hemodynamically stable, without waiting for the nasopharyngeal swab SARS-Cov-2 result
- The patient should not undergo endoscopy until two negative nasopharyngeal swabs for SARS-Cov-2 have been obtained
- The patient should be managed conservatively, with high-dose intravenous PPI and 30cc of antacid via the nasogastric tube. No endoscopic examination is necessary, as upper bleeding is a typical manifestation of gastro-intestinal COVID-19.

**Question 2:**

A 78-year-old man is hospitalized with a 10-day history of fever and dyspnea. A reverse-transcriptase–polymerase-chain-reaction assay detects the presence of SARS-CoV-2 RNA in a nasopharyngeal swab. Chest computed tomography shows pneumonia. His shortness of breath has worsened during the hospitalization, and he is currently being treated with antibiotics and continuous positive airway pressure (CPAP) ventilation. During the last 2 days, he also developed epigastric abdominal pain, nausea, vomiting, and bloody diarrhea. His past medical history is notable for diabetes, hypertension, and coronary artery disease. His medications include losartan clopidogrel and low dose aspirin. Which of the following statements regarding the gastrointestinal (GI) symptoms of Coronavirus disease 2019 (COVID-19) is true?

- Bloody diarrhea is the only GI manifestation of COVID-19
- GI symptoms are very rare and only occasionally reported in COVID-19
- Nausea and vomiting are the most common GI symptoms of COVID-19
- The reported prevalence of gastrointestinal symptoms in COVID-19 ranges from 3% to 79%
- GI symptoms can be present only in association with respiratory symptoms in COVID-19

**Question 3:**

An 82-year-old woman hospitalized for COVID-19 pneumonia 8 days ago, treated with high-flow oxygen mask with steady improvement, developed melena without hemodynamic instability. Her medical history is notable for arterial hypertension and diabetes mellitus. Medications include Ramipril, metformin, and low-dose aspirin. She is started on high-dose intravenous proton pump inhibitor. At esophagogastroduodenoscopy (EGD) Los Angeles class C erosive esophagitis is found. Which of the following statements concerning gastrointestinal bleeding and EGD findings in patients with COVID-19 is true?

- COVID-19 is associated with a highly specific endoscopic picture that does not include esophagitis
- Peptic ulcers and esophagitis are the most common findings detected at urgent EGD in patients with COVID-19
- Gastrointestinal bleeding is an extremely rare event in COVID 19 patients with no known associated endoscopic findings
- EGD should not be performed in COVID-19 patients with gastrointestinal bleeding due to high risk of viral spreading

**Question 4:**

A 74-year-old man with a past medical history notable for obesity and hypertension, on Olmesartan 20 mg/die, was hospitalized for COVID-19 pneumonia. He is being treated with low-flow oxygen therapy and low molecular weight heparin prophylaxis. For the past 2 days, he has had bloody diarrhea with diffuse abdominal pain. Colonoscopy is performed. What is the most likely finding at colonoscopy?

- a. Colonic ischemia
- b. Colorectal cancer
- c. Inflammatory bowel disease
- d. Normal findings; diarrhea is likely related to Olmesartan