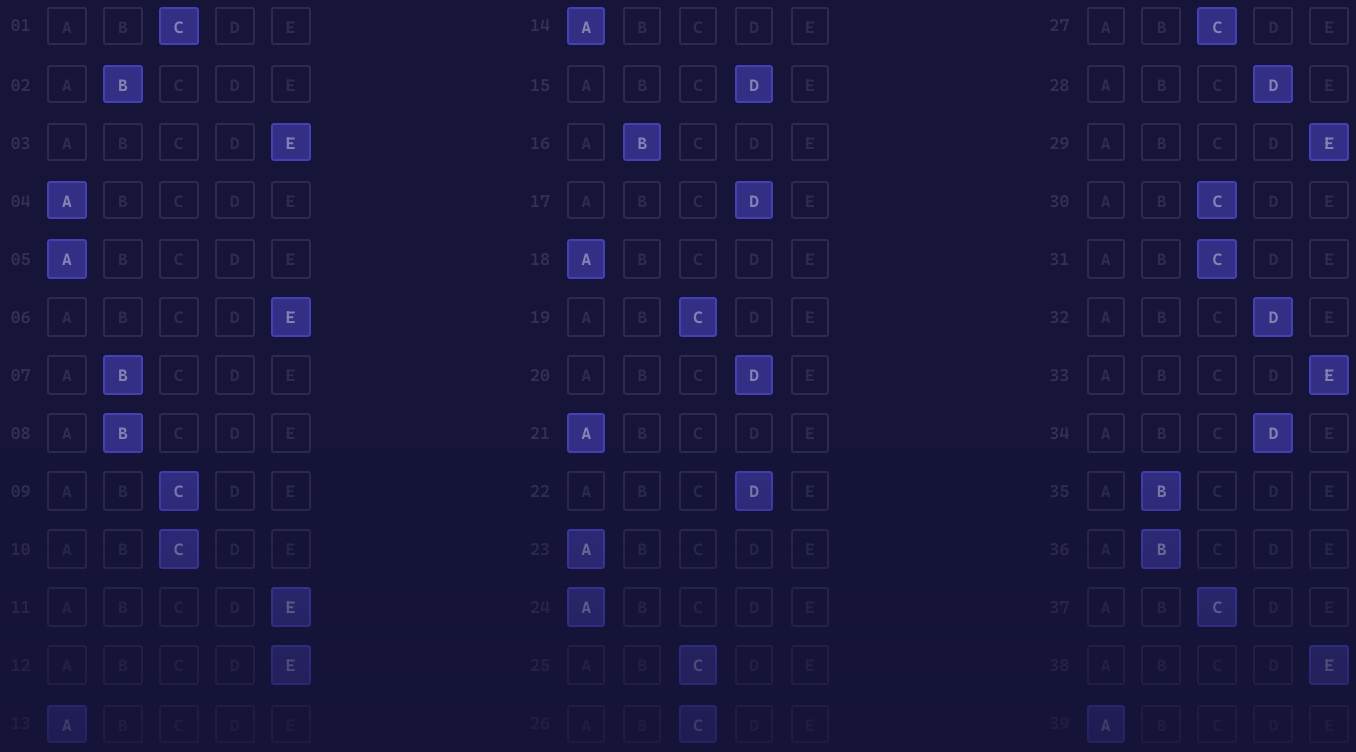
MOMETRIX
SMARTER PREP. BETTER RESULTS.



PRACTICE QUESTIONS

American Board Of Pediatrics (ABP)

CRHEU

Pediatric Rheumatology (Certification)

EDITION	QUESTIONS	FORMAT
Demo	9	Limited Edition PDF

WEB www.mometrix.net

SUPPORT support@mometrix.net

Before you begin

What this is

9 practice questions for American Board Of Pediatrics (ABP) `CRHEU`, each with its answer key and an explanation. Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, `CRHEU`
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

mometrix.net

QUESTION 1 SINGLE CHOICE

A 6-year-old girl presents with a 3-month history of pain and swelling in the right knee and a 6-week history of pain and swelling in the left wrist. She has no systemic features and a negative ANA. Which subtype of juvenile idiopathic arthritis (JIA) is most consistent with this presentation?

