UWORLD PEDIATRICS PRACTICE TEST (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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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!

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Questions

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1. What is the likely diagnosis for a 6-month-old male in chronic diarrhea with oral thrush and generalized lymphadenopathy?

A. Gastroenteritis

B. HIV infection

C. Cystic fibrosis

D. Malnutrition

2. What is a key pathological change in coarctation of the aorta?

A. Thickening of the tunica media

B. Stenosis of the aortic valve

C. Dilation of the aortic arch

D. Expression of aortic aneurysms

3. What is the most common etiology of sudden death during exertion in young individuals?

A. Marfan syndrome

B. Hypertrophic obstructive cardiomyopathy

C. Coronary artery anomalies

D. Aortic dissection

4. Which sunscreen SPF offers a negligible increase in UV protection compared to SPF 50?

A. SPF 30

B. SPF 50

C. SPF 70

D. SPF 75

5. In Common Variable Immunodeficiency (CVID), what is the risk associated with the condition?

A. Increased risk of infections only

B. Increased risk of malignancies and autoimmune diseases

C. Progressive neurological decline

D. Development of asthma

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6. In the Salter-Harris classification, what does grade IV involve?

A. Physis only

B. Metaphysis and physis

C. Epiphysis, metaphysis, and physis

D. Epiphysis only

7. In a child diagnosed with intussusception, what symptom is often associated with the condition?

A. Persistent fever

B. Currant jelly stool

C. High-grade fever

D. Excessive crying

8. What is the common pathophysiology behind laryngomalacia?

A. Stenosis of the airway

B. Increased laxity of supraglottic structures

C. Cricopharyngeal spasm

D. Obstruction due to masses

9. What is the recommended next step in managing an infant presenting with symptoms of bacterial meningitis?

A. Immediate MRI scan

B. Urgent lumbar puncture then antibiotics

C. Order a full blood count

D. Monitor vital signs for 24 hours

10. Which treatment is commonly given for pertussis in infants?

A. Amoxicillin

B. Ceftriaxone

C. Azithromycin

D. Vancomycin

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Answers

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

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Explanations

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1. What is the likely diagnosis for a 6-month-old male in chronic diarrhea with oral thrush and generalized lymphadenopathy?

A. Gastroenteritis

B. HIV infection

C. Cystic fibrosis

D. Malnutrition

The clinical presentation described is highly suggestive of HIV infection. In an otherwise healthy 6-month-old, the combination of chronic diarrhea, oral thrush, and generalized lymphadenopathy raises concern for an underlying immunocompromised state. Oral thrush is an opportunistic infection commonly seen in individuals with weakened immune systems, particularly in those with HIV. Chronic diarrhea can also be a manifestation of HIV infection due to the impact on the gastrointestinal system and the body's ability to absorb nutrients. Generalized lymphadenopathy indicates systemic involvement, as the lymphatic system responds to the infection. The other conditions presented as options do not fit the clinical picture as closely. Gastroenteritis typically presents with acute symptoms and is less likely to cause prolonged symptoms in such a young child without a history of exposure. Cystic fibrosis may cause respiratory and gastrointestinal symptoms due to thickened secretions, but oral thrush would not typically be a feature of this condition. Malnutrition can lead to a variety of symptoms but it typically would not present with the specific opportunistic infections seen in HIV, such as oral thrush. Overall, the combination of symptoms including chronic diarrhea, oral thrush, and lymphadenopathy is most consistent with HIV infection, making it the likely

2. What is a key pathological change in coarctation of the aorta?

A. Thickening of the tunica media

B. Stenosis of the aortic valve

C. Dilation of the aortic arch

D. Expression of aortic aneurysms

In coarctation of the aorta, a key pathological change is the thickening of the tunica media, which is the middle layer of the arterial wall composed primarily of smooth muscle cells and elastic tissue. This phenomenon occurs as a response to increased blood pressure upstream of the narrowing (coarctation) and results from chronic pressure overload. The thickening happens due to hypertrophy of the smooth muscle cells, leading to a narrowing of the lumen and a subsequent increase in afterload for the left ventricle. This change is crucial to understanding the hemodynamic consequences of the condition, as the heart has to work harder to pump blood through the narrowed segment, which can lead to secondary complications such as left ventricular hypertrophy over time. In contrast, while stenosis of the aortic valve, dilation of the aortic arch, and expression of aortic aneurysms can occur in various cardiovascular conditions, they are not defining factors of coarctation of the aorta. The most characteristic pathological alteration associated with this specific condition is indeed the thickening of the tunica media.

