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 1 of the Physician's Recognition Award of the American Medical Association and two hours of PREP elective credit.

To earn two hours of Category 1 credit and two hours of PREP elective 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. Factors that influence management decisions regarding group A β-hemolytic streptococcal (GABHS) pharyngitis include:
   A. Cost of antibiotics.
   B. Age of the patient.
   C. Adverse outcome cost.
   D. Cost of follow-up culture.
   E. Patient compliance.

2. A blood agar plate, inoculated with a throat swab from a patient with pharyngitis, shows β (clear) hemolysis. Which of the following interpretations are correct?
   A. Staphylococci were cultured on the plate.
   B. The organisms may be non-group A streptococci.
   C. Patient has a Mycoplasma infection.
   D. Patient has a GABHS infection.
   E. GABHS are present in the throat but are not the cause of the pharyngitis.

3. The rationale for the antibiotic treatment of pharyngitis is related to:
   A. Prevention of acute glomerulonephritis.
   B. Alteration of the symptomatic course.
   C. Prevention of acute rheumatic fever.
   E. Prevention of supplicative complications.

4. An 8-year-old boy has a 2-cm area of alopecia with supplicative pustules at the periphery, enlarged posterior cervical lymph nodes, and a pruritic papular rash on the arms. Your evaluation and management should include:
   A. Systemic antibiotics for the infection.
   B. A Wood's lamp evaluation for Microsporum.
   C. Explanation to the family that the DTM culture will take 3 weeks for diagnosis.
   D. KOH preparation of cut hairs from the center of the lesion.
   E. Topical steroids for the id reaction.

5. Which of the following are TRUE statements regarding fungal infection in children?
   A. The most active part of the lesion is at the periphery and is preferred for cultures.
   B. A vesiculobullous lesion is not likely to be due to a fungus infection.
   C. A Wood's lamp is not useful in diagnosing skin lesions caused by dermatophytes.
   D. A KOH preparation is better than a culture in diagnosing tinea versicolor.
   E. Reinfection is rare.

6. You see a 14-year-old boy and his parents because of fatigue and listlessness for one month resulting in a drop in school performance. He has not lost weight. The parents deny sleeping difficulties and complain he watches too much TV. You suspect he is depressed. Which of the following would NOT support that diagnosis?
   A. Parents are not aware of insomnia.
   B. He denies suicidal thoughts.
   C. Parents deny marital difficulties.
   D. His appetite is good.
   E. He says his classes are boring.

7. On further questioning you learn the following information. Which statements support the depression diagnosis?
   A. His friends avoid him lately.
   B. His mother thinks he is drinking beer in his room.
   C. He denies he is depressed.
   D. He becomes angry easily.
   E. He tells you he didn't get the lead in the school play.

8. Appropriate initial management of this patient would include:
   A. Have a tutor help him with his studies.
   B. Schedule several counseling sessions.
   C. Refer the family to a psychiatrist.
   D. Prescribe a tricyclic antidepressant.
   E. Recommend hospitalization.

9. Symptoms associated with depression in infants include:
   A. Constipation.
   B. Crying.
   C. Sad facies.
   D. Failure to thrive.
   E. Hypotonia.

10. A 32-year-old, gravida 3, para 1 woman in her second trimester comes to the hospital and has a spontaneous abortion. Which of the following evaluations are useful to diagnose this problem?
    A. Determination of the a-fetoprotein level.
    B. Chromosome analysis of the fetal tissue.
    C. Parental genetic evaluation.
    D. Maternal glucose tolerance test.
    E. Fetal autopsy.

11. The management of this loss is guided by which of the following TRUE statements?
    A. The risk of pregnancy loss is increased with the history of a previous spontaneous abortion.
    B. Empiric recurrence risk figures should be used in counseling the family.
    C. If the previous live-born infant was premature, the risk of fetal abnormality is increased.
    D. Maternal alcoholism may be the cause of a second trimester abortion.
    E. Grieving for this abortion is not likely to interfere with the desire for genetic counseling.

12. The most common cause of fetal death is:
    A. Metabolic defect in the fetus.
    B. Chromosome abnormality.
    C. Spontaneous abortion for unknown reasons.
    D. Congenital infections.
    E. Abnormality of implantation.