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 the ONE which best answers or completes each question and circle the corresponding letter. The correct answers will appear in the September 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 up to two hours of credit in Category I of the Physician’s Recognition Award of the American Medical Association.

To earn the two hours of Category I 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. Mark the July card with your answers and return the card to the American Academy of Pediatrics by August 15, 1979. If your card is not postmarked prior to this date, no credit will be given. You will receive semester verification of all Category I credits earned from Academy activities.

1. All of the following statements about invasive, group B streptococcal infection in the neonate are true EXCEPT:
   A. Immediate placement of a central blood pressure monitoring device and volume resuscitation.
   B. Transfer to a neonatal intensive care unit.
   C. Ampicillin, 300 mg/kg/day, or penicillin G, 400,000 units/kg/day intravenously, plus an aminoglycoside until culture results known.
   D. Repeat lumbar puncture at 24 to 48 hours after therapy began to document sterility and also prior to the discontinuation of antibiotics at 14 to 21 days to assess efficacy of therapy.
   E. Ampicillin, 100 mg/kg/day, or penicillin G, 150,000 units/kg/day intravenously, plus an aminoglycoside until culture results known.

2. Management of a term neonate with the onset of apneic episodes, seizures, and hypotension at 3 days of age and whose diagnosis is proved to be type III, group B streptococcal meningitis would include all of the following EXCEPT:
   A. Immediate placement of a central blood pressure monitoring device and volume resuscitation.
   B. Transfer to a neonatal intensive care unit.
   C. Ampicillin, 300 mg/kg/day, or penicillin G, 400,000 units/kg/day intravenously, plus an aminoglycoside until culture results known.
   D. Repeat lumbar puncture at 24 to 48 hours after therapy began to document sterility and also prior to the discontinuation of antibiotics at 14 to 21 days to assess efficacy of therapy.
   E. Ampicillin, 100 mg/kg/day, or penicillin G, 150,000 units/kg/day intravenously, plus an aminoglycoside until culture results known.

3. The diagnosis of group B streptococcal infection of the early-onset type is LEAST likely in which of the following neonates:
   A. A 4-hour-old neonate with grunting respirations and a reticulogranular pattern on chest radiograph.
   B. A 1,400-gm neonate whose mother had a temperature of 38.6°C at delivery and ruptured membranes for 28 hours.
   C. A 12-hour-old, apparently normal term infant who has an acute onset of apneic episodes.
   D. A 6-hour-old, 2,500-gm neonate with respiratory distress, streaky right-sided infiltrates on chest radiograph, and a total white blood cell count of 4,000/cu mm (20% neutrophils).
   E. An 8-hour-old, 3,200 gm neonate with meconium staining of nails and skin, patchy bilateral infiltrates on chest radiograph, a gastric aspirate showing Gram positive cocci, and a total white blood cell count of 20,000/cu mm (50% neutrophils).

4. A 16-year-old boy is seen in the emergency room because of ingesting phencyclidine. You would anticipate all of the following signs or symptoms EXCEPT:
   A. Dilated pupils.
   B. Hypertension.
   C. Comatose state.
   D. Hallucinations.
   E. Involution.

5. Death may be caused by:
   A. Acute renal failure.
   B. Cerebral hemorrhage.
   C. Hepatic coma.
   D. Respiratory failure.
   E. Acute psychosis.

6. The LEAST effective therapy to increase penicillin excretion is:
   A. Acidification of blood and urine with ammonium chloride.
   B. A diuretic following acidification.
   C. Continuous gastric suction.
   D. Betazole hydrochloride (Histalog) injections during gastric suction.
   E. Peritoneal dialysis.

7. Which one of the following is NOT characteristic of the Sturge-Weber syndrome?
   A. Facial port-wine stain.
   B. Cataract.
   C. Seizures.
   D. Meningeal calcifications.
   E. Congenital glaucoma.

8. Which one of the following statements about capillary hemangiomata is CORRECT?
   A. Fifty percent persist until adult life.
   B. They occur at birth.
   C. They have a benign potential.
   D. They begin as an erythematous macule at about 3 weeks of age.
   E. Those that involute leave a deforming scar.

9. Which one of the following is NOT characteristic of the salmon patch?
   A. It is the commonest vascular birthmark.
   B. It is found on all parts of the body.
   C. It usually fades during the first year of life.
   D. It is a dull pink color.
   E. No treatment is necessary.

10. Port-wine nevi are characterized by:
    A. Macular lesion with a red purple hue.
    B. Bilateral distribution.
    C. Malignant transformation.
    D. Complete resolution with laser therapy.
    E. Involution.

11. All of the following statements about immunization of travelers to developing countries are true EXCEPT:
    A. All required live and killed vaccines can be given simultaneously, if necessary.
    B. Smallpox vaccine is contraindicated in almost all travelers today.
    C. Yellow fever vaccine is contraindicated in persons allergic to eggs.
    D. Most countries will waive vaccine requirements for infants less than 6 months of age.
    E. Cholera and typhoid vaccine can be replaced by antimicrobial prophylaxis.

12. Chloroquine prophylaxis should be:
    A. Taken for two weeks before, and at least four weeks after, the last exposure.
    B. Avoided in pregnant women.
    C. Avoided in young children.
    D. Used only in areas with high rates of malaria transmission.
    E. Unnecessary in most malarial areas if precautions are taken against mosquito bites.

13. Traveler’s diarrhea is:
    A. Rare in children.
    B. Prevented by avoidance of tap water and uncooked vegetables.
    C. Associated with high fever in most cases.
    D. Usually of less than three days duration.
    E. Usually caused by infection with intestinal Protozoa, Salmonella, or Shigella.