

ЗАПОРІЗЬКИЙ ДЕРЖАВНИЙ МЕДИЧНИЙ УНІВЕРСИТЕТ

Кафедра дитячої хірургії та анестезіології

УРГЕНТНА ХІРУРГІЯ У ДІТЕЙ

Збірник тестів з дитячої хірургії за змістовним модулем 3 для іноземних студентів V курсу медичного факультету за спеціальністю лікувальна справа та педіатрія

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1. Acquired intestinal obstruction.

1. A 6 month-old child was admitted to the surgical clinic 16 hours after the onset of a disease that began suddenly. He became restless, fidgeted his legs, refused to eat. This anxiety attack was brief. Then the boy calmed down and fell asleep. He woke up 20-25 minutes later, vomiting appeared and his anxiety started again. The child is pale and adynamic. His diapers got wet with dark red discharge. What is the preliminary diagnosis?

- A. Enterocolitis.
- B. Meckel's diverticulum.
- C. Intussusception.
- D. Helminthic intestinal obstruction.
- E. Abdominal tumour.

2. A 5 month-old child was admitted to the clinic within 6 hours from the onset of disease. The child is pale with sudden attacks of excitement and repeated vomiting. Last defecation was 4 hours ago. Case history showed that the child received semolina as a feeding up for the first time. During the examination the child was pale, alert, he had tachycardia, his forehead was covered with cold sweat. His belly is not swollen, soft, cecum cannot be found in its usual place, in rectal examination blood in the form of "raspberry jelly" was found. What disease are you dealing with?

- A. Dysentery.
- B. gastric ulcer.
- C. intussusception.
- D. Anal mucous fissure.
- E. rectal polyp.

3. An 11-month-old child to the surgery department for the third time with a diagnosis of acute intussusception. Previous times the child was intussuscepted conservatively. Which of the listed causes are most likely to cause recurrent intussusception?

- A. Wrong introduction of feeding up.
- B. Wrong age feeding.
- C. Gastroenterocolitis.
- D. Wrong feeding regime.
- E. Mechanical factors.

4. A 7 month-old child was admitted to the surgical department 8 hours after the onset of disease with complaints of anxiety, abdominal pain, single vomiting. During examination tumor-like formation is palpated in the right half of the abdomen. In rectal examination blood in the form of "raspberry jelly" was found. Which illness you can think of?

- A. Doubling of the intestine.
- B. Abdominal tumor.
- C. Intussusception.
- D. Helminthic invasion.
- E. Enterocystoma.

5. A 5 year-old child had sudden attacks of abdominal pain, vomiting, liquid stool with traces of blood. His belly is swollen and soft when palpated; peristalsis is increased, symptoms of peritoneal inflammation are negative. A tumor-like formation with clear outline, moderately painful, movable is palpated in the right hypochondriac region. There is a suspicion of intussusception. Think of possible tactics to clarify the diagnosis. Which answer is the most likely?

- A. abdominal X-ray examination.
- B. Pneumocolographia.
- C. Abdomen palpation under anesthesia.
- D. Irrigography with barium mixture.
- E. Irrigoscopy.

6. A 6 month-old child was admitted to the clinic 16 hours after the onset of disease, which began suddenly. The child became restless, refused to eat. His anxiety attack was brief. After a while the attack was repeated, vomiting appeared and anxiety started again. The child is pale and adynamic. His diapers got wet with dark red discharge. What is the preliminary diagnosis?

- A. enterocolitis.
- B Meckel's diverticulum.
- C. Intussusception.
- D. Helminthic intestinal obstruction.
- E. Abdominal tumour.

7. A 4- month-old child was hospitalized into surgical department after 8 hours of anxiety attacks which lasted for 2-3 minute with 10 minutes intervals. There was a one-time vomiting. During examination the child's condition was hard. Palpation showed soft abdomen and a tumor-like formation in its right half. During rectal examination there was blood on fingers. What is the most likely diagnosis?

- A. Pylorostenosis.
- B. Wilms's tumor.
- C. Intussusception.
- D. Helminthic intestinal obstruction.

E. gastrointestinal bleeding.

2. Bleeding from the digestive system. Portal hypertension.

1. A 15-year-old child was hospitalized to the clinic with complaints of pain in the epigastric area, with vomiting containing red blood. ABP-100/60 mm Hg, Ht - 28% Hb - 80g/L. Which examinations do you need to conduct in order to diagnose causes of bleeding?

- A. Bronchoscopy.
- B. Colonoscopy.
- C. Laparoscopy.
- D. Overview abdominal radiography.
- E. Fibrogastroduodenoscopy.

2. A 12-year-old child was hospitalized with complaints of worsening health, a sudden weakness, pain in the epigastric area, with vomiting containing red blood. Fibrogastroduodenoscopy showed: gastric mucosa is swollen and congested; vessels are injective; multiple hemorrhages are observed in the mucous layer and submucous membrane in some sections of the pitting erosion, some are up to 0.5 cm, covered with fibrin film. Which diseases caused the bleeding?

- A. Hemorrhagic gastritis.
- B. Syndrome of portal hypertension.
- C. Mallory-Weiss syndrome.
- D. Gastric ulcer disease.
- E. Duodenal ulcer.

3. An 11-year-old child was admitted to the clinic complaining of pain in the epigastric area, 'coffee ground' vomiting, occasionally with red blood, attacks of paroxysmal coughing. The child suffers from epilepsy. Fibrogastroduodenoscopy

showed: in cardiac and subcardial parts of stomach there are longitudinal fissures of mucosa, which are localized between the folds of up to 2 cm in length and of 2 mm in width. Which diseases caused the bleeding?

- A. Duodenal ulcer.
- B. Syndrome of portal hypertension.
- C. Mallory-Weiss syndrome.
- D. Hemorrhagic gastritis.
- E. Gastric ulcer disease.

4. A 12-year-old child was admitted to the clinic complaining of pain in the epigastric area, 'coffee ground' vomiting, containing red blood. Fibrogastroduodenoscopy showed: in the duodenal cap there is an ulcer, the bottom of which is covered with a tightly attached grume / blood clot. Which treatment would you start?

- A. Resection of the stomach and duodenum.
- B. Selective proximal vagotomy.
- C. Conservative treatment.
- D. Tanner's Operation.
- E. Insertion of ulcer, gastric vascular ligation.

5. A 5-year-old child was hospitalized complaining of weakness, nausea, anorexia, fever, sudden copious vomiting with blood, which is repeated at short intervals. ABP - 80/40 mm mercury. Increasing anemia. Fibroesofagogastroscoopia revealed extensive varicose veins of esophagus with profuse bleeding. Conservative measures too stop bleeding were taken over two days. However, there was no positive effect. What treatment can be used in the child?

- A. Resection of the stomach.

- B. Tanner's Operation.
- C. Continue conservative treatment.
- D. Gastrotomy with insertion of expanded esophageal veins.
- E. Selective vagotomy.

6. A 5-year-old child has periodic bleeding of overripe cherry color during normal bowel emptying. vidhidnyka and crotch examination has not revealed any pathology. What is the most probable cause of this bleeding?

- A. Hemorrhoids.
- B. Ulcerative enterocolitis.
- C. Anal fissure.
- D. Meckel's diverticulum ulcer.
- E. Rectal polyp.

7. An 11-year-child was hospitalized complaining of sharp abdominal pain. Examination reveals pain spreading all over the abdomen. Abdominal distension, fever, peritoneal signs, small hemorrhages of the mucous membrane of the mouth, haemorrhagic rash on symmetrical areas are observed. In blood leucocytosis is moderate without a significant shift to the left. Which illness can you think of?

- A. Dysentery.
- B. Thrombocytopenic purpura / Henoch-Schonlein purpura (HSP).
- C. Acute gastroenteritis.
- D. Measles.
- E. Hemophilia.

8. A 14-year-old child one hour ago fell on its stomach. The child's condition is moderate with forced position in bed. The skin is pale. The pulse is 132 per minute, left rib arc percussion causes sharp pain. Weinert and Kulenkampff symptoms are positive. Urine is not changed. Which is the most likely preliminary diagnosis?

- A. Liver rupture, internal hemorrhage.
- B. Pancreas rupture.
- C. Left kidney rupture, retroperitoneal hematoma.
- D. Hollow organ rupture, peritonitis
- E. Spleen rupture, internal hemorrhage.

