The purpose of this quiz is to provide a convenient means of selfassessment of your reading of the scientific content of this issue of JAOA. Enter your answers to the questions in the spaces provided so that you can easily check them with the answers that will be published next month.

To apply for CME credit, transfer your answers to the application form and answer sheet on page 64 and mail it to the CME office. So that you may complete this selfassessment in privacy, use only your member number to apply for CME credit. The CME office will record only the fact that you have completed the self-assessment test. Any grading will be done by the Editorial Department only for the purpose of planning areas of study which may be helpful to cover in future issues of JAOA.

- 1. Which statement(s) regarding the practice of tropical medicine is/are correct?
- (a) Diabetes and alcoholism are the most common causes of peripheral neuropathies in patients living in tropical/developing communities.
 - (b) The examiner should begin palpation for the spleen in the left subcostal region and proceed downward toward the iliac crest so as not to miss the massive splenomegaly often associated with leishmaniasis.
 - (c) In the evaluation of patients during relief missions, physical examination plays little role as most diagnoses can be made by taking a thorough history.
 - (d) Erythrasma does not fluoresce under a Wood's lamp and is treated with topical antifungal/steroid combinations.
 - (e) All are incorrect.
- 2. Which of the following statement(s) is/are correct?

- (a) Because nonprescription cold remedies, vitamin supplements, and nonsteroidal anti-inflammatory preparations are widely available in tropical/developing countries, cargo space should not be wasted on such items.
- (b) The increase in pulse rate associated with the fevers of brucellosis, typhoid, and leishmaniasis is often greater than expected for the degree of temperature elevation.
- (c) Xerophthalmia caused by vitamin A deficiency should be treated with 200,000 IU of vitamin A as soon as the diagnosis is made and another 200,000 IU the following day, and another 200,000 IU 1 week later.
- (d) Invermectin is the drug of choice for trachoma.
- 3. All of the following are first-line medical modes of therapy in the treatment of unstable angina in high-risk patients except:
 - _(a) Aspirin.
- _(b) Intravenous nitroglycerin.
 - _(c) Intravenous heparin.
 - _(d) β-Blockers.
- _(e) Calcium channel blockers. 4. In patients with unstable angina, if chest pain persists beyond 1 hour despite aggressive medical therapy,
- triage to urgent cardiac catheterization should be strongly considered.
- (a) True.
- (b) False.
- 5. Which of the following are useful in the resuscitation of a patient in cardiac arrest?
 - (a) Measurement of arterial blood gas.
 - (b) Measurement of mixed venous blood gas.
 - (c) Measurement of end-tidal carbon dioxide.
 - (d) All of the above.
 - (e) None of the above.
- 6. Conus medullaris syndrome is characterized by all of the following except:

- (a) Reproducible back pain.
- (b) Spontaneous back pain.
- (c) Early loss of autonomic function.
- (d) Anesthesia of the sacral dermatomes.
- (e) Normal radiographic findings are common.
- 7. Cauda equina syndrome is characterized by all of the following except:
- (a) Radiating pain.
- (b) Pain aggravated by jolting and motion.
- (c) Paralysis, areflexia, and atrophy.
- (d) Motor and sensory deficits are symmetric.
- (e) Normal radiographic findings are common.

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