МІНІСТЕРСТВО ОХОРОНИ ЗДОРОВ'Я УКРАЇНИ
ZAPORIZHZHYA STATE MEDICAL UNIVERSITY

PEDIATRICS. Module 1.
The most common somatic diseases in children.

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DEVELOPERS:

Ass. Prof. Shoomnaya T.E. (061)-224-94-07

Ass. Zhilenko I.O. (061)-224-94-07

Ass. Prof. Paholhuk O.P. (061)-224-94-07

Ass. Kusnezova O.D. (061)-224-94-07

Ass. Yarzeva D.O. (061)-224-94-07

Ass. Raskina K.V. (061)-224-94-07

Ass. Taran N.M. (061)-224-94-07

Tests Rickets

1 Carpopedal spasm is characterized as:

A tonic convulsions

B clonic spasms

C tonoclonic spasms

D syncope

E opisthotonus

2 Spasmophilia can be characterized by the following symptoms, except:

A Lyust’s

B Erb’s

C Maslov’s

D Khvostec’s

E Kernig’s

3 Obvious spasmophilia can display the following, except:

A laringospasm

B eclampsia

C carpopedal spasm

D opisthotonus

E malabsorbtion syndrome

4 During the febrile convulsions serum calcium is:

A increased

B decreased

C stay normal

D phosphat definition

E All mentioned above

5 Spasmophilia is characterised by:

A hypocalcemia, hypokalemia, alcalosis

B hypocalcemia, hypophosphatemia

C hypercalcemia, hyperphosphatemia, acidosis

D hypophosphatemia, hypercalcemia, acidosis

E All mentioned above

6 Normal serum calcium is:

A 2,25-2,5 мМ/l

B 1,9-2,1 мМ/l

C 2,6-3,0 мМ/l

D 3,5-4,0

E 0,2-0,5

7 Normal serum pH is:

A 7,56

B 7,35

C 7,1

D 8,4

E 9,0

8 Spasmophilia can be find in children of age:

A 1-3 months

B 6-18 months

C any age

D 3-4 year

E 5-6 year

9 Antibiotic will be prescribed for the patient with feverish convulsions with temperature in anamnesis of:

A 37,5 ^{0}C

B 38 ^{0}C

C 38,5 ^{0}C

D 36,6 ^{0}C

E 36,7 ^{0}C

10 For the diagnosis of the spasmophilia are not valuable:

A serum calcium definition

B lumbar puncture

C Sulcovich urinalysis

D serum calcium

E hypocalcemia

11 What medications can’t be used to stop attack of convulsions?:

A Gammaoxyointment acid

B Chloralhydrate

C dimedrol (diphenhydraminum)

D magnesii sulfas

E relanium

12 Preparation of the first choice at spasmophilia is:

A calcium gluconate

B Ringer’s solution

C Plasma preparations

D 0,9% NaCl

E 5% glucosa

13 The specific sceletal changes in rickets are:

A changes in the metaephysis

B changes in the joints

C long tubular bone’s deformation

D flat bone’s destruction

E tubular bone’s distraction

14 What abnormalities can be due rickets in child’s organism, except:

A muscular tension changes

B changes in the bone growth zone

C nervous system’s abnormalities

D osteoporosis predisposition

E dental eruption delayed

15 Rickets – is the disease which is limited by the age framework of: Before closing the long tubular bone’s growth zones

A Till first year of a life

B Till first months of a life

C Till 6 months of a life

D The brightest signs of deficient rickets can be seen

E At newborn period

16 During the period of the most intensive growth (infancy and toddler)

A At two months

B In preschool child

C In 10 years old children

D In 12 years old children

E In 14 years old children

17 Everything can be find in child with rickets, except:

A Decrease in immunity and specific reactivity

B Arrest of the nervous - psychiatric development

C Arrest of the physical development

D Threat of a life

E Persistent bone's deformation

18 Among the main modulators of the phosphoric and calcium metabolism are:

A Vitamin D

B Parathormone

C Thyrocalcitonin

D All mentioned above

E All mentioned above, except thyrocalcitonin

19 Vitamin's D sources for the child's body are:

A Plants, in which ergocalciferol under influence of a ultraviolet is formed

B Epiderm's basic stratum, where ergocalciferol under influence of a ultraviolet is formed

C Animal food (milk, egg, meat, fish, etc.), which contains cholecalciferol

D All mentioned above

E All mentioned, except animal food

20 It is known, that cholecalciferol (vit D) is formed under influence of a sun light (wave band 280-305 nm). What substances in an organism competite for the given spectrum of beams?

A adrenalin
B melanin
C Somatotropic hormone
D Adrenocorticotropic hormone
E All mentioned above

21 Representatives of races with dark color of skin demand more solar exposition for formation of provitamin D, than children with white skin. This depends of:

A Type of feeding
B Style of life
C melatonin competite for the beams with wave band from 290 to 315 nm
D Outdoor temperature
E All mentioned above

22 In what human organs occurs vitamin D metabolism and its transformation into (25-hydroxycholecalciferol, then 1,25-dihydroxycholecalciferol and 24,25-dihydroxycholecalciferol):

A liver-brain's gray substance
B liver-thyroid gland
C liver- epithelium of kidney glomerular system
D liver-pancreas
E liver-adrenal gland

23 In what organ the first metabolite of D3 - 25-OH-Д3 (25-hydroxycholecalciferol) is synthesized:

A In brain
B In heart muscule
C In langs
D in liver

E In kidney

24 Where second hydroxylation of the D3 metabolite with forming of 1,25(OH)2-D3 is occurred?

A brain’s gray substance

B nucleus of the brain

C alveoli cells

D epithelium of kidney glomerular system

E Langergans’s cells

25 All D3 metabolites are transported in blood by:

A α-globulin

B β- globulin

C γ-globulin

D albumins

E all mentioned proteins

26 All below indicated factors play the main role in rickets formation, except:

A Ultraviolet wave band

B feeding

C liver’s and kidney’s lesion

D loss of proteins

E glucose level in the blood

27 What factors are important for development of the rickets, except:

A Insufficient formation of the calcium, phosphorus and other element’s depositions

B Insufficient formation of the vitamin’s D and other vitamin’s depositions

C insufficient formation of the carbohydrate’s depositions

D abnormalities of the osteoid calcification.

E Obstacles for the entering of the necessary substances from the intestines

28 Choose the endogenous causes, leading to the rickets:

A Sun deprivation (climate, culture, live condition)

B Alimentary factors (late introduction of the animal containing supplementation)

C Artificial feeding of the premature infants with the mixtures not enriched with the phosphates.

D Lack of the specific prophylactic

E malabsorbtion syndrome

29 Choose the exogenous causes, leading to the rickets:

A malabsorbtion syndrome

B hepar, biliferous ducts abnormality (insufficiency of the metabolism and absorption of the Vit D)

C tubular interstitial apparatus abnormality

D massive loss of protein (exsudative enteropathia, nephritic syndrome, burn disease…)

E sun deprivation

30 Which medication from the listed below promote Vit D inactivation in the organism?

A antibiotics and sulfanilamides

B blockers of calcium channels

C anticonvalsants and glucocorticoids

D antioxidants antihistamines

E APF ingibitors

31 What X-ray signs is the most specific for the rickets?

A decreasing of the intensity of the bones shadows

B availability of the osteoid structural change

C appearing of the bones deformations

D formation of the rachitic metaphysis, expansion of the zones between epiphysis and metaphysis, illegibly of the zones of the former calcification

E availability of the false bone’s fractures

32 The initial period of the rickets is characterized by the following symptoms, except:

A anxiety, bald back of the head

B whining, sleeping abnormalities

C high levels of the alkaline phosphatase

D hyperhidrosis

E X-ray bone signs

33 The flourish rickets is characterized by the following signs, except:

A osteoid hyperplasia

B osteomalacia

C bone tissue's hypoplasia

D inner organ's and system's function abnormality

E lag of the mental development

34 Clinical signs of the osteoid hyperplasia at the rickets are all listed, except:

A Frontal and parietal bossing

B Rachitic rosary

C Knobby deformity

D Morfane's symptom (thickening and bifurcation of the fibular malleolus)

E craniotabes

35 Clinical signs of the osteomalacia at rickets are all listed below, except:

A Thinning of the borders of the fontanelle

B Thickening of the back of the head, Harrison groove

C Pigeon-breast deformity

D Bending of the upper and lower extremities

E rachitic rosary

36 Postnatal specific preventive treatment of the rickets for the full-term babies since age of 1 month is Vit D 3 of the following dose:

A 200-300 IU

B 400-500 IU

C 500-600 IU

D 600-800 IU

E 800-1000 IU

37 Management of the rickets depends on listed below factors, except:

A Rickets type

B Type

C Severity

D Disease’s phase

E child’s age

38 Hypocalciemic convulsions at the rickets are cured by parenteral introducing of the diasepamum (sybason, seducsen) in dose:

A 0,01 ml of the 0,5% solution per 1 кg of the weight

B 0,1 ml of the 0,5% solution per 1 кg of the weight

C 0,5 ml of the 0,5% solution per 1 кg of the weight

D 1,0 ml of the 0,5% solution per 1 кg of the weight

E 2,0 ml 0,5% ml of the 0,5% solution per 1 injection independently on the weight

39 Magnesium sulfas in 25% solution is introduced at the spasmophilia’s convulsions in dose:

A 0,5 ml per 1 kg of the weight

B 0,1 ml per 1 kg of the weight

C 0,01 ml per 1 kg of the weight

D 1 ml per 1 kg of the weight

E 5 ml independently of the body weight

40 Criterion of the treatment efficiency and recovery at the rickets is:

A Alkaline phosphatase’s activity normalization

B normalization of the serum and urine calcium and phosphorus level

C good mood

D roentgenologic dates (increased osteoid to calcify)

E all listed above

41 What are there clinical signs of the vit’s D hypervitaminosis ?:

A decreased appetite

B flaccidity, sleep disturbances

C unmotivated recurrent vomiting

D poliuria, polidipsia as the consequence of the kidney injury – interstitial nephritis

E all listed above

42 Early preclinical signs of the vit’s D hypervitaminosis (during therapy with high doses) may be revealed by:

A determination of the calciuria with Sulcovich test (+++ and >)

B determination of the alkaline phosphatase’s level

C determination of the serum calcium

D determination of the serum phosphorus

E bone roengenography

43 Latent form of the spasmophilia is characterized by all below, except:

A Kvostec’s phenomenon

B Erba’s symptom

C Trussoe’s, Lust’s phenomenon

D Maslov’s symptom

E Laseg’s symptom

44 Diagnostic criteria of the spasmophilia are the next, except:

A typical attack of the laryngospasm at the age of 4-18 months or other signs of the neuromuscular excitability

