1. Which of the following are typical associations?
A. Defective B-cell immunity: recurrent bacterial infections, sinopulmonary infections, chronic diarrhea.
B. Defective T-cell immunity: recurrent systemic infections with encapsulated bacteria.
C. Deficiencies of complement: recurrent, severe viral or fungal infections.
D. Abnormalities of the phagocytic system: recurrent bacterial abscesses.
E. Acquired immunodeficiency syndrome: Kaposi sarcoma.

2. Children who are at increased risk for the development of acquired immunodeficiency syndrome (AIDS) include:
A. Diabetics.
B. Hemophiliacs.
C. Infants from high-risk background for AIDS in adults.
D. Classmates of an affected school-aged child.
E. Children who have received multiple blood transfusions.

3. More than 50% of children with AIDS have:
A. Poor growth.
B. Hepatosplenomegaly.
C. Chronic parotid swelling.
D. Chronic interstitial pneumonitis.
E. Protracted or recurrent diarrhea.

4. Which one of the following laboratory test results is not found in the majority of children with AIDS?
A. Elevation of levels of at least three immunoglobulin classes.
B. T4 (helper): T8 (suppressor) T-lymphocyte ratio of <1:0.
C. Impaired antibody synthesis after immunization.
D. Absolute lymphopenia (total lymphocyte count of <1,200/µL).
E. Antibody to AIDS-associated retrovirus.

5. A 16-month-old boy has developed a red, scaly rash overlying a nuchal salmon patch. This condition (dermatitis erythema nuchae) typically is:
A. Associated with atopic dermatitis.
B. Associated with psoriasis.
C. Associated with seborrheic dermatitis.
D. Asymptomatic.
E. Responsive to topical steroids.

6. A newborn girl has a 2-cm diameter, oval, orange-yellow, hairless, slightly raised, pebbly lesion on her scalp. Findings from the history and physical examination are otherwise unremarkable. The single most likely diagnosis is:
A. Melanocytic nevus.
B. Nevus sebaceous.
C. Epidermal nevus.
D. Epidermal cyst.
E. Juvenile xanthogranuloma.

7. Which of the following scalp lesions should be surgically removed in order to prevent the later development of malignancy?
A. Large congenital melanocytic nevi.
B. Epidermal nevus.
C. Aplasia cutis congenita.
D. Plomatrixtoma.
E. Nevus sebaceous.

8. Which one of the following statements pertaining to pediculosis capitis is not true?
A. Infestation is spread from person to person.
B. Infestation is most common during the first five years of school.
C. Infestation is not limited to those with poor hygienic standards.
D. Even with "proper use," systemic reactions to infestation (Kwell) treatment are common.
E. In the United States, whites are more commonly infested than blacks.

9. True statements pertaining to scalp ringworm due to Trichophyton tonsurans include:
A. Wood's lamp is useful in detection.
B. It commonly presents with a "black-dot" infection.
C. Associated kerions are due to secondary staphylococcal infection.
D. It sometimes clinically mimics seborrheic dermatitis.
E. Griseofulvin is the treatment of choice.

10. Most infants who develop neonatal herpes are born to women who [single response]:
A. Have a past history of genital herpes.
B. Have a sexual partner reporting a genital vesicular rash.
C. Have a history of recurrent orolabial herpetic infections.
D. Are asymptomatic for genital herpes infection at the time of delivery.
E. None of the above.

11. Which one of the following statements pertaining to neonatal HSV infections is not true?
A. Of neonates with infection that is apparently localized to the skin, eye, or mouth, 30% will eventually have evidence of neurologic impairment.
B. Infants born to mothers with recurrent genital herpes infections are at greater risk of acquiring infection than infants of mothers with primary infections.
C. Of neonates with disseminated HSV infection, 10% do not have a vesicular rash.
D. If untreated, about 70% of neonates who present initially with infection localized to the skin, eyes, or mouth will progress to more serious forms of infection.
E. The only proven prophylactic approach for the prevention of neonatal HSV infection is the delivery of pregnant women with active genital herpes by cesarean section.

12. The mother of an apparently healthy 1-day-old male infant has developed active herpetic lesions on her genitalia. Appropriate management would include:
A. Culturing the infant from multiple sites for HSV.
B. Prohibiting breast feeding.
C. Starting the infant on antiviral therapy only if the infant is both culture positive and symptomatic.
D. Strictly isolating the infant from the mother.
E. Isolating the infant from other infants.

13. Which one of the following is of proven effectiveness in the treatment of neonatal HSV infection?
A. Idoxuridine.
B. Cytosine arabinoside.
C. Vidarabine.
D. Acyclovir.
E. Hyperimmune γ-globulin.
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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.