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, 14111 Northwest Point Blvd, PO Box 927, Elk Grove Village, IL 60009-0927.

1. Upper respiratory tract infection clinical syndromes that suggest specific causative agents include all but which one of the following?
   A. Herpetic gingivostomatitis.
   B. Acute minopharyngitis.
   C. Pharyngeal conjunctival fever.
   D. Lymphonodular pharyngitis.
   E. Hand, foot, and mouth syndrome.

2. Which one of the following statements is least likely to be true?
   A. Among uncomplicated upper respiratory tract infections, it is important only to identify those children with group A streptococcal infections.
   B. The role of non-group A streptococci in causing pharyngitis is unclear.
   C. Pharyngitis in children between 1 and 2 years of age is commonly due to group A streptococci.
   D. If the result of a rapid diagnostic test for group A streptococcal is negative in a patient with clinically compatible streptococcal disease, then a culture should be done.
   E. Group B streptococcal infections are found only in special circumstances.

3. Which one of the following is not characteristic of group A streptococcal infections?
   A. More common in spring than fall.
   B. Parainfluenzae virus, type 1, most common single causative agent.
   C. Rarely occurs in first few months of life.
   D. Peak incidence in second year.
   E. More common in boys.

4. Which one of the following statements is least likely to be true?
   A. Haemophilus influenzae and Streptococcus pneumoniae are not recognized causes of uncomplicated upper respiratory tract infections.
   B. Different viral agents tend not to cause simultaneous epidemics in a community.
   C. Most children with tracheobronchitis should be treated with erythromycin because Mycoplasma pneumoniae may be the causative agent.
   D. Respiratory syncytial virus and the influenza viruses are the most common causes of pneumonia in young children.
   E. During a community respiratory virus epidemic, children with midsoneumia can safely be observed without antibiotic therapy.

5. A 3-year-old boy had repair of a ventricular septal defect nine days ago. Yesterday, a fever and malaise developed. Which of the following findings would be incompatible with a diagnosis of postpericardiotomy syndrome?
   A. Pericardial effusion.
   B. Elevated WBC count with left shift.
   C. Elevated ESR.
   D. Abnormalities of T waves on ECG.
   E. Positive blood culture.

6. A 7-year-old girl has had recent surgical repair of aortic stenosis. She now has an unexplained fever. Of the following, the least appropriate step in immediate management would be:
   A. Administration of oral penicillin.
   B. Complete blood cell count.
   C. Blood culture.
   D. Physical examination.
   E. Urinalysis.

7. Which of the following ECG abnormalities is most likely to be benign in a patient who has recently had cardiac surgery?
   A. Complete heart block.
   B. Tachycardia - bradycardia (sick sinus) syndrome.
   C. Frequent ventricular premature beats.
   D. Right bundle branch block.
   E. Supraventricular tachyarrhythmias.

8. Recommended regimens for antibiotic prophylaxis for patients with congenital heart disease who are having dental surgery include each of the following except:
   A. For most patients: oral penicillin.
   B. For patients allergic to penicillin: erythromycin.
   C. For patients allergic to sulfonylamides: tetracycline.
   D. For higher risk patients: ampicillin and gentamicin.
   E. For higher risk patients allergic to penicillin and related drugs: vancomycin.

9. An infant with a history of which one of the following would not be included in the "high-risk registry?"
   A. Meningitis.
   B. Postmaturity.
   C. Parental consanguinity.
   D. Craniofacial malformation.
   E. Family history of deafness.

10. Which one of the following is least likely to be helpful to the pediatrician in the early detection of deafness?
    A. Consistent use of language evaluations.
    B. Maintaining a high-risk registry.
    C. Use of noisemakers during routine examinations.
    D. Giving serious consideration to parents' suspicion of hearing impairment.
    E. Auditory-evoked potential testing.

11. Which one of the following is least likely to be a true statement?
    A. About 10% of all cases of severe to profound hearing loss are genetic in origin.
    B. Approximately 0.1% of all infants are severely to profoundly deaf.
    C. Most cases of genetically determined deafness are due to autosomal recessive inheritance.
    D. Adenoidectomies and tonsillectomies are contraindicated in children with submucosal or cleft palate.
    E. By 10 months of age a normal infant should attend to sounds and understand some words.

12. Emittance (impedance) testing does not measure which one of the following?
    A. Fluid in the middle ear.
    B. Hearing.
    C. Negative pressure in the middle ear.
    D. Ossicular discontinuity in the middle ear.
    E. Acoustic reflex.

13. Which one of the following is least likely to be directly related to deafness in prematurey born infants?
    A. Anoxia.
    B. Hyperbilirubinemia.
    C. Sepsis.
    D. Potentially ototoxic antibiotic treatment.
    E. Degree of prematurity.
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<tr>
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<th>Month</th>
<th>Event</th>
<th>Location</th>
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<tr>
<td>1987</td>
<td>October 31-</td>
<td>Annual Meeting</td>
<td>New Orleans, Louisiana</td>
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<td></td>
<td>November 5</td>
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<tr>
<td>1988</td>
<td>January 7-10</td>
<td>Infectious Disease</td>
<td>Vail, Colorado</td>
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<tr>
<td></td>
<td>February 4-6</td>
<td>Current Concepts in Pediatric Medicine (cosponsored with the San Diego Children's Hospital)</td>
<td>San Diego, California</td>
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<td></td>
<td>March 4-6</td>
<td>Advances in Pediatrics I</td>
<td>Scottsdale, Arizona</td>
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<td>March 24-26</td>
<td>General Pediatrics</td>
<td>Marco Island, Florida</td>
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<td>April 22-24</td>
<td>General Pediatrics</td>
<td>Las Vegas, Nevada</td>
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<td>April 28-30</td>
<td>Advances in Pediatrics II</td>
<td>Hilton Head Island, South Carolina</td>
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<tr>
<td></td>
<td>May 7-12</td>
<td>Spring Session</td>
<td>New York City</td>
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<td></td>
<td>July 7-9</td>
<td>General Pediatrics</td>
<td>Calgary, Alberta, Canada</td>
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<td>Annual Meeting</td>
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<td>October 6-11</td>
<td>Annual Meeting</td>
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<td>1991</td>
<td>October 26-31</td>
<td>Annual Meeting</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 60009-0927. (800) 433-9016. In Illinois (800) 421-0589.