A Systemic JIA

B Oligoarticular JIA (extended)

C Polyarticular JIA, rheumatoid factor negative

D Enthesitis-related arthritis

ANSWER C

WHY Involvement of five or more joints (the knee and the wrist) during the first 6 months defines polyarticular JIA. In the absence of rheumatoid factor positivity, the RF-negative category is the most likely subtype in a young girl with no systemic features. Oligoarticular JIA involves four or fewer joints, systemic JIA requires quotidian fever plus systemic features, and enthesitis-related arthritis typically affects older boys with sacroiliac or lower-extremity entheseal involvement.

mometrix.net

QUESTION 2 SINGLE CHOICE

An adolescent girl presents with malar rash, oral ulcers, arthritis, and proteinuria. Laboratory testing shows positive anti-dsDNA antibodies and low complement levels. Which of the following is the most appropriate next step in management?

A Begin nonsteroidal anti-inflammatory drug therapy alone and re-evaluate in 4 weeks

B Begin hydroxychloroquine and refer promptly for renal biopsy given the proteinuria

C Begin methotrexate and arrange ophthalmology screening

D Reassure the family because lupus rarely affects adolescents

ANSWER B

WHY This patient meets criteria for systemic lupus erythematosus. Proteinuria suggests lupus nephritis, and current pediatric practice emphasizes early renal biopsy to classify nephritis (ISN/RPS classes) and guide immunosuppressive therapy. Hydroxychloroquine is a foundational therapy for essentially all pediatric SLE patients, and ophthalmology screening for hydroxychloroquine retinal toxicity should be arranged. NSAIDs alone are inadequate, methotrexate is not first-line for SLE nephritis, and SLE commonly presents in adolescence.

mometrix

QUESTION 3 SINGLE CHOICE

A 14-month-old boy has had fever for 6 days, bilateral nonexudative conjunctivitis, fissured lips, a polymorphous rash, extremity edema, and a single palpable cervical lymph node. He has received one dose of intravenous immunoglobulin (IVIG). Which coronary artery abnormality is the most common serious cardiac complication of untreated Kawasaki disease?

A Mitral valve prolapse

B Dilatation or aneurysm of the coronary arteries

C Aortic root dissection

D Hypertrophic cardiomyopathy

ANSWER B

WHY Coronary artery aneurysms and dilatation are the hallmark cardiovascular complications of Kawasaki disease and the principal reason for treating with IVIG and high-dose aspirin. Mitral valve prolapse, aortic dissection, and hypertrophic cardiomyopathy are not characteristic complications of Kawasaki disease.

mometrix.net

QUESTION 4 SINGLE CHOICE

A 4-year-old boy of Armenian descent presents with recurrent 72-hour episodes of fever accompanied by abdominal pain, chest pain, and arthritis. Between attacks he is completely well. Serum amyloid A is elevated during attacks. Which autoinflammatory disease is most likely?

A **Familial Mediterranean fever**

B Cryopyrin-associated periodic syndrome (CAPS)

C Tumor necrosis factor receptor-associated periodic syndrome (TRAPS)

D Hyperimmunoglobulinemia D with periodic fever syndrome (HIDS)

ANSWER **A**

WHY Familial Mediterranean fever (FMF) classically presents in children of Mediterranean/Middle Eastern descent with self-limited 1- to 3-day attacks of fever and serositis (peritonitis, pleuritis) or arthritis, and elevated serum amyloid A that can lead to AA amyloidosis if untreated. Colchicine is the treatment of choice. TRAPS tends to have longer attacks (often more than a week), CAPS presents with urticaria-like rash and cold-induced symptoms, and HIDS is associated with elevated IgD and typically shorter attacks with prominent lymphadenopathy.

mometrix.net

QUESTION 5 SINGLE CHOICE

A 7-year-old girl presents with proximal muscle weakness, heliotrope rash, and Gottron papules. Her creatine kinase is markedly elevated. Which autoantibody is most specifically associated with juvenile dermatomyositis and an increased risk of ulcerative skin disease and chronic disease course?