B clinical signs of the rickets

C decreasing of the serum ionized calcium levelbelow 0,85 mmol/l or serum common calcium below 1,75 mmol/l

D respiratory or metabolic alkalosis

E azotemia/uremia

Tests ARD

1. Anatomic and physiological features that cause frequent development of larynx stenosis in AVRD, except:

A rich vascularization of mucouse

B a small lumen of a larynx

C short nasal ways (paths)

D a long lumen of a larynx

E long nasal ways (paths)

2 Respiratory count in newborn per minute is:

A 40-60

B 100-120

C 15-20

D 80-100

E 10-20

3 Inspiratory dyspnea is characterized by such features:

A prolonged exhalation

B prolonged inhalation

C nasal respiration

D short exhalation

E short inhalation

4 What kind of cough is typical for laryngitis:

A wet

B with reprises

C barking

D moist

E pain

5 Antipyretics are prescribed to a child with hyperthermia of:

A 37-37,5C

B 37,5-37,9C

C more than 38,5 C

D 36,0-36,4

E 36,6-36,9

6 A single dose of 50% solution ofAnalginum for a one-year-old child is:

A 2 ml

B 1 ml

C 0,1 ml

D 0,5 ml

E 0,3 ml

7 The reason of hyperthermia caused by AVRD is:

A influence of toxic products on the center of a thermoregulation

B acute disturbance of cerebral circulation

C purulent inflammation of brain structures

D acute disturbance of cardiac circulation

E dyspnia

8 The IV degree larynx stenosis is characterized by everything, except:

A a cyanosis of skin

B unconsciousness

C frequent superficial respiration (prominent dyspnea)

D a loud cry

E acute disturbance of cardiac circulation

9 Prednisolonum is prescribed in such cases:

A an acute rhinitis

B an acute otitis

C a II - III degrees stenosis of larynxs

D ARVI

E hyporthermia

10 Antibiotics are prescribed in a case of:

A an acute bronchitis

B a purulent medium otitis

C a rhinopharyngitis (or nasopharyngitis)

D hyperthermia

E an acute rhinitis

11 A radiological picture of obstructive bronchitis is characterized by:

A presence of infiltration shadows

B a level of a liquid in pleural cavity

C peribronchial infiltration that makes the picture of lungs more stressed, an emphysema of lungs

D tahicardiya

E bradicardiya

12 Application of antipyretics for children is necessary in cases :

A body temperature rises up to 38,0 ^{0}C

B febrile seizures in anamnesis

C a body temperature of 37,2 ^{0}C

D a body temperature of 37,0 ^{0}C

E a body temperature of 37,5 ^{0}C

13 Children have cramps (seizures) at AVRD as a result of:

A cranial - cerebral trauma

B tumours of brain

C influence of high temperature and toxins on cerebral structures

D hypocalciemia due to disease

E hypercalciemia

14 An emergency help for children with cramps includes everything except:

A an aspiration of mucus from the top respiratory ways

B a submission of oxygen

C an intravenous injection of Seduxenum (diazepam)

D an intramuscular injection of Penicillinum

E an intramuscular injection of Cefutil

15 A single dose of Seduxenum (diazepam) for intramuscular injection for a one year old child is:

A 0.5 ml

B 2 ml

C 0,1 ml

D 1 ml

E 3 ml

16 Respiratory failure in obstructive bronchitis is:

A ventilatory one

B parenchymous damage

C mixed one

D edema

E hypertermia

17 What anatomic features of infant predispose to otitis development in AVRD, except:

A wide and short Eustachian tube

B remnants of embryo tissue

C horizontal position of child

D tympanic membrane structure

E vertical position of child

18 Trachea intubation is prescribed at:

A a I degree larynx Stenosis

B in Laryngitis

C in III degree larynx Stenosis

D in II degree larynx Stenosis

E tachicardia

19 A bronchitis of viral etymology is characterized by:

A dystrophy of a bronchial epithelium, its tearing away

B purulent (festering) exudation

C deformation of walls of bronchial tubes

D tachicardia

E bradicardia

20 An acute bronchitis is characterized by everything, except:

A a clear pulmonary sound

B rigid respiration (hard breathing)

C dry crepitation (wheezes, rattles)

D no breathing (respiration) above lungs

D tachicardia

E bradicardia

21 An obstructive bronchitis in children is not characterized by everything, except:

A dry tussis (cough)

B whistling, heterogeneous moist rales

C a box-like sound above lungs

D hyperemia of skin

E pall of skin

22 The most often bronchiolitis arises at the age of:

A 1-3 month

B 3-5 years

C 10-12 months

D 3-5 years

E 3-5 years

23 The level of a respiratory failure is mostly expressed at/in:

A an acute rhinitis

B bronchiolitis

C an otitis

D pyelonephrit

E carditis

24 A patient infected by SOB is characterized by everything, except:

A contact with AVRI-patients

B being eosinophile

C arise of body temperature

D became ill at first

D edema

E syncope

25 Recurrent is called bronchitis which arises sometime in a year:

A one

B two - three

C three and more

D now

E one-two

26 Available complications after AVRI like bacterial (bacteriemic) pneumonias, testifies everything except:

A fibre fever that lasts more than 6 days

B neutrophile leukocytosis

C augmentation of RI heaviness

D edema of lower extremities

E local symptomatology of lungs

27 What factor enables to speak certainly about a degree of respiratory failure:

A Hematocrit

B ESR

C creatine phosphokinase

D partial pressure of oxygen in blood

D CRP

E ASLO

28 What medication will you choose for profilaxis in infant after contact with father on symptoms ARVD?:

A Penicillinum IM injection

B Remantadinum

C Interferon

D Augmentinum

E Analginum

29 Name the medication with antiviral action:

A Streptomycinum

B Aspirinum

C Remantadinum

D Augmentinum

E Relanium

30 Choose the proper drug for child with fever:

A. Analginum

B. Acetylsalicylic acid

C. Phenacetinum

D. none of listed

E. all of listed are possible

31 What medications are forbidden for children less than12 years old

A. Amidopyrine

B. Acetylsalicylic acid

C. Phenacetinum

D. all of listed

E. none of listed

32 Choose the medicine for children having fever:

A. Analginum

B. Acetylsalicylic acid

C. Ibuprofen, Paracetamolum

D. Phenacetinum

E. Any with listed

Tests Pneumonia

1. What should we think about when big doses of antibiotics prescribed in pneumonia are ineffective:

A there is microorganism’s resistance to the prescribed antibiotic;

B there is low bioavailability of the antibiotic ;

C there is low antibiotic absorption;

D all mentioned above;

E none from the listed above.

2 Sensitive microorganism is that, whose:

A growth, development stops at therapeutic antibiotic concentration in blood ;

B growth, development stops at minimum therapeutic antibiotic concentration in blood;

C growth, development stops in 48-72 hours after introduction of the daily antibiotic doses;

D all mentioned above is correct;

E none from the listed above is correct.

3 Cross microorganism's resistance is defined as:

A among antibiotics of one chemical class (eg, some aminoglycosides or fluroquinolones);

B among antibiotics of different chemical classes (eg, some penicillins and macrolides);

C among antibiotics and antiseptics;

D among antibiotics and sulfonamides;

E all mentioned above is correct;

4 What microorganism is an Gram-positive pathogen?

A Str.pneumoniae;

B H.influenzae;

C Micoplasma pneumoniae;

D Morraxela cattarralis;

E Chl. pneumoniae.

5 What microorganism is an Gram-negative pathogen?

A Str. pneumoniae;

B H.influenzae;

C Mic.pneumoniae;

D Mor. cattarralis;

E Chl. pneumoniae.

6 What microorganism is the intracellular parasite?

A Str. pneumoniae;

B H. influenzae;

C Mic.pneumoniae;

D P.aeruginosae;

E Ch. Pneumoniae.

7 Legionella pneumophila is attributed to:

A Gram-negative pathogens;

B Gram-positive pathogens;

C viruses;

D intracellular parasites;

E microorganisms without true external membrane.

8 β-lactame antibacterial drugs are:

A penicillins;

B cephalosporin;

C carbopenems and monobactams;

D macrolides;

E fluroquinolones.

9 Inhibitorprotected penicillins are:

A ampicilline +sulbactam

B ampiciiline+clavulonic acid;

C carbenicilline

D all listed above;

E none from the listed above.

10 Cephalosporin of the I generation is:

A cefazoline;

B cephuroxim;

C cephtriakson;

D cephepim;

E none from the listed above.

11 Cephalosporin of the II generation is:

A cefazoline;

B cephuroxim;

C cephtriakson;

D cephepim;

E none from the listed above.

12 Cephalosporin of the III generation is:

A cefazoline;

B cephuroxim;

C cephtriakson;

D cephepim;

E none from the listed above.

13 Cephalosporin of the IV generation is:

A cefazoline;

B cefuroxim;

C ceftriaxone;

D cephepim;

E none from the listed above

14 Cephalosporins of the I generation are active predominantly against:

A Gram-positive microorganisms;

B Gram-negative microorganisms;

C intracellular microorganisms;

D Pseudomonas auroginosa;

E viruses.

15 What Cephalosporin is predominantly active against Gram-negative microorganisms?

A cefazoline;

B cefuroxim;

C ceftriaxone;

D ceftazidime;

E all of them have the same activity.

16 What Cephalosporin is predominantly active against P.aeruginosa?

A cefazoline;

B cefuroxim;

C ceftriaxone;

D ceftazidime;

E all of them have the same activity.

17 What antibiotics among listed below are macrolides?

A azitromicin

B azitromycine

C medicamycine (macropen)

D all listed above

E none from the listed above

18 Choose predominantly active antibiotic against H.influenzae, M.pneumoniae, Ch. pneumoniae is:

A cefazoline

B klaritromycine (fromilid)

C ampicillinum

D ceftriaxone

E hentamycine

19 What antibiotic is attributed to the fluroquinolones:

A ciprofloxacin (cipro)

B penicillyne

C levomycitine

D azitromycine

E vancomycine

20 Name the most possible pathogene that has caused lobal pleuropneumonia with high body temperature, blood in sputum, prominent intoxication:

A Str. pneumoniae

B H. influenzae

C Mic.pneumoniae

D Mor. cattaralis

E Nothing from listed above

21 A patient has been diagnosed common acquired pneumonia based on clinical X-ray data. Patient has been living in a hostel. Disease started from thore throat, enlarged lymph nodes, hepatosplenomegaly. What pathogene more possible is the cause of disease?

