

# PLAB Pediatrics Practice Exam (Sample)

## Study Guide



**Everything you need from our exam experts!**

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# Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

# How to Use This Guide

**This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:**

## 1. Start with a Diagnostic Review

**Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.**

## 2. Study in Short, Focused Sessions

**Break your study time into manageable blocks (e.g. 30 - 45 minutes). Review a handful of questions, reflect on the explanations.**

## 3. Learn from the Explanations

**After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.**

## 4. Track Your Progress

**Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.**

## 5. Simulate the Real Exam

**Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.**

## 6. Repeat and Review

**Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.**

**There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!**

## **Questions**

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- 1. What is the characteristic abdominal mass found in pyloric stenosis?**
  - A. Fried egg mass**
  - B. Olive-sized mass**
  - C. Soft, tender mass**
  - D. Tender, fluctuating mass**
- 2. If a child with a UTI does not respond to antibiotics within 48 hours, what is the best next step?**
  - A. Start a different antibiotic**
  - B. Perform a micturating cystourethrogram**
  - C. Provide supportive care only**
  - D. Schedule a follow-up in one week**
- 3. What causes the symptoms of scarlet fever?**
  - A. Viral infection**
  - B. Streptococcus pyogenes**
  - C. Bacterial conjunctivitis**
  - D. Staphylococcus aureus**
- 4. What is a key developmental feature of Rett syndrome?**
  - A. Developmental regression after normal development for 2-3 years**
  - B. Delayed speech and language development**
  - C. Persistent developmental delays from birth**
  - D. Normal growth without any regression**
- 5. Which sign would NOT typically be noted in a child with dehydration?**
  - A. Dry mucous membranes**
  - B. Cold extremities**
  - C. Warm extremities**
  - D. Irritability**

**6. Where does intussusception often occur in children?**

- A. Ileocecal valve**
- B. Duodenum**
- C. Jejunum**
- D. Colon**

**7. Which of the following is NOT a risk factor for IRDS?**

- A. Maternal diabetes**
- B. Premature delivery**
- C. Low birth weight**
- D. C-section delivery**

**8. What is a key clinical feature that differentiates cystic fibrosis from celiac disease?**

- A. Frequent respiratory infections**
- B. Skin lesions**
- C. Severe constipation**
- D. Jaundice**

**9. What is the most likely diagnosis for a child presenting with bleeding gums and isolated thrombocytopenia?**

- A. Thrombotic Thrombocytopenic Purpura**
- B. Immune Thrombocytopenic Purpura**
- C. Hemolytic Uremic Syndrome**
- D. Henoch Schonlein Purpura**

**10. What chromosomal abnormality is associated with Down syndrome?**

- A. Trisomy 18**
- B. Trisomy 21**
- C. Monosomy X**
- D. Trisomy 13**

## **Answers**

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1. B
2. B
3. B
4. A
5. C
6. A
7. C
8. A
9. B
10. B

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## **Explanations**

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## 1. What is the characteristic abdominal mass found in pyloric stenosis?

- A. Fried egg mass
- B. Olive-sized mass**
- C. Soft, tender mass
- D. Tender, fluctuating mass

In pyloric stenosis, the characteristic abdominal mass that is typically palpated during a physical examination is often described as an "olive-sized mass." This mass represents the hypertrophied pylorus, which is the muscle at the lower end of the stomach that becomes thickened, leading to the obstruction of food passage into the duodenum. The physical examination usually reveals this firm and smooth mass, which is distinctly felt in the right upper quadrant of the abdomen, just beneath the liver margin. The description of the mass as "olive-sized" is fitting because it conveys both the shape and the approximate size of the pyloric muscle that is involved. This finding, along with clinical presentation—such as projectile non-bilious vomiting, dehydration, and sometimes weight loss in infants—helps establish the diagnosis of pyloric stenosis. In contrast, the other options do not accurately represent the typical findings associated with pyloric stenosis. For instance, a fried egg mass does not relate to any established pediatric condition and does not describe a palpable structure. Similarly, a soft, tender mass or a tender, fluctuating mass would not be consistent with the consistent, firm nature of the pyloric muscle affected in this condition, which is generally not associated with tenderness

## 2. If a child with a UTI does not respond to antibiotics within 48 hours, what is the best next step?

- A. Start a different antibiotic
- B. Perform a micturating cystourethrogram**
- C. Provide supportive care only
- D. Schedule a follow-up in one week

