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.

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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 5-year-old boy with Duchenne muscular dystrophy would be likely to have:
   A. Contractures of his ankle joints.
   B. Difficulty in climbing.
   C. A tendency to rise from the floor rump first.
   D. Markedly lordotic vertical posture.
   E. Enlarged gastrocnemii.

2. Studies that should be performed when evaluating a child with suspected Duchenne muscular dystrophy, but a negative family history, include:
   A. Blood creatine kinase.
   B. Serum glutamic-oxaloacetic transaminase (SGOT).
   C. Electroencephalography.
   D. Electromyography.
   E. Muscle biopsy.

3. Which one of the following statements pertaining to genetic aspects of Duchenne muscular dystrophy is not true?
   A. It is an X-linked recessive disorder in males.
   B. One in two female offspring of a carrier female will be carriers.
   C. About one third of women who bear affected children have no family history of the disease.
   D. Three serial blood creatine kinase tests are about 75% accurate in identifying carrier females.
   E. Amniocentesis allows specific identification of affected unborn males.

4. True statements pertaining to Duchenne muscular dystrophy include:
   A. Only an occasional patient will survive past 25 years of age.
   B. Once developed, urinary and/or fecal incontinence usually persist.
   C. Vigorous exercise is of unproven benefit.
   D. Surgery is of value in releasing contractures.
   E. Death most often is primarily due to cardiac failure.

5. Congenital hemolytic anemia should be suspected in a child with:
   A. Hepatomegaly.
   B. Jaundice.
   C. Splenomegaly.
   D. Generalized lymphadenopathy.
   E. Thickening of the skull.

6. Congenital hemolytic diseases with autosomal recessive inheritance include:
   A. Sickle cell anemia.
   B. Hereditary spherocytosis.
   C. Pyruvate kinase deficiency.
   D. Glucose-6-phosphate dehydrogenase deficiency.
   E. Hereditary elliptocytosis.

7. Initial laboratory tests that are indicated in the evaluation of a patient with possible congenital hemolytic anemia include:
   A. Complete blood count.
   B. RBC indices.
   C. Reticulocyte count.
   D. Bone marrow examination.
   E. Peripheral blood smear examination.

8. Patients with which of the following should avoid all oxidant agents?
   A. Sickle cell anemia.
   B. Glucose-6-phosphate dehydrogenase deficiency.
   C. Hereditary elliptocytosis.
   D. Thalassemia intermedia syndromes.
   E. Unstable hemoglobin disorders.

9. Rash associated with zinc deficiency typically:
   A. Develops before there is any growth failure.
   B. Remains relatively rapidly to zinc therapy.
   C. Is an important clinical sign of severe zinc deficiency.
   D. Involves the proximal portions of the extremities.
   E. Develops about the body orifices.

10. True statements regarding zinc deficiency in the very low-birth-weight premature infant include:
    A. It is difficult to achieve positive zinc balance with oral feeding.
    B. Zinc deficiency never develops in infants who are exclusively fed breast milk.
    C. Fortification of a formula with iron increases zinc absorption.
    D. Immaturity of the intestinal tract decreases zinc absorption.
    E. Heavy zinc supplementation of special formulas for prematurely born infants significantly improves zinc retention.

11. A 2-month-old prematurely born infant has stopped gaining weight and has a rash suggestive of zinc deficiency. Which one of the following tests would be most appropriate in this patient?
    A. Multi-element hair analysis.
    B. Serum alkaline phosphatase.
    C. Plasma zinc level.
    D. 72-hour fecal specimen for zinc content.
    E. Urine zinc determination.

12. Acute/chronic overdosage with zinc has been associated with:
    A. Vomiting.
    B. Drowsiness.
    C. Seizures.
    D. Depressed level of high-density lipoprotein cholesterol.
    E. Copper deficiency.

13. Scoliosis in an infant secondary to in utero compression is typically associated with:
    A. Plagiocephaly.
    B. Congenital heart disease.
    C. Esophageal atresia.
    D. Torticollis.
    E. Dislocated hip.

14. Intrinsic (as contrasted with extrinsic) compression-related scoliosis in an infant is more likely to be associated with:
    A. Plagiocephaly.
    B. Symmetrically distributed deformations.
    C. Pterygia.
    D. More favorable prognosis.
    E. Altered palmar crease patterns.

15. Which one of the following neurocutaneous syndromes is most likely to be associated with an aggressive curvature of the spine?
    A. Incontinentia pigmenti.
    B. Hypomelanosis of Ito.
    C. Goltz syndrome.
    D. Neurofibromatosis.
    E. Basal cell nevus syndrome.

16. A 13-year-old boy has moderate scoliosis. Which of the following associated findings would suggest that he does not have "idiopathic scoliosis"?
    A. Shortness of stature.
    B. Axillary freckles.
    C. Acne vulgaris.
    D. Weakness of facial muscles.
    E. Generalized joint laxity.
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