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Answer Key: 1 B.D.E.; 2 B.D.; 3 B.D; 4 A; 5 C; 6 B; 7 C; 8 D; 9 E; 10 D; 11 A; 12 B; 13 C; 14 A.D.E; 15 B.D.E; 16 B.D; 17 B.C.D; 18 A B.C.D.E; 19 A B.E.

Discussion of some of the questions follows:
(3) Jaundice due to bilirubin or hepatitis occurs later and has an increased direct bilirubin fraction. Both may have splenomegaly, pale stools, and urinary bilirubin. In atresia there is no bile pigment in the duodenal fluid nor will bile flow be stimulated by phenobarbital.
(16) See page 334
(17) Poly X or Y occurs in approximately 1/1,000 live births. No characteristic abnormalities are found in females, but aggressiveness and tall stature have been described in males. The incidence of Klinefelter syndrome is 1/1,000 and is associated with advanced maternal age. Some patients are mildly retarded and all have infertility. Turner syndrome occurs in 1/10,000 live births, and 75% of the time is due to a paternal loss of the X or Y. 45 Y is unknown.
(18) The reasons why Down syndrome occurs should be elucidated to evaluate the risk of recurrence. All of the choices are possible. Nondisjunction (failure of synopsis during meiosis) can be paternal or maternal (associated with advanced age). If nondisjunction occurs during mitotic division, it results in mosaicism (multiple cell populations). Although the parent may be clinically normal, the infant may inherit the abnormal cell population. Chromosomal breaks can result in translocation, and this pattern is age independent. Environmental insults (diagnostic abdominal roentgenograms and virus infections, i.e., infectious hepatitis) can also occur at any age, and are possible, although not proven, causes.

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Self-Assessment Quiz

The questions in this self-assessment quiz are based on the articles in this issue of the journal. Each of the questions or statements is followed by five possible answers or completions. Select all of the correct answers to each of the questions and circle the corresponding letters. The answers appear on the inside front cover of this issue.

As an organization accredited for continuing medical education, the American Academy of Pediatrics certifies that this continuing medical education activity, when used and completed as directed, meets the criteria for two hours of credit in Category I of the Physician’s Recognition Award of the American Medical Association and two hours of PREP credit.

To earn two hours of Category I credit and two hours of PREP credit, you must be registered for PREP or subscribing to PEDIATRICS IN REVIEW. You have received a three-ring binder which contains a set of IBM computer cards and return envelopes. There are no monthly deadlines for the return of the computer cards, except that all cards must be returned by June 30, 1982 to ensure proper credit. Be sure that the date on the computer card corresponds with the date on each issue. Please do not write over the date or the ID number on the card.

We invite you to write specific comments about the relevance of each of the articles and any other comments you wish to make about the Journal on the back of each card.

1. Physiologic jaundice is MORE likely when which of the following factors occur?
   A. Increased immunoglobulin A production.
   B. Reduced bilirubin conjugation.
   C. Increased photobilirubin production.
   D. Delayed cord clamping.
   E. Hypoxia.

2. A 12-hour-old infant with Rh isoimmunization has a rising bilirubin level and an exchange transfusion is planned. Complications of the procedure include:
   A. Hypoalbuminemia.
   B. Hypoglycemia.
   C. Sepsis.
   D. Hyperkalemia.
   E. Hypercalcemia.

3. On the fourth day of life, a 2,600-gm infant became jaundiced with a bilirubin D/T = 1.8/13 mg/100 ml. Findings more characteristic of hepatitis than of biliary atresia include which of the following?
   A. Splenomegaly.
   B. Bile pigment in duodenal fluid.
   C. Pale stools.
   D. Decline in serum bilirubin following phenobarbital administration.
   E. Uridine bilirubin.

4. In a 3-day-old, full-term infant with jaundice, match the clinical finding (A to G) with the diagnosis (A to D).
   4. Spherocytes in peripheral smear.
   5. Direct Coombs test negative.
   6. Elevation of direct bilirubin.
   8. Delayed cord clamping.
   A. ABO incompatibility.
   B. Sepsis.
   C. Both.
   D. Neither.

Match the key diagnostic finding (A to E) with the cardiac diagnosis (9 to 13).
10. Aortic stenosis.
11. Mitral valve prolapse.
12. Coarctation of aorta.
13. Ventricular septal defect.
   A. Midsystolic ejection click.
   B. Continuous murmur.
   C. Mid-diastolic rumbling murmur.
   D. Carotid systolic thrill.
   E. Grade II systolic vibratory murmur.

14. The split of the second heart sound, S2, is frequently altered in congenital heart abnormalities. S2 is abnormal in which of the following conditions?
   A. Pulmonic stenosis.
   B. Coarctation of the aorta.
   C. Mitral valve prolapse.
   D. Atrial septal defect.
   E. Tetralogy of Fallot.

15. TRUE statements regarding murmurs include:
   A. All diastolic murmurs are abnormal.
   B. Systolic murmur of a VSD is early in systole and may obscure the first sound.
   C. Systolic murmur of the ASD is caused by the blood flow through the defect.
   D. Patients with septal defects may have a soft systolic murmur at the upper left sternal border due to increased flow through the pulmonary valve.
   E. Patients with anemia may have systolic murmurs due to the associated high blood flow.

16. True statements pertaining to the Barr body include:
   A. They are demonstrated in most of the buccal mucosal cells from a normal female.
   B. They represent a highly contracted X chromosome.
   C. They represent an active X chromosome.
   D. More than one can be found in the same cell in some chromosomal abnormalities.
   E. They are never found in any cells containing a Y chromosome.

17. The most common abnormalities (1/1,000) of the sex chromosomes include:
   A. 45,X (Turner syndrome).
   B. 47.XXY (Klinefelter syndrome).
   C. 47,XXX (poly X).
   D. 47.XYY (poly Y).
   E. 45.Y

18. A newborn infant is thought to have Down syndrome. Possible explanations of this syndrome include:
   A. Maternal mosaicism.
   B. Familial nondisjunction.
   C. Chromosome 21 translocation.
   D. Advanced maternal age.
   E. Environmental insult.

19. Which of the following are known associations:
   A. Mental retardation, large testes-fragile X syndrome.
   B. Hypospadias and/or radiolucent synostosis-47,XXX.
   C. Prader-Willi syndrome-mosaicism for trisomy 8.
   D. Bone abnormalities/deep palmar and solar creases-small deletion located in 15q.
   E. Turner syndrome-isochromosome of the long arm of the X in approximately 20%.
Cumulative Index

This cumulative index gives the volume, page, and PREP year (79–80, 80–81, or 81–82) rather than the calendar year. In most instances the page given is the first page of an article; in some instances a specific subject within an article is listed with the exact page on which this subject is discussed.

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Erratum

In the March issue of PIR, in the article "What the General Pediatrician Should Know About Developmental Anomalies" by Opitz (3:267, 1982), Fig 3 (p 270) was not reproduced clearly and has been reprinted below. The printer regrets the error.

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**Fig 3.** Scheme devised by the International Working Group to illustrate use of terminology it devised (Reproduced with permission from Spranger et al.)