9. A 5-year-old child was hospitalised with complaints of massive bleeding with blood of "overripe cherries" color with normal stool. Crotch and vidhidnyka examination revealed no pathology. Hemoglobin in the blood reduced to 100g per liter. Peritoneal signs are not defined, the child has pain in the navel area. Which is the most likely diagnosis?

- A. Hemorrhoids.
- B. Ulcerative enterocolitis
- C. Meckel's diverticulum ulcer
- D. Rectal polyp.
- E. Fissure rectal

10. A 3-year-old child was admitted to the clinic complaining of abdominal pain, discharge from the rectum of dark - cherry blood with blood clots. Bleeding occurred suddenly against the background of full health. The child is pale, with marked tachycardia and falling hemoglobin levels. In the rectum no pathology was found. Colonoscopy did not find the source of bleeding. During radioisotope study RFP which is put in the blood accumulates in the stomach and there is its

separate depot, which corresponds to small intestine. Specify the disease that caused bleeding in the child:

- A. Syndrome Peytsa - Yehersa.
- B. diverticular colan
- C. Anhiomatoz small intestine.
- D. Polyps of the large intestine.
- E. Kapilyarotoksykoz.

11. A 7-year-old child came to a surgical clinic complaining of pain in the anus area that appears during the act of defecation and disappears after a few minutes. The child is afraid of the future act of defecation. At the top of the fecal column there are blood streaks as well as a few drops of blood at the end of defecation. Which diseases caused the bleeding?

- A. Diffuse colonic polyposis.
- B. Unspecific ulcerative colitis.
- C. Anal fissure.
- D. Proctitis.
- E. Rectal polyp.

12. A 10-year-old child was admitted to the clinic with complaints of bleeding from the anus in the form of blood streaks, separate drops, pain during defecation; from time to time the child has massive bleeding after defecation,. Which studies need to be conducted to diagnose the causes of bleeding?

- A. Examination of the anal region.
- B. Rectal finger examination.
- C. Proctoscopy.
- D. Fibrocolonoscopy.

E. Radioisotope study.

13. A 6-year-old child consulted a surgeon with complaints of bleeding from the rectum. There were noticeable red blood streaks in the last portion of stool. The girl's condition is satisfactory. Which study should be conducted first for the diagnosis?

- A. Rectal finger examination.
- B. X-ray examination the abdominal cavity.
- C. Proctoscopy.
- D. Irrigography.
- E. Physical examination.

3. Gastrointestinal bleeding. Syndrome of portal hypertension/

1. A child of 15 is hospitalized with complaints about pain in epigastric region, vomiting with admixtures of red blood. ABP-100/60 mm mercury, Ht – 28%; Hb – 80g/l. What research is necessary for diagnostics of reasons for this bleeding?

- A. Bronchoscopy.
- B. Colonoscopy.
- C. Laparoscopy.
- D. Overview X-ray of abdominal region.
- E. Fibrogastroduodenoscopy.

2. A child of 12 is hospitalized with complaints about feeling unwell, acute weakness, pain in the epigastric region, vomiting with admixtures of red blood. Fibrogastroduodenoscopy: mucus membrane of the stomach is swollen, hyperemic, vessels are injected, there are numerous hemorrhages in mucus membrane and submucous layer, there are spots of erosions in separate areas, some up to 0.5cm in size covered with patch of fibrin. What disease is the reason for bleeding?

- A. Hemorrhagic gastritis.
- B. Syndrome of portal hypertension.
- C. Malori - Weiss's syndrome.
- D. Stomach ulcer.
- E. Duodenal ulcer.

3. A child of 11 is hospitalized with complaints about pain in the epigastric region, vomiting resembling coffee ground, periodically with red blood, attacks of paroxysmal coughing. The child suffers from epilepsy. Fibrogastroduodenoscopy revealed longitudinal cracks of mucus membrane localized between folds 2cm in length and 2 mm in width in the cardial and subcardial departments of the stomach. What disease caused the bleeding?

- A. Duodenal ulcer.
- B. Syndrome of portal hypertension.
- C. Malori - Weiss's syndrome.
- D. Hemorrhagic gastritis.
- E. Stomach ulcer.

4. A child of 12 is hospitalized with complaints about pain in the epigastric region, vomiting resembling coffee ground, and with the admixtures of red blood. Fibrogastroduodenoscopy in the bulb of duodenum revealed an ulcer with its bottom firmly covered by densely fastened blood clot. What treatment is needed presently?

- A. Stomach and duodenum resection.
- B. Selective proximal vagotomy.
- C. Conservative treatment.
- D. Tanner's operation.
- E. Ulcer sewing, ligation stomach vessels.

5. A child of 5 is hospitalized with complaints about weakness, nausea, absence of appetite, temperature rise, sudden abundant vomiting with blood which repeats in short intervals. ABP is 80/40 mm mercury. Anemia is growing. Fibroesofagogastrosocopy revealed esophageal varicose veins dilatation with profuse bleeding. During 2 days a complex of conservative measures directed at the stop of bleeding was conducted. However a positive effect was not reached. What treatment can be applied for the child?

- A. Stomach resection.
- B. Tanner's operation.
- C. Continue conservative treatment
- D. Gastrotomy with sewing extended esophageal veins.
- E. Selective vagotomy.

6. A child of 5 has periodic bleeding overripe cherry in color during normal defecation. Examination of anal orifice and perineum did not reveal any pathology. What is the most credible reason for this bleeding?

- A. Hemorrhoids (Piles).
- B. Ulcerative enterocolitis.
- C. Anal channel fissure.
- D. Ulcer of Meckel's diverticulum.
- E. Rectal polyp.

7. A child of 11 is hospitalized with complaints about acute pain in the abdomen. At the examination the pain spreads all over the abdomen. There is distension, fever, peritoneal symptoms, shallow hemorrhages of mucus membrane in oral cavity, hemorrhagic exanthema on the symmetric areas of the body. Blood test shows moderate leucocytosis without considerable shift to the left. What disease causes such symptoms?

- A. Dysentery.
- B. Thrombocytopenic purpura / Henoch-Schönlein disease.

- C. Acute gastroenteritis.
- D. Measles.
- E. Hemophilia.

8. A child of 14 fell on his stomach an hour ago. The child is in a grave condition with forced position abed. The skin covers are pale. The pulse is 132 beats per minute. Percussion of the left costal arc causes acute painfulness. Symptoms of Veynert, Kulenkampff are positive. Urine is not changed. What is the likeliest preliminary diagnosis?

- A. Liver rupture, intraperitoneal bleeding.
- B. Pancreas rupture.
- C. Left kidney rupture, retroperitoneal hematoma.
- D. Hollow organ rupture, peritonitis
- E. Spleen rupture, intraperitoneal bleeding.

9. A child of 5 was admitted to the hospital with complaints about massive bleeding of overripe cherry in color during normal defecation. Examination of anal orifice and perineum did not reveal any pathology. Blood test showed hemoglobin reduced by 100g/l. No peritoneal signs are determined. The child is suffering from pain in the area of navel. What is the most reliable diagnosis?

- A. Hemorrhoids / Piles.
- B. Ulcerative enterocolitis
- C. Ulcer of Meckel's diverticulum
- D. Rectal polyp.
- E. Anal fissure.

10. A child of 3 was admitted to the hospital with complaints about a pain in the abdomen, discharge from rectum of dark cherry colored blood with clots. Bleeding developed suddenly on the background of complete health. The child is pale, tachycardia, falling of level of hemoglobin. No pathology is discovered in the rectum. Colonoscopy did not reveal the cause of bleeding. At radioisotope

study the radiopharmaceutical injected in blood accumulates in the stomach separately and there is a special depot for it which corresponds to the small intestine. Which disease caused bleeding in the child?

- A. Pates – Eggers’s syndrome.
- B. Meckel’s diverticulum.
- C. Angiomatosis of the small intestine.
- D. Colonic polyp.
- E. Purpura rheumatica / Acute vascular purpura.

11. A child of 7 is hospitalized with complaints about pain in the region of anus which appears during the act of defecation and disappears in several minutes. The child feels afraid of the following act of defecation. On the top of the excrement column there are blood streaks and a few drops of blood at the end of defecation. What disease caused the bleeding?

- A. Diffuse colonic polyposis.
- B. Nonspecific ulcerous colitis.
- C. Anal fissure.
- D. Proctitis.
- E. Rectal polyp.

