

Self-Assessment Quiz

The questions in this self-assessment 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 I of the Physician's Recognition Award of the American Medical Association and two hours of PREP credit.

To earn two hours of Category I credit and two hours of PREP credit, you must be registered for PREP or subscribing to PEDIATRICS IN REVIEW. You have received a three-ring binder which contains a set of IBM computer cards and return envelopes. There are no monthly deadlines for the return of the computer cards, except that all cards must be returned by June 30, 1985 to ensure proper credit. Be sure that the date on the computer card corresponds with the date on each issue. Please do not write over the date or the ID number of the card.

We invite you to write specific comments about the relevance of each of the articles and any other comments you wish to make about the Journal on the back of each card.

1. If a premature infant had a CNS hemorrhage (limited to the periventricular areas bilaterally) and subsequently developed cerebral palsy, the most likely form would be [single response]:

- A. Hemiparesis.
- B. Spastic diplegia.
- C. Atonic.
- D. Athetoid-dystonic.
- E. Tetraparesis.

2. An infant with severe unilateral brain damage will typically not develop lateralizing signs (eg, asymmetry of muscle tone, movements, fisting) until what age [single response]?

- A. 2 weeks.
- B. 2 months.
- C. 4 months.
- D. 6 months.
- E. 12 months.

3. Which of the following signs would suggest the possibility of cerebral palsy in a 7-month-old infant?

- A. Nonobligatory asymmetrical tonic neck reflex.
- B. Hyperextension of the head and trunk when held in ventral suspension.
- C. Scissoring of the lower extremities when held in vertical suspension.
- D. Exaggerated "knee jerk" response elicited by percussion over the shins.
- E. Anterior propping reaction (parachute response).

4. A progressive CNS disorder, rather than cerebral palsy, would be suggested by:

- A. Strabismus.
- B. Cataracts.
- C. Vitiligo.
- D. Loss of pain sensation.
- E. Hepatosplenomegaly.

5. A 2-year-old boy started walking independently at age 16 months, but persists in toe-walking. The differential diagnosis would include:

- A. Autism.
- B. Behavior problems.
- C. Spastic diparesis.
- D. Muscular dystrophy.
- E. Normal gait for age.

6. The most common initial manifestation of bone marrow failure is [single response]:

- A. Fever.
- B. Oral ulceration.
- C. Bruising or bleeding.
- D. Pallor (anemia).
- E. An unusual bacterial infection.

7. The treatment of choice for severe acquired aplastic anemia is [single response]:

- A. Antilymphocyte globulin.
- B. Androgens.
- C. Antithymocyte globulin.
- D. High-dose methylprednisolone.
- E. Bone marrow transplantation.

8. Patients with severe aplastic anemia are those with:

- A. 1,500 neutrophils/fL.
- B. 15,000 platelets/fL.
- C. 4% reticulocytes (corrected for hematocrit).
- D. Moderately to severely hypoplastic bone marrow.
- E. A good response to androgen treatment.

9. The most specific test for making the diagnosis of Fanconi's anemia involves [single response]:

- A. Serum amino acid chromatography.
- B. Special chromosome studies.
- C. Bone marrow examination.
- D. Skeletal roentgenograms.
- E. Skin biopsy.

10. Exocrine pancreatic insufficiency is characteristically associated with which one of the following?

- A. Schwachman-Diamond syndrome.
- B. Diskeratoses congenita.
- C. Amegakaryocytic thrombocytopenia.
- D. Fanconi's anemia.
- E. Thrombocytopenia with absent radii (TAR) syndrome.

11. The single most common location of osteosarcoma is in the:

- A. Humerus.
- B. Proximal tibia.
- C. Distal femur.
- D. Flat bones.
- E. Mandible.

12. The single most common site for metastasis of osteosarcoma is:

- A. Bones.
- B. Lymph nodes.
- C. Kidney.
- D. Lung.
- E. Brain.

13. Typical roentgenographic findings in osteogenic sarcoma include:

- A. Destruction of normal bone.
- B. Propensity to occur in the epiphyses of long bones.
- C. New bone formation.
- D. "Sunburst" sign.
- E. "Onion peel" sign.

14. The initial evaluation of a patient with a known osteogenic sarcoma should include:

- A. ESR.
- B. Computed tomography of the chest.
- C. Serum ceruloplasmin.
- D. Skeletal survey.
- E. Radionuclide scintigraphy.

15. True statements about the treatment of osteogenic sarcoma include:

- A. Surgery and combination chemotherapy appear to increase the disease-free survival rate.
- B. Newer en bloc resection techniques have eliminated the need for amputation.
- C. Successful control of pulmonary metastases is sometimes possible with surgical resection.
- D. Radiation therapy is not particularly helpful.
- E. Preoperative chemotherapy has been proven to be of no value.

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