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美国医生执照考试 (二)  
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# 儿 科 Pediatrics

**9th edition**

- 500 USMLE-type questions
- Targets what you really need to know
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Robert J. Yetman



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# Pediatrics

PreTest® Self-Assessment and Review

Ninth Edition

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**Pediatrics: PreTest® Self-Assessment and Review, Ninth Edition**

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儿 科

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# **Pediatrics**

**PreTest® Self-Assessment and Review**

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# 前 言

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“美国医生执照考试(United States Medical Licensing Examination, USMLE)”是一种获取美国行医执照的考试,由“美国国家联邦医学学会(Federation of State Medical Board, FSMB)”和“美国国家医学考试委员会(National Board of Medical Examiners, NBME)”联合发起,由美国“外国医学生教育委员会(Educational Commission for Foreign Medical Graduates, ECFMG)”组成的联合会及“美国国家联邦医学学会”和“美国国家医学考试委员会”共同组织管理。国际上,其他一些国家的医学组织也承认此项考试。目前,这项考试已在我国的北京、上海和广州开展。有志参加此项考试的中国医学生和医生可与这项考试在北京设立的机构 Prometric 取得联系,以获取更多的信息。联系地址和方式如下:100086 北京市海淀区泛亚大厦 1201 室(Room 1201, PANA Tower, Zhichun Road, Haidian District, Beijing 100086, China), 网址: <http://www.prometric.com>, E-mail: [webmaster@sylvan.com.cn](mailto:webmaster@sylvan.com.cn)。

美国医生执照考试共分三部分,即美国医生执照考试(一)(PreTest USMLE Step 1)、美国医生执照考试(二)(PreTest USMLE 2)、美国医生执照考试(三)(PreTest USMLE 3)。第一部分考试以基础医学为主,如解剖、生理、病理、药理、生化,等等。第二部分考试以临床医学为主,如内科、外科、妇产科、儿科、物理诊断、神经病、精神病,等等。第三部分试题只为美国国内医学生使用。国际上,只使用第一和第二部分考试。

为满足中国医学生和医生的需求,人民卫生出版社将陆续引进了“美国医生执照考试”的第一和第二部分系列考试丛书英文版最新版本。这套系列考试丛书不仅为有志于参加美国医生执照考试的中国医学生和医生提供帮助,更为广大的医学生和医务工作者比较中美医学教育和自己掌握的知识提供了参考。同时,该书也是学习专业英语的好教材。

# INTRODUCTION

*Pediatrics: PreTest® Self-Assessment and Review*, Ninth Edition, provides comprehensive self-assessment and review within the field of pediatrics. The 500 questions contained in the book have been designed to be similar in format and degree of difficulty to the questions contained in Step 2 of the United States Medical Licensing Examination (USMLE).

Each question has the correct answer, an explanation, and a specific reference to a textbook. A bibliography that lists the sources used in the book follows the last chapter.

Perhaps the most effective way to use this book is to allow yourself one minute to answer each question in a given chapter in order to approximate the time limits imposed by the USMLE Step 2. As you proceed, indicate your answer to each question.

When you have finished answering the questions in a chapter, you should then spend as much time as you need verifying your answers and reading the explanations. Although you should pay special attention to the explanations for the questions you answered incorrectly, you should read every explanation. The editor has designed the explanations to reinforce and supplement the information tested by the questions. If, after reading the explanations, you want more information, you should consult and study the references indicated.

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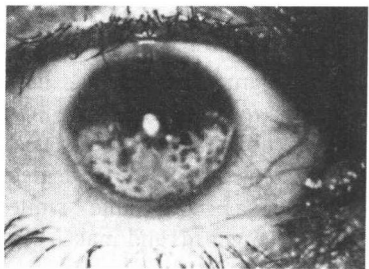
# GENERAL PEDIATRICS

## Questions

**DIRECTIONS:** Each item below contains a question or incomplete statement followed by suggested responses. Select the **one best** response to each question.

