

Women's Health and Pediatrics Practice Test (Sample)

Study Guide



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SAMPLE

Questions

- 1. Which statement regarding treatment for molluscum contagiosum is incorrect?**
 - A. It can resolve on its own over months or years**
 - B. Treatment may include cryotherapy and curettage**
 - C. Caused by HPV**
 - D. Common in preschool children**
- 2. What condition allows a delay in vaccinations for a 6-month-old child?**
 - A. Child has a family member on chemotherapy**
 - B. Mom is pregnant**
 - C. Child is on antibiotics**
 - D. Child has otitis media with a temp of 103 F**
- 3. What is the first-line treatment for a 3-month-old infant diagnosed with physiologic GERD?**
 - A. Thickening of infant feedings with oatmeal**
 - B. Ranitidine 5-10 mg/kg**
 - C. Omeprazole 1-2 mg/kg**
 - D. Prone position after feeds**
- 4. Childbirth preparation classes are associated with which positive outcome during labor?**
 - A. Increased need for analgesics**
 - B. Reduced use of analgesics/anesthesia**
 - C. Shorter labor duration**
 - D. Decreased maternal anxiety**
- 5. What should be explained to a patient with external genital warts regarding treatment?**
 - A. treatment can start only after Pap test results**
 - B. there is no therapy to eliminate the HPV virus**
 - C. her partner needs a blood test for subclinical infection**
 - D. she should have Pap tests every six months**

- 6. Which infection is characterized by a "barky" cough in pediatric patients?**
- A. Common Cold**
 - B. Epiglottitis**
 - C. Bronchiolitis**
 - D. Croup**
- 7. Which hormone is primarily responsible for stimulating the synthesis of milk?**
- A. Prolactin**
 - B. Aldosterone**
 - C. Estrogen**
 - D. Progesterone**
- 8. For newborns diagnosed with metatarsus adductus, what is a reassuring statement to the parents regarding flexible feet?**
- A. Daily physical therapy appointments will correct the problem within a few months**
 - B. This condition will likely resolve without any treatment**
 - C. They won't need orthopedic shoes until 12 months of age**
 - D. Simple serial casting will be the next step**
- 9. What prophylactic measure may help women with recurrent UTI after intercourse?**
- A. Regular use of barrier contraceptives**
 - B. Six-month prophylactic regimen with oral doxycycline**
 - C. Single-dose oral nitrofurantoin after sexual intercourse**
 - D. Oral estrogen therapy for vaginal atrophy**
- 10. A child complains of leg pain that has been persistent for two weeks. What should be considered in the differential diagnosis?**
- A. Osgood-Schlatter disease**
 - B. Growing pains**
 - C. Acute lymphocytic leukemia (ALL)**
 - D. Psycogenic pain**

Answers

SAMPLE

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

SAMPLE

Explanations

SAMPLE

1. Which statement regarding treatment for molluscum contagiosum is incorrect?

- A. It can resolve on its own over months or years**
- B. Treatment may include cryotherapy and curettage**
- C. Caused by HPV**
- D. Common in preschool children**

The statement about molluscum contagiosum being caused by HPV is incorrect because molluscum contagiosum is actually caused by a poxvirus, specifically the Molluscum contagiosum virus, not by human papillomavirus (HPV). This distinction is important because the treatment, transmission, and implications of these two viral infections differ significantly. Understanding the correct pathogen involved helps in guiding appropriate treatment options and educating patients or parents about the condition. The other statements correctly describe molluscum contagiosum. It is well-known that the lesions can resolve spontaneously over time, often taking several months to years to disappear completely. Various treatment modalities do exist, including cryotherapy and curettage, which are used to physically remove the lesions, though treatment is often not necessary since the condition is self-limiting. Additionally, it's common for molluscum contagiosum to present in preschool children, highlighting its prevalence in that age group due to close contact and communal activities.

2. What condition allows a delay in vaccinations for a 6-month-old child?

- A. Child has a family member on chemotherapy**
- B. Mom is pregnant**
- C. Child is on antibiotics**
- D. Child has otitis media with a temp of 103 F**

A delay in vaccinations for a 6-month-old child can occur in the case of the child having otitis media with a high fever, such as a temperature of 103°F. When a child is experiencing acute illness, especially one that presents with fever, healthcare providers often recommend postponing vaccinations until the child has fully recovered. This approach ensures that the child's immune system is not compromised and can respond adequately to the vaccine, which is crucial for developing immunity. Vaccinations during illness may lead to an inadequate immune response and potential complications, so delaying the immunization in the context of an acute infection is a common and safe practice. In contrast, family members undergoing chemotherapy, a mother's pregnancy, or the child being on antibiotics do not typically constitute a reason for delaying vaccinations. While these situations may require specific considerations, they do not inherently affect the child's ability to receive vaccinations.

