Self-Evaluation Quiz

The questions in this self-evaluation 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 1 of the Physician’s Recognition Award of the American Medical Association and two hours of PREP credit.

To earn two hours of Category 1 credit and two hours of PREP credit for this quiz, you must currently be enrolled in PREP or subscribing to PEDIATRICS IN REVIEW. You received two quiz reply cards this year along with a letter acknowledging your enrollment or subscription. Each card provides space to answer the questions from five issues of the journal. Please use CARD #1 for responses to the questions in the July through November issues and CARD #2 for the December through April issues. To receive proper credit, both cards MUST be returned by June 30, 1986.

We invite your specific comments about the relevance of each of the articles and any other comments you wish to make about the journal. You may enclose your comments with your quiz reply cards, or send them directly to: PEDIATRICS IN REVIEW, American Academy of Pediatrics, 141 Northwest Point Road, PO Box 927, Elk Grove Village, IL 60007.

1. The only systemic disease caused by Haemophilus influenzae that occurs primarily in children older than 2 years of age is:
   A. Meningitis.
   B. Epiglottitis.
   C. Pneumonia.
   D. Arthritis.
   E. Cellulitis.

2. Varicella vaccine has been given to a 5-year-old boy with leukemia who is in remission and no longer receiving chemotherapy. Which one of the following is not true?
   A. If a rash develops, it will most likely occur about 1 month after the immunization.
   B. Even if a rash develops, there is no risk of this being infectious.
   C. There is about an 80% probability of varicella antibody development after one immunization.
   D. If he later acquires varicella after a household exposure, he will probably have only a mild form of the disease.
   E. He is apparently at very low risk for the later development of herpes zoster.

3. The component pertussis vaccine, when contrasted with the whole-cell preparation, has been proven to be associated with:
   A. Less frequent fever.
   B. Lower incidence of local swelling.
   C. Less protection against clinical whooping cough.
   D. A significantly lower incidence of severe neurologic complications.
   E. The same degree of antibody response after a booster dose.

4. Rotavirus vaccine is:
   A. Associated with detectable live virus in the stools.
   B. Not generally available in the United States.
   C. Apparently not associated with serious side effects.
   D. Unprotective in infants less than 18 months of age.
   E. Protective against more than one type of rotavirus.

5. Legg-Calvé-Perthes disease:
   A. Often presents with a painless limp.
   B. Is more common in girls than boys.
   C. Most frequently presents between 4 and 8 years of age.
   D. Is bilateral in about 50% of children.
   E. Results from an interruption of the vascular supply to the developing femoral head.

6. Which one of the following is not a relatively poor prognostic sign in Legg-Calvé-Perthes disease?
   A. Persistently limited range of motion of hips.
   B. Age less than 5 years.
   C. Lateral subluxation of the femoral head.
   D. Avascular involvement of the growth plate.
   E. Cyst formation in the lateral portion of the metaphysis.

7. Which of the following causes of limp or hip pain almost always are associated with clinical and/or laboratory findings of an infectious process?
   A. Septic arthritis.
   B. Legg-Calvé-Perthes disease.
   C. Toxic synovitis.
   D. Osteomyelitis.
   E. Multiple epiphyseal dysplasia.

8. Which of the following statements pertaining to the treatment of Legg-Calvé-Perthes disease are false?
   A. An important goal is to maintain the sphericity of the femoral head.
   B. The most important principle of treatment is protection against weight-bearing.
   C. It is important not to allow any significant range of motion of the hip joint.
   D. Even patients with minimal involvement should continuously maintain their leg in abduction.
   E. Long-term results of operative containment are much superior to those of nonoperative containment.

9. Which one of the following would not be expected in a child with mixed connective tissue disease (MCTD)?
   A. Raynaud phenomenon.
   B. Erythema marginatum.
   C. Polyarthritis.
   D. "Sausage-shaped" fingers.
   E. Lupus-like rash.

10. The precise diagnosis of MCTD requires:
   A. Antiribonucleoprotein antibodies in high titer.
   B. Antidouble-stranded DNA antibodies.
   C. Anti-Sm antibodies.
   D. Clinical findings consistent with both juvenile rheumatoid arthritis and systemic lupus erythematosus.
   E. Distinctive features of at least three of the four classical rheumatic disorders.

11. True statements pertaining to MCTD include:
   A. Most patients ultimately progress to a clinical state similar to scleroderma.
   B. The presence of rheumatoid factor makes the diagnosis unlikely.
   C. Specific clinical and laboratory findings at the time of onset are good predictors of outcome.
   D. Treatment largely depends upon the predominant clinical manifestations.
   E. Severe thrombocytopenia is more common in adult than pediatric patients.

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## Author Index

This index includes entries for Volume 7 of *Pediatrics in Review* (PREP 2—Year 1; 85–86). A cumulative author index for Volumes 1–6 (79–80 through 84–85) can be found in the April 1985 issue of *Pediatrics in Review* (Vol. 6, No. 10).

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# Subject Index

This index includes entries for Volume 7 of *Pediatrics in Review* (PREP 2—Year 1; 85–86). A cumulative subject index for Volumes 1–6 (79–80 through 84–85) can be found in the April 1985 issue of *Pediatrics in Review* (Vol. 6, No. 10).

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These programs feature subject matter which is coordinated with the PREP curriculum and are eligible for PREP credits.

For further information, contact: CME, Department of Education, American Academy of Pediatrics, PO Box 927, Elk Grove Village, IL 60007. (800) 433-9016. In Illinois (800) 421-0589.

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