

**CME POST-TEST****All post-tests must be completed and submitted online.**

EXPIRATION DATE: MARCH 2022

Earn Category I CME Credit by reading both CME articles in this issue, reviewing the post-test, then taking the online test at <http://cme.aapa.org>. Successful completion is defined as a cumulative score of at least 70% correct. This material has been reviewed and is approved for 1 hour of clinical Category I (Preapproved) CME credit by the AAPA.

EARLY PREGNANCY LOSS**1. EPL encompasses which of the following groups of descriptors?**

- a. spontaneous abortion, threatened abortion, incomplete abortion, complete abortion, and anembryonic pregnancy
- b. abnormal uterine bleeding, spontaneous abortion, threatened abortion, incomplete abortion, and complete abortion
- c. fetal demise, spontaneous abortion, threatened abortion, incomplete abortion, and complete abortion
- d. abnormal uterine bleeding, fetal demise, spontaneous abortion, threatened abortion, and incomplete abortion

2. EPL is defined as a nonviable intrauterine pregnancy diagnosed up to what gestational age?

- a. 8 weeks, 6 days
- b. 10 weeks, 4 days
- c. 12 weeks, 6 days
- d. 14 weeks, 6 days

3. Which statement best describes an incomplete abortion?

- a. an egg is fertilized and implanted but does not develop into an embryo
- b. a nonviable intrauterine pregnancy noted on ultrasound with products of conception remaining in the uterus
- c. expulsion of all products of conception from the uterus, cervical os closure, and symptom resolution
- d. symptoms of EPL, such as vaginal bleeding with pelvic pain and cramping, although the cervical os is closed and a viable intrauterine pregnancy is noted on ultrasound

4. Which of the following is the most common cause of EPL?

- a. underlying maternal risk factors
- b. immunological mechanisms
- c. infections
- d. chromosomal abnormalities

5. Which statement is correct about the early assessment of a woman of childbearing age who presents with abnormal vaginal bleeding?

- a. Ectopic pregnancy should always be considered in the differential diagnosis and promptly ruled out.
- b. Vaginal bleeding in EPL can be described as being less than that of a very light menstrual cycle and rarely contains clots or tissue.
- c. Pelvic cramping without bleeding is frequently associated with EPL.
- d. Nausea and emesis are strongly associated with the incidence of EPL.

TUBEROUS SCLEROSIS COMPLEX**6. Which presentation best characterizes TSC?**

- a. unexplained neurologic symptoms
- b. the appearance of multiple benign, noninvasive lesions called hamartomas in multiple organs
- c. slowly progressing heart failure
- d. chronic kidney disease

7. Which statement about TSC is correct?

- a. It is a neoplastic process.
- b. It is uncommon to diagnose TSC in a patient before adulthood.
- c. It is a genetic, neurocutaneous disorder affecting multiple organ systems.
- d. Chronic kidney disease is the most frequent manifestation of TSC.

8. Which of the following are classic manifestations associated with TSC?

- a. adenoma sebaceum, seizures, and intellectual disability
- b. seizures, chronic kidney disease, and cardiac rhabdomyomas
- c. autism, angiofibromas, and renal cysts
- d. angiomyolipomas, retinal hamartomas, and dental enamel pits

9. Which statement is correct about treatment of patients with TSC?

- a. Primary care providers must be competent in the recognition and treatment of TSC because they will provide the majority of care for these patients.
- b. Prompt referral to an oncologist is the most important key to the successful management of TSC.
- c. No medications have proven to be effective in the management of TSC.
- d. A multispecialty approach, with neurologists, pediatricians, dermatologists, ophthalmologists, internists, cardiologists, dental specialists, and psychiatrists working together, is needed to control and treat the symptoms.

10. Which of the following are used to treat problems specifically associated with TSC?

- a. vigabatrin, everolimus, and mTOR inhibitors
- b. everolimus, methylprednisolone, and vigabatrin
- c. diazepam, vigabatrin, and mTOR inhibitors
- d. methylprednisolone, diazepam, and vigabatrin