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, 1984 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 dipstick positive for occult blood suggests:
   A. Hematuria.
   B. Proteinuria.
   C. Porphyria.
   D. Myoglobinuria.
   E. Hemoglobinuria.

2. Terminal hematuria, as demonstrated by a “three-tube test,” typically arises from the:
   A. Distal urethra.
   B. Proximal urethra.
   C. Bladder neck.
   D. Kidney.
   E. Trigone.

3. True statements pertaining to hematuria in children include:
   A. Mass screening for microscopic hematuria reveals a prevalence rate of about 1%.
   B. Majority of children with persistent microscopic hematuria have no serious disease.
   C. Urine of a child with unexplained hematuria should be cultured.
   D. Hematuria is the most common presenting sign of a Wilms tumor.
   E. Hematuria may be the initial finding in congenital urinary tract abnormalities.

4. Benign familial hematuria is typically associated with:
   A. Autosomal dominant inheritance.
   B. Persistent microscopic hematuria.
   C. Family history of nephritis.
   D. Episodic of gross hematuria.
   E. Sensorineural deafness.

5. You saw a 4-year-old boy two weeks ago with an acute otitis media. He had a ten-day-course of amoxicillin. He is now complaining of some mid ear discomfort, and physical examination reveals a persistent middle-ear effusion. Which of the following would be acceptable at this time?
   A. Tetracycline.
   B. Cefaclor.
   C. Penicillin.
   D. Erythromycin and sulfisoxazole.
   E. Trimethoprim and sulfaethoxazole.

6. Which of the following are of proven benefit in the management of chronic middle-ear effusions?
   A. Immunoceptory.
   B. Adenoidectomy.
   C. Short course of systemic steroids.
   D. Decongestant-antihistamine preparations.
   E. None of the above.

7. Which one of the following is potentially the most serious complication of tympanostomy tube insertion?
   A. Otorrhea.
   B. Myringosclerosis.
   C. Bleeding.
   D. Persistent perforation.
   E. Cholesteatoma.

8. Typical short-term effects of estrogen therapy of potentially "too tall" girls include:
   A. Weight loss.
   B. Accelerated pubertal development.
   C. Transient hypertension.
   D. Increased acne.
   E. "Morning sickness."

9. True statements pertaining to estrogen therapy for girls in prevention of excessive tallness include:
   A. Before starting therapy, a detailed discussion with the girl and her parents regarding the significance of height and psychosocial considerations is important.
   B. If her predicted adult height exceeds 183 cm (6 ft), she should be seriously considered for treatment.
   C. Postmenarchal girls benefit greatly from treatment.
   D. Average diminution of final adult height is about 4 to 5 cm (1½ to 2 in).
   E. Treatment should be initiated when skeletal age is between 10 and 12 years.

10. Which of the following are typically associated with an increased growth velocity and a skeletal age that is greater than the chronologic age?
    A. Familial tall stature.
    B. Precocious puberty.
    C. Pituitary gigantism.
    D. Congenital adrenal hyperplasia.
    E. Hyperthyroidism.

11. An 8-year-old girl is brought to you because she is the tallest child in her class. Her parents are concerned that she will be too tall as an adult. Appropriate management at this time would include:
    A. Determination of skeletal age.
    B. Estrogen therapy.
    C. Prediction of adult height.
    D. Determination of the parents’ height.
    E. Thorough physical examination.

12. Marfanoid habitus syndrome includes:
    A. Cerebral gigantism.
    B. Homocystinuria.
    C. Marfan syndrome.
    D. Type 2 multiple endocrine adenomatosis.
    E. Lipodystrophy syndrome.