## 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 January 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 1 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 November card with your answers and return the card to the American Academy of Pediatrics by December 15, 1979. If your card is not postmarked prior to this date, no credit will be given.

You will receive semiannual verification of all Category I credits earned from Academy activities.

1. UTI can be determined to be uncomplicated by:
   A. Absence of associated symptoms.
   B. Occurrence in a school age child.
   C. Referral to a urologic surgeon.
   D. Radiographic assessment.
   E. Frequent follow-up urine cultures.

2. Reflux nephropathy has all of the following characteristics EXCEPT:
   A. Usual occurrence in infants.
   B. Invariable accompaniment by UTI.
   C. Unfavorable prognosis.
   D. Familial occurrence.
   E. Complicated by hypertension.

3. A reliable diagnosis of UTI can be made by:
   A. A single urine culture with 10^6 organisms/ml.
   B. A positive nitrite test.
   C. One organism per field under oil of an unspun, unstained urine specimen.
   D. A positive suprapubic tap.
   E. Dysuria, chills, and fever.

4. A teenager is thought to have mitral valve prolapse. All of the following are characteristic of the syndrome EXCEPT:
   A. Mid-systolic click.
   B. Cardiomegaly.
   C. Late systolic murmur.
   D. Arrhythmia.
   E. Transmission of the murmur to the apex.

5. The BEST procedure to confirm the diagnosis is:
   A. Electrocardiogram.
   B. Chest radiographs.
   C. Echocardiogram.
   D. Cardiac catheterization.
   E. Holter dynamic electrocardiogram.

6. All of the following statements regarding mitral valve prolapse are true EXCEPT:
   A. Prophylactic antibiotics are given prior to oral surgery.
   B. There are no activity restrictions.
   C. Family members should be evaluated.
   D. Marfan’s syndrome should be investigated.
   E. Only arrhythmias require drug treatment.

7. A child with a history of an episode of jerking of the left side of the face followed by jerking of the left arm and leg lasting three minutes and then half hour of sleep is found to have a normal examination and a normal EEG. Her MOST likely diagnosis is:
   A. Focal encephalitis.
   B. Left frontal lobe tumor.
   C. A hysterical episode.
   D. Benign focal seizure of childhood.
   E. Vascular thrombosis.

8. The laboratory test of greatest value in focal seizures is:
   A. Sleeping EEG.
   B. Awake EEG.
   C. CAT scan.
   D. Skull x-rays.
   E. Urinary metabolites.

9. The initial drug therapy of focal seizures could include all of the following EXCEPT:
   A. Phenobarbital.
   B. Dilantin.
   C. Carbamazepine and pheno- barbital.
   D. Carbamazepine.
   E. Ethosuximide.

10. When a diagnosis of leukemia has been established in an adolescent the BEST approach is to:
    A. Only tell the adolescent's family.
    B. Encourage the family to conceal the diagnosis from the adolescent in order to protect him.
    C. Have the family tell the adolescent.
    D. Tell the adolescent and family yourself if you are the primary physician.
    E. Have the surgeon or medical specialist tell the adolescent and family.

11. Withholding a diagnosis of cancer from the adolescent:
    A. Usually results in noncompliance.
    B. Is currently not favored by the majority of physicians.
    C. Often eases the burden for the adolescent.
    D. Often eases the burden for the family.
    E. Leads to a better patient-physician relationship.

12. Before telling the adolescent that he has cancer it is helpful to do all EXCEPT:
    A. Gather information about the adolescent’s relationships with family members.
    B. Identify the adolescent’s sources of emotional support.
    C. Determine his communication patterns.
    D. Determine his usual defenses during stressful situations.
    E. Reassure the patient that "Everything will be all right."

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**Answer Key for September Self-Assessment Quiz**


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