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3. What is the most common etiology of sudden death during exertion in young individuals?

A. Marfan syndrome

B. Hypertrophic obstructive cardiomyopathy

C. Coronary artery anomalies

D. Aortic dissection

Hypertrophic obstructive cardiomyopathy (HOCM) is recognized as the most common cause of sudden death during exertion in young individuals, particularly in athletes. HOCM is characterized by an abnormal thickening of the heart muscle, which can obstruct blood flow and lead to arrhythmias. The condition is often asymptomatic until a tragic event occurs, making it particularly dangerous. Young athletes may not show any signs or symptoms before experiencing cardiac arrest, which frequently happens during periods of intense physical activity. The unique hemodynamic changes that occur with exercise can exacerbate the obstruction caused by the thickened heart muscle, increasing the risk of life-threatening arrhythmias. This emphasizes the importance of screening and awareness for cardiac conditions in young athletes, especially since HOCM can be hereditary. Other conditions, while they can also lead to sudden death, occur less frequently than HOCM in this specific age group. Marfan syndrome is associated with aortic dissection and other cardiovascular issues, but it is not as prevalent as HOCM in causing sudden cardiac events during exertion. Coronary artery anomalies can lead to sudden death, especially in younger populations, but again, they are not as commonly documented as HOCM. Aortic

4. Which sunscreen SPF offers a negligible increase in UV protection compared to SPF 50?

A. SPF 30

B. SPF 50

C. SPF 70

D. SPF 75

The choice of SPF 75 offers a negligible increase in UV protection compared to SPF 50 due to the diminishing returns associated with higher SPF values. The SPF rating indicates the level of protection against UVB radiation, with higher SPF values providing slightly more protection. However, the difference in actual UV protection becomes minimal as the SPF increases. For instance, SPF 50 blocks approximately 98% of UVB rays, while SPF 75 may only block around 98.6% of UVB rays. This small incremental increase means that the additional protection gained by moving from SPF 50 to SPF 75 is minimal, making SPF 75's increase in UV protection negligible. While lower SPFs like 30 also provide good protection, the increase from those levels to SPF 50 shows a more significant difference in UVB protection than moving from SPF 50 to SPF 75. This principle of diminishing returns is important in understanding how SPF works and why, after a certain point, increasing SPF does not significantly enhance protection.

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5. In Common Variable Immunodeficiency (CVID), what is the risk associated with the condition?

A. Increased risk of infections only

B. Increased risk of malignancies and autoimmune diseases

C. Progressive neurological decline

D. Development of asthma

Common Variable Immunodeficiency (CVID) is characterized by a significant defect in the immune system leading to an inability to produce adequate antibodies. While individuals with CVID are indeed at an increased risk of infections due to their impaired immune response, the risk extends beyond just infections. These patients also have a notably elevated risk of malignant conditions such as lymphomas and autoimmune diseases, making them susceptible to both cancer and conditions where the immune system mistakenly attacks the body's own tissues. The link between CVID and both malignancies and autoimmune disorders arises from the dysregulation of immune function. The underlying issues with antibody production and the accompanying abnormal immune responses can pave the way for the development of these additional serious health problems. Thus, the risk profile for someone with CVID is multifaceted, including both infections and other significant complications, reinforcing the importance of holistic management of the condition. Other options do not capture the full spectrum of risks associated with CVID. While infections are a major concern, they do not encompass the complete risk landscape. Progressive neurological decline and the development of asthma are not directly tied to CVID, making these points less critical in understanding the risks associated with this immunodeficiency disorder.

6. In the Salter-Harris classification, what does grade IV involve?

A. Physis only

B. Metaphysis and physis

C. Epiphysis, metaphysis, and physis

D. Epiphysis only

In the Salter-Harris classification system, which is used to categorize pediatric fractures involving the growth plate (physis), grade IV specifically refers to a fracture that affects the epiphysis, metaphysis, and physis. This means that the fracture extends through all three of these anatomical areas. The involvement of the epiphysis is significant because it can affect the future growth of the bone, leading to potential complications such as growth arrest or deformity. Grade IV fractures can be more complex and may require careful management to optimize healing and preserve function. Understanding the structure of these areas is crucial. The physis is the growth plate, the metaphysis is the region where the diaphysis (shaft of the bone) meets the epiphysis (end of the bone), and the epiphysis is the area at the end of the bone that contributes to joint formation. Since grade IV impacts all three regions, it underscores the importance of careful assessment and intervention for fractures of this type. This classification helps in forecasting potential complications and guiding the treatment plan to ensure the best possible outcome for the child.