- 1.** Two weeks after a viral syndrome, a 9-year-old girl presents to your clinic with a complaint of several days of drooping of her mouth. In addition to the drooping of the left side of her mouth, you note that she is unable to completely shut her left eye. Her smile is asymmetric, but her examination is otherwise normal. This girl likely has
- Guillain-Barré syndrome
  - botulism
  - cerebral vascular accident
  - brainstem tumor
  - Bell's palsy
- 2.** An infant can move his head from side to side while following a moving object, can lift his head from a prone position 45 degrees off the examining table, smiles when encouraged, and makes cooing sounds. He cannot maintain a seated position. The most likely age of the infant is
- 1 month
  - 3 months
  - 6 months
  - 9 months
  - 12 months
- 3.** A child is brought to your clinic for a routine examine. She can dress with help, ride a tricycle, knows her own age, and can speak in short sentences. She had difficulty in copying a square. The age of this child is most likely
- 1 year
  - 2 years
  - 3 years
  - 4 years
  - 5 years
-

4. A 4-year-old girl is noticed by her grandmother to have a limp and a somewhat swollen left knee. The parents report that the patient occasionally complains of pain in that knee. An ophthalmologic examination reveals findings as depicted in the photograph. The condition most likely to be associated with these findings is?



- a. juvenile rheumatoid arthritis
- b. slipped capital femoral epiphysis
- c. Henoch-Schönlein purpura
- d. Legg-Calvé-Perthes disease
- e. Osgood-Schlatter disease

5. A previously healthy 4-year-old child presents to the emergency room with a 2-day history of a brightly erythematous rash and temperature to 40°C (104°F). The exquisitely tender, generalized rash is worse in the flexural and perioral areas. The child is admitted and over the next day develops crusting and fissuring around the eyes, mouth, and the nose. Sheets of skin tear away with gentle traction. This child most likely has

- a. epidermolysis bullosa
- b. staphylococcal scalded skin syndrome
- c. erythema multiforme
- d. drug eruption
- e. scarlet fever

6. A scientific study compares two options for the treatment of asthma. The new treatment was found to be statistically superior at the  $p < 0.05$  level. This means that

- a. the new treatment is 5 percent better than the old treatment
- b. a critical threshold for medical significance has been reached
- c. 5 percent of the time patients will not benefit from the new therapy
- d. the odds are less than 1 in 20 that the differences observed were only a chance variation
- e. it would be unethical to continue the old treatment

**Items 7–8**

**7.** A previously healthy 8-year-old boy has a 3-week history of low-grade fever of unknown source, fatigue, weight loss, myalgia, and headaches. On repeated examinations during this time, he is found to have a heart murmur, petechiae, and mild splenomegaly. The most likely diagnosis is

- a. rheumatic fever
- b. Kawasaki disease
- c. scarlet fever
- d. endocarditis
- e. tuberculosis

**8.** After you make the diagnosis in the previous case, you explain the findings to the family and instruct the family to

- a. restrict the child from all strenuous activities
- b. give the child a “no salt added” diet
- c. ensure that the patient receives antibiotic prophylaxis for dental procedures
- d. test all family members in the home
- e. avoid allowing the child to get upset

9. A 5-year-old boy who was previously healthy has a 1-day history of low-grade fever, colicky abdominal pain, and a skin rash. He is alert but irritable; temperature is 38.6°C (101.5°F). A diffuse, erythematous, maculopapular and petechial rash is present on his buttocks and lower extremities and shown in the following figure. There is no localized abdominal tenderness or rebound; bowel sounds are active. Laboratory data demonstrate

Urinalysis: 30 red blood cells per high powered field  
                  2+ protein  
Stool: guaiac positive  
Platelet count: 135,000

These findings are most consistent with



(Courtesy Adelaide Hebert, M.D.)

