

## 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. Which one of the following laboratory tests would not be expected to be positive in a patient with acute infectious mononucleosis?**

- A. IgG antibodies to VCA (viral capsid antigen).
- B. IgM antibodies to VCA.
- C. Antibodies to EBNA (Epstein-Barr nuclear antigen).
- D. Antibodies to EA (early antigen).
- E. "Rapid slide" agglutinin test.

**2. A 14-year-old boy has had intermittent episodes of pharyngitis, fever, lymphadenopathy, malaise, and arthralgia for 1 year. Which of the following tests would be likely to be positive if he has chronic infectious mononucleosis?**

- A. Antibodies to VCA (viral capsid antigen).
- B. Antibodies to EA (early antigen).
- C. Antibodies to EBNA (Epstein-Barr nuclear antigen).
- D. Heterophil agglutinins.
- E. "Rapid slide" agglutinins.

**3. Among the following, which one is the most common CNS sequela of infectious mononucleosis?**

- A. Meningoencephalitis.
- B. Acute psychosis.
- C. "Alice in Wonderland" syndrome.

- D. Guillain-Barré syndrome.
- E. Bell's palsy.

**4. True statements about infectious mononucleosis in infants less than 2 years of age include:**

- A. Majority have fever as their main symptom.
- B. Blood smears often show numerous atypical lymphocytes.
- C. Heterophil agglutinins are detected in <30%.
- D. Petechiae are usually present.
- E. Hepatosplenomegaly is a common sign.

**5. A 9-year-old girl has moderately severe progressive upper airway obstruction secondary to infectious mononucleosis. Appropriate management would be likely to include:**

- A. Tracheostomy.
- B. Corticosteroids.
- C. Intravenous fluids.
- D. Emergency tonsillectomy.
- E. Nasopharyngeal airway.

**6. Allergic contact dermatitis of the feet typically:**

- A. Is due to dyes found in socks.
- B. Is pruritic.
- C. Involves the dorsum of the toes and anterior foot.

- D. Will resolve if athletic shoes are worn.
- E. May have the diagnosis confirmed by patch testing.

**7. True statements pertaining to tinea pedis (athlete's foot) include:**

- A. Occurs far more commonly in adolescents than in prepubertal children.
- B. Most frequently involved area of the foot in children is the interdigital web space.
- C. Microscopic examination of skin scrapings (KOH examination) is useful to confirm the diagnosis.
- D. Infection usually persists if untreated.
- E. Oral griseofulvin is frequently required to cure the infection.

**8. A 4-year-old boy has had a rash on his feet for 2 months. The rash is scaly, fissured, red, nonpruritic, and limited to the plantar surface of his toes. The nails and other areas of skin are unremarkable. The single most likely diagnosis is:**

- A. Tinea pedis.
- B. Juvenile plantar dermatosis.
- C. Psoriasis.
- D. Scabies.
- E. Allergic contact dermatitis.

**9. Recommended treatments for plantar warts include:**

- A. Freezing.
- B. Surgical excision.
- C. Laser therapy.
- D. Salicylic acid "paint."
- E. Salicylic acid plasters.

**10. The four main groups of primary immunodeficiencies involve defects of:**

- A. Integument.
- B. Complement.
- C. Phagocytic cells.
- D. B cells.
- E. T cells.

**11. True statements pertaining to immunodeficiency disorders include:**

- A. Primary disorders are more common than secondary disorders.
- B. B-cell defects account for approximately half of all symptomatic primary disorders.

- C. Recurrent *Neisseria* (eg, *N meningitidis*) infections are characteristic of patients with some types of complement deficiencies.

- D. Patients with symptoms prior to 6 months of age usually have a T-cell defect.

- E. Patients with suspected hypogammaglobulinemia should be given live polio vaccine to evaluate their antibody response.

**12. Infections in B-cell, as contrasted with T-cell, immunodeficient patients are typically due to:**

- A. Fungi.
- B. Protozoa.
- C. Viruses.
- D. Major Gram-positive bacteria.
- E. Gram-negative bacteria.

**13. A 14-month-old boy has had two episodes of pneumococcal pneumonia with sepsis. The first occurred when he was 9 months of age. The physical examination is unremarkable except for decreased size of lymph nodes and tonsils. Appropriate initial screening tests for immunodeficiency would include:**

- A. Serum IgG level.
- B. Serum IgA level.
- C. Skin tests for delayed hypersensitivity.
- D. Complete blood count.
- E. CH<sub>50</sub> activity (total hemolytic complement).

**14. Serum IgE levels are commonly high in all except which one of the following?**

- A. Chemotactic disorders.
- B. Hypogammaglobulinemia.
- C. Partial T-cell immunodeficiencies.
- D. Allergic (atopic) disorders.
- E. Parasitism.

**15. T-cell immunodeficiency is suggested by:**

- A. Persistent lymphopenia.
- B. Lack of pus formation at a site of inflammation.
- C. Absent thymic shadow on chest roentgenogram of a newborn.
- D. Negative delayed hypersensitivity skin tests.
- E. Delayed umbilical cord detachment.

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# AAP Continuing Education Calendar

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1985	September 13-15	CME—Computers	<i>New York, New York</i>
	October 3-5	CME—Pediatric Advances	<i>New Orleans, Louisiana</i>
	<b>October 19-24</b>	<b>Annual Meeting</b>	<b>San Antonio, Texas</b>
	November 14-16	CME—Dermatology	<i>White Sulphur Springs, West Virginia</i>
	December 5-7	CME—Pediatric Advances	<i>Williamsburg, Virginia</i>
1986	January 9-12	CME—Infectious Diseases	<i>Vail, Colorado</i>
	February 6-8	CME—Pediatric Advances	<i>Las Vegas, Nevada</i>
	March 14-16	CME—Dermatology	<i>Washington, DC</i>
	<b>April 12-17</b>	<b>Spring Session</b>	<b>Orlando, Florida</b>
	June 1-3	CME—Infectious Diseases	<i>Vancouver, British Columbia</i>
	June 12-14	CME—Connective Tissue Disease, Pulmonology, and Intensive Care	<i>Hilton Head, South Carolina</i>
	<b>July 7-12</b>	<b>International Congress of Pediatrics</b>	<b>Honolulu, Hawaii</b>
	<b>November 1-6</b>	<b>Annual Meeting</b>	<b>Washington, DC</b>
1987	<b>May 8-14</b>	<b>Spring Session</b>	<b>San Francisco, California</b>
	<b>October 31-Nov 5</b>	<b>Annual Meeting</b>	<b>New Orleans, Louisiana</b>
1988	<b>May 14-19</b>	<b>Spring Session</b>	<b>New York, New York</b>
	<b>October 15-20</b>	<b>Annual Meeting</b>	<b>San Francisco, California</b>

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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, ext 7884. In Illinois (800) 421-0589, ext 7884.

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