A Str. pneumoniae;

B Gram negative bacteria

C Micoplasma pneumoniae

D nothing from listed above

E all listed above

22 If you reveal that the cause of pneumonia is Micoplasma pneumoniae, what antibacterial drugs must you choose for treatment?

A Semisynthetic penicillines

B Protected penicillines

C Aminoglycosides

D Macrolides

E Cephalosporins of II generation

23 Which antibiotic from the listed below shows intracellular concentration more often?

A ampicilline

B cefazoline

C fromilid

D ceftriaxone

E zinacef

24 How we’ll call pneumonia if X-ray examination reveals alveolar infiltration 72 hours later of hospitalization?

A hospital

B common acquired

C chronic

D nothing from listed above

E all answers are true

25 Ventilation-associated pneumonia is defined as:

A the result patient's presence in room with turned on air-conditioner

B the result of the artificial ventilation "mouth to mouth"

C the result of the artificial lung ventilation

D all listed above is correct

E nothing from the listed above

26 What are the time frames, which let us attribute pneumonia to the early ventilation-associated pneumonias?

A During the first day of ventilation

B During the first 3 days of ventilation

C During the first 3-5 days of ventilation

D All mentioned above

E There is no time frames

27 What microbe will cause pneumonia only in immune compromised host?

A Str.pneumoniae

B Pneumocystis carini

C Cytomegalovirus

D H. influenzae

E Moraxella catarralis

28 What antibiotic you will choose to start empiric therapy of community acquired pneumonia?

A Chloroquenolones

B Cephalosporins of the III generation

C ciprofloxacin (ciprinol)

D glycopeptides

E penicillin

29 ”Step”antibiotic therapy is:

A after injection forms patient admit the antibiotic per os;

B Antibiotic dose, admitted per os, gradually become less to the minimum

C If the admitted per os antibiotic is effective, patient also is prescribed injection forms of that antibiotic

D All mentioned above can be named “step” therapy

E All mentioned above can’t be named “step” therapy

30 The purpose of the “step” therapy is:

A to achieve maximum therapeutic effect and minimum economic expenditure

B To create maximum comfort for the patient

C To avoid early allergic reaction formation

D To avoid antibiotic resistance formation

E Prevention of complications

31 What antibiotic is usually prescribed at pneumonia caused by staphylococcus ?

A protected β-lactames

B oxacillinum

C macrolides

D lincosamides

E aminoglycosides

32 What mechanism attributes to the acquired antibiotic-resistance mechanisms?

A Insufficient penetration of the medicine inside the microbe

B Enzyme inactivation of the antibiotic

C Decrease of the effective cytoplasmic transport of antibiotic to the aim

D Formation of “metabolic shunt”

E all mentioned above

33 What microorganisms produce β-lactamases, (as the sight of their

polyresistance)?

A Enterobacteriacae

B E. coli

C P. aureginozae

D all mentioned microorganisms

34 What antibiotic group is usually prescribed at pneumonia, caused by meticyllin-resistant staphylococcus?

A Penicillins

B Aminoglycosides

C glycopeptide’s antibiotics

D Cephalosporins

E Macrolides

35 What microorganism has polyresistant strains, which has genes of the different mechanisms of the resistance?

A S. pneumoniae

B H. influenzae

C K. pneumoniae

D E. faecium

E all mentioned microorganisms

36 What microbe is intracellular microorganism and can cause interstitial pneumonia?

A Pneumocist, Chlamidia, Mycoplasma

B Pneumococcus, Streptococcus, Staphylococcus

C E. coli, Proteus

D all mentioned microorganisms

37 What medication is obligate for the acute pneumonia treatment?

A vitamins

B antibiotics

C Enzymes

D antipyretics

38 Acute pneumonia antibacterial treatment should begin from the prescription of the:

A sulphonamides
B penicillins
C cephalosporins
D aminoglycosides
E glycopeptides

39 What physiologic peculiarities of respiratory system predispose child to pneumonia, except?

A Absence of the sIgA on the mucous coat
B Insufficient development of the elastic tissue in the lungs and bronchi
C Dry, thin, easy injured mucous coat
D Decreased drynaige bronchi function
E well developed capillary net

40 At children of early age pneumonia is rarely caused by:

A Pneumo- and staphylococcus
B Virus-bacterial complex
C Mycoses and bacterias association
D protosoas and rickets
E Gram-negative strains

41 What signs are not typical for pneumonia?

A Rude or weak respiration above the part of the lung
B bronchophonia
C percussion dullness
D dry rales
E localised moist rales

42 What symptom isn’t attributed to the probably signs of the respiratory incompetence?

A cyanosis

B additional respiratory muscles participation

C couch

D decrease of the breath and pulse correlation

E dyspnea

43 At pneumonia we can see:

A Leucopenia, lymphocytosis, normal ESR

B leucocytosis, neutrophil deviation to the left, accelerated ERS

C Anemia, leucopenia, eosinophilia

D Monocytosis, lymphocytosis

E Eosinophilia

44 When pneumonia is suspected, what investigation is necessary to confirm it?

A bronchoscopia

B spirographia

C X-ray examination

D blood gases composition definition

E bacterial tests

45 A 2 mo old child with afebrile body temperature has diffuse process in lungs that was revealed by X-ray. What pathogene probably has caused the disease? E

A St. aureus;

B Str. pneumoniae;

C Chl. trachomatis;

D H. influenzae.

46 A 5 years old child develop pneumonia at home. X-ray picture shows homogenic shadow in the 3 segment of right lung. Antibiotic of what group will you choose for start therapy?

A Aminoglycosides;

B Fluroquinolones;

C Macrolides;

D Protected penicillines;

E Tetracyclines.

47 A 12 years old child has pneumonia that is complicated by pleuritis. Amoxicillinum/clavulonic acid wasn't effective for 2 days how will you correct the treatment?

A To raise dosage of amoxicilline clavulonic acid;

B To change prescribed antibiotic for vancomycine

C To change prescribed antibiotic for ciprofloxacin;

D To change prescribed antibiotic for lincomycine;

E To prescribe combination cefazoline + amycacine.

Tests Asthma

1.To what pharmacological group does fluticasone propionat belong?

A. Inhaled corticosteroids

B. Prolonged β_2-agonists

C. M-cholinolytics

D. Antibacterial medication

E. Antileucotriens

2. The type of airway dysfunction in asthma is

A. Restrictive

B. Obstructive

C. Mixed

3. The 2-nd degree dyspnea in asthma is manifasted by tachypnea more than

A. 20-30%

B. 30-50%

C. 50-70%

4.The main triggers of asthma are, except

A. Specific allergens exposure

B. Viral infection

C. Exercises

D. Emotional factors

E. Treatment with corticosteroids

5. Bronchial asthma exacerbation is characterized by sighns, exept

A. Wheezing

B. Dry cough

C. Orthopnoe

D Respiratory aarest

E. Perypheral cyanosis

6. What cells are responsible of immune inflammation

A. Mast cells

B. neutrophils

C. Fibroblasts

D. Epithelia cells

E. Erythrocytes

7. What immune factors are responsible of immune inflammation

A. IgA

B. IgG

C. IgE

D. IgM

E. Ig D

8. A 12 year old child has attacks of dyspnea and cough for a year. Doctor suspect bronchial asthma. What investigations must be performed, except

A. Coprogramme

B. Spirometry

C. Eosinophilic count

D. Chest X-ray

E. Allergen specific IgE testing

9. What investigation is proper to determine severity asthma attack

A. Bronchoscpy

B. Bronchography

C. Spirometry (Pulmonary function test)

D. Allergic test

E. Immunogram (immune test)

10. What tests is proper to determine the causative factor

A. Allergic test

B. Common Ig E

C. Immune test

D. Common protein

E. Circulated immune complexes

11. To diminish the symptoms of bronchial asthma you will prescribe

A. Becotid

B. Berodual

C. Prolonged euphyllins

D. Serevent

E. Cromolyn sodium

12. What device is proper to minimize side effects of topical corticosteroid therapy

A. Spacer

B. Spinhaler

C. Nebulaser

D. Ultrasound inhaler

E. Pickflowmeter

13. What device is necessary to organize monitoring of bronchial hyperreactivity or bronchospasm at home in patients with bronchial asthma

A. Babyhaler

B. Pickflowmeter

C. Spacer

D. Nebulaser

E. Spirograh

14. To what pharmacological group does Serevent belong?

A. Inhale corticosteroids

B. β_2-agonist of short action

C. Prolonged β_2-agonist

D. Theophylline

E. Antileucotriens

15. Name the main food allergen in diet of infants

A. Eggs

B. Fish

C. Cerreals

D. Cow’s milk

E. Vegetables and fruits

16. A 9-year old child complains on periodic wheezing, dry cough after contacts with cat. He has such attacks 3-4 times per year that last some minutes or 1-2 hours. The attacks disappear without any treatment. What degree of bronchial asthma has this child?

A. 1 degree

B. 2 degree

C. 3 degree

D. 4 degree

E. 5 degree

17. A 7-yearold patient has recurrent obstructive bronchitis that was observed for 5 years together with food allergy. At 7 years old there was an attack of bronchial obstruction and emphysema at X-ray image. What pathology is most obvious in this child?

A. Alveolitis

B. Bronchial asthma

C. Obstructive bronchitis

D. Congenital heart disease

E. Primary pulmonary hypertension

18. A 6-yearold child has periodic dyspnea, wheezing without fever, pickflow expiratory rate 70% of N, chlorides in sweat test 15 mmols/l. The most possible diagnosis is

A. Cartagener syndrome

B. Obstructive bronchitis

C. Cystic fibrosis

D. Acute bronchiolitis

E. Bronchial asthma

19. a 4year old boy has atopic bronchial asthma, severe persistant form, exacerbation with PEF 50% . What type of therapy will you choose?

A. Corticosteroids (topical)+short β_2-agonists(when necessary)

B. Topical corticosteroids

C systemic corticosteroids + short β_2-agonists, theophylline intravenously

D. Prolonged β_2-agonists

E. Corticosteroids in tablets

20. A 13years old patient is not frequent attacks (8 times per year) of asthma that can be resolved by β_2-agonists. What medication will you choose for long term therapy?

A. Theophylline

B. Inhaled corticosteroids

C. Antihistamines

D. Broncholytics

E. Cromones

21. A 12 year old patient after intravenous injection of ampicilline has dyspnea, tachypnea, paleness, acrocyanosis, psychomotor excitement BP 80/50 mm Hg, ps 120/min. More obvious this condition is due to

A. Acute attack of bronchial asthma

B. Vasomotor edema

C. Anaphylactic shock

D. Infectious-toxic shock

E. Collapse

22. A 12 year old patient after intravenous injection of ampicilline has dyspnea, tachypnea, paleness, acrocyanosis, psychomotor excitement BP 80/50 mm Hg, ps 120/min. What dosage of epinephrine is necessary for intracutaneous injections?