12. A child of 10 is hospitalized with complaints about blood discharge from the anal orifice in the form of streaks, separate drops, periodically more massive bleeding after the act of defecation, pain during defecation. What study is necessary to diagnose the reasons for bleeding?

- A. Examination of anal area.
- V. Finger rectal examination.
- C. Proctoscopy.
- D. Fibrocolonoscopy.
- E. Radioisotopic research.

13. A child of 6 appealed to the surgeon with complaints about bleeding from the rectum. Noticeable streaks of red blood with the last portion of defecation. The state of the girl is satisfactory. What research for establishment of diagnosis should be conducted at first?

- A. Rectal finger research.
- B. X-ray of the abdominal region.
- C. Proctoscopy.
- D. Irrigography.
- E. Clinical [therapeutic] trial.

4. Inflammatory diseases of abdominal cavity.

1. The most reliable and permanent symptoms of acute appendicitis in children of older age are:

- A. Vomiting
- B. Frequent urination.
- C. Tensed muscles of abdominal wall and local pain
- D. Shchotkin-Blumberg symptom
- E. Liquid stool and vomiting

2. A child of 12 received a conservative treatment for periappendiceal mass. The child's condition at the discharge from the hospital is satisfactory. Which tactics should be applied for a child?

- A. Conduct a planned operative treatment immediately.
- B. Discharge from the hospital, offer an operation in case of onset of abdominal pain
- C. In 2-3 months
- D. In 1-2 years

E. Discharge from the hospital and place under the surgeon's supervision in the local clinic

3. The child of 2 was admitted into surgical in-patient department with complaints about pain in the abdomen, increased temperature, liquid stool, vomiting. The child fell ill 6 hours ago. It is extremely excited and reacts negatively on the examination. What method of inspection of abdominal cavity should be applied with the child?

- A. In a state of general anesthesia.
- B. In a state of medication sleep
- C. US of organs of abdominal region
- D. Finger examination of rectum
- E. Overview radiography of abdominal cavity.

4. A child of 2 is directed to the hospital with a diagnosis of acute appendicitis. Examination at the admission department does not give enough data for acute appendicitis. What tactics will the surgeon on duty apply:

- A. release for home
- B. hospitalize
- C. release for home, with an active call for pediatrician
- D. release for home, to offer a repeated examination in case if abdominal pain comes back
- E. release for home under the supervision of a surgeon in the local clinic

5. Choose the right tactics for primary peritonitis in a new-born with the signs of intestinal perforation on a background of ulcerative enterocolitis?

- A. Urgent operation
- B. Planned operation
- C. Antibacterial therapy

D. Apply cold on the abdomen, supervise

E. Supervision

6. A child of 5 became ill 20 hours ago: an anxiety appeared, the child began grasping at his abdomen, pains from the epigastric region moved to the right iliac region, twice there was vomiting, and then appeared frequent liquid stool. Body temperature is 38.7°C. The tongue is dry and covered with white patch. The abdomen shows little activity during breathing, conducting palpation is not possible due to expressed anxiety of the child. Finger rectal research found overhanging of the front wall of rectum. What is the most credible diagnosis?

A. Enterovirus infection.

B. Primary peritonitis.

C. Acute non-specific mesenteric lymphadenitis.

D. Acute intestinal infection.

E. Acute appendicitis, peritonitis.

7. A child of 6 started to have acute pain in the abdomen, vomiting, low grade fever accompanied by frequent urges to defecation, liquid stool with mucus, dysuric phenomena. Which form of atypical localizations of vermiform at its inflammation can give a similar picture?

A. Rectocecal.

B. Pelvic.

C. Subhepatic.

D. Central.

E. Medial.

8. The child of 2 fell ill with acute pain in the abdomen which appeared 9 hours ago, and later was worsened by vomiting and frequent liquid stool. The child's in the state of middle severity. The child is sluggish. The temperature is 38°C. General blood test: L - 18×10^9 . Palpation of the abdomen during the child's

sleep showed tension of muscles in the front abdominal wall in a right side area. Deep palpation in this area made the child wake up and cry. What is the most credible diagnosis?

- A. Intestinal infection.
- B. Renal colic.
- C. Acute mesenteric lymphadenitis .
- D. Acute appendicitis.
- E. Acute enterovirus infection.

9. During normal defecation a child of 3 is suffering from a massive bleeding with the color of blood similar to "overripe cherry". Examination of anal orifice and perineum did not reveal any pathologies. Moderate pain at abdomen palpation. What is the most credible cause of this bleeding?

- A. Ulcer of Meckel's diverticulum.
- B. Rectal polyp.
- C. Anal fissure .
- D. Hemorrhoids (piles).
- E. Ulcerative enterocolitis.

10. A girl of 8 is hospitalized in a surgical department in 3 hours after the onset of the disease with complaints about pain in abdomen, temperature of 38°C, vomiting. Examination showed pain at palpation all over the abdomen, tension of muscles in the front abdominal wall, little mucus discharge from vagina. Blood test indicates considerable leucocytosis. Which disease is possible?

- A. Vulvovaginitis.
- B. Mesenteric lymphadenitis.
- C. Diverticulitis.
- D. Acute appendicitis.

E. Primary peritonitis.

11. A child of 2 nearly 8 hours felt acute pain in the abdomen. There was one-time vomiting, delay in defecation, low grade temperature. The child is capricious. Examination reveals unclear of abdominal muscles, doubtful symptoms of peritoneal inflammation. Blood test reveals moderate leucocytosis, urine analysis does not show any changes. What would be your likeliest tactics?

A. Rectal examination.

B. Examination during medication sleep.

C. Anesthetics, cold on the abdomen stomach.

D. Urgent operation.

E. After rectal examination – supervision in dynamics.

5. Multiple trauma in children.

1. A child of 12 hit his stomach 1 hour ago. The child is in the state of middle severity with forced position abed. The skin is pale, the pulse is 122 blows per minute. Loading on the left costal arc is somewhat painful. Veynert and Kulenkampff symptoms are positive. Urine is not changed microscopically. What is the most credible diagnosis?

A. Left kidney rupture, retroperitoneal hematoma.

B. Pancreas rupture

C. Liver rupture, intra-abdominal bleeding

D. Dug up spleens, intra-abdominal bleeding

E. Hollow organ rupture, peritonitis

2. A patient is delivered to the hospital with complaints about acute pain in the left half of thorax, shortness of breath. It is known from anamnesis that a day ago he fell down from a height of 2.5 meters. X-ray of organs of thorax revealed a fracture of the 6, 7, 8 ribs, horizontal level of liquid up to the 4 rib reach. The set diagnosis is hemopneumothorax. What must be conducted?

A. Puncture of pleural cavity in the second intercostal space along the middle clavicular line on the left.

B. Puncture of pleural cavity in the 7th intercostal space along the back armpit line.

C. Puncture of pleural cavity and thoracocentesis in the second intercostal space along the middle clavicular line on the left.

D. Puncture of pleura cavity and thoracocentesis in the 5th intercostal space along the middle armpit line on the left.

E. Puncture of pleura cavity and thoracocentesis in 7th intercostal space on the back armpit line on the left

3. Examination of a victim after a traffic accident revealed cyanosis, heavy breathing. The state of the patient is grave, the right half of thorax falls behind in the act of breathing, intercostal intervals are extended on the right, at percussion there is a box sound, at auscultation breathing is absent. Your diagnosis:

A. Open pneumothorax.

B. Pneumoperitoneum.

C. Acute purulent pleurisy.

D. Tense pneumothorax.

E. Total hemothorax on the right.

4. A patient, 16, is in polytrauma department in grave condition with traumatic shock. Thoracic and abdominal traumas are combined. Breathing is shallow; The ABP is 80/60 mm mercury; heart rate – 115 blows per minute, breathing rate – 42 breaths per minute. Offer the immediate measure to restore normal breathing.

A. Narcotic analgesic injection.

B. Conduct AVL.

C. Urgent operation with reinfusion of blood.

D. Assistant respiration

E. Central analgesic injection.

5. The main medical measures of helping a victim out of traumatic shock:

A. Effective analgesia and cooling of areas damaged with burns

B. Effective analgesia and injection of glucocorticoids

C. Effective analgesia and infusive therapy

- D. Effective analgesia and injection of cardiac glycosides
- E. Effective analgesia and transport immobilization

6. A boy of 12 who was injured in an accident has a simple comminuted fracture of the shaft of femur, concussion of the head brain, multiple fractures of ribs and hemopneumothorax, scalping type wound of the shin, is closed. Which of the mentioned injuries should be considered dominant?

