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 will receive 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, 1987.

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. Clinical features that help distinguish a severe from a mild systemic reaction to a Hymenoptera sting include:
   A. Urticaria.
   B. Laryngeal edema.
   C. Abdominal cramps.
   D. Bronchospasm.
   E. Hypotension.

2. True statements include:
   A. There is relatively little immunologic cross-reactivity between honeybee and vespid venoms.
   B. Radioallergosorbent tests (RAST) are more sensitive than skin tests in determining Hymenoptera sensitivity.
   C. Hymenoptera venom extract immunotherapy is more than 95% effective in preventing subsequent systemic reactions to a sting.
   D. The presence of venom-specific IgE is a good predictor that the patient will probably have a severe systemic reaction if stung again.
   E. Children with a mild systemic reaction to a sting are at greater risk than adults for a severe systemic reaction if stung again.

3. Specific Hymenoptera venom immunotherapy is indicated for all children who have a:
   A. Large local reaction and a positive venom-specific IgE RAST.
   B. Large local reaction and positive skin tests.
   C. Mild systemic reaction and positive skin tests.
   D. Severe systemic reaction even with negative skin tests and RAST.
   E. Severe systemic reaction and positive skin tests.

4. A 7-year-old child has had vulvar irritation intermittently for several months. There is some erythema about her vulva but no vaginal discharge and a normal-appearing hymen. Appropriate treatment at this time would include:
   A. Amoxicillin.
   B. Avoidance of leoartds.
   C. Using cotton underpants.
   D. Nystatin cream.
   E. Tepid sitz baths.

5. A 4-year-old child has vulvar vaginitis. The history is unremarkable. Demonstration of which of the following infectious agents in the vagina would necessitate a more in-depth evaluation for the possibility of sexual abuse?
   A. Trichomonas vaginalis.
   B. Candida albicans.
   C. Condyloma acuminate.
   D. Herpes simplex.
   E. Chlamydia trachomatis.

6. A 17-year-old girl complains of a watery vaginal discharge and, after intercourse, some vaginal odor. Which one of the following would be least consistent with the diagnosis of nonspecific vaginitis (bacterial vaginosis)?
   A. Vaginal fluid pH > 4.5.
   B. Positive “whiff test.”
   C. Yellow discharge on swab from endocervix.
   D. Improvement with metronidazole therapy.
   E. Many clue cells on vaginal smear.

7. The most common sexually transmitted disease in adolescents in the United States is due to (single response):
   A. Herpes simplex type II.
   B. Trichomonas vaginalis.
   C. Gardnerella vaginalis.
   D. Neisseria gonorrhoeae.
   E. Chlamydia trachomatis.

8. Which one of the following statements pertaining to vitamin/mineral dietary supplementation is least likely to be true? Excessive intake of any of the essential minerals is potentially toxic.
   A. Excessive intake of any of the essential minerals is potentially toxic.
   B. Large doses of water-soluble vitamins are harmless.
   C. In deficiency states there is rarely a need for doses greater than five times the recommended daily allowance.
   D. Some inborn errors of metabolism require high-dose supplementation of a specific vitamin.
   E. If a general vitamin supplementation is considered necessary, all vitamins should be included in doses close to standard recommended daily allowances.

9. Which one of the following is not a true association? Large amounts of:
   A. Vitamin A—encephalopathy.
   B. Vitamin D—calcification of the kidney.
   C. Vitamin E—delayed wound healing.
   D. Vitamin K, oxide—hemolysis of RBCs.
   E. Niacin—hepatotoxicity.

10. Orthomolecular therapy is of proven benefit in which of the following?
    A. Hyperactive children.
    B. Down syndrome.
    C. Nonspecific mental retardation.
    D. Certain psychiatric disorders.
    E. None of the above.

11. Which one of the following is not a true statement?
    A. Boys are less likely than girls to disclose that they are being sexually abused.
    B. The most common external inhibitor to sexual abuse in the family is the presence of a protective parent.
    C. Approximately 20% of sexual abusers are adolescents.
    D. Preventive programs directed at children have been proven to protect most of them from future abuse.
    E. Almost all individuals who are capable of being sexually aroused by children become abusers.

12. Typical features of the “child sexual abuse accommodation syndrome” include all but which one of the following?
    A. Feeling of helplessness.
    B. Spontaneous or unconvincing disclosure.
    C. Molestation by a stranger.
    D. Recantation.
    E. Secrecy.

13. Which one of the following is least likely to be true with regard to allegations of sexual abuse?
    A. Often cases that are declared “unfounded” by departments of social services involve unproven but true allegations.
    B. If involved in a custody dispute, then allegations of sexual abuse are usually false.
    C. Adults are more likely to lie on behalf of children than children are.
    D. Children who make false allegations have usually been sexually abused previously.
    E. Adults who make false allegations usually have either a “posttraumatic stress disorder” or are psychotic.
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<td>International Congress of Pediatrics</td>
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<td>September 12-14</td>
<td>Pediatric Advances</td>
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<td>Advances in Pediatric, ENT, Allergy and Infectious Diseases (with AAP Section on Otolaryngology and Bronchoesophagology)</td>
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<td>October 16-18</td>
<td>Early Adolescent Transition: An Interdisciplinary Approach (in collaboration with the Johnson &amp; Johnson Institute)</td>
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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.