A. 0,01 ml/kg

B. 0,05 ml/kg

C. 0,03 ml/kg

D. 0,1 ml/kg

E. 0,02-0,04 ml/kg

23. A 7 year old child is admitted to the intensive care department because of asthmatic status. What medication willn't you choose in this situation?

A. Salbutamol

B. Theophylline

C. Prednisone

D. Berodual

E. Flixotid

24.A 11 year old child after bee bite has edema of praorbital part of face, redness and itching of face, dyspnea and cough. What medications for emergency will you choose?

A. PenicyllineIM

B. Nospani IM

C. Prednisone, suprastinin IM

D. Claritin in tabl.

E. Atropin IM

25. A 3-years old child was admitted to hospital. The girl is pale, excited.. She has dyspnea, dry cough, body T 36.9C, breathing rate 32/min,. Voice isn't mutated. Mucous color is normal. Auscultation reveals bronchial type of breathing. Child's condition has worsened 2 hours ago after playing toys without parent's supervising. What diagnostic manuoiver of choice in this situation?

A. Bronchoscopy

B.X-ray examination

C. Otolaryngologist examination

D. Laryngoscopy

E. Doctor’s supervisisng

Congenital heart disease

1. A child is 3 months. He has periorbital and perioral cyanosis, pallor of skin, shortness of breath, anorexia. The condition is moderate. Skin is pale. A dyspnea is up to 40 in a minute. Above lights - harshbreathing on auscultation. Pulse rate 140. The heart borders are enlarged to the left. Loud II sound above pulmonary artery, systolic murmur in 5th left intercostal space. Make a diagnose.

A. Congenital heart defect. ventricle septum defect .

B. Congenital heart defect. coarctation of aorta

C. Congenital heart defect. atrium septum defect

D. Congenital heart defect. aortal stenosis

E. Congenital heart defect. Tetrada Fallo

2. A 2 months child has pallor of skin. During pregnancy mother was ill on ARVI. The state of child is satisfactory. A pulse is 120, blood pressure is tense on a.radialis but absents above a.femoralis . The borders of heart are not changed. Loud II sound above aorta, systolic murmur on the left border of the sternum with irradiation to the interscapular region. Make a diagnose.

A. Congenital heart defect. coarctation of aorta

B. Congenital heart defect. aortal stenosis

C. Congenital heart defect. ventricle septum defect .

D. Congenital heart defect. atrium septum defect

E. Congenital heart defect. Tetrada Fallo

3. A 4-month child has increased cyanosis. On ECG – hypertrophy of right ventricle. What additional method of diagnosis will help to confirm the diagnosis?

A. Echocardiography

B. X-ray

C. Fonocardiography

D. Reography

E. Encefalography

4. A 2-years old child has a condenital heart defect – ventricle septum defecr in membranous part. Clinical signs of heart failure are absent. What is the optimal age of operation?

A. 5-7

B. 1-2

C. 7-10

D. 3-4

E. 10-14

5. A new-born has a large patent arterial ductus. What medication helps to close it?

A. Indometacyni

B. Digoxini

C. Prostaglandini E

D. Tolosolini

E. Oxygen

6. What is the dosage of dopamine in child with acute heart failure to improve contractive function of the heart?

A. 5-10 mkg/kg/min

B. 0,5-5 mkg/kg/min

C. 10-20 mkg/kg/min

D. 20-30 mkg/kg/min

E. 30-40 mkg/kg/min

7. A 3-years old child has anoxic blue paroxysm. What medication is not needed in this situation?

A. Mezatonum

B. Oxygen

C. Propranolol

D. Na hydrocarbonatis

E. Seduxen

8. In a 1-years old child with cystic fibrosis anxiety, cyanosis appear during ARVI. Pulse rate is 132 per min, breathing is 50/min, small-bubbling rales in the lower parts of the lungs, pO2 60 hg., pCO2 55 hg. X-ray signs– cardiomegaly, lung's roots are like butterfly. What is the reason of worsening of the condition?

A. Edema of lungs

B. Epiglotitis

C. Bronchiolitis

D. Stenotic laringotracheitis

E. Bilateral pneumonia

9. A 9-month child with tetrade Fallot develops anoxic blue paroxysm. What hemodynamic pathology can lead to these attacks?

A. venum-arterial shunt with enrichment of pulmonary circulation

B. arteriovenous shunt with enrichment of pulmonary circulation

C. arteriovenous chunt with exhaustion of pulmonary circulation

D. venum-arterial shunt with exhaustion of pulmonary circulation

10. Parents came to neurologist complaining on theirs 8-years old child's fatigue during walking, pain in legs, cooling of them. On inspection – disproportion in extremities development. BP on arms – 160/110. What CHD doctor must suspect?

A. Coarctation of aorta

B. Aorta stenosis

C. Pulmonary stenosis

D. Tolochinov-Roje syndrome

E. Patent arterial ductus

Inflammatory cardiac diseases

1. What are the most frequent reasons for arrhythmias

A. Congenital heart defects

B. Fibroelastosis

C. Congenital anomalies of conductive system

D. Inflammatory process in the heart

E. All listed above

2. Paroxizmal tachycardia in children of 1 year-old we can talk if pulse rate is

A. 200/min and more

B. 140/min and more

C. 40/min and more

D. 60/min and more

E. 70/min and more

3. A 3 month child has perioral and periorbital cyanosis, paleness, absence of appetite. A condition is severe. Skin is pale, dyspnea 50 per minute. Auscultation – rough breathing on lungs. HR 140/min. Bourders of the heart are enlarged. Heart sounds are muffled. The signs of circulatory congestion. A child has ARVI for 7 days. Diagnosis

A. Nonrheumatic viral carditis

B. Congenital heart defect

C. ARVI

D. Sepsis

E. ARF

4. A 10 years-old girl complains on sudden appear of heartbeat and heartpain. In anamnesis –WPW syndrome. On examination – rhythm is nonregular, PR 130 per min. Pulse deficient. Tachypnea. What is the reason of her condition's worsening?

A. Cardiac fibrillation

B. Paroxysmal tachycardia

C. Heart failure

D. AV blockage

E. Moganie-Adam-Stocks syndrome

5. A 4 month boy has increased cyanosis. ECG shows hypertrophy of right ventricle. A congenital heart defect was suspected. What method of instrumental study is needed to prove the diagnosis?

A. Echocardiography
B. X-ray
C. Fonocardiography
D. Reography
E. Polycardiography

6. What dosage of digoxin will you choose to increase cardiac output in child with left-side heart failure?

A.5-10 mkg/kg/day
B. 0,1-0,5 mkg/kg/day
C. 10-20 mkg/kg/day
Д. 20-30 mkg/kg/dayn
E. 30-40 mkg/kg/day

7. A 9-years old child was admitted to a hospital with complains on dyspnea attacks, cyanosis, foamy pink sputum from the mouth. Condition is very severe. He can stay only in sitting position, there are many moist rales in lungs. Tachycardia, heart sounds are muffled. BP 100/60 Hg. What is the diagnosis?

A. Bronchial asthma
B. Acute right-side heart failure
C. Collapses
D. Acute left-side heart failure
E. Glicoside intoxication

8. A father delivered his 4-years old child in terminal condition: a child is unconsciousness, skin is pale with cyanosis, muscular hypotonya. Doesn't breath. Heart sounds are almost not hearing. What is the first aid?

A. To provide patency of airways
B. Hyperventilation of pure oxygen
C. Artificial mouth-to-nose and mouth-to-mouth respiration

D. i/v injection of 4% sodium

E. Injection of adrenalini 0,1% - 0,01 mg/kg

9. A 1-year old child with fibroelastosis during ARVI become anxieous, acrocyanosis suddenly appear, respiraton is 50 per min, small moist rales in the lower departments of lungs, pO2 – 60 hg, pCO2 – 55. X-ray shows cardiomegalia, lung's root is like butterfly. What is the diagnosis?

A. Edema of lungs

B. Epiglotitis

C. Bronchiolitis

D. Stenotic laringotracheitis

E. Double-side pneumonia

10. A 10-years old child has cardiac fibrillation and WPW syndrome. What medication will you prescribe?

A. Aymalini

B. Digoxini

C. Verapamili

D. Amiodaroni

E. Veraspirone

TESTS ARF

1. A child of 9 years old complains of fever (t 38C), increased heart beats, intermitted joint pains with swelling and limitation of movement. Ten days ago she has acute tonsillitis. There was revealed enlarged heart border to left, soft first sound, hallop rhythm, systolic murmur on apex, enlarged liver. Blood tests show ESR 48 mm/h, leucocyte count 16,2 10^9/l, ASL-O 2500 IU, CRP (+++), seromucoid 1,2 U. What test does confirm the Streptococcal etiology of the disease?

A. ASL-O

B. ESR

C. CRP

D. Leucocytosis

E. Seromucoids

2. A 5 years old child two weeks later ARD get complaints of fatigue, bed appetite, weakness. His skin is pale, cyanotic, heart size is enlarged to left, first sound is soft, systolic murmur is on apex. ECG signs show overloading of left ventriculum, repolarization abnormalities. What diagnosis is more possible?

A. Rheumatic carditis

B. Nonrheumatic carditis (viral)

C. Congestive heart failure

D. Inherited carditis (Congenital Heart disease)

E. Acquired mitral stenosis

3. A 11 years old boy has rheumatic heart disease. After physical training he develops dispnea, moist audible sounds, cough, abdomen pain in right upper part, moist crepitation in lungs, heart rate 120/min. BP –110/60 mm Hg. What condition has been developed in this boy?

A. Acute heart failure due to left ventricular insufficiancy

B. Acute heart failure due to right ventricular insufficiancy

C. Total acute heart failure

D. Acute vessels failure (shock)

E. Acute respiratory failure

4. In 10 years old boy there was diagnosed Acute Rheumatic Fiver with endomyocarditis. What ECG pathologic changes are more typical in ARF?

A. Prolonged PQ interval

B. T- wave inversion

C. Prolonged QT interval

D. Atrium fibrilation

E. Ventriculum hypertrophy

5. A girl of 9 years old complains of fever (T 38 C), heart beats, intermittent joint pain with swelling and limitation of movement. Ten days ago she has acute tonsillitis. It was revealled enlarged heart border to left, soft first sound, hallop rhythm, systolic murmur on apex, enlarged liver. Blood tests show ESR 48 mm/h,

leucocyte count 16,2 10^9/l, ASL-O 2500 IU, CRP (+++), seromucoid 1,2 U. It was diagnosed ARF (carditis, polyartritis), congenital heart disease of 2 stage. What medication will you administer in the first turn?

