



PROCESSO SELETIVO DE RESIDÊNCIA MÉDICA 2020 – PSRM 2020
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PROGRAMAS DE RESIDÊNCIA MÉDICA DE ACESSO DIRETO –
PEDIATRIA

Questão 91

A avaliação para iniciar os procedimentos de reanimação de um recém-nascido é baseada no(na)

- (A) tônus muscular e frequência cardíaca.
- (B) frequência cardíaca e respiração.**
- (C) respiração e tônus muscular.
- (D) frequência cardíaca e cor.
- (E) cor e tônus muscular.

Manter o gabarito.

A AHA e SBP e ILCOR recomendam o gabarito acima.

- RECURSO IMPROCEDENTE

Questão 93

Senhora Gertrudes está gestante e diabética, insulino dependente, e tem, durante o seu pré-natal, rigoroso controle da glicemia, entretanto a gestação foi interrompida com uma cesariana às 36 semanas de idade gestacional, devido à diminuição da vitalidade fetal. João nasceu grande para a idade gestacional (GIG), apresentando, logo após o primeiro minuto de vida, taquidispneia, gemido expiratório, tiragens subcostais e intercostais, batimentos de asas de nariz. Nesse caso, o diagnóstico mais provável desse recém-nascido é de

- (A) taquipneia transitória do recém-nascido.
- (B) síndrome de aspiração do mecônio.
- (C) doença da membrana hialina.**
- (D) pneumonia intrauterina.
- (E) síndrome de aspiração do líquido amniótico.

In general, LGA is defined as a birth weight (BW) greater than the 90th percentile for age. However, it has been suggested that the definition be restricted to infants with BW greater than the 97th percentile (2 standard deviations above the mean), as this more accurately describes infants who are at greatest risk for perinatal morbidity and mortality ([figure 1](#)) [1,2]. Using a national reference based on single live births in the United States, infants born at 40 weeks gestation at the 90th percentile had BW greater than 4000 g, and those at the 97th percentile had BW greater than 4400 g [3].

Macrosomia refers to excessive intrauterine growth beyond a specific threshold regardless of gestational age (GA). This condition is usually defined as a BW greater than 4000 or 4500 g. The American College of Obstetricians and Gynecologists (ACOG) supports use of the 4500 g threshold for diagnosis of macrosomia because morbidity increases sharply beyond this weight.

Respiratory distress — As noted above, LGA infants are more likely to develop respiratory distress than AGA infants [2,15]. This is primarily due to the increased risk of RDS, especially in infants of diabetic mothers (IDMs), who are more likely to be delivered prematurely. In addition, meconium aspiration is a common respiratory complication in LGA infants, perhaps due to the increased risk of perinatal depression. (See ["Infants of women with diabetes"](#), section on 'Respiratory distress' and ["Transient tachypnea of the newborn"](#), section on 'Risk factors' and ["Clinical features and diagnosis of meconium aspiration syndrome"](#) and ["Clinical features and diagnosis of meconium aspiration syndrome"](#), section on 'Pathophysiology'.)

Preterm birth — There may be an increased risk of preterm birth, as illustrated in a study from the Dutch perinatal registry of singleton birth in nulliparous women from 1999 to 2010 [18]. In this large cohort, the risk of preterm birth between 25 and <37 weeks gestation was greater in LGA (BW >97th percentile for age) compared with those born AGA (11.3 versus 7.3 percent, odds ratio [OR] 1.8, 85% CI 1.7-1.9).

FONTE: UP TO DATE 2020

- RECURSO IMPROCEDENTE