- A. Simple comminuted fracture of the shaft of femur.
- B. multiple fractures of ribs and hemopneumothorax.
- C. Concussion of the brain.
- D. Scalping type wound of the shin.
- E. Injuries are equivalent.

7. The victim is delivered to the admission department from the accident scene unconscious. The ABP is 60/0 mm mercury, the pulse is 140 blows per minute. Objectively: thigh fracture in the middle third. Intra-abdominal bleeding. At CT of the brain there is a hemorrhagic contusion of the frontal part. When is it possible to conduct osteosynthesis of the thigh?

- A. Right after termination of diagnostic process.
- B. After helping the victim out of the shock and arrest of intra-abdominal bleeding.
- C. After helping the victim out of the shock, but not later than on the third day.
- D. After arrest of intra-abdominal bleeding.
- E. After helping the victim out of the shock.

8. The patient is in the state of traumatic shock with ABP - 50/0 mm mercury, heart rate -160 blows per minute. Define the shock index:

- A. 2.5
- B. 1.5
- C. 3.2
- D. 0.5
- E. 0.3

9. A patient, 15, after a traffic accident applied to the hospital with complaints about acute shortness of breath. Objectively: the skin is pale, cyanotic. Subcutaneous emphysema is in the area of thorax, abdomen, neck on the right. Auscultation: there is no breathing on the right; heart rate -130 blows per minute, ABP – 80/60 mm mercury, Central Venous Pressure – 140 mm of water column, breathing rate – 30 breaths per minute., Ht – 0,27, Hb – 90 g/l. Subsequent therapy must obligatory include the following measures:

- A. Urgent AVL.
- B. Massive infusive therapy with crystalloid solutions.
- C. Dopamine infusion - 2-5 mg/kg min.
- D. Puncture of pleural cavity on the right.
- E. Oxygenation 100 % by oxygen

10. A patient, 17, fell down from the ground floor of the house two hours ago. The patient is slow, pale; there are multiple scratches on the face, lacerated bleeding wounds on the left forearm. Simple fractures of the left shoulder and thigh. Pulse -110 blows per minute. The ABP is 90/40 mm. mercury. Blood test: erythrocytes - $3,5 \times 10^{12} / \mu$, Hb - 100 g/l. What infusion solution should be the first to use for shock treatment?

- A. Crystalloids solution.
- B. Gelatin solution.
- C. 5 % glucose solution
- D. Physiological solution
- E. Albumen solution.

11. A patient aged 8 after liberation from under an obstruction was delivered to the hospital. In two hours the injured lower extremity becomes swollen and cold. The state of the patient became worse; ABP is 90/40 mm mercury. No urination. The doctor suspected the syndrome of positional compression. What is the pathogenic mechanism of development of this state?

- A. Endogenous intoxication.
- B. Angiospasm due to the pain syndrome.
- C. Intoxication of cardiovascular system.
- D. Necrosis of convoluted renal tubules.
- E. Fatty degeneration of liver cells.

12. What extent of infusive therapy should be conducted for helping a victim out of traumatic shock?

- A. 20 ml/h.
- B. 45 ml/h.
- C. 15 ml/h.
- D. 30 ml/h.
- E. 50 ml/h.

13. A child of 4 received a blunt trauma of thorax (falling is from a ladder onto the hard soil). Suffocation and cyanosis are growing. The left half of thorax falls behind in the act of breathing. Auscultation on the left: breathing cannot be heard, heart tones are defined in the right half of thorax. There is hypodermic crepitation on the neck. X-ray: left-side hydropneumothorax, pneumomediastinum. The diagnosis is closed injury of thorax, hydropneumothorax, hydromediastinum. What are your actions in case of the first aid?

- A. Injection of anesthetics; draining of the left pleural cavity; antishock therapy;
- B. Injection of anesthetics, antishock therapy, supra jugular mediastinotomy.
- C. Draining of the left pleura cavity, antishock therapy, AVL.
- D. Antishock therapy, AVL, antibiotic therapy, supra jugular mediastinotomy.
- E. Antishock therapy, draining of the left pleura cavity.

14. A child of 8 is delivered to the hospital in one hour after getting an abdominal injury. General state of the child is grave. Paleness. The abdomen is increased in size. Percussion: above the abdomen there is tympanitis, hepatic dullness is not defined. Extended pain all over the abdomen; expressed muscle tension in the front abdominal wall. What is the most credible diagnosis?

- A. Hepatic subcapsular hematoma.
- B. Pancreas rupture, peritonitis.
- C. Liver rupture, intra-abdominal bleeding.
- D. Retroperitoneal bladder perforation.

E. Injury of the hollow organ, peritonitis.

15. A patient of 10 is delivered into surgical department from the accident scene with a closed injury of thorax and ribs fracture on the right. The patient is diagnosed with right-side pneumothorax. It is recommended to conduct draining of pleural cavity immediately. Specify the place of the puncture into the pleural cavity.

- A. In the 2th intercostal space along the middle clavicular line;
- B. In the 6th intercostal space along the back armpit lines;
- C. In the 7th intercostal space along the scapula line;
- D. In the projection of pleural sinus;
- E. In the place of the most dullness, defined by percussion.

16. A patient, 12, got a polytrauma as a result of an accident: closed fractures of the right humeral bone and bones of the left forearm with displacement of fragments, closed dull abdominal trauma. The patient was delivered to the admission department in 30 minutes after a trauma. Cutaneous covers are pale. ABP is 90/20 mm. mercury. In the places of fractures there is deformation and pain. Abdomen is tense and acutely painful at palpation. Schetkin – Blumberg's symptoms are positive. What medical measures should be conducted at first?

- A. Urgent laparotomy.
- B. Infusive therapy with the purpose of stabilizing ABP.
- C. Applying immobilizations on fractures, anaesthetizing.
- D. Blockades of fractures with local anesthetic.
- E. Additional examination aimed at defining the exact diagnosis.

17. A patient is delivered to the hospital in 1 hour after a car accident with complaints about pain in the right half of thorax, heavy breathing. Examination revealed superficial scratches on the right half of thorax; palpation revealed a fracture of the IV and V ribs on the right. Auscultation: breathing on the right is not heard. Percussion: dullness in the lower parts up to the V rib. ABP - 100/70 mm mercury; pulse - 106 blows per minute. What is your diagnosis?

- A. Fracture of ribs, pneumothorax
- B. Breast contusion, fracture of ribs;
- C. Breast contusion, lung injury

- D. Breast contusion, fracture of ribs, subcutaneous hematoma.
- E. Additional examination aimed at defining the exact diagnosis.

6. Purulent disorders of lungs and pleura.

1. A child of 2 staying at the pediatric department in the hospital concerning pneumonia had a sudden sharp worsening of condition: the child is restless, short breathing appears, breathing rate -50 per minute, pulse – 130 beats per minute. At percussion - displacement of mediastinum organs to the left; dull sound is weakening to the 5 rib on the right, when it goes higher there is a box tinge. Auscultation reveals weakening breath on the right. What is your preliminary diagnosis?

- A. Atelectasis of the left lung.
- B. Acute emphysema of mediastinum.
- C. Right-sided pneumonia.
- D. Acute pericarditis.
- E. Tensed pneumothorax on the right.

2. In 1 hour after birth a new-born gradually develops signs of respiratory insufficiency. Repeated examination shows gradual displacement of cardiac dullness to the right. The left half of the thorax curves and falls behind in the act of breathing. Percussion on the right - ordinary pulmonary sound, on the left - tympanitis is periodically revealed, and during auscultation gurgling noises are heard. Overview X-ray of thorax organs shows – mediastinum is displaced to the right, on the left to the level of the 2 rib there are air cavities of different size. What pathology in the newborn are you dealing with?

- A. Pneumonia
- B. Aspiration with amniotic fluid
- C. Esophageal atresia
- D. Diaphragmatic hernia
- E. Heart development disease.