A. Cytostatics, cardiotrophics
B. Cardiotrophics, glycosides
C. Delagyl, antihistamine drugs
D. Antibiotics, nonsteroid drugs
E. Glucocorticoids

6. A 12 years old child complains of raised temperature to 39C, arthralgias in knees, two days later in ankles, limitation of movement, fatigue, cardialgias. Two weeks ago he has angina. It was revealed enlargement of heart size to left, not frequent extrasystols. What disease is more possible?

A. Nonrheumatic carditis
B. Acute Rheumatic Fever
C. Rheumatoid arthritis
D. Systemic Lupus Erythematosus
E. Reactive arthritis

7. A 5 yeras old boy has growths retardation, paleness. Periodically he develops respiratory-cyanotic attacks. Auscultation reveals rough systolic murmur in chest and soft 2 –nd sound on pulmonary artery. What congenital heart disease is more possible?

A. Tetralogy Fallot
B. Coarctation of the aorta
C. Patent ductus arteriosus
D. Pulmonic stenosis
E. Aortic stenosis

8. A 10 years old boy has accelarated heart rhythm (170/min), P wave is on the T wave, that cause the deformation of last one, PQ interval is prolonged, complex QRS is normal. What pathology has this patient?

A. Atrium hypertrophy

B. Paroxysmal supraventricular tachicardia

C. Ventriculum hypertrophy

D. WPW syndrome

E. Extrasystols

9. A 7 yeras old child has ECG abnormalities: P wave is high (3,5 mm) in 11, 111, aVF leads; in V_1 -P is high and bephased. What pathology must you suspect?

A. Myocarditis

B. Aortic stenosis

C. Right atrium hypertrophy

D. Left atrium hypertrophy

E. Myocardiodystrophy

10 A 12 years old boy complains of edema, movement limitation in elbow, body temperature 37,7C. He had diarrhea, abdomen pain 7 days before. While examining there was revealed conjunctivitis, arthritis of right elbow joint. What diagnose is more probable?

A. Posttraumatic arthritis

B. Dysmetabolic arthritis

C. Juvenile Rhematoid arhtritis

D. Acute Rheumatic Fever

E. Reactive arthritis (Reiter syndrome)

11. Condition of 6 years old child with nonrheumatic carditis worsened. He has tachypnea, tachycardia, dull heart beats, hepatospleenmegaly.While auscultationone can reveal moist crepitation; his ankles are edematous. What condition was developed in this patient as a complication of carditis?

A. Congestive cardiac failure(CCF) of 11- B stage

B. CCF 11-A st.

C. CCF 1 st

D. CCF 111st

E. Acute vascular failure (shock)

12. What criteria can judge an active Rheumatic fever , except

A. Presence of pericardial friction rub

B. Appearance of new murmur or increase in preexisting murmur

C. History of arthralgia or arthritis within less than 12 weeks

D. Increased ESR, CRP, ASL –O

E. Congestive cardiac failure

13. What symptoms are typical for infective endicarditis?

A. Patients with unexplained fever of 7-10 days

B. Presence of embolic phenomena

C. Roth's spots, splinter hemorrhages, petechia

D. Echocardiogram identifying of vegetations

E. Negative blood cultures

14. What are the typical complaints in mitral stenosis, except

A. Cough

B. Shortness of breath on exertion

C. Paroxysmal nocturnal dyspnea

D. Acute pulmonary edema

E.Wheezing

15. What are the common clinical features in mitral stenosis, except

A. Normal sized heart

B. Tapping apex beat

C. Apical diastolic thrill, late diastolic accentuatiom of murmur

D. The first sound is short

E. Second sound is splitted with a loud pulmonary component

16. What are the minimum criteria for clinical diagnosis of mitral stenosis, except

A. Accentuated first sound

B. Mitral opening snap

C. Delayed diastolic murmur

D. Late diastolic accentuation

E.Systolic murmur

17. Choose the proper sign that point to the severity of mitral stenosis

A. Severuty of MS is clinically judged by the distance between the oopening snap and the aortic component of the second sound

B. Intensity of diastolic murmur

C. Duration of diastolic murmur

D. Mild pulmonary arterial hypertension

E. Development of mitral regurgitation

18. What statements from listed below are false for mitral regurgitation?

A. The pulse pressure increased, resulting in the small ware hammer pulse

B. The heart size is dependent on the severity of mitral regurgitation as well as the status of the left ventricular myocardium

C.The first sound is accentuated, the second sound is normally split with loud pulmonary component

D. The cardiac apex is displaced downward and outward

E. The first sound may be soft or normal but generally it is inaudible as it masked by the systolic murmur.

Juvenile rheumatoid arthritis (JRA)

1. Rheumatoid arthritis peak morbidity is in the age

A. 8 mo old

B. 2 years old

C. 5 years old

D. 10 years old

E. 16 years old

2. Main changes in JRA are

A. pathologic immune response

B. pseudoallergic reactions

C. allergic mechanisms

D. infectious process

E. trauma

3. JRA peculiar feature is,except:

A. pain

B. edema

C. morning stiffness

D. mono and olygoarthritic damages

E. arthritis damage assymmetry

4. JRA is chronic inflammatory disease with more frquent onset in:

A. infant period

B. less than 2 y old

C. less than 5 y old

D. less than 10 y old

E. less than 16 y old

5. What symptoms are not typical for polyarticular form of JRA:

A. affection of wrist and feet small joints with predominance of prolifirative processes

B. lab data show low activity

C. 1/3 of patients has affection of column and neck spondylus

D. Frequent involvement of mandibular joint

E. Frequent onset with knee joints affection

6. What symptoms are typical for extraarticular affection in JRA

A. uveitis

B. heart and vessels affection

C. skin and reticularendothelial system affection

D. inner organs amiloidosis

E. all listed above

7.What symptoms are typical for chronic uveitis in JRA, except

A. iridicyclite, catharact, linear cornea dystrophy

B. In 60%-70% eyes involvement is bilateral

C. has asymptomatic course, diagnosed only by split lamp

D. in 1/5 of children can be developed before articular syndrome

E.don’t cause blindness

8. What specialists must examine every patient with JRA

A. traumatologist

B. cardiologist

C. gastroenterologist

D. ophthalmologist

E. neurologist

9. What index is the most iundicative for JRA

A. rheumatoid factor

B. antinuclear factor

C. LE-cells

D. all listed above

E. rheumatoid factor +ANA

10.What signs are typical for articular- visceral form of JRA,except

A. fever

B. rash

C. lymphadenopathy and hepatolienal syndrome

D. arthralgia

E. hypertension

11. For systemic onset of JRA is typical everythin, except

A. fever

B. systemic features can precede joint manifestations

C. maculopapular rash

D. negative CRP

E. Positive rheumatoid factor and antinuclear factor

12. What indexes are not typical for septic form of JRA

A. neutrophyl leucocytosis with shift to the left

B. ESR 60-70 mm/h

C. anemia, thrombocytosis

D. elevated acute reactants like CRP, sial acids, fibrinogen

E. hyperbilirubinemia

13. What radiologic signs are typical for JRA, except

A. osteoporosis

B. narrowing of interarticular space

C. abnormality of bone growth

D. Cartilage erosion

E. bone sequestration

14. What complications can be due to JRA, except

A. Joint contracture

B. growth disturbancies

C. secondary amiloidosis

D. osteoporosis

E. bleeding

15. Reactive arthritis are characterised by symptoms, except

A. affection of lower limb joints

B. symmatrical joint involvement

C. has concurrent gastrointestinal or genitourinary infection

D. can be provoked by Shigella, Chlamidia etc.

E. can progress to spondyloarthropathy

Gastrointestinal disorders 1

Initial testing level

1. What from the noted diseases can cause violation of motility of the intestine?

A. chronic enteritis

B. chronic colitis

C. irritable bowel syndrome

D. Crown illness

E. all are incorrect

2. What from factors not important in pathogenesis of irritable bowel syndrome?

A. infectious

B. stress

C. alimentary

D. allergic

E. ptosis of inner organs

3. What clinical variant of irritable bowel syndrome is not present in classification?

A. mainly with a constipation

B. mainly with diarrhea

C. mainly with a stomach-ache and meteorism

D. mainly with the signs of chronic intoxication.

E. all are incorrect

4. What method of research allows to differentiate a chronic colitis from a irritable bowel syndrome?

A. rectoromanoscopy

B. irigographya

C. histological research

D. electrogastrografy.

E. ultrasound

5. Method of treatment, which is not used in irritable bowel syndrome

A. psychoreflexoterapy

B. diet

C. physiotherapy

D. antibacterial therapy

E. dufalak

6. Preparation which is not used for treatment of patients with an irritable bowel syndrome which is accompanied with constipation:

A. motilium

B. root of licorice

C. carbolen

D. glaksena

E. dufalak

7. Preparation which is not used for treatment of patients with an irritable bowel syndrome which is accompanied with diarrhea:

