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, 1988.

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 Blvd, PO Box 927, Elk Grove Village, IL 60009-0927.

1. True statements regarding newborns with cyanosis include each of the following except:
   A. Clinical cyanosis is more dependent on the absolute concentration of reduced hemoglobin than on the oxygen saturation in the blood.
   B. A high proportion of fetal hemoglobin facilitates the recognition of cyanosis.
   C. Polycythemia facilitates the recognition of cyanosis.
   D. Measurement of oxygen tension is more discriminatory than measurement of oxygen saturation.
   E. Preductal coartation of the aorta is the most common cause of cyanosis restricted to the lower half of the body.

2. A two-day-old boy has central cyanosis. The Paco2 is 43 mm Hg in room air and 310 mm Hg in 100% O2. Among the following conditions, he is least likely to have:
   A. Congenital heart disease with right-to-left shunt.
   B. Sepsis.
   C. Hyaline membrane disease.
   D. Intracranial hemorrhage.
   E. Exaustration.

3. In the initial evaluation of a newborn infant with central cyanosis of unknown etiology, the least likely useful procedure among the following is:
   A. Measurement of blood glucose.
   B. Exposure of a drop of blood to room air.
   C. A complete blood cell count.
   D. Roentgenography of the chest.
   E. Cardiac catheterization.

4. Among the following conditions that may produce cyanosis in newborn infants, which is least likely to respond favorably to the intravenous administration of prostaglandin E1?
   A. Right heart outflow obstruction.
   B. Left heart outflow obstruction.
   C. Transposition of the great arteries.
   D. Persistent fetal circulation syndrome.
   E. Critical hypoxemia with undiagnosed congenital heart disease.

5. Which one of the following would not be expected in a child with Lennox-Gastaut syndrome?
   A. Mixed seizure disorder.
   B. Positive family history of a similar disorder.
   C. Abnormal electroencephalographic findings.
   D. Mental retardation.
   E. History of prior brain damage.

6. A 2-year-old boy has “passing out” episodes. Which one of the following would suggest atonic seizures, rather than palid syncope, as a cause?
   A. Precipitating factor (eg, fright) present.
   B. Prominent cyanosis.
   C. Clonic jerking before episode terminates.
   D. Abnormal neurologic findings between episodes.
   E. Positive oculomotor compression test result.

7. An 18-month-old girl has had three episodes of crying, followed by loss of consciousness. Which one of the following would suggest that these are not breath-holding attacks? A history of:
   A. Upward deviation of eyes.
   B. Tonic extension and pronation of upper extremities.
   C. Extension of neck and back.
   D. Circumoral cyanosis.
   E. Prolonged corrected QT interval on ECG.

8. A 4-year-old boy has sudden falling attacks associated with marked dizziness. Which one of the following would not be consistent with a diagnosis of benign paroxysmal vertigo?
   A. Loss of consciousness.
   B. Duration of 15 to 30 seconds.
   C. Abnormal balance one hour after attack.
   D. Nystagmus.
   E. Nausea and vomiting.

9. Which one of the following is not a true statement pertaining to glomerular filtration rate (GFR) in newborns?
   A. Precise determination is difficult.
   B. Newborn's GFR is much lower than that of adults.
   C. Determination of the fractional excretion of sodium is the most clinically useful method of measuring the GFR.
   D. Preterm infants have a lower GFR than term infants.
   E. Before 34 weeks' conceptional age, GFR is relatively constant.

10. A two-day-old appropriate-for-gestational age term male infant has hematuria. Which one of the following would be least likely to be necessary in his initial evaluation?
    A. Blood pressure measurement.
    B. Urine osmolality determination.
    C. Urine culture.
    D. Plasma creatinine determination.
    E. Renal sonogram.

11. In comparison with older children, infants in the newborn period typically have an increase in which one of the following?
    A. Urine protein concentration.
    B. Plasma creatine.
    C. Urine-concentrating ability.
    D. Urine acidification ability.
    E. Ability to excrete an acute sodium load.

12. Which one of the following is least likely to be a true statement?
    A. All infants with urinary tract infections during the neonatal period require radiologic evaluation.
    B. Urine pH normally varies with systemic acid-base balance.
    C. Sonography and radionuclide scanning have eliminated the need for intravenous pyelography in newborns.
    D. Most neonatal hypertension has no demonstrable cause.
    E. Ureteropelvic obstruction is the most common cause of unilateral hydronephrosis in newborn infants.

13. Which one of the following is not typical of infants with psychosocial/nutritional deprivation?
    A. Unusual watchfulness.
    B. Minimal smiling.
    C. Decreased vocalizations.
    D. Increased cuddliness.
    E. Rhythmic self-stimulatory behaviors.

14. Which one of the following is least likely to be a true statement pertaining to growth failure/nutritional deprivation in infants?
    A. The final common pathway is an energy intake inadequate to meet the infant's needs.
    B. Ascribing growth failure to "nonorganic" causes depends primarily upon the exclusion of organic disease.
    C. Rapid nutritional recovery requires a daily caloric intake of about 50% more than normal.
    D. Total calories rather than dietary composition is the principal determinant of recovery.
    E. Unless there are historical or physical findings supporting organic disease, further studies should be deferred until

Continued on page 62
<table>
<thead>
<tr>
<th>Year</th>
<th>Month</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>1987</td>
<td>September 3-5</td>
<td>Current Concepts in Pediatrics</td>
<td>Boston, Massachusetts</td>
</tr>
<tr>
<td></td>
<td>October 31-November 5</td>
<td>Annual Meeting</td>
<td>New Orleans, Louisiana</td>
</tr>
<tr>
<td>1988</td>
<td>January 7-10</td>
<td>Infectious Disease</td>
<td>Vail, Colorado</td>
</tr>
<tr>
<td></td>
<td>March 4-6</td>
<td>Advances in Pediatrics I</td>
<td>Scottsdale, Arizona</td>
</tr>
<tr>
<td></td>
<td>March 24-26</td>
<td>General Pediatrics</td>
<td>Marco Island, Florida</td>
</tr>
<tr>
<td></td>
<td>April 22-24</td>
<td>General Pediatrics</td>
<td>Las Vegas, Nevada</td>
</tr>
<tr>
<td></td>
<td>April 28-30</td>
<td>Advances in Pediatrics II</td>
<td>Hilton Head Island, South Carolina</td>
</tr>
<tr>
<td></td>
<td>May 7-12</td>
<td>Spring Session</td>
<td>New York City</td>
</tr>
<tr>
<td></td>
<td>October 15-20</td>
<td>Annual Meeting</td>
<td>San Francisco, California</td>
</tr>
<tr>
<td>1989</td>
<td>October 21-26</td>
<td>Annual Meeting</td>
<td>Chicago, Illinois</td>
</tr>
<tr>
<td>1990</td>
<td>October 6-11</td>
<td>Annual Meeting</td>
<td>Boston, Massachusetts</td>
</tr>
<tr>
<td>1991</td>
<td>October 26-31</td>
<td>Annual Meeting</td>
<td>New Orleans, Louisiana</td>
</tr>
<tr>
<td>1992</td>
<td>October 10-15</td>
<td>Annual Meeting</td>
<td>San Francisco, California</td>
</tr>
</tbody>
</table>

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 60009-0927. (800) 433-9016. In Illinois (800) 421-0589.