Self-Evaluation Quiz

The questions in this self-evaluation quiz are based on the articles of 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 Northwestern Point Road, PO Box 927, Elk Grove Village, IL 60007.

1. True statements pertaining to stuttering include:
   A. The disorder usually begins 1 to 2 years after the child first learns to speak.
   B. About 90% of children with significant stuttering recover spontaneously.
   C. The earliest symptom is usually repetitions of whole words.
   D. Accessory facial movements suggest more severe involvement.
   E. Stuttering is sometimes manifested only by pauses in speech.

2. Which of the following suggest that a child is at increased risk for chronic stuttering?
   A. Speech includes prolongations with increase in pitch toward end.
   B. Whole word or phrase, rather than part-word, repetitions.
   C. Blocks with evidence of muscle tension.
   D. Appears unaware of stuttering.
   E. Onset associated with temporary stress.

3. The parents of a 4-year-old boy who has moderately severe stuttering for 1 year should not be advised to (single response):
   A. Model slow relaxed speech.
   B. Correct the child's speech.
   C. Use simpler language.
   D. Maintain a calm home lifestyle.
   E. Seek help from a speech-language pathologist.

4. The herpes group of viruses include:
   A. Herpes simplex.
   B. Epstein-Barr virus.
   C. Vanicella-zoster.
   D. Cytomegalovirus.
   E. Coxsackie.

5. Which one of the following statements regarding CMV is NOT true?
   A. Twenty-five percent of seropositive women excrete CMV in their breast milk.
   B. CMV infection is frequently transmitted from one baby to another in the newborn nursery.
   C. Sixty percent of breast-fed infants of mothers who are excreting CMV in their milk will become infected.
   D. Acquisition of CMV via breast milk in the infant possessing maternal antibody may be desirable.
   E. Small sick, seronegative neonates are at significant risk for serious CMV infection if transfused with seropositive blood.

6. Which of the following is of proven effectiveness in the treatment of a patient with CMV disease?
   A. Cytosine arabinoside.
   B. Acyclovir.
   C. Interferon.
   D. Transfer factor.
   E. None of the above.

7. The single most reasonable approach at this time in regards to CMV and health care personnel who are pregnant appears to be:
   A. Screen for antibody and, if they are negative, allow them to care for high-risk patients.
   B. Screen for antibody and, if they are negative, allow them to care for high-risk patients but continue to follow for the development of antibody.
   C. Screen for antibody and, if negative, discourage them from any direct patient contact.
   D. Do not screen for antibody and allow them to take care of high-risk patients but emphasize good hygienic precautions.
   E. Do not screen for antibody and discourage workers at risk from caring for high-risk patients.

8. Staphylococcal, in comparison to streptococcal, impetigo is more likely to be associated with:
   A. Thick brown crusts.
   B. Bullae.
   C. Moderate surrounding erythema.
   D. Shallow erosions.
   E. Regional adenopathy.

9. Herpes simplex, rather than impetigo, should be suspected if:
   A. There is a prodrum of itching or burning.
   B. Vesicles are grouped.
   C. Honey-colored crusts cover the lesions.
   D. There is a history of previous recurrences at the same site.
   E. Tzanck preparation reveals multinucleated giant cells.

10. Appropriate treatment for moderately severe impetigo that clinically appears to be due to Staphylococcus aureus would be likely to include:
    A. Vigorous scrubbing of lesions with soap and water.
    B. Warm tap water compresses.
    C. Topical bacitracin ointment.
    D. Oral penicillin.
    E. Oral erythromycin.

11. Primary, in contrast to secondary, peptic ulcers are more likely to:
    A. Present with hemorrhage.
    B. Be duodenal.
    C. Have an insidious onset.
    D. Occur in the newborn to 2-year-old infant.
    E. Present with perforation.

12. The most common presenting symptom of peptic ulcer disease in children younger than 4 years of age is (single response):
    A. Abdominal pain.
    B. Vomiting.
    C. Nausea.
    D. Melena.
    E. Hematemesis.

13. In which one of the following situations is upper gastro-intestinal tract endoscopy least likely to be recommended?
    A. Unexplained hematemesis.
    B. Normal findings on gastrointestinal roentgenograms with persistent abdominal pain.
    C. Gastric ulcer demonstrated roentgenographically.
    D. Duodenal ulcer demonstrated roentgenographically.
    E. Recurrence of symptoms following discontinuation of treatment for peptic ulcer disease.

14. The safest and most effective antacid is (single response):
    A. Magnesium trisilicate.
    B. Hydrated aluminum hydroxide.
    C. Magnesium hydroxide.
    D. Anhydrochloride aluminum oxide.
    E. Calcium carbonate.

15. Which one of the following is usually the least value in the management of patients with peptic ulcer disease?
    A. Bland diet.
    B. Antacids.
    C. H2-receptor blockers.
    D. Sucralfate.
    E. Anticholinergics.
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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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