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.

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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 13-year-old girl with Hashimoto disease has an enlarged thyroid gland and an otherwise unremarkable physical examination. Her serum T<sub>3</sub> and T<sub>4</sub> values are normal, but her serum TSH concentration is increased. The single most likely associated diagnosis is:
   A. Euthyroid goiter.
   B. Nonsuppressible euthyroid goiter.
   C. TSH-secreting pituitary adenoma.
   D. Compensated hypothyroidism.
   E. Thyrotoxicosis with limited thyroid reserve.

2. T<sub>3</sub> toxicosis (mild thyrotoxicosis with increased T<sub>3</sub> value but a normal T<sub>4</sub>) in children is associated with:
   A. Toxic hyperfunctioning thyroid nodule.
   B. Chronic lymphocytic thyroiditis.
   C. Subacute thyroiditis.
   D. Early occurrence in the course of Graves disease.
   E. Late occurrence in the course of Graves disease.

3. An adolescent girl is seen with an asymptomatic symmetrical goiter. Appropriate initial laboratory studies would include:
   A. Serum T<sub>4</sub>.
   B. Radioactive [131I]iodide uptake.
   C. Serum TSH.
   D. Thyroid microsomal antibody titer.
   E. Thyroglobulin hemagglutinating antibody titer.

4. A 14-year-old boy develops acute onset of mild, diffuse swelling and moderate tenderness of the thyroid, with malaise and a low-grade fever. Which of the following would be consistent with the diagnosis of subacute thyroiditis:
   A. Decreased or absent serum TSH.
   B. Elevated serum titers of thyroid antibodies.
   C. Increased ESR.
   D. Poor long-term prognosis for complete recovery.
   E. Clinical symptoms of toxic thyroiditis.

5. A 16-year-old boy has a nontender, 3-cm diameter mass in the left lobe of the thyroid gland. Which of the following would suggest a benign lesion:
   A. "Cold nodule" determined by [131I]iodide scan.
   B. Increased serum T<sub>3</sub>.
   C. Clinically mild hyperthyroidism.
   D. Antithyroid antibodies in the serum.
   E. Cystic lesion demonstrated by ultrasonography.

6. True statements pertaining to infantile apnea and/or sudden infant death syndrome (SIDS) include:
   A. The nature of an infant’s apneic episode is somewhat predictable of that infant’s risk for subsequent death.
   B. The relationship of infantile apnea to SIDS has been firmly established.
   C. In general, infants who have had a choking episode with associated apnea do not have significantly increased risk for subsequent SIDS.
   D. Apnea associated with acute viral infections has not been shown to be a risk factor for subsequent SIDS.
   E. Home apnea monitors are of proven benefit in the prevention of death from recurrent apnea.

7. Relative contraindications to the use of methylxanthines in the treatment of infantile apnea include:
   A. Gastroesophageal reflux.
   B. Apnea of prematurity.
   C. Apnea related to respiratory center dysfunction.
   D. Seizure disorder.
   E. Obstructive apnea.

8. A 6-week-old boy is brought to the emergency room by distressed parents. He had been put to bed that evening in apparent good health. Later, he was discovered by his parents to be apneic, cyanotic, and limp. He was slow to respond to cardiopulmonary resuscitation administered by his father. The past medical history and physical examination are unremarkable. Appropriate evaluation at this time would include:
   A. Complete blood count.
   B. Blood glucose.
   C. Polygraphic sleep study.
   D. Continuous cardiorespiratory monitoring in the hospital.
   E. Electrocardiogram.

9. True statements about sudden infant death syndrome (SIDS) include:
   A. There is presently no good screening test for susceptibility to SIDS.
   B. Premature infants are at an increased risk for SIDS in inverse proportion to their birth weight.
   C. Second-degree relatives of a SIDS victim have a significantly increased risk for SIDS.
   D. Risk of SIDS is very low after 6 months of age.
   E. SIDS is the leading cause of death in infants after the newborn period.

10. True statements about apnea of prematurity include:
    A. Occurs in less than 10% of preterm infants.
    B. Often accompanied by cyanosis.
    C. Usually disappears by 1 to 2 months of age.
    D. Affected infants are at a higher risk for SIDS than equally premature infants without apnea.
    E. Often accompanied by bradycardia.

11. Which one of the following is the most prevalent bacterial cause of acute conjunctivitis in children:
    A. Staphylococcus aureus.
    B. Streptococcus pneumoniae.
    C. Haemophilus influenzae.
    D. Corynebacterium species.
    E. α-Hemolytic streptococci.

12. Topical antibiotic therapy is appropriate for most cases of acute conjunctivitis due to:
    A. Neisseria gonorrhoeae.
    B. Streptococcus pneumoniae.
    C. Haemophilus influenzae.
    D. Neisseria meningitidis.
    E. Chlamydia trachomatis.

13. Clinically, adenovirus conjunctivitis differs from Haemophilus influenzae conjunctivitis in that:
    A. Exudate tends to be less purulent.
    B. Preauricular adenopathy is less common.
    C. There is a greater association with concurrent pharyngitis.
    D. Affected children are usually older.
    E. Concurrent otitis media is more common.

14. Currently, the CDC recommends which of the following for neonatal ocular prophylaxis:
    A. Tetracycline ointment.
    B. Sulfadiazine drops.
    C. Neosporin ointment.
    D. Silver nitrate drops.
    E. Erythromycin ointment.