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. The history of a 15-year-old girl with primary amenorrhea should include questions relating to:
   A. Mother’s age of menarche.
   B. Recent weight loss.
   C. Athletic activities.
   D. Use of drugs.
   E. Onset of pubertal changes.

2. Differential diagnosis of secondary amenorrhea includes:
   A. Stress factors.
   B. Pregnancy.
   C. Anorexia nervosa.
   D. Turner syndrome.
   E. Polycystic ovaries.

3. Management of excessive menses in a young adolescent includes:
   A. Uterine dilation and curettage.
   B. Evaluation for anemia.
   C. Administration of aspirin.
   E. Estrogen therapy.

4. A 17-year-old girl complains of painful menses. The appropriate management should include:
   A. Treat her only if she has missed school.
   B. Prescribe salicylates.
   C. Refer her to a gynecologist for laparoscopy.
   D. Give prostaglandin inhibitor medication.
   E. Perform a pelvic examination.

5. Factors associated with running away by adolescents include:
   A. Escape from abuse.
   B. Desire to become self-sufficient.
   C. Lack of parental control.
   D. Reaction to dependency feelings.
   E. Response to a crisis.

6. The history of a runaway is likely to include:
   A. Previous truancy from school.
   B. Prior delinquency.
   C. Average involvement in organized school activities.
   D. Lack of self-esteem.
   E. An unhappy home environment.

7. The mother of a 15-year-old boy calls you because he ran away two days ago. As his pediatrician, you should do all but which one of the following:
   A. Tell her to call the hospital to see if he was injured.
   B. Tell her to call the police immediately.
   C. Determine if he has been in school.
   D. Ask that the parents come and talk to you about the problem.
   E. Review your records about this boy and his family.

8. True statements pertaining to running away include:
   A. Prepubertal running away is relatively rare.
   B. Most runaways are reported to the police.
   C. More than half of all runaways stay in the vicinity of their home.
   D. School problems represent an important risk factor.
   E. Girls run away more frequently than boys.

9. A 3-year-old boy presents with a one-month history of progressively worsening headaches, intermittent vomiting, and an awkward gait. The ophthalmologic examination reveals papilledema. Which of the following would suggest that the child is in a decompensated state and is at a real risk for rapid deterioration?
   A. Transient episodes of visual loss.
   B. Diffuse postural stiffening.
   C. Tachycardia.
   D. Third cranial nerve palsy.
   E. Focal neurologic findings.

10. Advantages of the subarachnoid bolt as an ICP monitoring device include:
    A. It can be used no matter how small the ventricles.
    B. Excessive CSF can be withdrawn.
    C. Intracranial infection is exceedingly uncommon.
    D. It can be inserted in an intensive care unit.
    E. Risk of increasing bleeding is minimized.

11. Which of the following are of proven value, ie, to prevent long-term brain damage, in the management of postischemic anoxic encephalopathy?
    A. Monitoring intracranial pressure.
    B. Induction of systemic hypertension.
    C. Barbiturates.
    D. Steroids (eg, dexamethasone).
    E. Decompressive craniotomy.

12. Which of the following are useful in the treatment of selected patients with extracellular cerebral edema?
    A. Surgical resection of a lesion.
    B. Corticosteroids.
    C. Hyperventilation.
    D. Placing the patient in a head-down position.
    E. An osmotic diuretic.