

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 December 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 PREP and 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 October card with your answers and return the card to the American Academy of Pediatrics by November 15, 1979. If your card is not postmarked prior to this date, no credit will be given.

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1. A 9-month-old male infant has had 11 episodes of acute otitis media in the past four months. He is currently well recovering from his last episode. Apart from tympanic membrane findings, the rest of his examination is normal. In addition to a CBC and nasal smear for eosinophils you would also include in an INITIAL screening evaluation:
 - A Serum protein electrophoresis.
 - B Quantitative serum immunoglobulin levels.
 - C Immunoelectrophoresis of serum.
 - D Enumeration of T-cells in blood.
 - E Stimulation of lymphocytes in vitro with phytohemagglutinin.
2. A 5-year-old girl has had six episodes of pneumonia involving different areas of the lung. She has responded to each with administration of penicillin or ampicillin and has a clear chest x-ray at present. For the past ten months she has failed to gain weight and has a nonproductive cough constantly. Your initial laboratory evaluation would include all of the following EXCEPT:
 - A Enumeration of B- and T-cells in serum.
 - B Quantitative serum immunoglobulin levels.
 - C Nitroblue tetrazolium reduction test.
 - D Skin tests with *Candida*, SKSD, tetanus toxoid.
 - E Sweat chloride determination.
3. An increased incidence of which of the following infections is associated with a B-cell defect?
 - A Opportunistic bacterial.
 - B Rickettsial.
 - C Mycobacterial.
 - D Viral.
 - E Parasitic.
4. All of the following statements are true EXCEPT:
 - A Serious varicella-zoster infections occur in patients with lymphatic malignancies.
 - B Most children seen with recurrent respiratory symptoms in infancy are atopic.
 - C Bacteremia, skin infections, recurrent pneumonia, and osteomyelitis are associated with defects in phagocytosis.
 - D Malabsorptive diarrhea is common in cystic fibrosis and in some forms of immunodeficiency.
 - E Recurrent pneumonia and the middle lobe syndrome occurs in atopic individuals.
5. A 3-year-old child is evaluated because of suspected obstructive renal lesion with reflux. The advantages of radionuclide scintigraphy include all of the following EXCEPT:
 - A The radiation dose is about $\frac{1}{100}$ mg that of a single radiographic study.
 - B Differentiation between congenital abnormalities, renal tumors, and abscess is easily made by this technique.
 - C Several physiologic parameters can be quantitated.
 - D The function of each kidney can be assessed.
 - E The method is very sensitive and low grade reflux is easily detected.
6. Radionuclide studies of the heart are useful in all of the following situations EXCEPT:
 - A Mitral valve stenosis.
 - B Quantification of cardiac output and mean pulmonary blood volume.
 - C Evaluation of regional wall motion.
 - D Assessing the presence and extent of myocardial ischemia.
 - E Detection of right ventricular hypertension.
7. Radionuclide scans of the lung are LEAST useful in diagnosing:
 - A Pulmonary vascular disorders.
 - B Congenital lobar emphysema.
 - C Ventilatory problems from bronchopulmonary dysplasia.
 - D Pulmonary sequestration.
 - E Cystic fibrosis.
8. The EARLY manifestations of acetaminophen poisoning include:
 - A Convulsions.
 - B Nausea and vomiting.
 - C Metabolic acidosis.
 - D Abdominal pain.
 - E Rash.
9. The BEST indicator of hepatotoxicity with acetaminophen poisoning is:
 - A History of amount ingested.
 - B Acetaminophen blood level at four hours.
 - C Central nervous system depression within two hours of ingestion.
 - D Height of the transaminase levels.
 - E Measurement of urinary metabolites.
10. The effectiveness of *N*-acetylcysteine (Mucomyst) in therapy of acetaminophen poisoning will be INCREASED by:
 - A Prior alkaline diuresis with sodium bicarbonate.
 - B Ipecac-induced vomiting plus activated charcoal prior to initiating therapy.
 - C Initiation of therapy within ten hours of ingestion.
 - D Intravenous fluids in high doses.
 - E Dialysis therapy.
11. A 15-year-old girl comes to you because she thinks she may be pregnant. Your initial management would include all of the following EXCEPT:
 - A Inquire about her menstrual periods.
 - B Perform a pelvic examination.
 - C Perform a urine screening test for pregnancy.
 - D Inquire about contraceptive use.
 - E Have her return with her parents.
12. If the adolescent is *not* pregnant, the LEAST effective management would be:
 - A Papanicolaou smear every six months.
 - B Prescription for oral contraceptives for three months.
 - C Cervical culture for *Neisseria gonorrhoeae*.
 - D Placement of an IUD.
 - E Encourage frequent confidential visits.
13. Which of the following is NOT a complication of oral contraceptives?
 - A Hypertension.
 - B Thromboembolism.
 - C Pelvic inflammatory disease.
 - D Pregnancy.
 - E Liver disease.

Answer Key for August Self-Assessment Quiz

1. D, 2. B, 3. E, 4. A, 5. C, 6. C, 7. D, 8. C, 9. A, 10. B, 11. E, 12. E, 13. D, 14. C, 15. B



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