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
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criteria for two hours of credit in Category I of the Physician’s Recogni-
tion 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. Male pseudohermaphrodit-
ism may result from:
A. Impaired androgen produc-
tion.
B. Excessive dihydrotestoster-
one.
C. Deficient testosterone se-
cretion.
D. Secretion of Mullerian inhibi-
tion factor.
E. 5α-Reductase deficiency.

2. A patient who has the com-
plete form of the testicular fem-
inization syndrome (TFS) may
present with:
A. Salt wasting.
B. Primary amenorrhea.
C. Inguinal hernia.
D. Ambiguous genitalia.
E. Virilization at puberty.

3. In a newborn with ambiguous
genitalia, the problem of great-
est immediate importance is:
A. Sex assignment.
B. Adrenal insufficiency.
C. Gonadal tumor.
D. Hypertension.
E. Urinary tract anomalies.

4. Which of the following are
common in infants of heroin-de-
pendent mothers?
A. Excessive shrill crying.
B. Small stature for gestation.
C. Sleeplessness.
D. Jaundice.
E. Sweating.

5. In a small newborn infant
with irritability, tremors, and
poor feeding, but no history of
maternal drug dependence, you
should consider:
A. Hypoglycemia.
B. Cerebral palsy.
C. Tetany.
D. Alcohol withdrawal.
E. Intracranial hemorrhage.

6. The primary aim of manage-
ment of the symptomatic new-
born of an addicted mother is
to:
A. Detoxify the drug.
B. Enhance renal excretion.
C. Treat the drug-induced
symptoms.
D. Antagonize the narcotic ef-
fect.
E. Minimize withdrawal symp-
toms.

7. On routine examination a 6-
year-old girl is noted to have
seven 10- to 15-mm cafe-au-lait
spots. In addition to a thorough
history and physical examination,
your initial evaluation should include:
A. Slit-lamp examination.
B. Audiogram.
C. EEG.
D. Urinary catecholamines.
E. Biopsy of the lesions.

8. If she has mild neurofibro-
matosis, you would especially
and periodically evaluate her
for:
A. Growth and head circumfer-
ence.
B. Back and vertebral column.
C. Dental status.
D. School performance.
E. Hand-eye coordination.