In cases where a child with a urinary tract infection (UTI) does not show improvement after 48 hours of appropriate antibiotic therapy, it is essential to investigate further to identify any underlying issues. A micturating cystourethrogram (MCUG) is a specific imaging study that helps evaluate the urinary system, particularly focusing on the bladder and urethra. This test can reveal structural abnormalities or issues such as vesicoureteral reflux, which can contribute to recurrent infections or treatment failure. When a child does not respond to initial treatment, it raises concerns about possible complications or incorrect diagnoses. A MCUG allows healthcare providers to assess whether the child has any anatomical issues that could be undermining effective treatment. Identifying such problems can lead to a more tailored management plan, including potentially different therapeutic strategies or surgical interventions if necessary. While alternative antibiotics might seem like a reasonable next step, they would typically not be pursued without first ruling out other causes of the persistent symptoms. Supportive care might temporarily alleviate some symptoms but does not address underlying causes that may be contributing to the lack of response to antibiotics. A follow-up in one week without further investigation may delay necessary interventions and could allow the condition to worsen if significant issues are present. Thus,

### 3. What causes the symptoms of scarlet fever?

- A. Viral infection
- B. Streptococcus pyogenes**
- C. Bacterial conjunctivitis
- D. *Staphylococcus aureus*

Scarlet fever is caused by *Streptococcus pyogenes*, a type of bacteria also known as Group A Streptococcus. This bacterium produces a toxin that leads to a characteristic rash, the hallmark symptom of scarlet fever, along with other manifestations such as a sore throat, fever, and a "strawberry" tongue. The rash typically appears as red spots, and the skin often has a sandpaper-like texture. The association of scarlet fever with this specific bacterium is crucial in understanding the condition, because appropriate antibiotic treatment targeting *Streptococcus pyogenes* is essential for resolving the infection and preventing potential complications, such as rheumatic fever or kidney problems. Other options, such as viral infections or different bacterial sources, do not produce the same syndrome and symptoms typical of scarlet fever, highlighting the importance of identifying the correct pathogen involved in this condition.

### 4. What is a key developmental feature of Rett syndrome?

- A. Developmental regression after normal development for 2-3 years**
- B. Delayed speech and language development
- C. Persistent developmental delays from birth
- D. Normal growth without any regression

A key developmental feature of Rett syndrome is the pattern of developmental regression that occurs after a period of seemingly normal development, typically around 6 to 18 months of age. Initially, children with Rett syndrome appear to develop normally during the first few years of life, reaching typical milestones such as walking and language skills. However, following this initial phase, they experience a loss of previously acquired skills, which is a hallmark of the syndrome. This developmental regression can manifest as the loss of purposeful hand skills, the onset of repetitive hand movements, and deteriorating social and communication abilities. Such a regression is critical in diagnosing Rett syndrome and distinguishes it from other developmental disorders that typically present with persistent delays from birth. Therefore, the presence of normal early development followed by a significant decline in function is what characterizes this condition.

**5. Which sign would NOT typically be noted in a child with dehydration?**

- A. Dry mucous membranes**
- B. Cold extremities**
- C. Warm extremities**
- D. Irritability**

The presence of warm extremities in a child with dehydration is atypical and would not typically be noted. When a child is dehydrated, the body responds by constricting blood vessels in the extremities to maintain blood flow to vital organs, which can lead to cooler temperatures in the hands and feet. This process is part of the body's compensatory mechanisms during states of reduced fluid volume. On the other hand, dry mucous membranes, cold extremities, and irritability are all common signs of dehydration. Dry mucous membranes indicate inadequate hydration and are easily assessed in the mouth and lips. Cold extremities suggest reduced peripheral circulation due to the body's prioritization of vital blood flow. Lastly, irritability often arises from discomfort, fatigue, or distress associated with dehydration, reflecting the child's physiological state. Understanding these signs helps in identifying dehydration and implementing appropriate management strategies promptly.

**6. Where does intussusception often occur in children?**

- A. Ileocecal valve**
- B. Duodenum**
- C. Jejunum**
- D. Colon**

Intussusception is a condition where a part of the intestine telescopes into an adjacent segment, leading to obstruction. In children, this condition most frequently occurs at the ileocecal valve, which is the junction where the small intestine (ileum) meets the large intestine (cecum). The ileocecal region is particularly susceptible because of its anatomical structure and the mobility of the ileum, which can easily fold into the cecum. This location accounts for the common presentation of intussusception in pediatric patients, often causing symptoms like abdominal pain, vomiting, and bloody stools, often described as "currant jelly" in classic cases. Understanding the typical infringing site is crucial for diagnosis and treatment since intussusception can lead to bowel ischemia and requires prompt intervention. The other areas listed, such as the duodenum, jejunum, and colon, are less commonly involved in pediatric intussusception, making the ileocecal valve the most relevant answer in this context.