A Anti-dsDNA

B Anti-Mi-2

C Anti-TIF1-gamma

D Anti-SSA/Ro

ANSWER C

WHY Anti-TIF1-gamma (anti-p155/140) antibodies in juvenile dermatomyositis are associated with severe cutaneous involvement, including ulcerative skin disease, and a chronic disease course. Anti-Mi-2 is associated with classic JDM with good response to therapy and lower malignancy risk. Anti-dsDNA is associated with SLE, and anti-SSA/Ro is associated with Sjögren syndrome, neonatal lupus, and congenital heart block.

QUESTION 6 SINGLE CHOICE

A 5-year-old boy presents with palpable purpura on the buttocks and lower extremities, arthralgia, abdominal pain, and tea-colored urine. His blood pressure is mildly elevated. Urinalysis shows hematuria and proteinuria. Which of the following is the most likely histologic finding on renal biopsy?

A Pauci-immune necrotizing glomerulonephritis

B IgA deposition in the mesangium

C Subepithelial humps on electron microscopy

D Granular deposition of IgG and C3 along the glomerular basement membrane

ANSWER B

WHY IgA vasculitis (Henoch-Schönlein purpura) is characterized by IgA-dominant immune deposits in the mesangium, analogous to IgA nephropathy. Pauci-immune necrotizing glomerulonephritis is typical of ANCA-associated vasculitides, subepithelial humps characterize post-streptococcal glomerulonephritis, and granular IgG and C3 along the GBM suggests membranous nephropathy or anti-GBM disease.

QUESTION 7 SINGLE CHOICE

An 8-year-old with polyarticular JIA has had an inadequate response to methotrexate. Which biologic agent targets the interleukin-6 receptor and is FDA-approved for polyarticular and systemic JIA?

A Etanercept

B Adalimumab

C Tocilizumab

D Rituximab

ANSWER C

WHY Tocilizumab is a monoclonal antibody directed against the IL-6 receptor and is approved for both polyarticular JIA and systemic JIA (including in children with macrophage activation syndrome risk). Etanercept and adalimumab are TNF-alpha inhibitors, and rituximab targets CD20 on B cells and is used in refractory autoimmune disease but is not first-line for JIA.

QUESTION 8 SINGLE CHOICE

A mother who is anti-SSA/Ro positive delivers a newborn with bradycardia. Electrocardiography demonstrates complete atrioventricular (AV) block. Which of the following statements about neonatal lupus is most accurate?

A Complete congenital AV block is typically reversible with corticosteroid therapy after birth

B Maternal anti-SSA/Ro antibodies cross the placenta and can cause irreversible injury to the conduction system

C Permanent pacing is rarely required because most children recover sinus rhythm

D Subsequent pregnancies are not at increased risk because maternal antibodies are protective

ANSWER B

WHY Maternal anti-SSA/Ro (and to a lesser extent anti-SSB/La) autoantibodies cross the placenta and can cause inflammation and fibrosis of the fetal cardiac conduction system, leading to congenital complete AV block that is usually irreversible and frequently requires permanent pacemaker placement in childhood. Risk of recurrence in subsequent pregnancies is significantly increased (approximately 20 percent), which has implications for maternal counseling and fetal monitoring.

mometrix.net

QUESTION 9 SINGLE CHOICE

A 5-year-old boy with known systemic JIA presents with persistent high fever, hepatosplenomegaly, rapidly rising ferritin, falling fibrinogen, rising triglycerides, and evidence of hemophagocytosis on bone marrow examination. Which of the following is the most likely diagnosis?

A Leukemic transformation of systemic JIA

B Macrophage activation syndrome (MAS)

C Drug hypersensitivity reaction to tocilizumab

D Bacterial sepsis with disseminated intravascular coagulation

ANSWER B

WHY The constellation of unremitting fever, hepatosplenomegaly, hyperferritinemia, hypofibrinogenemia, hypertriglyceridemia, and hemophagocytosis in a child with systemic JIA is classic for macrophage activation syndrome (MAS), a life-threatening complication of systemic JIA. Prompt recognition is essential because treatment typically involves high-dose corticosteroids and consideration of cyclosporine or IL-1 inhibition, and may differ from routine management of sepsis or leukemia.

mometrix.net