3. A new-born child on the first week of life developed vomiting after every feeding, putting on weight slowed down. On the third day of the illness there

appeared shortness of breath, cough, cyanosis, temperature rise; on the right under the corner of the shoulder-blade fine moist rales are heard on the background of diminished breath sounds. X-ray showed right-sided pneumonia. Esophagography with barium revealed gastric folds above the diaphragm. What pathological process became complicated by development of pneumonia?

- A. Pylorospasm
- B. Esophageal relaxation (chalasia)
- C. Pylorostenosis
- D. Tracheoesophageal fistula
- E. Esophageal perforation.

4. A new-born with a prolonged waterless period from the first hour of life develops shortness of breath which increases in horizontal position. Examination: the left half of thorax is protruded, cardiac dullness is displaced to the right, breathing is puerile on the right, intestinal murmurs are heard on the left. The stomach is hollow. What is the likeliest diagnosis?

- A. Diaphragmatic hernia on the left.
- B. Left-sided pneumothorax
- C. Tensed lobar emphysema
- D. Bilateral aspiration pneumonia
- E. Tensed cyst of the left lung.

5. A new-born in the maternity hospital developed cough after meals. The child is discharged from the hospital on the 18 day in connection with old pneumonia. During 1,5 months the child suffered from pneumonia twice. Attacks of cough are periodically marked after a meal, especially on the left side. Objectively: hypotrophy of II degree; occasional moist rales, shortness of breath. Defecation and diuresis are not interrupted. What is the likeliest diagnosis?

- A. A foreign body in the bronchus on the left
- B. Congenital tracheoesophageal fistula
- C. Posthypoxia encephalopathy.

D. Hernia of esophageal opening

E. Tracheobronchomalacia

6. A child of 3,5 years old is diagnosed with the bilateral viral-bacterial pneumonia. The state of THE child worsened during the last 4 day. Shortness of breath and paleness of skin covers increased, febrile temperature is recorded. The child refuses to eat. Objectively: right half of the thorax is protruded, intercostal intervals are smoothed out. Percussion on the right: a dull sound, breathing is not heard. Heart borders are displaced to the left. In general blood test: hyperleucocytosis, neutrophilic shift, toxic granulosity of leucocytes. What is the most credible diagnosis?

A. Bilateral viral-bacterial pneumonia, tensed pyothorax on the right.

B. Relaxation of the right dome of the diaphragm.

C. Pulmonary tuberculosis, right-side pleurisy.

D. Atelectasis of the right lung.

E. Right lung tumour.

7. A child of 5 receives complex therapy concerning bilateral viral-bacterial pneumonias. On the last X-ray next to reduced infiltration of pulmonary fields there appeared shallow cavities containing liquid. During a meal the child had a fit of coughing, suddenly became restless, developed shortness of breath. Objectively: cyanosis of mucus membrane; left half of the thorax is protruded. Percussion on the left on the apex of lung - tympanitis, from the third rib to the bottom - dulling, breath is not heard. Heart borders are moved to the right. What is the most credible diagnosis?

A. A foreign body of the left bronchial tube.

B. Bilateral viral-bacterial pneumonia, tensed pyopneumothorax on the left.

C. Strangulated diaphragmatic hernia on the left.

D. Tensed cyst of left lung.

E. Lobar emphysema on the left.

8. A child of 5 is in the department of pediatric surgery in connection with left-side segmental pneumonia, complicated by purulent coat-like pleurisy. The state of child is getting worse, the amount of contents in the pleural cavity is growing. What method of local treatment of coat-like pleurisy is more appropriate?

- A. UHF on the thorax.
- B. Bronchoscopy with sanation of the bronchopulmonary system.
- C. Byulai's drainage of the pleural cavity
- D. Radical operative interference
- E. The method of permanent pleural punctures

9. A child of 10 with bilateral viral-bacterial pneumonia felt worse. Shortness of breath and paleness of skin covers increased, febrile temperature of body is recorded, the child refuses to eat. The right half of thorax falls behind in the act of breathing, intercostal intervals are smoothed. Percussion on the right: there is a dull sound, breath is not heard. Heart borders are moved to the left. The blood test revealed leucocytosis, neutrophilic shift, toxic granulosity of leucocytes. What is the most credible diagnosis?

- A. Relaxation of the right diaphragm cupula.
- B. Bilateral viral-bacterial pneumonia, tensed pyothorax on the right.
- S. Tuberculosis of lungs, right-sided pleurisy.
- D. Atelectasis of the right lung.
- E. Tumour of the right lung.

10. A patient is delivered to the hospital with complaints about acute pains in the left half of thorax, shortness of breath. It is known from anamnesis, that a day ago the patient fell down from the height of 2,5 meters. The overview X-ray of thorax organs revealed fracture of the 6, 7, 8 ribs, horizontal level of liquid which reaches the rib. The defined diagnosis is hemopneumothorax. Which measures should be conducted?

- A. Puncture of pleural cavity in the 2th intercostal space along the middle clavicular line on the left.
- B. Puncture of pleural cavity and thoracocentesis in the 5th intercostal space along the middle armpit line on the left.

C. Puncture of pleural cavity in the 7th intercostal space along the back armpit line.

D. Puncture of pleural cavity and thoracocentesis in the 2th intercostal space along the middle clavicular line on the left.

E. Puncture of pleural cavity and thoracocentesis in the 7th intercostal space along the back armpit line on the left.

11. A boy of 5 year was ill with acute viral infection for a week and hospitalized to the surgical department in a grave condition due to respiratory insufficiency. Auscultation on the left reveals hard breath, on the right the breath is not heard. X-ray on the right - from above there is a clearing, from below from the 5th rib there is a homogeneous darkening with the level of liquid, mediastinum is not displaced. Which preliminary diagnosis should be defined in the child?

A. Acute destructive pneumonia

B. Acute destructive pneumonia, right-side pyopneumothorax.

C. Acute destructive pneumonia, a right-side pyopneumothorax is tense.

D. Sharp destructive pneumonia, bullous form.

E. Acute destructive pneumonia, right-side pyothorax.

12. A child of 9 months with destructive pneumonia suddenly felt worse: shortness of breath increased, the child became restless, the temperature grew up to 38.4 °C. X-ray of thorax revealed a homogeneous darkening on the left of the third rib; the organs of mediastinum are moved to the right. What is the most credible diagnosis?

A. Tense pyothorax.

B. Tense pyopneumothorax.

C. Confluent pneumonia.

D. Diaphragmatic hernia.

E. Atelectasis of the lung.

13. A child of 3 diagnosed with "streptococcus pneumonia" suddenly developed shortness of breath. X-ray revealed right-sided tense pyopneumothorax. The top-priority measure will be:

- A. Apply ALV.
- B. Intravenous injection of glucocorticoids.
- C. Defining gases in blood.
- D. Intravenous injection of cardiac glycosides.
- E. Urgent draining of pleural cavity.

14. A child of 5 was ill with right-sided pneumonia during a week. On a background of treatment the state of the child worsened sharply, shortness of breath developed. Auscultation shows that breathing is not heard on the right; acute weakening of percussion sound. X-ray on the right revealed a total blackout of the pulmonary field, displacement of mediastinum to the left. What is your diagnosis?

- A. Right-side pyopneumothorax.
- B. Destructive pneumonia, right-side pyopneumothorax.
- C. Right-side pneumonia, atelectasis of the right lung.
- D. Right-side pneumonia.
- E. Destructive pneumonia, right-side tense pyothorax.

15. A boy of 5 is hospitalized in surgical department with complaints about high temperature of the body, weakness, cough, catarrhal phenomena. The state of the child is grave due to respiratory insufficiency. Auscultation shows: harsh breath on the left, breath on the right is not heard. In the upper parts there is tympanitis, in the lower parts – dull sound. X-ray revealed: on the right there is clearing in the upper part; in the lower part from the 4th rib there is a homogeneous darkening with the level of liquid. Which is the most credible diagnosis?

- A. Acute destructive pneumonia (ADP), right-side pyopneumothorax.
- B. ADP, acute destructive pneumonia.

- C. ADP, tense cyst on the right.
- D. ADP, exudative pleurisy on the right.
- E. ADP, right-side pneumothorax.

16. A girl of 4 is receiving treatment in resuscitation department concerning bilateral polysegmental pneumonia. Intensive therapy with permanent sanitation of tracheobronchial tree is conducted. The state of the child became worse, respiratory insufficiency increased. Auscultation: on the right breathing is not heard. Percussion: dulling of pulmonary sound, displacement of cardiac shove to the right. What complication is possible?