**7. Which of the following is NOT a risk factor for IRDS?**

- A. Maternal diabetes**
- B. Premature delivery**
- C. Low birth weight**
- D. C-section delivery**

The condition known as Infant Respiratory Distress Syndrome (IRDS), also referred to as Neonatal Respiratory Distress Syndrome, is primarily associated with complications arising from immaturity of the lungs, particularly the lack of surfactant production. There are several known risk factors that contribute to its development. Among the options provided, low birth weight is a significant risk factor for IRDS, often correlating with premature delivery, which is another primary risk factor. Premature infants, particularly those born before 34 weeks gestation, are at a higher risk for IRDS due to the underdevelopment of their lungs and insufficient surfactant. Maternal diabetes is also linked to an increased risk of IRDS, often due to factors such as increased fetal insulin levels that can contribute to lung immaturity. In contrast, C-section deliveries, especially those that are planned and not in labor, may actually reduce the risk of IRDS because the stress of labor can help in stimulating the production of surfactant. Therefore, among the listed options, low birth weight stands out not only as a concerning factor but one that plays a direct role in the overall risk of IRDS due to the associated likelihood of prematurity. It is crucial for healthcare professionals to recognize these

**8. What is a key clinical feature that differentiates cystic fibrosis from celiac disease?**

- A. Frequent respiratory infections**
- B. Skin lesions**
- C. Severe constipation**
- D. Jaundice**

A key clinical feature that differentiates cystic fibrosis from celiac disease is the presence of frequent respiratory infections. Cystic fibrosis primarily affects the respiratory and digestive systems due to a mutation in the CFTR gene, leading to the production of thick, viscous mucus. This thick mucus obstructs the airways, which creates an environment conducive to chronic respiratory infections and inflammation. Patients with cystic fibrosis often experience recurrent lung infections, which are characteristic of the disease. In contrast, celiac disease primarily involves an immune response to gluten, resulting in gastrointestinal symptoms such as diarrhea, weight loss, and malabsorption, without the prominent respiratory complications that are observed in cystic fibrosis. Therefore, the frequent occurrence of respiratory infections serves as a distinctive feature of cystic fibrosis, helping to differentiate it from celiac disease.

**9. What is the most likely diagnosis for a child presenting with bleeding gums and isolated thrombocytopenia?**

- A. Thrombotic Thrombocytopenic Purpura**
- B. Immune Thrombocytopenic Purpura**
- C. Hemolytic Uremic Syndrome**
- D. Henoch Schonlein Purpura**

The presentation of bleeding gums and isolated thrombocytopenia in a child strongly suggests Immune Thrombocytopenic Purpura (ITP). In this condition, the immune system mistakenly identifies platelets as foreign and produces antibodies against them, leading to their destruction, primarily in the spleen. The hallmark of ITP is isolated low platelet counts without other significant blood abnormalities. The symptoms of bleeding gums can occur due to the low platelet levels, which result in impaired hemostasis. ITP is often seen following a viral infection in children, and the diagnosis is typically made after ruling out other potential causes of thrombocytopenia. Since ITP is characterized by its isolated thrombocytopenia, the absence of abnormalities in white blood cells and red blood cells further supports this diagnosis. Other conditions might present with similar symptoms but often have additional findings or features that distinguish them from ITP. For instance, Thrombotic Thrombocytopenic Purpura (TTP) involves a combination of thrombocytopenia, hemolytic anemia, renal dysfunction, and neurological symptoms. Hemolytic Uremic Syndrome (HUS) usually includes hemolysis and acute kidney injury, often after gastroenteritis. Henoch Schonlein

**10. What chromosomal abnormality is associated with Down syndrome?**

- A. Trisomy 18**
- B. Trisomy 21**
- C. Monosomy X**
- D. Trisomy 13**

Down syndrome is specifically associated with a chromosomal abnormality known as Trisomy 21. This means that individuals with Down syndrome have three copies of chromosome 21 instead of the usual two. This extra genetic material impacts physical and cognitive development, leading to the characteristic features and potential health concerns associated with the condition. The presence of an additional chromosome causes various developmental issues, including distinct facial features, increased risk for certain congenital heart defects, and developmental delays. Diagnosing Down syndrome typically involves genetic testing, which would reveal the presence of the extra chromosome. Understanding this genetic foundation is critical in pediatrics, as it informs the approach to management, early intervention strategies, and support for children with Down syndrome. Recognition of the features associated with Trisomy 21 and its implications allows healthcare providers to offer comprehensive care that meets the unique needs of these children and their families.

# Next Steps

**Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.**

**As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.**

**If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at [hello@examzify.com](mailto:hello@examzify.com).**

**Or visit your dedicated course page for more study tools and resources:**

**<https://plabpediatrics.examzify.com>**

**We wish you the very best on your exam journey. You've got this!**

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