- a. anaphylactoid purpura
- b. meningococemia
- c. child abuse
- d. leukemia
- e. hemophilia B

**10.** A 4-month-old baby boy has just arrived in the emergency room. He is cold and stiff. History from the parents is that the healthy infant had been placed in his crib for the night and when they next saw him in the morning he was dead. Physical examination is uninformative. Routine whole-body x-rays reveal the abnormality shown. The most likely diagnosis is



(Courtesy Susan John, M.D.)

- a. scurvy
- b. congenital syphilis
- c. sudden infant death syndrome (SIDS)
- d. osteogenesis imperfecta
- e. battery

**11.** A mother brings an 18-month-old to the emergency center with the concern that the child may have ingested a substance. Which of the following is a contraindication to the use of ipecac in this child

- a. age less than 5 years
- b. breast feeding
- c. ingestion of alkali
- d. ingestion of iron
- e. concurrent administration of intravenous glucose

**12.** A mother calls you on the telephone and says that her 4-year-old son bit the hand of her 2-year-old son 2 days previously and now the area around the laceration is red, indurated, and swollen and he has a temperature of 103°F (39.4°C). Your immediate response should be to

- a. arrange for a plastic surgery consultation to be scheduled in 3 days
- b. admit the child to the hospital immediately for surgical debridement and antibiotic treatment
- c. prescribe penicillin over the telephone and have the mother apply warm soaks for 15 min qid
- d. suggest purchase of bacitracin ointment to apply to the lesion tid
- e. see the patient in the emergency room to suture the laceration

**Items 13–14**

**13.** A 5-year-old white girl presents with a 14-day history of multiple oval lesions over her back. The rash began with a single lesion over the lower back; the other lesions developed over the next days. These lesions are distributed along the cutaneous cleavage lines and are slightly pruritic. The likely diagnosis is

- a. contact dermatitis
- b. pityriasis rosea
- c. seborrheic dermatitis
- d. lichen planus
- e. psoriasis

**14.** The most appropriate initial therapy for the patient in the previous question is

- a. phototherapy
- b. high-dose topical steroid therapy
- c. systemic antifungal agents
- d. coal-tar shampoos
- e. observation and topical emollients

**Items 15–16**

**15.** A very concerned mother brings a 2-year-old child to your office because of multiple episodes of a brief, shrill cry followed by a prolonged expiration and apnea. You have been following this child in your practice since birth and know that the child is a product of a normal pregnancy and delivery, has been growing and developing normally, and has no acute medical problems. The mother relates that the first episode in question occurred immediately after the mother refused to give the child some juice. The child became cyanotic and unconscious and had generalized clonic jerks. A few moments later the child awakened and had no residual effects. A second episode of identical nature occurred at the grocery store when the father of the child refused to purchase a toy for the child. Your physical examination reveals a totally delightful and normal child. The most likely diagnosis in this case is

- a. seizure disorder
- b. drug ingestion
- c. hyperactivity with attention deficit
- d. pervasive development disorder
- e. breath-holding spell

**16.** The most appropriate course of action in the previous case would be to

- a. obtain an EEG and neurologic consultation prior to starting anticonvulsants
- b. begin anticonvulsants while awaiting the results of an EEG, neurologic consultation, and a urine drug screen
- c. initiate a trial of methylphenidate (Ritalin)
- d. instruct the family to splash cold water on the child's face and begin mouth-to-mouth resuscitation should another episode occur
- e. reassure the family of the likely benign nature of the problem and offer counseling for appropriate behavior modification



17. The 3-day-old infant pictured has a facial rash. The most likely diagnosis is



(Courtesy Adelaide Hebert, M.D.)

- a. herpes
- b. neonatal acne
- c. milia
- d. seborrheic dermatitis
- e. eczema

18. You are called to the emergency room to see one of your patients. The father of this 3-year-old was spraying the yard with an unknown insecticide. In the emergency room, the child is noted to have bradycardia, muscle fasciculations, meiosis, wheezing, and profound drooling. The most likely agent included in this pesticide is

- a. organophosphate
- b. chlorophenothane (DDT)
- c. sodium cyanide
- d. warfarin
- e. paraquat