A. imodium

B. skinof pomegranate

C. tincture of john's-wort

D. tincture of pie plant.

E. all answers are incorrect

8. To confirm the diagnosis of chronic colitis we need a combination of typical clinical symptoms with results of:

A. irrigoradiography

B. rectoromanoskopy

C. colonoskopy

D. hystological research

E. ultrasound research

9. For a chronic unulcerative colitis is not typical:

A. chronic intoxication

B. violation of defecation

C. pain during palpation of sigmoid colon

D. expressed and proved hemorrhagic colitis

E. all of answers are right

10. What medication is not a proton pomp inhibitor

A. Omez

B. Ornatolum

C. Losec

D. Axid

E. Lanzap

11. Data of pH in corpus of the stomach is 1,2. What type of acid secretion?

A. Hyperchlorhydria

B.Mean secretion

C.Normochlorhydria

D. Hypochlorhydria

E. Data is normal

12. Main clinical syndrome in peptic ulcer disease.

A. Pain

B. Dyspeptic

C. Astenovegetetive

D. Diencephalic

E. Regurhytation

13. What medication is not a prokinetic?

A. Cerucal

B. Buscopan

C. Motilium

D. Cizaprid

E. All listed above

Control tests

1. What properties of H. pylori sustain its existance in stomach?

A. Adherence to epithelium of antrum

B. The property of endocytosis

C. Spiral shape of microbe

D. Ability to convert urea into ammonia and carbohydrate and create alkaline invirement of microbe

2. What medications from listed below is not H2 blocker?

A. Ranitidin

B. Famotidin

C. Nisatididn

D. Roxatidin

E.Gastrocepin

3. What type of cells is blocked by proton pump inhibitors?

A. Epithelium cells

B. Parietal cells

C. Chief cells

D. Polymorphonuclear cells

E. G-cells and D-cells (gastrin and somatoststin secreted cells)

4. A 12 years old child has peptic ulcer disease. What test is proper to reveal H.Pylory?

A. Fibrogastroscopy

B. X-ray imaging

C. Blood test

D. Urease test

E. Coprogramm

5. A 12 years old child has peptic ulcer disease (PUD). What pathogene can cause PUD?

A. Chlamidia

B. Streptococci

C. Mycoplasma

D. Helicobacter pylori

E. Viruses

6. What changes of stomach mucous can’t be produced by H.Pylori?

A. No signs of inflammation

B. Superficial gastritis

C. Intestinal methaplasia

D. Severe gastritis with partial atrophy

E.Progressive atrophy with loss of parietal and chief cells

7. What symptoms are typical for PUD, except

A. Epigastric pain

B. Nausea

C. Vomiting

D. Diarrhea

E. Burnings

8. What medication isn’t useful in PUD caused by

A. Omeprazol

B. Clarithromycine

C. Metronidazole

D.Kethoconazole

E. Bismuthi subsalicylatis

9. What drug us not proton pump inhibitor?

A. Omeprazol

B. Ketoconazol

C. Lansoprazol

D. Rabeprazol

E. Esomeprazol

10. What etiologic factor can cause development of gastritis, except

A. Tuberculosis

B. Cytomegaloviresus

C. Drugs (NSADs, steroids)

D. Streptococci

E. Radiation

11. A 10 years old child has been ill foe 3 years. His complaints are abdomen pain in right part, subfebrile temperature. Palpation of abdomen reveal inlarged liver (+2 cm), positive Kera symptom. Stool isn’t regular and stable(intermittent diarrhea and constipation). Blood tests are normal. What disease can produce such clinical picture?

A. Biliary tract dyskinesia

B. Chronic enterocolitis

C. Crohn disease

D. Chronic cholecystitis

E. Acute intestinal infection

12. A 8 years old child has been ill for 3 years. His complaints are stool 5-6 times per day with blood and mucus in it, weight deficit, fatigue. Pathologic microorganisms were not revealed in stool. Blood tests show anemia, ESR 24 mm/h. What disease can you suspect?

A. Peptic ulcer disease

B. Acute gastritis

C. Crohn disease

D. Chronic pancreatitis

E. Biliary dyskinesia

13. A 15 years old boy complains to abdomen pains at night or ‘hungry pains’, constipation, heartburn. He has been ill for 2 years. His grandfather has died because of gastrointestinal bleeding. What diagnosis is not probable?

A. Chronic gastritis

B. Acute gastritis

C. Peptic ulcer disease of duodenum

D. Biliary dyskinesia

E. Chronic pancreatitis

14. A 13 years old boy has acute pancreatitis 3 years ago. For some month he has complaints of epigastrium pain, positive Grott’s, Kuch symptoms. What criteria is the most accurate for pancreatic disease?

A. Hyperphosphatemia

B.Hyper amylaseaemia

C. Hyperbilirubinaemia

D. Elevated level of aspartattranspherase (AST)

E. Hyperproteinaemia

15. A 12 years old boy for 2 years periodically has pains in epigastrium 1-3 hours after meals, gnawing and burning. Gastroduodenoscopy reveals signs of gastroduodenitis with ulcer defect in duodenum mucous. What drug will be the most effective in this patient?

A. Papaverin

B. Almagel

C. Nospani

D. Atropin

E.De-nol (Bismuthi subsalicylatis)

16. A 13 years old girl is under outpatient care because of chronic gastroduodenitis. for the last 6 month she has regular night abdomen pains. What examination is necessary to be done?

A. Ultrasound diagnostics of abdomen

B. Fecal test on blood presence in stool

C. Gastroduodenal endoscopic examining

D. Measurement of acid secretion

E. Colonoscopy

Gastrointestinal pathology (Variant 2)

1. Variant of acute infectious hepatitis which does not lead to chronic hepatitis:

A. infectious hepatitis B

B. infectious hepatitis C

C. infectious hepatitis D

D. infectious hepatitis E

E. all listed above

2. What variant of chronic hepatitis predominates in child's age?

A. autoimmune

B. viral

C. medical

D. cryptogenous

E. all answers are wrong

3. What factor is absent in blood in autoimmune hepatitis?

A. antibodies to soluble hepatic antigen (SLA)

B. antibodies to the hepatic-pancreatitis antigen (LP)

C. antibodies to the membranes of hepatocytes (LM)

D. antibodies to Australian antigen (HBsAg)

E. all answers are incorrect

4. Whatever factors isn't present in blood of patients with chronic hepatitis B?

A. HBsAg

B. HB DNA

C. HBeAg

D. HbcAg

E. all answers are incorrect

5. Most credible outcome of acute hepatitis B?

A. convalescence

B. transmitter of HBsAg

C. forming of chronic hepatitis

D. forming of cirrhosis of liver

E. development of gallstones

6. Most credible way of contamination with hepatitis B?

A. blood and its products transfusion

B. sexual contacts

C. domestic contacts

D. professional contacts

E. all listed above

7. How often is acute hepatitis B transformed in a chronic form?

A. in 10%

B. in 25%

C. in 50%

D. in 75%

E. never

8. Factor which is not the serum marker of viral hepatitis B?

A. HCVABlgG

B. HCVABlgM

C. HCV RNA

D. HBcAb

E . no one

9.What factor is necessary present in blood in acute hepatitis D?

A. HCVABlgG

B. HCVABlgM

C. HCV RNK

D. HbsAg

E. all listed above

10. What degree of activity of chronic viral hepatitis is not marked classification?

A. minimal

B. mild

C. moderate

D. severe

E. there is no right answer

11. What degree of morphological stage of chronic viral hepatitis is not marked classification

A. mild fibrosis

B. moderate fibrosis

C. severe fibrosis

D. cirrhosis

E. there is no right answer

12. Factor which is not the serum marker of replication phase of viral hepatitis B:

A. HBsAg

B. HBeAg

C. HBcAg

D. HBV DNA

E. all listed above

13. Factor which does not testify the transition of replication phase of viral of hepatitis B into the phase of integration:

A. a seroconversion of HBeAg in HBeAb

B. disappearing from the blood of HBV DNA

C. appearance in blood of DNA-polymerase

D. disappearing of HBcAg from liver's tissue

E. there is no right answer

14. What skin symptom is less typical for chronic hepatitis?

A. icterus of skin and mucus

B. knotted erythema

C. telangiectasia

D. «hepatic» hands

E. icterus of skin

15. Clinical symptom which is not included in the syndrome of portal hypertension

A. hydroperitoneum

B. splenomegalya

C. raspberry tongue

D. forming of collateral blood circulation

E. there is no right answer

16. Clinical syndrome which is not a complication of the severe fibrosis and cirrhosis of liver:

A. syndrome of portal hypertensia

B. hepatic encephalopathy

C. bleeding from the varicose-changed veins

D. achalasia of cardia

E. there is no right answer

17. An increase of activity in blood of ASAT and ALAT is a characteristic of?

A. cholestasis

B. cytolisis

C. liver failure

D. mesenchim- Inflammatory

E. there is no right answer

18. An increase of activity of blood alkaline phosphatase is a syndrome of?

A. cholestasis

B. cytolisis

C. liver failure

D. mesenchim- Inflammatory

E. there is no right answer

19. A decrease of activity of blood cholinesterase is a syndrome of

A. cholestasis

B. cytolisis

C. liver failure

D. mesenchim- Inflammatory

E. there is no right answer

20. Hypergammaglobulinemia, hyper and dysimmunoglobulinemia are symptoms of

A. cholestasis

B. cytolisis

C. liver failure

D. mesenchim- Inflammatory

E. there is no right answer

21. Most informative method of diagnostics of chronic hepatitis:

A. ultrasonic research

B. a scan-out of liver with colloid radiopharmacological preparation

C. Hepatobiliscintigrafiya with radiopharmacological preparations

D. morphological research

E. teplovision

22. Disease, which is not burdened with heredity?

A. primary biliar cirrhosis

B. Disease of Vil'son—Konovalov

C. syndrome of Zhil'bera

D. Disease of insufficiency of alfa-antitripsin

E. a right answer is not

23. What disease is characterized by increase of unconjugated bilirubin in blood?

A. chronic hepatitis

B. syndrome of Dabina—dzhonsona

C. syndrome of Zhil'bera

D. syndrome of Rotor

E. there is no right answer

24. In what disease gall-bladder is not contrasted during cholecystography

A. syndrome of Kriglera—Nayyar

B. primary sclerotic cholangitis

C. syndrome of Dabina—dzhonsona

D. syndrome of Zhil'bera

E. there is no right answer

25. What disease has unfavorable prognosis?

A. syndrome of Zhil'bera

B. syndrome of Kriglera—nayyara

C. syndrome of Дабіна-Джонсона

D. syndrome of Rotor

E. all listed above

26. What preparation is not a hepatoprotector?

A. hepatofalk

B. hepabene

C. lipoferon

D. hepasteril A

E. essencyale

27. What preparation is not a hepatoprotector?

A. tiotriasolini

B. antrale

C. troxevasini

D. essencyale

E. ibuprofen

28. What type of interferons is used now?

A. alfa interferones

B. interferons beta

C. interferons gamma

D. delta interferons

E. all listed above

29. In what etiologic variant of chronic hepatitis do we administer interferon?

A. chronic hepatitis B

B. chronic hepatitis D

C. autoimmune chronic hepatitis

D. medical chronic hepatitis

E. there is no right answer

30. What effects are not typical for interferons?

A. antiviral

B. antiinflammatory

C. immunomodulative

D. antilymphoproliferative

E. all listed above

31. What preparations do not belong to the group of interferons?

A. reaferon

B. intron-A

C. hepasteril A

D. roferoni

E. lipoferon

32. Symptom which is not the criterion of efficiency of iinterferonotherapy?

A. normalization of activity of aminotransferases

B. normalization of temperature

C. disappearance of serum markers of viral replication

D. diminishing of expressed of morphological changes of liver

E. no one

33. Preparation which is not used for increasing efficiency of interferonotherapy?

A. essenciale

B. corticosteroids

C. lamivudin

D. riboxin

E. all listed above

34. What side-effects of interferonotherapy are not typical:

A. fever

B. papular dermatitis

C. bleeding from the varicose-changed veins

D. immune thyreoiditis

E. all listed above

35. Preparation of choice in autoimmune hepatitis

A. prednisolon

B. heptral

C. interferon A

D. essenciale

E. ursofalk

36. Preparation of choice in viral hepatitis B is:

A. prednisolon

B. essencialle

C. reaferon

D. heptral

E. chenofalk

37. Geptral is preparation of choice in case of:

A. chronic hepatitis with minimum activity

B. syndrome of Zhil'bera

C. Vil'son—Konovalov disease

D. chronic hepatitis with high activity

E. at all diseases listed above

38. Complication of chronic active hepatitis and cirrhosis of liver are all exept:

A. syndrome of portal hypertension

B. bacterial peritonitis

C. hepatic encephalopathy

D. hyperparathyreoidism

E. there is now right answer

39. Prophylactic vaccination against hepatitis B in Ukraine is conducted?

A. one-time at age 3 months

B. 2 times at 3 and 6 months

C. triply in age 0, 3 and 5 months

D. triply, beginning from 1 year, with an interval between inoculations 1 months

E. does not conduct

40. Risk group for chronic hepatitis B does not include:

A. medical workers who make parenteral manipulations

B. drug addicts which apply narcotic matters intravenously

C. homosexuals

D. veterinary doctors

E. laboratory assistant

Gastrointestinal pathology (Variant 3)