- A. Right-side pyothorax.
- B. Right-side pyopneumothorax.
- C. Atelectasis of the right lung.
- D. Tense була of the right lung.
- E. Right-side pneumothorax.

17. A child of 12 is in resuscitation department concerning bilateral pneumonia. The child develops atelectasis of the right lung. What method of treatment is the most appropriate in this situation?

- A. Bronchoscopic sanitation.
- B. Puncture of pleural cavity.
- C. Puncture and draining of pleural cavity with passive aspiration.
- D. Puncture and draining of pleural cavity is with active aspiration.
- E. Intrapulmonic injection of antibiotics.

18. A child of 3 receives treatment in the surgical department in connection with acute right-side destructive pneumonia in bullous form. Acute symptoms are weakening. Final X-ray of the lungs in the projection of the right pulmonary field reveals thin-walled formations 2-3 cm in diameter filled with air. Which is the most suitable tactics to cure the child in this case?

- A. Continue conservative therapy
- B. Thoracocentesis, draining pleural cavity.
- C. Puncture of the formation through the skin.
- D. Operative removal of the formation.
- E. Bronchoscopic sanitation of the tracheobronchial tree.

19. A child of 4 is hospitalized to the department of pediatric surgery with the diagnosis: acute destructive pneumonia, right-side tense pyopneumothorax, bronchopleural fistula, with plenty of gas on drainage and pressure of the lung. Name the most appropriate method of treatment for this child.

- A. Puncture method of treatment.
- B. Thoracotomy, lobectomy.
- C. Thoracocentesis, Byulai's drainage of pleural cavity.
- D. Thoracocentesis, draining of pleura cavity with active aspiration.
- E. Thoracoscopy, obturation of bronchopleural fistula.

20. A child of 3 is receiving treatment at the surgical department in connection with acute destructive pneumonia, peripheral abscess of right upper lobe. Overview X-ray revealed: on the background of pneumonic infiltration laterally there is a homogeneous darkening 5x6 cm in the upper lobe of right lung. What method of treatment is the most appropriate for this child?

- A. Thoracotomy, lobectomy.
- B. Thoracocentesis, draining of pleural cavity with active aspiration.
- C. Thoracocentesis, Byulai's draining of pleura cavity with passive aspiration.
- D. Monaldi's puncture and skin draining of abscess is after.
- E. Bronchoscopic sanitation of the tracheobronchial tree.

21. A child of 2 is undergoing treatment concerning pneumonia. On the 8 day of illness the child's state worsened sharply. X-ray revealed gas in the pleural cavity with displacement of mediastinum to the opposite side. What is the tactics of the surgeon on duty?

- A. Conduct sanation bronchoscopy.
- B. Puncture of pleural cavity.
- C. Dynamic supervision.
- D. Draining of pleural cavity with active aspiration.
- E. Byulai's puncture and draining of pleural cavity.

7. Pyoinflammatory diseases of bones and joints. Pyoinflammatory diseases of soft tissues.

1. A child of 9 developed an acute pain in the upper third of the right shin. The temperature rose to 39 °C, the child can not stand on the leg. Anamnesis: a trauma of shin and quinsy. What disease are you most probably dealing with?

- A. Bone fracture;
- B. Acute hematogenous osteomyelitis;
- C. Acute rheumatism;
- D. Tubercular osteomyelitis;
- E. Malignant tumour.

2. After having purulent otitis a one-year old boy got disturbed by the pain in the upper third of the left thigh, the temperature rose to 39 °C. Objectively: swelling of the thigh in the upper third and smoothed inguinal fold. Extremity is in half-bent position. Active and passive movements are impossible because of acute pain. What is the most credible diagnosis?

- A. Acute coxitis;
- B. Intramuscular phlegmon;
- C. Osteosarcoma;
- D. Acute hematogenous osteomyelitis;

E. Brodie's abscess.

3. A child of 12 has been ill for 2 days. The child complains about hyperthermia, pain in the lower third of the right thigh and in the knee-joint. Anamnesis: the child got an injury 3 days ago. Examination revealed moderately increased local temperature, insignificant infiltration of soft tissue. At percussion of this area pain increases. Previous diagnosis: sharp hematogenous osteomyelitis of the lower third of the right thigh. What caused pain at condition of osteomyelitis in the first days of illness?

A. Increase of intrajoint pressure;

B. Injury;

C. Contracture of the knee-joint;

D. Periosteum exfoliation;

E. Increase of intraosteal pressure

4. A two-month old child was hospitalized in the surgical department with temperature of 38.5°C, edema, hyperemia and absence of movements in the area of the left humeral joint. Anamnesis revealed omphalitis, pseudofurunculosis. What is the most credible diagnosis?

A. Erb-Duchenne palsy;

B. P lexitis;

C. Phlegmon of a new-born;

D. Shoulder injury

E. Metaepiphyseal osteomyelitis.

5. A child of 13 complains about pains in the upper third of the left thigh, the temperature rose by 39 °C. There was a slight swelling of thigh in the upper third and smoothness of inguinal fold. The extremity is in half-bent position. Active and passive movements are impossible due to acute pain. What is the most credible diagnosis?

A. Acute hematogenous osteomyelitis;

B. Acute coxitis;

C. Intramuscular phlegmon;

D. Osteosarcoma;

E. Brodie's abscess

6. A child of 26 days with a diagnosis 'umbilical sepsis' was admitted to the hospital. During the doctor's round there was found edema of right shoulder and absence of active movements in the humeral joint, hanging of the right hand. The mother marked that the child's state had worsened for the past two days, fever had increased by 38.8 °C. What's your preliminary diagnosis?

A. Humeral bone fracture;

B. Metaepiphyseal osteomyelitis of the humeral bone;

C. Traumatic brachyplexitis;

D. Phlegmon of shoulder;

E. Clavicle fracture;

7. A boy of 12 was delivered to the clinic of pediatric surgery with complaints about two fistulas in the lower third of the left thigh, fever, general weakness. The patient had acute hematogenous osteomyelitis of the left thigh-bone 6 months ago. The X-ray of the left thigh revealed a total sequestrum 12x3 cm in size. What's your preliminary diagnosis?

A. Primary chronic osteomyelitis;

B. Tuberculosis;

C. Ewing's sarcoma;

D. Osteoid-osteoma;

E. Secondary chronic osteomyelitis.

8. In 36 hours after surgical treatment (cuts) the child of 3 with pulp space infection developed hyperemia and infiltration on the forearm in the form of «tongues of flame». What complication occurred?

A. Forearm abscess;

B. Lymphangitis;

C. Forearm phlegmonous adenitis;

D. Cellulitis;

E. Streptococcal impetigo.

9. A 3 week's child develops anxiety, fever of 38.3 °C and hyperemia of the right mammary gland. Palpation reveals painfulness. Diagnosis: mastitis. How should local treatment be applied so that there were no complications on the part of mammary gland?

- A. Making radial incisions-clips up to the halo;
- B. Injection of antibiotics in a retromammary way;
- C. Making clips in chessboard order.
- D. Making an arch-like incision;.
- E. Using puncture method.

10. A 10-year old boy is delivered to the clinic of pediatric surgery with complaints of a fistula in the lower third of the right thigh, fever, general weakness. The patient 8 months ago had acute hematogenous osteomyelitis of right thigh-bone. X-ray of right thigh revealed a sequestrum of the thigh-bone 1.5 x 3cm sizes. What tactics should be applied?

- A. Conservative treatment.
- B. Operative interference in the period of remission.
- C. Courses of conservative treatment in 3-6 months.
- D. Immediate operative interference.
- E. Dynamic supervision after achieving remission.

8. Urinary stone disease. Syndrome of edematous scrotum. Traumatic injuries of urinary system.

1. The amount of children with the syndrome of swollen scrotum is increased. What is the purpose of introducing a new term of 'acute scrotum' in pediatric surgery and urology in recent years?

- A. For simplification of medical terminology;
- B. For taking measures on organization and performance of urgent operative interference;

- C. For starting urgent therapeutic treatment;
- D. For prescribing physiotherapy;
- E. For urgent taking antiepidemic measures.

2. A teenager with left testicle torsion was admitted at the in-patient department. The illness lasted for 3 days. Examination revealed changes in the right half of the scrotum. Why is counterlateral testicle suffering at the spermatic cord torsion?

