

**Laughing Your Way  
to Passing the  
Pediatric Boards™:  
Symphonic Mnemonics™  
2nd Edition!**

**The Seriously Funny Study Guide Companion™**

*"Become Board Certified Without Being Certified Bored"*

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[www.passtheboards.com](http://www.passtheboards.com)

MedHumor Medical Publications, Stamford, Connecticut

**Medh?mor™**  
Medical Publications, LLC.

www.passtheboards.com

Published by:

Medhumor Medical Publications, LLC  
1127 High Ridge Road, Suite 332  
Stamford, CT 06905 U.S.A.

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ISBN: 1-60743-532-7

First printing September 2001

Second printing September 2010

*Printed in the United States of America*

*This book is designed to provide information and guidance in regard to the subject matter covered. It is to be used as a study guide for physicians preparing for the General Pediatric Certifying Exam administered by the American Board of Pediatrics. It is not meant to be a clinical manual. The reader is advised to consult textbooks and other reference manuals in making clinical decisions. It is not the purpose of this book to reprint all the information that is otherwise available, but rather to assist the Board Candidate in organizing the material to facilitate study and recall on the exam. The reader is encouraged to read other sources of material, in particular picture atlases that are available.*

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**If you do not wish to be bound by the above,  
you may return this book to the publisher for a full refund.**

# Table of Contents

<b>Dedication</b> .....	<b>iv</b>
<b>Foreword</b> .....	<b>v</b>
<b>Acknowledgments</b> .....	<b>vii</b>
<b>About the Author</b> .....	<b>ix</b>
<b>Contributors</b> .....	<b>xi</b>
<b>Introduction: Passing the Boards without Passing a Stone™</b> ..	<b>xiii</b>
<b>Waltzing Through With Symphonic Mnemonics™</b> .....	<b>1</b>
<b>Symphonic Mnemonics™</b>	
Adolescent Medicine.....	9
Allergy and Immunology.....	18
Cardiology.....	21
Dermatology ..	26
Endocrinology.....	30
ER / Critical Care.....	34
Fluids and Electrolytes ..	39
Gastroenterology.....	42
Genetics.....	52
Hematology / Oncology.....	73
Infectious Disease.....	77
Neonatology.....	91
Neurology.....	97
Psych / Development.....	103
Pulmonary.....	107
Renal.....	113
Rheumatology.....	116
<b>Questions</b> .....	<b>121</b>
<b>Answers</b> .....	<b>143</b>

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\*Mr. Zhao is an MD2B

# Introduction

## Passing the Boards Without Passing a Stone™

You cannot pass the exam without studying, or by reading a massive column of words like Rudolph or Nelson, or baby Nelson for that matter. These are reference books that can help in clinical decisions, but they will not provide you with the tools needed to pass the Boards.

*You need an approach that focuses on the format in which it is tested and tools to assist with rapid recall of this information on the exam.*

This is how a bell curve is created from a pool of intelligent physicians who by definition are good test takers. You must have the information at your fingertips and be in a position to know the differences that separate similar disorders and which disorders have traits in common. For example, you might need to quickly recall if a disorder has sensorineural hearing loss as a feature. You would also need to know whether a toxin is the key to an infectious disease or the infecting organism itself. Most textbooks do not focus on this, and most board candidates do not study with this in mind.

You can get information from the Board directly:

The American Board  
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111 Silver Cedar Court  
Chapel Hill, NC 27514  
Voice: 919-929-0461  
Fax: 919-929-9255  
[www.apb.org](http://www.apb.org)

Rather, they are “clinically oriented,” which often results in a failing grade due to shaky recall of such facts on the exam.

This latest installment in our *Laughing Your Way to Passing the Pediatric Boards™* series focuses on these facts in an easy to recall format since the mnemonics focus on the words themselves, making them almost impossible to forget on the exam.