1. Factor which is not morphological substrate of chronic pancreatitis:

A. inflammation
B. nodal necrosis
C. fibrosis
D. sclerosis
E. all listed above

2. The less meaningful etiologic factor for chronic pancreatitis in children:

A. infection
B. trauma
C. alcohol
D. obturation
E. no one

3. Most meaningful factor of pathogenesis of chronic pancreatitis:

A. hyperensinemia
B. violation of microcirculation
C. oxidizing stress
D. defect of synthesis of lytostatin
E. decline of level of glucose

4. What sign of pain is not typical for a chronic pancreatitis?

A. progress
B. diminishing during the inclination
C. irradiation in a lumbar area
D. appearance on an empty stomach
E. no one

5. Less credible reason of appearance of pain at chronic pancreatitis:

A. intralobular duct hypertension
B. spasm of pylorus
C. inflammation of intrapancreatic nerves
D. injury of duodenum
E. all listed above

6. Dyspeptic syndrome which is most typical for achronic pancreatitis:

A. belch rotten
B. heartburn
C. disorder of emptying
D. an appetite is increased
E. belch sour

7. Symptom, not characteristic for exacerbation of chronic pancreatitis:

A. Kacha
B. pain during palpation of the point of Dezhardena
C. Hertz
D. pain during palpation of the point of Meyo-robsona
E. no one

8. Disparity between intensity of pain and results of palpation is a feature of:

A. autoimmune form of chronic pancreatitis
B. acute interstitial pancreatitis
C. acute pancreatolysis
D. to the abscess of pancreas
E. no one

9. The principle disagreements of pancreatopathy and chronic pancreatitis are:

A. expressivity of pain syndrome
B. degree of enzymes in blood
C. absence of inflammation in pancreas tissue
D. absence of temperature reaction

E. disorder of emptying of intestine

10. Research of activity of pancreatitis enzymes is more informative:

A. in the first 12 h of exacerbation of disease

B. in the first 2 h of exacerbation of disease

C. after 12—24 h from the beginning of exacerbation

D. after 49—72 h from the beginning of exacerbation

E. in any time

11. Research of activity of amylase of urine informing most:

A. in the first 2 год intensifying of disease

B. in the first 12 год intensifying of disease

C. through 12—18 год from the beginning of sharpening

D. through 24 год from the beginning of sharpening

E. during a week

12. A «gold standard» of diagnostics of chronic pancreatitis:

A. ultrasonic research

B. computer tomography

C. endoscopic retrograde pancreatocholangiography

D. radionuclide scanning

E. thermovision

13. What ultrasonic data of studying pancreas, is not typical for chronic pancreatitis:

A. nonhomogenous enchancement of echo-signal

B. clearness of contours

C. presence of fibrosis

D. nodes of calcinosis

E. all listed above

14. In first 2—3 days of acute pancreatitis or exacerbation of chronic pancreatitis we administer?

A. non worn-through variant of 5 diet

B. worn-through variant of 5 diet

C. hungry pause

D. diet 1

E. diet is not needed

15. In acute pancreatitis and exacerbation of chronic pancreatitis for treating pain syndrome it is useful to give:

A. somatostatin

B. prednisolon

C. antiprotease preparations

D. pancreatitis enzymes

E. blockers of proton pump

16. In case of remaining pain in spite of somatostatin therapy we prescribe:

A. prednisolon

B. antiproteases preparations

C. pancreatic enzymes

D. analgetics

E. ganglioblocers

17. The symptom of chronic pancreatitis, in which enzymes are not administered

A. steatorea

B. if daily excretion of fat is over 15 grammes

C. loosing of body weight

D. diarrhea which is accompanied by the dyspeptic symptoms

E. there is no right answer

18. During the correction of insufficiency of exocrine function of pancreas advantage is given to enzyme preparations which contain a maximal amount of:

A. tripsin

B. lipase

C. amylases

D. hemotripsin

E. Trypsinum and amylase

19. For the decrease of pain syndrome in acute period of pancreatitis advantage is given to enzyme preparations which contain a maximal amount of:

A. lipase
B. Trypsin
C. amylase
D. elastase
E. amylase and elastase

20. What preparation has advantage in correction of exocrine insufficiency of pancreas?

A. festal
B. mesim-forte
C. kreon
D. pansinorm
E. diluted hydrochloric acid

Pyelonephritis

1. A 8-year girls' complaints are body temperature 37,5 C, head ache, fatigue, absence of appetite, abdomen pain, frequent micturition. Urea tests: specific gravity 1018, leucocytes 10-15. Pyelonephritis is under suspicion. What diagnostic test will confirm diagnosis?

A. Reberg test
B. Bacterial colony count
C. Zimnitsky test
D. Common blood test
E. Dynamic common urea test

2. Choose the proper definition to the statement: bacteriurea is present in tests without clinical manifastations

A. Symptomatic bacteriurea
B. Cystitis
C. Pyelonephritis
D. Asymptomatic bacteriurea

E. Vulvitis

3. What bacterial titer in 1 ml of urea is diagnostically proper for pyelonephritis if urea was taken by catheter?

A. 10 per ml

B. 100000 /ml

C. 1000 /ml

D. any titer

E. 100 /ml

4. A child 11 years old fell ill 3 days ago and has T 37,7C, abdomen pain, frequent micturition with little portions. She has proteinurea -0,033g/l, high count of fresh erythrocytes in urea and oxalates –little amount. What diagnosis is more obvious?

A. Acute pyelonephritis

B. Dismethabolic nephropathy

C, Acute glomerulonephritis

D Acute vulvitis

E. Interstitial nephritis

5. A 12 year old girl fell ill 2 weeks ago. Her complaints are : fatigue, bad appetite, tenderness in back, body temperature 37,5-37,8C. She is pale, pulse is 98 /min. Her urea test is: spec. Gravity 1017, protein 0,066 g/l, erythrocytes 6-8, leucocytes- 40-60, bacteria (+++). Choose the proper diagnosis

A. Acute pyelonephritis

B. Acute cystitis

C. Acute glomerulonephritis

D. Acute vulvitis

E. Interstitial nephritis

6. A child of 10 years old is ill for 6 days. Disease has started after cooling with raising of T 38C, abdomen and back ache. Urea tests show leucocyte count 14000/ml, erythrocytes 2000 /ml, protein -0,33 g/l. What test or investigation might be performed to prescribe ethiologic treatment?

A. Cystography

B. Intravenous urography

C. Zemnitsky test

D. Nechiporenko test

E. Bacteriologic test

7. A 2-years old child after recovery of viral respiratory tract disease has fever, abdomen pain, disurea- frequent micturition. She is supervised by nephrologist. Her urea contains clots of mucus, urea protein 0,9 g/l, great amount of leucocytes. Name the most possible microbe that has caused an exacerbation of chronic pyelonephritis

A. Chlamidia

B. Viruses

C Pseudomonas auriginosa

D. Eschirichia colli

E. Fungus

8. In the urea of 15 years old boy there was revealed pseudomonas auriginosa in the titer 10^5/ml that ws accompanied with clinical signs of obstructive pyelonephritis. Choose the proper antibiotic for treatment

A.Cefotaxime

B. Ampicilline

C. Cefazoline

D. Azutromycine

E. Levomycetine

9. It was diagnosed chronic pyelonephritis. What is the main pathologic base in this disease?

A. The damage of tubules by microbes

B. The damage of glomerules

C. Storage of pathologic protein in tubules and interstitium

D. Bilateral not purulent inflammation in kidney parenchima

E. Interstitium and calux inflammation caused by bacterial agents

10. A 3-years old child has fever 39C, absence of appetite, fatigue, disuria, abdomen pain in the left part, turbid urea. What disease is more probable in this case?

A. Acute pyelonephritis

B. Acute cystitis

C. Toxic nephritis

D. Acute glomerulonephritis

E. Tubulointerstitial nephritis

11. For last 6 mo a1 year old child was admitted to hospital 3 times with fever that has lasted for 7 days, signs of intoxication without rhinipharingitis. Blood tests showed neutrophil leucocytosis, ESR 47 mm/h. Urea tests revealed great count of neutrophil leucocytes. This child whas been treated by gramox without positive effect. E. Colli wasrevealed in urea in titer 10^8/ml. The signs of vulvitis were absent. Mother of this child has chronic pyelonephritis. Choose the proper method of examining to clear the diagnosis

A. Descending urography

B. Ascendant cystourography

C. X-ray investigation of lungs

D. Cystoscopy

E. ECG

12. For last 6 mo a1 year old child was admitted to hospital 3 times with fever that has lasted for 7 days, signs of intoxication without rhinipharingitis. Blood tests showed neutrophil leucocytosis, ESR 47 mm/h. Urea tests revealed great count of neutrophil leucocytes. This child whas been treated by gramox without positive effect. E. Colli wasrevealed in urea in titer 10^8/ml. The signs of vulvitis were absent. Mother of this child has chronic pyelonephritis. Choose the proper medication for etiologic treatment

A. Ofloxacin

B. Penicyllinum

C. Cefazolini

D.Amicacini

E. Tetracyclini

13. A 15 years old patient with nephrolythiasis was called ambulance because of anxiety due to acute pain in back and abdomen t-37,6C. He has frequent painful micturition. What medication will be the first in this situation?