- A. Because of reflex spasm of vessels (testicular reflex).
- B. Because of breaking hematotesticular barrier and emission of autoantibodies into blood.
- C. Because of increased temperature of the scrotum.
- D. In connection with psychological stress.
- E. In connection with an operating trauma at detorsion of the testicles.

3. A boy of 12 was operated for Morgagni's hydatid torsion. Why does necrosis of Morgagni's hydatid (the most frequent reason origin for symptom complex 'acute scrotum') happen as a rule in children of 11-14?

- A. At this age the level of estrogens in boys rises;
- B. This is the age of heightened growth of the body;
- C. Teenagers at this age often do masturbation;
- D. Immunity decreases at this age;
- E. Frequent traumas at this age.

4. Operative interference reveals torsion of the testicle by 540°. What can help you to estimate viability of the testicle at spermatic cord torsion?

- A. Painfulness at palpation.
- B. Pain in the relevant half of the scrotum and in the groin.
- C. The color of the testicle and bleeding at seizure of albuminous tunic.

D. Specific smell.

E. Blood test.

5. A boy falling on the bicycle frame got rupture of urethra. 2 hours have passed since the trauma and the child is in the specialized in-patient department. What should acute care consist in?

A. Limitation in liquid intake.

B. Prescribing preparation that prevents erection.

C. Putting in primary stitches on urethra.

D. Epicystostomy.

E. Attempt to insert the permanent Foley catheter for the outflow of urine.

6. A child with polytrauma - craniocerebral trauma and fracture of pelvic bones – was admitted to the in-patient department. Which complications can intraperitoneal rupture of the urinary bladder be accompanied by?

A. Intensive hematuria.

B. Acute renal insufficiency with development of urinary peritonitis.

C. Acute urinary retention and uremia.

D. Development of pyelonephritis.

E. Development of злукова intestinal obstruction.

7. Examination of an injured boy revealed fractures of pelvic bones and urinary bladder. What contributes to the intraperitoneal rupture of urinary bladder?

A. Repletion urine of urinary bladder and of fractures of pelvic bones in the form of a 'butterfly'.

B. Repletion of intestine.

C. Body concussion at falling from the height.

D. Acute urinary retention at pathology of urethra.

E. Reflexive urinary retention after synechias separation.

8. A girl of 3 was admitted to the hospital with complaints about pain in the lumbar area and right half of the abdomen, frequent and painful urination. Urine analysis showed proteinuria, erythrocyturia. X-ray revealed a darkening looking like a concrement, 0,6 x 0,4 in size, in the projection of the left ureter. What low-invasive additional method of examination will help defining the diagnosis?

- A. Excretory urography.
- B. Ultrasound.
- C. Cystoscopy.
- D. Antegrade pyelography.
- E. Cystography.

9. A boy entered the clinic with complaints about a renal colic. Which research method is the most informative in diagnostics of „invisible stone” in kidney pelvis?

- A. Urokimografiya.
- B. Urokinematografiya.
- C. Retropneumoperitoneum.
- D. Pneumopyelography.
- E. Excretory urography.

10. The boy with an accident trauma was examined and showed damage of small pelvis organs. Which is the basic method of urinary bladder trauma diagnostics?

- A. Catheterization of urinary bladder.
- B. Cystoscopy.
- C. Cystochromoscopy.
- D. Cystography.

E. Excretory urography.

11. A boy was admitted to the urology department with a trauma of the right kidney. Ultrasound of kidneys revealed hematoma of retroperitoneal space. What are the indications for operative treatment at isolated hypodermic injury of kidney in a child?

A. Hematuria.

B. Pararenal urohematoma.

C. Decreased level of hemoglobin in blood tests.

D. Blood clot in urinary bladder.

E. Pararenal hematoma.

12. Examination revealed that the boy after accident had a rupture of urethra. Which is the basic sign of rupture of urethra?

A. Urethroragy and absence of urination.

B. Scrotum hematoma.

C. Pelvic bones fracture.

D. Urinary excretion is through the rectum.

E. Pneumaturia.

13. Urology department admitted a girl with an acute trauma of a kidney. Which method of diagnostics is necessary to begin with?

A. Rheography.

B. Excretory urography.

C. Ultrasound diagnostics.

D. Cystourethrography.

E. Cystoscopy.

14. Examination of a boy with polytrauma (closed trauma of stomach and thorax) was conducted. A trauma of a kidney is suspected. Which of the following research methods is the most informing?

- A. Cystourethrography.
- B. Excretory urography.
- C. Sonological research.
- D. Renography.
- E. Cystoscopy.

15. A boy was admitted to the in-patient department with complaints about pain, macrohematuria and absence of urination. In anamnesis there is a trauma of the perineum. Which research method is contra-indicated at the rupture of urethra?

- A. Infusive urethrography;
- B. Ascending urethrography;
- C. Descending cystourethrography;
- D. Catheterization of urinary bladder;
- E. Excretory urography.

16. A boy of 5 was admitted to urology department with a trauma of urethra. Which of the following research methods is the most informative in diagnostics of a urethra rupture?

- A. Excretory urography;
- B. Urethrography;
- C. Cystography;
- D. Cystoscopy;
- E. Uroflowmetria.

Tests control.

1. What is the main causative agent of purulent diseases of soft tissues in the newborn:

- a) staphylococcus
- b) primaries
- c) opist. felineus
- d) dysentery bacillus

2. Operation with necrotic phlegmon in newborns:

- a) multiple incisions within the lesion
- b) multiple incisions in a checkerboard pattern to the subcutaneous fatty tissue behind the borders of healthy tissues according to elastic fibers
- c) single fiber cuts along the fibres
- d) extensive draining incisions

3. The most common localization of teratomas:

- a) chest
- b) upper limbs
- c) the sacrococcygeal region
- d) Heart Bag

4. The earliest symptom of low congenital intestinal obstruction:

- a) convulsions
- b) retracted abdomen
- c) cyanosis of skin
- d) absence of the stool

5. For low intestinal obstruction all symptoms are characteristic except:

- a) visible enterokinesis
- b) distension
- c) scaphoid abdomen
- d) melena

6. The best indicator of resumption of circulating fluid in adequate volume after injury is:

- a) hematocrit
- b) the volume of blood
- c) the excretion of urine

- d) the normalization of blood pressure
7. What clinical symptom is not typical for congenital phimosis?
- a) two-act urination
 - b) meatus topics change
 - c) the narrowness of the ring of the foreskin
 - d) deformation of jet when urinating
8. What clinical symptom is not typical for hypospadias?
- a) The narrowness of the ring of the foreskin
 - b) meatus topics change
 - c) deformation of the penis
 - d) change of jet during urination
9. What kind of clinical symptom is characteristic of cryptorchidism?
- a) absence of testicle in the scrotum
 - b) splitting of the penis head
 - c) meatus topics change
 - d) enlargement of scrotum
10. What clinical symptom is characteristic of an isolated Hydrocele?
- a) absence of testicle in the scrotum
 - b) softelastic painless enlargement of one half of the scrotum
 - c) enlargement of one half of the scrotum at physical exertion
 - d) the narrowness of the ring of the foreskin
11. What is the most informative study in hydronephrosis?
- a) laboratory testing of blood
 - b) laboratory analysis of urine
 - c) US of kidney
 - d) cystoscopy
12. What is characteristic of paraphimosis?
- a) changing of urethral opening position
 - b) "splitting" of penis head
 - c) meatostenosis
 - d) the infringement of the head of the foreskin of the penis
13. Varicocele is characteristic of:
- a) male and female
 - b) girls

- c) boys
- d) infants

14. Which contrast substance is not used for excreted urography?

- a) triombrast
- b) urografin
- c) verografin
- d) billignost

15. The best way to treat a patient with a concrement in renal pelvis up to 15 mm in size:

- a) urgent surgical removal of stone
- b) the distance of shock wave lithotripsy
- c) stenting
- d) drug therapy

16. Which kind of malignant tumors in children is very rare?

- a) vascular tumors
- b) tumor of conjunctive tissue
- c) dysontogenetic tumors
- d) cancer

17. Where can hemangiomas be localized?

- a) on the skin of the neck
- b) on the skin of the face and neck
- c) on the skin of the back and limbs
- d) in all organs