## **How to Use This Book**

You can go through this book cover to cover, or pick and choose your own order. We suggest you go:

- 1) **Movement 1** – Go through the entire mnemonic section at least once to get a feel for the material.
- 2) **Movement 2** – Begin memorizing one section at a time. *Remember, the first attempt will seem difficult, but the third attempt will be a charm.* Highlight the ones that give you trouble.
- 3) **Movement 3** – Review the mnemonics that gave you the most trouble.
- 4) **Finale** – Go through the Question Section.
- 5) **First Encore** – Review the questions you got wrong and re-memorize the mnemonics if necessary.
- 6) **Grand Finale** – We have placed the questions themselves in the Answer Section as a convenience, so you do not need to keep going back to the Question Section repeatedly. You can also use this as a “post-test” by marking the questions that gave you the most trouble and taking them again. By focusing on this now, you increase the likelihood you will get questions related to this material correct come exam time.

## Guideposts Along the Way

As you read the book, you will notice pictures in the margin that emphasize important points and elaborate on our mnemonics. These “Guideposts” will indicate a particular type of information contained in the boxes and help organize the material.

	<i>Perils</i>	This alerts you to possible big mistakes and traps that are typically laid down for you on the exam.
	<i>Mnemonic Device</i>	This indicates a mnemonic devices that will help you memorize difficult but important information.
	<i>Insider Tip</i>	This draws your attention to a “Board Pearl”– a Tip from those who’ve been there before and other “take home messages.”
	<i>Myth</i>	This signifies a popularly held myth that isn’t true. This is a classic trap laid by Board Examiners.
	<i>Down to two choices</i>	This points out minute differences between similar disorders, which are critical to answering many questions correctly.

With these guideposts in mind, we wish you the best of luck. If you have taken the exam and failed several times try not to despair; there are others in the same position you are. You probably have lunch with them and see them at meetings. Like you, they just aren’t talking about it.\*

The natural inclination is to buy every book under the sun and attend every course offered to prepare for the exam. But this merely gives you a false sense of security. What you really need is a plan—a new strategy you did not employ before. Its within your grasp right now, and it will help you join the many others who have passed while “taking the boredom out of board review®”.

Best of luck,

Stu Silverstein, MD, FAAP  
Medhumor Medical Publications, LLC  
Stamford, Connecticut



In their bid to get the Nobel Prize for Medicine Bin and Jarry introduce their newest flavor

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# Waltzing Through With Symphonic Mnemonics

## **Make It Impossible to Forget**

The book you are holding in your hand is meant to be a companion title to the main book in our Pediatric Series, *Laughing Your Way to Passing the Pediatric Boards™: The Seriously Funny Study Guide™*. While there is indeed some overlap regarding content, this book has a bit of a different approach since the words, diseases, and descriptions themselves will be what triggers your recall of the information on the exam. As such, the information will be almost impossible to forget. Of course, the folks who write the exam won't always use the exact same words, and this is why we also included a Question / Answer Self-assessment section to help integrate the material.

Again, while there may be some overlap in the memory aide material between our two publications, the advantage is the material is specifically chosen to be high yield. Besides, it doesn't hurt to have a spare tire should your memory fall flat on the exam.

## **Nothing to Do with Air Pressure**

For a word that's defined as a device used to assist with memory, its spelling is amazingly difficult to remember. I've seen it spelled, *moonotic*, *pneumonic*, *bubonic*, and occasionally folks just give up and spell it *Moon River*, but that's another story for another time. The correct spelling is *mnemonic*.

We have all used mnemonics on occasion throughout our career. In particular, we have used them in medical school. Most of us still remember the cranial nerves thanks to the politically incorrect mnemonic, “Oh, Oh, Oh to touch...” You know the rest.

*Memory aides are crucial to passing the boards, and they should be an integral part of studying and not be left to chance. We were all told that to pass the boards all you need to do is look over the cases you had in residency and maybe flip through the pages of an atlas. This is simply a myth, because you cannot possibly have seen enough of the odd cases and zebras that you’ll be tested on. Even if you did, the details needed to pass require a system to commit these minutiae to memory.*

Memory aides are crucial to passing the boards, and they should be an integral part of studying and not be left to chance.

