

# APRIL 2011 – PAEDIATRIC NEUROLOGY

CPD questionnaires must be completed online via [www.cpdjournals.org.za](http://www.cpdjournals.org.za). After submission you can check the answers and print your certificate.

## MANAGING FIRST-TIME SEIZURES AND EPILEPSY IN CHILDREN

- 1. The following childhood epilepsy is most often associated with a good outcome:**
  - A. Infantile spasms
  - B. Severe myoclonic epilepsy of childhood
  - C. Lennox-Gestaut syndrome
  - D. Childhood absence epilepsy
  - E. Landau-Kleffner syndrome.
- 2. Benign focal epilepsy of childhood (choose one):**
  - A. Most often occurs during daytime
  - B. EEG typically demonstrates 3 per second spike and wave discharges
  - C. Treatment is not always indicated
  - D. Unfavourable outcome is the rule
  - E. Events tend to occur very frequently.

## PAEDIATRIC STROKE

- 3. True (A) or false (B):**

Cranial ultrasound is the neuroimaging modality of choice for neonatal stroke.
- 4. Which one of the following does not play any role in the management of stroke in children?**
  - A. Aspirin
  - B. Physiotherapy
  - C. Indirect revascularisation procedures
  - D. Blood transfusion
  - E. Thrombolysis.

## NEUROLOGICAL COMPLICATIONS OF HIV/AIDS IN CHILDHOOD

- 5. True (A) or false (B):**

An HIV-infected child with normal tone and reflexes in his/her lower limbs cannot have HIV.
- 6. What is the first-line anti-epileptic agent for an HIV-infected child with epilepsy?**
  - A. Lamotrigine
  - B. Carbamazepine
  - C. Sodium valproate
  - D. Phenobarbitone
  - E. Steroids.

## COGNITIVE AND BEHAVIOURAL OUTCOMES AFTER TRAUMATIC BRAIN INJURY IN CHILDREN

- 7. True (A) or false (B):**

There is a strong dose-response relationship between injury severity and cognitive outcome, and both the family environment and severity are important in predicting behavioural outcome.
- 8. Which one of the following predictors of outcome after pTBI has bi-directional influence?**
  - A. Family environment
  - B. Pre-injury character disturbances
  - C. Access to rehabilitation
  - D. Secondary injury
  - E. Nature and location of injury.

## WHEN TO CONSIDER AN INBORN ERROR OF METABOLISM

- 9. True (A) or false (B):**

Previous miscarriage is a key feature in the history of a woman who has a child with an inborn error of metabolism.

## 10. True (A) or false (B):

Unexplained jaundice in the neonatal period is a feature of the clinical presentation of inborn errors of metabolism in the neonatal period.

## NEUROFIBROMATOSIS

### 11. True (A) or false (B):

The genetic error for neurofibromatosis type 1 is located on chromosome 22 and occurs in all ethnic groups.

### 12. Plexiform neurofibromas (choose one):

- A. Usually present in the second decade of life
- B. Are responsive to chemotherapy
- C. May undergo malignant transformation
- D. Occur in 5% of individuals affected with neurofibromatosis type 1
- E. Should always be resected.

## A MEDICAL APPROACH TO THE CARE OF CHILDREN WITH DUCHENNE MUSCULAR DYSTROPHY

### 13. Duchenne muscular dystrophy (choose one):

- A. Is an autosomal recessive condition
- B. Should be managed with corticosteroids
- C. Has its onset in the second decade of life
- D. Has a normal creatine kinase level
- E. Is associated with distal weakness.

### 14. True (A) or false (B):

All children with Duchenne muscular dystrophy should have DNA stored to direct future treatment options.

## POST-STREPTOCOCCAL NEUROPSYCHIATRIC MOVEMENT DISORDERS OR SYDENHAM'S CHOREA SPECTRUM DISORDER

### 15. True (A) or false (B):

Sydenham's chorea requires notification as acute rheumatic fever.

### 16. The following should not be used in the management of Sydenham's chorea (choose one):

- A. Haloperidol
- B. Penicillin
- C. Phenobarbitone
- D. Sodium valproate
- E. Prednisone.

## APPROACH TO A SINGLE GRANULOMA ON CT SCAN

### 17. Tuberculomas may paradoxically (choose one):

- A. Enlarge on treatment before reducing in size
- B. Become smaller on treatment before increasing in size
- C. Become smaller on treatment before further reducing in size
- D. Enlarge on treatment before increasing in size even further.

### 18. True (A) or false (B):

Magnetic resonance imaging (MRI) is better than computed tomography (CT) in visualising intracranial parasitic cysts.

## APPROACH TO HEADACHES IN CHILDREN

### 19. True (A) or false (B):

The majority of children presenting with headache will have a completely normal neurological examination.

### 20. True (A) or false (B):

Diet can play an important role in childhood headaches.