3. What is the first-line treatment for a 3-month-old infant diagnosed with physiologic GERD?

- A. Thickening of infant feedings with oatmeal**
- B. Ranitidine 5-10 mg/kg**
- C. Omeprazole 1-2 mg/kg**
- D. Prone position after feeds**

The first-line treatment for a 3-month-old infant diagnosed with physiologic gastroesophageal reflux disease (GERD) focuses on non-pharmacological approaches, with thickening of feedings being a well-supported intervention. Thickening feedings with oatmeal or other thickeners can help to reduce the frequency and severity of reflux episodes because it increases the viscosity of the feed, which may help it stay in the stomach longer and decrease the volume that could potentially reflux into the esophagus. In the case of infants, this approach is often preferred as it minimizes exposure to medications, which may not be necessary for managing uncomplicated or mild physiologic reflux, a common condition in infants. It's important to note that while medications can be beneficial in some cases of GERD, they are not usually recommended as first-line treatments in very young infants, especially given their potential side effects and the fact that physiological GERD often resolves on its own as the infant matures. The other options represent different approaches or interventions but do not align with the recommended first-line treatment for a 3-month-old with physiologic GERD. For instance, Ranitidine and Omeprazole are both medications that can reduce stomach acid but are generally not used as initial treatments for mild

4. Childbirth preparation classes are associated with which positive outcome during labor?

- A. Increased need for analgesics**
- B. Reduced use of analgesics/anesthesia**
- C. Shorter labor duration**
- D. Decreased maternal anxiety**

Childbirth preparation classes have been shown to enhance a woman's understanding of the childbirth process, improve her pain management skills, and increase her confidence in her ability to cope during labor. Consequently, this knowledge and preparedness can lead to a reduced reliance on analgesics or anesthesia. Women who participate in these classes often feel more empowered and better equipped to handle the birthing experience without the same need for medication, as they learn techniques such as breathing exercises, relaxation strategies, and positioning that can effectively manage pain. Furthermore, the classes often foster a sense of community and support among expectant parents, which can contribute to an overall more positive childbirth experience. Engaging in such preparation can diminish the perception of pain and anxiety during labor, thereby decreasing the need for pharmacological pain relief options. This approach not only facilitates a more natural childbirth experience but also aligns with many women's desires to minimize medical interventions during labor and delivery.

5. What should be explained to a patient with external genital warts regarding treatment?

- A. treatment can start only after Pap test results**
- B. there is no therapy to eliminate the HPV virus**
- C. her partner needs a blood test for subclinical infection**
- D. she should have Pap tests every six months**

The appropriate explanation to provide to a patient with external genital warts revolves around the fact that there is currently no therapy available that can completely eliminate the human papillomavirus (HPV) from the body. While various treatments can help manage and remove the visible warts, such as topical treatments, cryotherapy, or surgical interventions, these methods do not eradicate the virus itself. Consequently, even after treatment, it is possible for warts to recur since the virus can remain dormant in the body. Recognizing that HPV is a widespread infection is important as well. Many individuals with HPV are asymptomatic and may not even be aware that they carry the virus. This aspect emphasizes the need for ongoing monitoring and communication, especially regarding sexual health practices, to prevent transmission. In contrast, starting treatment based on Pap test results or requiring partners to undergo blood tests for HPV or subclinical infections are not standard procedures relevant to the management of external genital warts. Similarly, while regular Pap tests are crucial for identifying cervical changes in women with HPV, the recommended frequency is typically not every six months but rather based on individual risk factors and guidelines.

6. Which infection is characterized by a "barky" cough in pediatric patients?

- A. Common Cold**
- B. Epiglottitis**
- C. Bronchiolitis**
- D. Croup**

The infection characterized by a "barky" cough in pediatric patients is croup. Croup, also known as laryngotracheobronchitis, typically affects young children and is often caused by viral infections, most commonly the parainfluenza virus. The hallmark symptom of croup is a distinctive cough that resembles the sound of a barking seal, which occurs due to swelling and inflammation of the larynx and trachea. This distinctive cough is accompanied by stridor, which is a high-pitched sound that occurs during breathing, particularly when the child inhales. The inflammation in the airway leads to narrowing, which causes these characteristic symptoms. In many cases, croup is also associated with other symptoms such as a mild fever and hoarseness, contributing to the recognition of the condition. In contrast, while the common cold presents with symptoms such as nasal congestion, sneezing, and a non-specific cough, it does not produce the characteristic barking sound associated with croup. Epiglottitis, although a serious condition that can lead to airway obstruction, presents with different signs, including drooling, difficulty swallowing, and a sudden onset of fever and severe soreness; it does not typically manifest with a barky cough. Bron

