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 I of the Physician's Recognition 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, 1983 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. A 3,000-gm infant, born to a mother with eclampsia, had a one-minute Apgar score of 3 and required resuscitation. Two hours later the infant became cyanotic and had no murmur, decreased pulses, and mottled skin. On chest roentgenogram, the heart size and lung fields are normal with decreased pulmonarv vascularity. The most likely diagnosis is:
   A. Tetralogy of Fallot.
   B. Respiratory distress syndrome.
   C. Persistent pulmonary hypertension.
   D. Polycythemia.
   E. Patent ductus arteriosus.

2. In this girl, cyanosis will be reduced by:
   A. Exchange transfusion.
   B. Correction of the metabolic acidosis.
   C. Reduction of the hyperviscosity.
   D. Increased cardiac output.
   E. Maintenance of normal temperature.

3. If the cyanosis persists after your initial management, you would then order:
   A. Digitalization.
   B. Mechanical ventilation with room air.
   C. Tolazoline to increase pulmonary vasodilation.
   D. Indomethacin to constrict the ductus.
   E. Antibiotics

4. In a premature newborn with severe respiratory distress syndrome and cyanosis, you would find which of the following:
   A. Peripheral cyanosis only.
   B. Rapid shallow respirations.
   C. Minimal response to positive airway ventilation.
   D. Plethora.
   E. Hypercarbia.

5. The cyanosis resulting from RDS may be prolonged by which of the following mechanisms:
   A. Right-to-left shunt.
   B. Impaired diffusion.
   C. Alveolar hypoventilation.
   D. Ventilation perfusion inequality.
   E. Altered oxyhemoglobin dissociation curve.

6. An 1,800-gm infant has been well since birth. At one week of age he suddenly developed tachypnea, tachycardia, and mild cyanosis. You should consider which of the following diagnoses:
   A. Aspiration pneumonia.
   B. Transient tachypnea of the newborn.
   C. Hypoglycemia.
   D. Intracranial hemorrhage.
   E. Patent ductus arteriosus.

7. A cyanotic newborn has the following arterial blood gas measurements: PaO2 40 torr, PaCO2 35 torr, and following 100% oxygen administration, PaO2 45 torr and PaCO2 35 torr. Your diagnosis is:
   A. Severe diffuse bronchopneumonia.
   B. Cardiac heart failure.
   C. Methemoglobinemia.
   D. CNS hemorrhage.
   E. Congenital heart disease with a right-to-left shunt.

8. In a 3-year-old patient with 8 gm/dl of hemoglobin, the laboratory tests that distinguish transient erythroblastopenia of childhood (TEC) from iron deficiency anemia include:
   A. Blood smear.
   B. Bone marrow examination.
   C. Coombs' test.
   D. Serum iron.
   E. Hemoglobin electrophoresis.

9. In its early phase, TEC is characterized by:
   A. Normal platelet count.
   B. Microcytic cells.
   C. Increased reticulocytes.
   D. Hypochromia.
   E. Hemolysis.

10. The management of TEC includes:
    A. Oral iron sulfate.
    B. Serial measurements of hemoglobin.
    C. Vitamin E.
    D. Vitamin B12.
    E. Explanation to the family regarding its benign nature.

11. Functional, as compared with organic, recurrent abdominal pain in children is more likely to:
    A. Interrupt the child's sleep.
    B. Be associated with weight loss.
    C. Be temporarily related to emotional stress.
    D. Be more consistent and localized.
    E. Be expressed more as discrete acute episodes.

12. True statements pertaining to recurrent functional abdominal pain in children include:
    A. Tenderness is often present upon abdominal palpation.
    B. Pain is sometimes severe.
    C. Pain has a purely psychological etiology.
    D. Pain occurs most often in the periumbilical/epigastric area.
    E. Pain commonly radiates to the back.