A. Sedative drugs

B. Spasmolytics

C. Anaesthetics

D. Diuretics

E. Infusion therapy

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A. Kidney anomali- dobled right kidney, secondary chronic pyelonephritis

B. Acute pyelonephritis

C. Acute cystitis

D. Reflux nephropathy

E. Tubulopathy

15. A 4 year old child was admitted to nephrologic department with T-38C, sighns of intoxication, pains in abdomen and back. Blood test: neutrophyl leucocytosis, ESR 50mm/h. Urea test –leucocyteurea, bacteriurea (5 10^5/ml). Gynecologist didn’t reveal any pathology. What investigation will confirm the diagnosis of pyelonephritis?

A. Bacterial test of urea

B. Creatinine of serum

C.. Urea in blood

D. Common protein in blood

E. Nechiporenko test

16.A 11 years old patient was admitted to hospital with complaints of subfebrile temperature, painful micturition with small portions, pain in the pubic region. Urea test shows protein 0,66 g/l, leucocytes 32, erythrocytes 8, bacteria 120000/ml. What diagnosis can be established?

A. Acute glomerulonephritis

B. Acute cystitis

C. Secondary pyelonephritis

D. Chronic glomerulonephrirtis

E. Chronic pyelonephritis

17. A 4 years old boy was admitted to hospital with clinical picture of focal pneumonia. Urea tests show protein 0,033, leucocytes count 12, bacteria 20. Micturition is free, painless. After 3 days of treatment urea test become normal. What is the reason of urea test abnormality?

A. Acute cystitis

B. Acute pyelonephritis

D urea tract infection

D. Acute uretritis

E. Acute glomerulonephritis

18. A 9 years old girl was admitted with complaints of frequent painful micturition, elevated temperature. She has pains in abdomen and pubis. She has enuresis. While examining her abdomen was painful during palpation. Blood test: Hb 130g/l, Er. 4,5 10^{12}, Leu 15 10^{9}, Tr. 155 10^{9}, ESR 25 mm/h. Urea test : spec. Gravity 1016, turbid urea, protein 0,66g/l, leu-60, er, 5-7, bacteria 150000. What treatment must be prescribed?

A. Diuretics

B. Antihiostamines

C. Spasmolytics

D. Anticoagulants

E.Antibiotics

19. A 15 years old patient complains of frequent micturition, red urea at the end of micturition. His urea test; protein 0,033, fresh erythjrocytes -200-300, leucytes 8-10. What diagnosis is more possible?

A. Acute cystitis

B. Neurogenic bladder

C. Urinary tract infection

D. Urethritis

E. Balanopostitis

20. A 6 years old child was diagnosed primary chronic pyelonephritis, clinical-laboratory remission with normal excretory kidney function after being examined in nephrologic department. What was the foundation to such diagnosis?

A. Signs of kidney's inflammation more than 6 mo

B.Vesicourethral reflux of 2 degree

C. Neurogenic bladder

D. Resistance to antimicrobial treatment

E. inherited renal anomaly.

Glomerulonephritis

1. A 6 years old boy is ill on acute glomerulonephritis for 7 days. He has excessive edema, BP 110/6o mm/Hg, urine protein loss 4,5 g/l per day, common serum protein 48 g/l, urea- 5,2mmol/l, creatinine-0,1 mmol/l, cholesterol- 12,4mmol/l. What drug will you prescribe this child for pathogenic treatment?

A. Prednisone

B. Leukeran

C. Chlorbutin

D. Delagyl

E.. Tavegyl

2. A 11 years old child was admitted to hospital on the 2 day of disease. Two weeks ago he has acute tonsilitis. Patient's complaints are: raised body T –38,2C, back ache, red color of urine, periorbital edema, BP 150/80 mm Hg. Urinalysis detect protein loss 0,165 g/l, common serum protein –78g/l. What syndrome can be diagnosed in this child?

A. Glomerulonephritis with isolated urine syndrome

B. Nephritic syndrome

C. Nephrotic syndrome

D. Nephrotic syndrome with haematuria and hypertension

E. Cystitis

3. A 6 years old child was admitted with complaints on edema, oliguria to 200ml/per day. Proteinuria is 4,5 g/pr day, common serum protein is 40,5 g/l, serum cholesterol is 9,6 mmol/l, creatinine – 170 mcmol/l. What is the diagnosis?

A. Acute plomerulonephritis with nephrotic syndrome

B. Acute glomerulonephritis with nephritic syndrome

C. Interstitial nephritis

D. Urinary tract infection

E. Inherited nephritis

4. A 8 years old child has glomerulonephritis with nephritic syndrome after angina. What drug is contraindicated in this case?

A. Ampicilline

B. Azitromycine

C. Cefazoline

D. Penicylline

E. Gentamycine

5. A child got glomerulonephritis after angina, ASL"O" titer – 1250 IU. What pathogene cause this disease?

A. Enteroviruses

B. Fungus

C. Streptococci

D. Staphylococci

E. E. Colli

6. A 4 years old child has facial swelling, BP 95/50 mm Hg. His diuresis – 200 ml. Urinalysis show proteinuria 3,7 g/l, leu cocyte 1-2, erythtrocytes 1-2. Blood protein 47 g/l, cholesterol 10,5 mmol/l. His previous diagnosis was acute glomerulonephritis with nephrotic syndrome. Prescribe the proper test to determine diagnosis

A. Proteinuria per day

B. Serum urea nitrogen

C. Zemnitsky test

D. Nechiporenko test

E. Loss of protein with stool per day.

7. Condition of 7 years old child worsened after 2 weeks of being ill on agina. He became edematous, complained of headache, vomiting, has elevated BP. His urine became reddish. What is probable diagnosis?

A. Interstitial nephritis

B. Pyelonephritis

C. Glomerulonephritis

D. Cystitis

E. Urithritis

8. What type of histologic findins can be revealed in nephrotic syndrome, except

A. Minimal changes

B. Focal segmental glomerulosclerosis

C. Mesangial proliferation

D. Membranous nephropathy

E. Crescentic glomerulopathy (semilunaris inclusions)

9. Mother of 7 years old girl complains on recurrent abdomen pain, rash, sweating, decreased diuresis and intensive yellow-reddish color of urine in her child. This girl has nicturea, urinalysis :spac. gravity 1026, protein 0,04 g/l, leucocytes 9-10,

erythrocytes – changed 6-8, salts –great amount of oxalates. What is provisional diagnosis?

A. Dysmetabolic nephropathy

B. Acute glomerulonephritis with nephritic syndrome

C. Urinary tract infection

D. Tubulopathy

E. Acute renal failure

10. What is the main pathogenic mechanism of edema in nephritic syndrome?

A. Decreasing oncotic pressure causes permeability of serum to extracellular space

B. Hypernatriemia due to renin-angiotensin mechanism causes retention of additional water in circulation and its partial permeability to tissues

C. Hyperkaliemia and impaired diuresis causes retention of fluids in body

D. Secondary Cushing syndrome because of intoxication

E. Impaired cardiac output because of renal inflammation

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D. Secondary Cushing syndrome because of intoxication

E. Impaired cardiac output because of renal inflammation

12. Renal failure is detected by tests, except

A. Reberg test

B. Electrolites (K, Na) detection

C. Common urea nitrogen

D. Diuresis

E. Proteinurea

13. Nechiporenko urine test permit to detect

A. Leucocyte, erythrocyte, cylinder count in 1 ml of urine

B. Diuresis, nicturea

C. Concentrative function of kidneys

D. Protein losses of organism

E. Filtrative capacity of kidneys

14. A 6 years old boy was admitted with complaints to facial swallowing, headache, red color of urine, BP 140/90 mm Hg. Urinalysis show protein 0,9 g/l, Er. great amount. What is the provisional diagnosis?

A. Acute glomerulonephritis

B. Nephrolithiasis

C. Renal tuberculosis

D. Interstitial nephritis

E. Pyelonephritis

15. A 3 years old deaf boy was admitted with symptoms of anasarca, ascitis, severe head ache, oliguria, red color of urine. His BP 100/50 mm Hg, urinalysis: protein 3,2g/l, Er. 50. His sibling also has renal pathology. What is probable diagnosis?

A. Alport syndrome

B. Acute glomerulonephritis

C. Renal tuberculosis

D. Interstitial nephritis

E. Pyelonephritis

16. A 9 years old boy was hospitalized with acute glomerulonephritis. Boy's condition worsened. He has gnawing, vomiting, somnolence, progressive edema, decreased diuresis (100 ml/per day). Doctor find out muscle hypotonia, muffled heart beats, bradycardia, BP 170/100 mm Hg. Laboratory tests: creatinine 620

mcmol/l, urea 23 mmol/l, K^+ - 7,2 mmol/l. What complication has been developed in this case?

A. Angiospastic encephalopathy

B. Acute renal failure

C. Acute cardiac failure

D. Acute vessel failure (shock)

E. Acute suprarenal gland failure

17. A 17 years old patient is admitted to intensive care department. He has chronic glomerulonephritis and avoid examining, treatment of this disease. His condition is critical. Skin is grey, wet, turgor is decreased, Ps is frequent and tense, BP 160/110 mm Hg, muscle tonus is increased, hyperreflexia. He produce ammonium odor. What is the provisional diagnosis

A. Alcohol coma

B. Hyperglucaemic coma

C. Uremic coma

D. Hypoglucaemic coma

E. Addison disease crises

18. A 15 years old girl was admitted to intensive care department with complaints on headache, dreaming, vomiting. It's known from anamnesis that she has lupus erythematosus with lupus nephritis. Her condition is poor, skin is dry, joundous, breathing is frequent and noisy, Ps 120/min, cardiac tones are muffled, systolic murmur on the apex. She produces ammonium odor. Blood tests are common bilirubin 35 mmol/l, Hb 92 g/l, serum urea 20 mmol/l. Urinalysis: proteinurea, hypoisostenurea, anurea. What treatment will you choose?

A. Hemodialysis

B. Outpatient care

C. Treatment in nephrologic department

D. Puls therapy (High dosage of corticosteroids and cytostatics)

E. Intensive care treatment

19. A 11 years old patient get therapy of chronic glomerulonephritis, chronic renal failure. Today his diuresis is 70 ml/day. What medication will be the first in the list?

A. Lasyx

B. Theophyliine

C. Prednisone

D. Cefazoline

E. Heparini

20. A 18 years old patient was admitted to hospital with loss of consciosness, periorbital edema, pale skin, swallen face, ps 98/min, BP 180/160 mm Hg. His cardiac rhythm is normal, accentuation of 2 tone on aorta. Doctor suspect arterial hypertension crises due to renal pathology. What diagnostic method will be more informative?

A. Descendant pyelography

B. Renal angiography

C. Ascendant urography

D. Retropneumoperitoneum

E. Cystography.