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.

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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 card and send them directly to PEDIATRICS IN REVIEW, American Academy of Pediatrics, 141 Northwest Point Road, PO Box 927, Elk Grove Village, IL 60007.

1. With regard to mushroom poisoning, which one of the following is not a true statement?
   A. Whether or not a specific species of mushroom is poisonous depends to some degree upon the growth conditions and geographic location.
   B. Few mushroom toxins have specific antidotes of proven value.
   C. A practical clinical approach is to identify the general group of mushroom toxins based on the type of illness they produce.
   D. Showing the patient, or parents, pictures of mushrooms is usually helpful in identifying the specific poisonous mushroom.
   E. Patients often ingest more than one species of mushroom.

2. A 3-year-old boy is discovered to have some wild mushrooms in his mouth. He spits them out at the babysitter's insistence. Five hours later his mother calls you because she just found out about the incident. He is asymptomatic. The most appropriate advice to give his mother is that:
   A. He is at no risk for serious poisoning.
   B. The source of the mushrooms should be determined and samples saved.
   C. He is at risk for hepatic failure.
   D. Methemoglobinemia is likely to develop.
   E. Hemolysis is likely to develop.

3. A 16-year-old girl ingested some mushrooms known for their perception-altering qualities. She presents one hour later with marked agitation, tachycardia, hypertension, warm and dry skin, and dilated pupils. She has not vomited or had diarrhea. Which one of the following would be least appropriate in her management?
   A. Gastric emptying.
   B. Activated charcoal.
   C. Cathartic.
   D. Physostigmine.
   E. Atropine.

4. A 1-year-old girl with Hirschsprung disease is least likely to have which one of the following?
   A. History of delayed passage of meconium in the perinatal period.
   B. History of constipation during the first month of life.
   C. Abdominal distension.
   D. Anal canal and rectum full of feces.
   E. Plain abdominal radiographs suggest maximum diameter of sigmoid colon greater than rectum.

5. "Psychogenic constipation" is not commonly associated with which one of the following?
   A. Recurrent abdominal pain.
   B. Fecal incontinence.
   C. Stool-withholding activities.
   D. Rectal vault filled with stool.
   E. Deep plioidal dimple with hair tuft.

6. Which one of the following would be least appropriate when treating a 7-year-old boy with "psychogenic constipation"?
   A. Obtain psychiatric consultation before initiating medical management.
   B. Thorough explanation of the pathophysiology of the problem to the family.
   C. Initial use of hypertonic phosphate enemas.
   D. Daily oral mineral oil.
   E. Have patient routinely sit on toilet after breakfast and supper.

7. Which one of the following is a true statement regarding acute postinfectious cerebellar ataxia?
   A. Bacterial infections are a more common cause than viral infections.
   B. Ataxia commonly develops five to ten days after onset of the infection.
   C. Few affected children can walk.
   D. Associated neurologic abnormalities such as stiff neck, brainstem findings, fever, and seizures are common.
   E. Optic neuritis is frequently present.

8. A 7-year-old boy with varicella suddenly has difficulty walking. Which one of the following would suggest acute postinfectious cerebellar ataxia, rather than transverse myelitis, as the cause?
   A. Uncoordinated movements of upper extremities.
   B. Weakness in his legs.
   C. Sensory changes.
   D. Bowel or bladder dysfunction.
   E. Abnormal deep tendon reflexes.

9. Which one of the following is not a correct association? In children with ataxia and:
   A. Vertigo, nystagmus: acute labyrinthitis.
   B. Recurrent episodes, vertigo: basilar artery migraine.
   C. Change in mental state, eye deviations; seizure disorder.
   D. Dizziness, vertigo: transient ischemic attack in vertebral-basilar system.
   E. Opsoclonus, myoclonus: brainstem glioma.

10. Which one of the following is not among Prensky's six criteria for the diagnosis of migraine?
    A. Abdominal pain, nausea, or vomiting.
    B. Steady dull pain.
    C. Unilateral location.
    D. Positive family history.
    E. Aura (visual, sensory, motor).

11. Transient neurologic signs that occur in some children with migraine include which one of the following?
    A. Ophthalmoplegia.
    B. Hemiplegia.
    C. Syncope.
    D. Acute confusion.
    E. All of the above.

12. Which one of the following is a true statement?
    A. Visual refractive errors are a common cause of severe persistent headaches.
    B. A child with headaches and an abnormal EEG probably has true epileptic cephalgia.
    C. In children with migraine, sleep invariably results in relief of symptoms.
    D. Migraine headaches are not helped by self-hypnosis and relaxation techniques.
    E. Continual headaches that remit with a change in environment suggest environmental toxins or a situational stressor.
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For further information, contact: CME, Department of Education, American Academy of Pediatrics, PO Box 927, Elk Grove Village, IL 60009-0927. (800) 433-9016. In Illinois (800) 421-0589.