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7. In a child diagnosed with intussusception, what symptom is often associated with the condition?

A. Persistent fever

B. Currant jelly stool

C. High-grade fever

D. Excessive crying

Intussusception is a condition where a part of the intestine telescopes into an adjacent segment, leading to obstruction and potential ischemia. One of the hallmark signs of intussusception in children is the presence of "currant jelly stool." This type of stool is characterized by a mixture of blood and mucus, which occurs due to the sloughing of mucosal tissue that can happen as a result of the obstruction and is often a result of the compromised blood supply to the affected section of the bowel. The presence of currant jelly in the stool signifies that the condition has led to significant irritation and damage to the bowel lining, and it is often one of the key indicators that healthcare providers consider when diagnosing intussusception in pediatric patients. Additionally, this symptom can help differentiate intussusception from other causes of abdominal pain in children. The understanding of this symptom is critical in the urgent management of intussusception, as it often necessitates immediate intervention to prevent the possibility of bowel necrosis and further complications.

8. What is the common pathophysiology behind laryngomalacia?

A. Stenosis of the airway

B. Increased laxity of supraglottic structures

C. Cricopharyngeal spasm

D. Obstruction due to masses

Laryngomalacia is characterized primarily by the increased laxity of the supraglottic structures, which leads to an abnormal collapse of these tissues during respiration. This condition is the most common cause of stridor in infants and is typically diagnosed due to the inspiratory stridor that occurs, particularly noted when the child is in a supine position. The increased laxity in the supraglottic area—comprising the epiglottis and surrounding soft tissues—results in a floppy airway that collapses during inhalation. When the structures are more pliable than normal, they can obstruct the airway, causing the characteristic stridor. In most cases, infants with laryngomalacia will improve as they grow and the structures become firmer with age. Understanding this pathophysiology is crucial for managing patients with laryngomalacia, as it helps differentiate the condition from other airway issues that may involve strictures, mass effects, or muscular problems. This clarity allows healthcare providers to provide appropriate reassurance to parents and caregivers about the generally benign course of laryngomalacia.

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9. What is the recommended next step in managing an infant presenting with symptoms of bacterial meningitis?

A. Immediate MRI scan

B. Urgent lumbar puncture then antibiotics

C. Order a full blood count

D. Monitor vital signs for 24 hours

In the management of an infant presenting with symptoms of bacterial meningitis, the immediate priority is to establish a diagnosis and start appropriate treatment as soon as possible. An urgent lumbar puncture is crucial for obtaining cerebrospinal fluid (CSF) for analysis, which can confirm the presence of infection and identify the causative organism. This procedure allows for the examination of the CSF for features typical of bacterial meningitis, such as elevated white blood cell counts, increased protein levels, and decreased glucose levels. Simultaneously, it is essential to initiate empirical intravenous antibiotics without delay, as bacterial meningitis can progress rapidly and become life-threatening. Early administration of antibiotics significantly improves outcomes and can prevent complications associated with the infection. Other options, such as an MRI scan, are not appropriate in this acute setting since they can delay treatment. While imaging may be indicated later to assess for complications or other conditions, the immediate focus must be on confirming the diagnosis and starting antibiotics. Similarly, ordering a full blood count or merely monitoring vital signs does not address the urgent need for treatment and could lead to deterioration in the patient's condition. Therefore, performing an urgent lumbar puncture followed by the initiation of antibiotics is the best course of action.

10. Which treatment is commonly given for pertussis in infants?

A. Amoxicillin

B. Ceftriaxone

C. Azithromycin

D. Vancomycin

In infants diagnosed with pertussis, azithromycin is the recommended treatment. This macrolide antibiotic is effective against Bordetella pertussis, the bacterium that causes the disease. Azithromycin works by inhibiting bacterial protein synthesis, which helps to reduce the severity and duration of the coughing paroxysms associated with pertussis. The choice of azithromycin is particularly important for young infants because they are at a higher risk for complications related to pertussis, such as apnea or pneumonia. Additionally, azithromycin is preferred over other antibiotics due to its favorable safety profile in the pediatric population, especially in very young infants, including those under one month. While other antibiotics, such as amoxicillin or ceftriaxone, may be appropriate for different bacterial infections, they are not effective against the specific pathogen responsible for pertussis. Vancomycin is typically reserved for severe infections, especially those caused by antibiotic-resistant bacteria, and is not indicated for the treatment of pertussis in this age group. Thus, the use of azithromycin is a targeted approach to managing this infectious disease in infants.

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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.

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

https://uworldpediatrics.examzify.com

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

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