7. Which hormone is primarily responsible for stimulating the synthesis of milk?

- A. Prolactin**
- B. Aldosterone**
- C. Estrogen**
- D. Progesterone**

Prolactin is the hormone that plays a key role in stimulating the synthesis of milk in the mammary glands. It is produced by the anterior pituitary gland and its levels increase significantly during pregnancy and after childbirth, preparing the breast tissue for lactation. Prolactin not only encourages the growth of mammary glands but also directly promotes the production of milk following delivery. This hormone's action is crucial during the early stages of breastfeeding, facilitating the establishment and maintenance of milk supply in response to the infant's needs. By binding to specific receptors in the mammary glands, prolactin induces the transcription of genes necessary for milk protein production, thereby ensuring that nursing infants receive the nourishment they require. In contrast, other hormones listed, such as aldosterone, estrogen, and progesterone, play various roles in the body but are not directly responsible for milk synthesis. Aldosterone primarily regulates sodium and potassium levels and influences blood pressure. Estrogen and progesterone are involved in the menstrual cycle and pregnancy, contributing to changes in breast tissue but do not directly stimulate milk production.

8. For newborns diagnosed with metatarsus adductus, what is a reassuring statement to the parents regarding flexible feet?

- A. Daily physical therapy appointments will correct the problem within a few months**
- B. This condition will likely resolve without any treatment**
- C. They won't need orthopedic shoes until 12 months of age**
- D. Simple serial casting will be the next step**

Metatarsus adductus is a common foot deformity in newborns characterized by an inward turning of the foot. This condition is often due to the position of the baby in the womb and generally affects the metatarsal bones of the foot. Fortunately, one of the most reassuring aspects for parents is that metatarsus adductus is typically flexible, meaning that the foot can be easily moved into a normal position. Research and clinical observations indicate that many cases of metatarsus adductus resolve on their own as the child grows and begins to bear weight. Most infants with this condition experience natural improvement without the need for intervention. Parents can be reassured that, although it may look concerning, the condition usually does not require aggressive treatment and often corrects itself as the child develops. Other statements suggest more invasive or urgent actions that are generally not necessary for a flexible metatarsus adductus, which adds to the reassurance provided by the understanding that the condition is often temporary and self-resolving.

9. What prophylactic measure may help women with recurrent UTI after intercourse?

- A. Regular use of barrier contraceptives**
- B. Six-month prophylactic regimen with oral doxycycline**
- C. Single-dose oral nitrofurantoin after sexual intercourse**
- D. Oral estrogen therapy for vaginal atrophy**

In cases of recurrent urinary tract infections (UTIs) after sexual intercourse, one effective prophylactic measure is the single-dose oral nitrofurantoin taken after intercourse. This approach targets the specific timing of UTIs associated with sexual activity. When women experience recurrent UTIs that are linked to sexual intercourse, administering nitrofurantoin right after the act can reduce the likelihood of infection by preventing bacteria from proliferating in the urinary tract. Nitrofurantoin is an antibiotic that is effective against the common bacteria that cause UTIs, making it a suitable choice for prophylaxis. Administering it as a single dose after intercourse is both practical and efficient for women who are prone to these infections, as it targets the immediate risk period. Other prophylactic options, like the regular use of barrier contraceptives or a six-month regimen of oral doxycycline, may not be as effective in this specific context because they do not directly address the post-intercourse bacterial exposure. Barrier methods help prevent the introduction of bacteria during sexual activity but do not eliminate the risk completely. Similarly, while a longer course of antibiotics might be helpful for some individuals, it may not be necessary if the primary trigger is intimacy, and it also increases the risk of antibiotic resistance.

10. A child complains of leg pain that has been persistent for two weeks. What should be considered in the differential diagnosis?

- A. Osgood-Schlatter disease**
- B. Growing pains**
- C. Acute lymphocytic leukemia (ALL)**
- D. Psychogenic pain**

In evaluating a child with persistent leg pain, acute lymphocytic leukemia (ALL) is a serious condition that should be considered in the differential diagnosis due to the specific characteristics associated with the disease. ALL can cause varied symptoms, including bone pain, which might be severe and persistent, often accompanied by other systemic signs such as fatigue, pallor, easy bruising, or infections, indicating the child's overall health status is affected. The nature of the pain in leukemia can be related to bone marrow infiltration and immune system compromise, which is quite different from other causes of leg pain in children. In contrast, while Osgood-Schlatter disease and growing pains are common conditions that could also cause leg discomfort, they typically present differently and usually do not have the same degree of severity or systemic involvement as seen in leukemia. Psychogenic pain may occur, but it generally would not be the primary concern in this situation without other indicators pointing toward a psychological origin. Therefore, in a case of persistent leg pain, especially one that does not respond to usual analgesics or rest, considering ALL is crucial to rule out a potentially life-threatening condition.