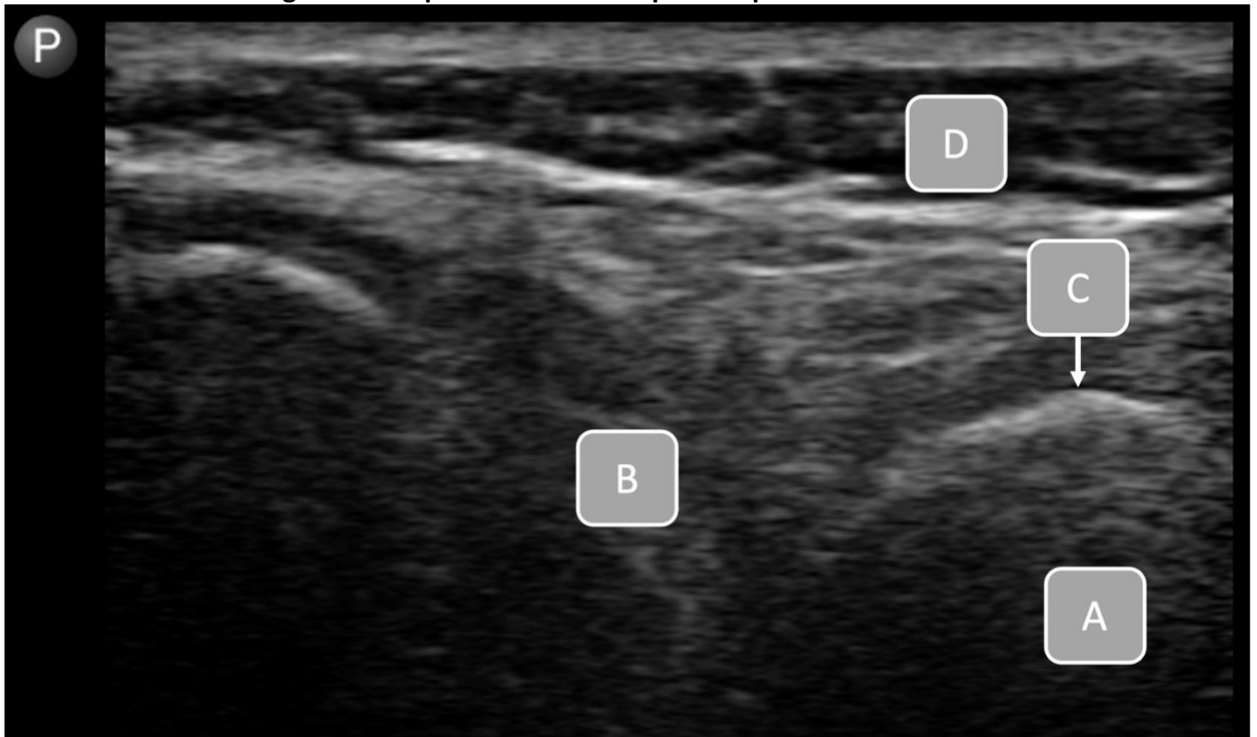


Lumbar Puncture MCQ Pre-quiz

1. Which of the following is an absolute contraindication to performing a lumbar puncture?
 - a. Space occupying brain lesion
 - b. Overlying skin infection
 - c. INR of 2.0
 - d. Prior lumbar surgery
2. Which of the following is the best justification for performing a lumbar puncture in the lateral decubitus position instead of the upright position?
 - a. Plan to obtain an opening pressure
 - b. Improved spacing of spinous processes
 - c. Reduced rates of post-LP headaches
 - d. Improved spinal alignment
3. Which letter in the image below represents the interspinous space?



4. If CSF from a lumbar puncture is being sent for cytology or fungal cultures, which of the following best describes the amount of CSF needed?
 - a. Minimum of 1ml in each of 4 vials
 - b. Minimum of 2ml in each of the 4 vials
 - c. Minimum of 30ml distributed over 4 vials
 - d. Minimum of 100ml distributed over 4 vials

5. **Which of the following is the most preferred intervention to reduce risk of post-LP headache?**
- Replacing the stylet before removing the needle
 - Having the patient lie supine for 30 minutes following the procedure
 - Performing the procedure in lateral decubitus rather than upright position
 - Performing a prophylactic epidural blood patch
 - Use of a pencil point (atraumatic) needle
6. **35-year-old woman presents with a complaint of headache. She reports that her pain is worse in the morning. She has also had some faint blurring of her vision, and on lying she experiences a buzzing sound in her ears. She denies any confusion, fevers, chills, recent URI symptoms. Her medical history is notable for obesity and dysfunctional uterine bleeding for which she uses an OCP. Her neurologic examination is non-focal. An MRI with gadolinium shows faint enhancement of the optic nerve but is otherwise normal. An LP is planned. Which of the following should be obtained?**
- Cytology
 - Opening pressure
 - Fungal culture
 - Oligoclonal IgG bands
 - All of the above
7. **A 59-year-old man is brought in by his family with complaints of headache, confusion, and subjective fever. He complained of mild headache for the past two days and woke up confused the morning of presentation and felt warm to his family. His medical history is notable for osteoarthritis, hypertension, hyperlipidemia, and remote L4/5 discectomy. His physical examination is notable for fever 100.4, disorientation, and mild agitation. Neurologic exam was partly limited by agitation but he was able to sit up and stick out his arms when asked. An LP is planned. In addition to routine studies (cell count, bacterial culture, protein, and glucose) which of the following should be obtained?**
- Head CT
 - Oligoclonal IgG bands
 - HSV 1 & 2 PCR
 - Fungal cultures