## **Is it Worth the Time?**

*Coming up with mnemonics may seem like a lot of work and an inefficient use of time. This is one of life’s paradoxes since memorizing by rote, which is nothing more than memorizing via time-consuming repetition with *no system*, is much more inefficient. It is equivalent to going on a trip without a map and hoping you arrive “eventually” (which is how some of us men drive anyway). In addition, there is no guarantee you will remember crucial facts and details using rote memory.*

Many time management experts emphasize that the most important part of the day is the time taken to make a schedule and organize the day. Planning makes for saved time and a more focused effort. A simple analogy would be having no filing system and no bookshelves. Every time you wanted to find something you would have to go over piles and piles of papers. Memory aides are the shelves and filing system that make for easy recall on the exam.

## Fun and Focusing

*Reading and memorizing a 350-pound textbook cover to cover will not help you pass the exam.* If you're like most people, you'll only remember half of the main points of what you read, *immediately* after completing a reading session. You'll remember even less than half if you continue reading after you've been lulled into a deep halothane-like coma. One of the reasons so little is remembered is that no time has been taken to integrate the material into long-term memory.

By using mnemonics, you are forced to use your imagination, stay focused, and *take the time to integrate the information into long-term memory* while you study. Coming up with clever pictures and images is actually fun, and it turns a dreaded chore into a creative challenge. Your mind can't wander because you're forced to *be in the moment* while you're studying. After all, if you gave up something pleasant in order to study, you might as well study and not daydream.

After all, if you gave up something pleasant in order to study, you might as well study and not daydream.

## Selective Service

You need to be selective in what you study and memorize. Painting the pages with teal and chartreuse highlighters won't help. On the other hand, *highlighting one word every 30 pages of a 19-page review book* won't work either.

The American Board of Pediatrics has a core set of material they must test you on and they ask questions on these topics every year. This is what you need to focus on and forget about the rest. For example, they have to ask about the different forms of dehydration in infants, management of a variety of toxic

ingestions, the various forms of anemia, and of course details of the bow ties worn by the academicians writing the board questions. Focusing on the details of these core topics rather than trying to randomly learn every nook and cranny of the 350-pound textbook is the key to passing and to not feeling overwhelmed. *This is an example of working smart, not hard.*

## **Anatomy of a Mnemonic**

*The goal in preparing for a board exam is not to “remember”. The goal is to make it “impossible to forget the material”. In doing so, you will almost guarantee a passing grade if not a high score.*

If somebody calls you at 4 a.m. and asks whether corneal clouding is a part of Hunter’s syndrome and what its inheritance pattern is, your reply, before opening your eyes to clear your own sleep-deprived corneal clouding, should be “No” and “X-linked.” You knew this because “you can’t be a successful hunter if you have cataracts,” and you envisioned X’s instead of arrows as the weapon of choice, so you knew it was X-linked.

## **Built by Association**

When you’ve taken care of a patient with a rare disorder, you’ll remember enough details for the exam without the need for a mnemonic (although it still doesn’t hurt to use them). This is probably because you did extra reading on the subject, but more importantly you have developed “natural associations” between the disorder and the patient (perhaps the name of the patient, appearances of family members, or the time of the year). Unfortunately, you would have to be in practice for 300 years to see patients with every disorder and make these natural associations. The trick is to make up *artificial associations* so that it’s “as if” you have seen the important cases for the boards.

## Association Rules

This is where it can get tricky, but it's also where it can be the most fun. *Most of us in medicine are trained to be serious and to think within the box of medical logic. Unfortunately, the opposite skills are needed to come up with memory aides that will lock in the information.* These rules are:

- **Suspend Logic**—Ordinary everyday things are difficult to remember and the easiest to forget. *When logic is suspended and an absurd picture is formed, it will be impossible to forget.* If you picture an airplane on a runway to remind you to pick up a friend, you'll forget it *before* you thought about it. However, if you picture an airplane in place of your friend's house, you won't forget it.
- **Substitute**—Many disorders have names that have no logical meaning, so you need to change the name to something you can picture or relate to. It is *this* picture to which you can then attach links and meaning. For example, *Alport's* syndrome has no meaning. However, if you change it to *Airport* syndrome, it will become much easier to make the associations stick. Let's face it, unless you're taking an oral exam and the term Airport syndrome rolls off your tongue by mistake, you're not in danger of confusing the two. And on multiple-choice exams, you won't have to choose between Alport and Airport syndrome. If English is not your first language, then you have an even greater supply of words to use as substitutions for medical terms and syndromes.
- **Exaggerate Proportions**—It will be much easier to remember things when the size or the numbers are exaggerated. For example, make the plane your friend lives in 80 feet tall, with millions of blades of grass surrounding the house, which on closer examination are actually ticket

## **MALES Gynecomastia**

**M** ass of brain  
**A** buse of drugs  
**L** evel of Testosterone elevated  
**E** strogen/Progesterone  
**S** ex chromosome



Gynecomastia occurs transiently in over 50% of teenager males and only reassurance is required. Actually a lot of reassurance for the creeped out male teenager when he discovers man boobs.

