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. Among the following, the least characteristic finding in patients with Kawasaki disease would be:
   A. Fever persisting five or more days.
   B. Generalized lymphadenopathy.
   C. Edema and reddening of palms and soles.
   D. Bilateral conjunctival injection.
   E. A polymorphous exanthem.

2. Among patients with Kawasaki disease, the risk of coronary artery aneurysms is increased in each of the following categories of patients except those who:
   A. Are boys younger than 1 year of age.
   B. Have fever lasting more than 2 weeks.
   C. Have membranous desquamation of the fingertips.
   D. Have elevation of the ESR for more than 4 weeks.
   E. Have palpable axillary aneurysms.

3. True statements regarding coronary aneurysms in Kawasaki disease include each of the following except:
   A. It is usually difficult to know from the clinical findings or routine cardiac examination whether coronary aneurysms are present.
   B. Coronary dilation is usually mild, regressing within 5 weeks.
   C. Two-dimensional echocardiography is the most useful noninvasive method for evaluation of the status of coronary arteries.
   D. In more than 15% of patients with Kawasaki disease, coronary aneurysms develop.
   E. Benign aneurysms of other arteries are more common than coronary aneurysms.

4. Which of the following is proven value in the treatment of Kawasaki disease?
   A. Acetaminophen.
   B. Corticosteroids.
   C. Thiamin, intravenously.
   D. Antibiotics.
   E. Intravenous administration of γ-globulin.

5. When compared with appropriate controls, which one of the following has been shown to be a high-risk factor contributing to the development of necrotizing enterocolitis?
   A. Perinatal asphyxia.
   B. Respiratory distress syndrome.
   C. Aggressive oral feeding.
   D. Umbilical artery catheterization.
   E. Shock.

6. In an infant suspected of having necrotizing enterocolitis, all of the following tests should initially be obtained every six hours except:
   A. WBC count.
   B. Abdominal ultrasound.
   C. Abdominal radiograph.
   D. Blood gases.
   E. Platelet count.

7. In a patient with necrotizing enterocolitis, which one of the following is sufficiently indicative of impending or actual bowel perforation to warrant surgery?
   A. Persistent thrombocytopenia.
   B. Persistent neutropenia.
   C. Single persistently dilated loop of bowel on serial radiographs.
   D. Persistent metabolic acidosis.
   E. Pneumoperitoneum.

8. Which one of the following is not a true statement pertaining to necrotizing enterocolitis and intestinal strictures?
   A. Most common late complication of necrotizing enterocolitis.
   B. Strictures are seen almost exclusively in surgically treated patients.
   C. Terminal ileum and colon are most frequently affected.
   D. Clinically significant strictures usually occur 2 to 8 weeks after the acute onset of necrotizing enterocolitis.
   E. Common signs include obstipation, vomiting, abdominal distension, and hematochezia.

9. Of the following types of cataracts, which is least likely to progress to total opacification of the lens?
   A. Anterior polar.
   B. Posterior subcapsular.
   C. Posterior lenticous.
   D. Persistent hyperplastic primary vitreous.
   E. Nuclear/central.

10. Of the following types of cataracts, which is most commonly associated with chronic paren
teral administration corticosteroids?
    A. Nuclear/central.
    B. Lamellar/zonular.
    C. Posterior lenticous.
    D. Posterior subcapsular.
    E. Anterior polar.

11. Each of the following statements regarding cataracts is true except:
    A. Acquired cataracts generally have a better prognosis than congenital cataracts.
    B. Most of the cataracts regarded as "congenital" have not been present at birth but have developed later.
    C. Children who have had only one functional eye from infancy have serious impairment of depth perception which cannot be corrected.
    D. For good vision to be achieved, cataracts present at birth must be operated on within a few weeks.
    E. When unilateral cataracts are present at birth, poor vision will be likely in the involved eye even with optimal management.

12. When otherwise healthy children acquire cataracts with no apparent antecedent illness or trauma which of the following conditions is the most likely cause?
    A. Congenital rubella.
    B. Hypoparathyroidism.
    C. Juvenile diabetes mellitus.
    D. Lowe syndrome.
    E. Galactokinase deficiency.
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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.