QUESTÃO 1: INDEFERIDO

Recurso 1

A interpretação da candidata está equivocada, pois a questão não é sobre causas de apendicite aguda. A questão é de um quadro de abdome agudo com clínica clássica de invaginação intestinal numa criança de 9 anos. Conforme bibliografia referendada, uma criança com mais de 5 anos com uma invaginação intestinal poderia ser considerado ter linfoma NL até que se prove o contrário:
Livro Holcomb, 7ª Ed., Capítulo 68 - página 1105.
Other sites include peripheral nodes, bone, and skin. Most abdominal primary lesions are due to Burkitt lymphoma, whereas most mediastinal/intrathoracic primary lesions are due to lymphoblastic lymphoma. Disease that occurs primarily in the peripheral nodes and bones is often due to DLBCL or ALCL, and skin involvement is primarily associated with ALCL.128–130 Due to the frequency of Burkitt lymphoma in younger children, abdominal primary lesions occur more often in children younger than 10 years, whereas mediastinal primary lesions are more likely to occur in adolescents. Children with abdominal primary lesions may present with nausea, vomiting, abdominal pain, and changes in bowel habits. On physical examination, they may be found to have an abdominal mass in any of the quadrants. Also, they can present with an acute abdomen due to either intussusception (typically due to lymphomatous infiltration of Peyer patches) (Fig. 68.7), small bowel obstruction, perforation of involved intestine, or an ileocecal mass mimicking acute appendicitis.131 A child older than age 5 years with an intussusception should be considered to have NHL until proven otherwise. Moreover, NHL should always be part of the differential diagnosis in a 5- to 10-year-old child who presents with an abdominal mass. Radiographic evaluation with either CT or ultrasound typically reveals a homogeneous mass with or without evidence of central necrosis, arising either from the retroperitoneum or from the bowel wall. Accompanying adenopathy and metastatic dissemination to the liver and spleen are often seen. The bowel loops may simply be shifted away from the mass or may show evidence of intussusception or obstruction (or both).