If the question indicates something more than normal variant, additional workup would be indicated as follows. Therefore, a urine/blood drug screen and a karyotype should be obtained when drug abuse or hormonal imbalance is a consideration.

Estrogen, progesterone, and testosterone levels should be checked as well.

If all these labs are normal, patients should be reassured that the majority of male gynecomastia resolves in 1-2 years

## **Obesity**

(assessment)

**O** nset  
**B** ehavior  
**E** xercise  
**S** ocial  
**I** Q (mental, school, psychosocial)  
**T** otal daily intake  
**Y** oung or old

# Allergy and Immunology

## Allergic child

(triggers)

- A nimals
- B asement
- C igarette
- D ust mites
- E xercise
- F loors (carpeting)

## Allergic Rhinitis

(complications)

- A denoidal hypertrophy
- L oss of hearing
- L oss of smell sensation
- E ar infection
- R ed eyes
- G um/teeth allergies
- I tching
- C hronic sinusitis
- S peech delay

## Allergy to milk protein

(clinical features)

- A lbumin is low
- B lood loss (bloody stool)
- C hronic diarrhea
- D istended abdomen
- E mesis
- F ailure to thrive

## Prolong QT syndrome

(clinical features - first three are the triad of EKG findings)

- A symmetric T waves
- B bradycardia
- C orrected QT > 0.44 second
- D eath may occur
- E pisodes of syncope



Since this can result in “premature death” (i.e., somebody dying when they are young and “cute”), it is easy to recall that **“QT” = Cutie syndrome** can result in sudden death, remaining a cutie forever.

## Still murmur

(features)

- S itting position (murmur louder with sitting)
- T emperature (murmur louder with high fever)
- I ncreased heart rate (murmur louder with increased HR)
- L (louder at left sternal border)
- L (localized - louder at focal site)

## Supraventricular tachycardia

(management)

- A denosine
- B eta-blockers
- C alcium blockers
- D igoxin
- E lectro cardioversion

## **Alopecia**

(hair loss - etiologies)

- A**lopecia Areata
- L**esion/Trauma
- O**ral Contraceptive Pills
- P**oisons/Drugs
- E**ndocrine/Metabolic (i.e., hypothyroid)
- C**ongenital
- I**nfections (tinea capitis)
- A**norexia
- S**LE (lupus)

## **Atopic eczema**

(diagnostic criteria in children (**M**ajor and minor))

- C**utaneous fissure behind ear (m)
- H**istory in the family (**M**)
- I**tchy skin (**M**)
- L**ichenified/Eczematous (**M**)
- D**ry skin/xerosis ichthyosis (m)
- S**caly scalp (m)

## **Atopic eczema**

(features)

- A**canthosis
- T**hickening
- O**ozing
- P**igmentation
- I**tching
- C**rusting
- S**caling

## Celiac disease

(features)

**G**rowth retardation  
**L**ow muscle mass  
**I**rritability  
**A**bdominal distension  
**D**iarrhea and vomiting  
**I**ntestinal lymphoma  
**N**europathy  
**S**hort stature

## Cholelithiasis

(etiologies)

**C**ystic fibrosis  
**H**emolysis  
**O**besity  
**L**asix (diuretic) usage  
**E**arly birth (prematurity)  
**S**hort gut syndrome  
**T**PN  
**E**nterocolitis (NEC)  
**R**esection of ileum  
**O**CP  
**L**eukocytosis



Since we are speaking about lower abdominal pain, we chose "L" as the letter, so it is the 6 L's that support acute appendicitis as the diagnosis when presented with Lower abdominal pain in the question.