18. At what age is Wilms' tumor most often diagnosed?

- a) 2-5 years
- b) up to 1 year
- c) 7-14 years
- d) in the neonatal period

19. What changes in the pyelocaliceal system can be found in Wilms tumor according to excreted urography?

- a) expansion of pelvis
- b) deformation of pyelocaliceal system
- c) expansion of calices

d) hydronephrosis

20. Indicate the most common site of neurogenic tumors of the thorax?

- a) skin of the head
- b) the pleural cavity
- c) the anterior mediastinum
- d) postmediastinum

21. Which kind of tumour is originating from the cross-striated muscles?

- a) lymphhaemangioma
- b) lipoma
- c) rhabdomyosarcoma

d) teratoma

22. Which clinical sign is most frequently encountered in Wilms' tumor?

- a) breathlessness
- b) the paleness of the skin
- c) "syndrome of palpable tumor"
- d) renal hypertension

23. Ewing's sarcoma affects:

- a) tendon
- b) flat bones
- c) spongy bone
- d) cortical bones

24. Which tumors in children are most often the source of bleeding from the rectum?

- a) colon cancer
- b) polyps
- c) lymphosarcoma
- d) sarcoma

25. Which methods of surgical treatment are used in small capillary hemangiomas of skin?

- a) cryodestruction, diathermocoagulation
- b) cutting
- c) short-focus X-ray therapy) sclerotherapy

26. Which drugs are used for chemotherapy of malignant tumors?

- a) ceftriaxone

- b) vincristine
- c) sumamed
- d) chlorpromazine

27. What are the indicators of blood tests specific for Wilms' tumor?

- a) lymphocytosis
- b) leukocytosis
- c) anemia
- d) monocytosis

28. What X-ray methods are used for diagnostics of Wilms' tumor?

- a) X-ray lungs
- b) irrigography
- c) urination cystography
- d) excreted urography

29. Mixed hemangiomas are represented by:

- a) tissue of cavernous and capillary hemangioma
- b) tissue of haemangiomas and other tumors (lipoma, fibroma, lymphangioma)
- c) tissue of haemangioma and malignant tumor
- d) tissue of haemangioma and benign tumor

30. Which methods of surgical treatment are used in lymphangioma?

- a) removal
- b) cryodestruction
- c) diathermocoagulation
- d) sclerotherapy

31. Where is teratoma most often localized?

- a) abdominal cavity
- b) sacro-cupric region
- c) anterior mediastinum
- d) neck region

32. Which diseases should teratoma be differentiated with in sacro-cupric area:

- a) lymphangioma
- b) neurogenic tumor
- c) cerebrospinal hernia

d) hemangioma

33. Indicate the most frequent localization of lymphosarcoma:

- a) lymph nodes
- b) lymphatic tissue
- c) peripheral lymph nodes
- d) abdomen

34. A child suffers from attacks of abdominal pain, gases, vomiting for 12 hours. A year ago the child was operated for appendicitis. Examinations should begin with:

- a) giving barium suspension through the mouth;
- b) plan radiography
- c) hypertonic enemas;
- d) rectal study;

35. A child suffers from strangulated intestinal obstruction. Which measures are necessary?

- a) give barium and conduct conservative measures within 3-6 hours;
- b) conduct examination;
- c) operation after the preoperative preparation;
- d) emergency surgery;

36. On the fourth day after operation a child has signs of early adhesive obstruction. Which measures are necessary?

- a) giving barium and using conservative measures;
- b) examination;
- c) giving barium and observation;
- d) emergency surgery;

37. A child of 8 months has abdominal pain, vomiting. Per rectum - blood discharge with mucus. The disease lasted for 10 hours. Diagnosis:

- a) intestinal infection;
- b) acute appendicitis;
- c) appendiceal infiltration;
- d) intussusception;

38. A child of eight months has clinical intussusception. The disease lasted for 9 hours. The optimal method of examination is:

- a) laparoscopy;
- b) irrigography with barium;

- c) colonoscopy
- d) irrigography with air

39. The child has intussusception. Disease duration is more than 24 hours. Apparent picture of obstruction and peritonitis. Which measures are necessary:

- a) median laparotomy;
- b) transverse laparotomy;
- c) incision in the right iliac region;
- d) pararectal incision on the right

40. Which age is characteristic of intestine intussusception in children?

- a) up to 1 month;
- b) up to a year;
- c) up to 3 years;
- d) up to 7 years;

41. A 16 year-old child with the clinic of acute adhesive intestinal obstruction is delivered to urgent surgical in-patient department. The child's grave condition requires an operation. According to Ukrainian legislation the operation has to be agreed:

- a) it is enough to have the order of senior surgeon on duty;
- b) the patient's consent is not needed;
- c) before the child turns 14 his parent's consent is enough; both the patient's and his parent's consent is required after the child turned 14; in case parents are absent, the decision on the operation is made by a consultation of at least three physicians;
- d) the patient's consent is enough, if he/she has turned 16;

42. A 6 year-old child was diagnosed with small intestine intussusception. Your tactics:

- a) operation in a planned way;
- b) emergency operation;
- c) conservative stretching;
- d) monitoring in dynamics;

43. A 3 year-old boy is suffering from infringement of the inguinal-scrotal hernia. The disease lasted for 1 hour. Which is the optimal method of treatment of the infringement?

- a) immediate surgery;
- b) a set of conservative methods, aimed at self invagination of hernia;

- c) manual hernia invagination
- d) enema with chloral hydrate;

44. A child aged 6 months 4 hours ago suffered from attacks of anxiety which were interrupted by periods of calmness. There was a single case of vomiting. The abdomen is soft. In the right hypochondrium there is a moderately mobile tumor formation. In the rectal study there were traces of dark blood with mucus on the medical glove. Your diagnosis:

- a) intussusception;
- b) acute appendicitis;
- c) polyp of rectum;
- d) syndrome of portal hypertension;

45. A 15 year-old patient applied for medical help with complaints of recurrent abdominal pain, repeated vomiting. The patient had been operated for a cyst of the right ovary. On a plain X-ray film of the abdominal cavity there were swollen intestinal loops, plenty of 'Kloiber's basins'. The most significant reason for these complaints is:

- a) colon tumor;
- b) torsion of ovarian cyst;
- c) adhesive bowel disease;
- d) tumor of the small intestine;

46. A child aged 2 is delivered by ambulance to the surgical in-patient department with a likely diagnosis – 'acute abdomen'. Due to the child's restlessness it is impossible to examine it at the admission department. The child's parents insist on going home. Your tactics:

- a) prescribe antibiotics, analgesics, cold on the stomach;
- b) release the child under the supervision of outpatient surgeon;
- c) conduct an urgent operation;
- d) leave the child in the hospital under the supervision of a children's surgeon;

47. Radiological signs of intestinal obstruction:

- a) "free gas" in the abdominal cavity;
- b) "dumb abdomen";
- c) swollen intestinal loops, 'Kloiber's basins', horizontal levels of liquid;
- d) 'honeycomb' symptom

48. The most informative method of survey, which is used for diagnosis of intestinal obstruction in children:

- a) ultrasound diagnostics;
- b) roentgenoscopy;
- c) angiography;
- d) X-ray study;

49. Rational operative access in acute adhesive intestinal obstruction:

- a) median laparotomy;
- b) transverse laparotomy;
- c) incision in the right iliac region;
- d) pararectal access;

50. Which of the following desinvagination methods is preferable in the initial period of intussusception?

- a) reduction with air under radiological control;
- b) reduction of intussusceptum under colonoscopic control;
- c) reduction under laparoscopic control;
- d) reduction by means of palpation under general anesthesia;

51. A child with intussusception is suffering from a disease which has been lasting for 10 hours. Conservative measures are not effective. Intussusceptum is in the right iliac region. Which operative access is preferable?

- a) transverse laparotomy;
- b) median laparotomy;
- c) incision in the right iliac region;
- d) pararectal access on the right;

52. The most common variant of intussusception in children is:

- a) invagination of appendix;
- b) small-intestine intussusception;
- c) large intestine intussusception;
- d) ileocecal invagination;

53. A 10 year-old child was operated for severe appendicular peritonitis that had lasted for many days. On the fourth day of the postoperative period clinical picture of marked enteroparesis still maintains. The first step is to differentiate:

- a) with gastro-intestinal bleeding;
- b) with chronic adhesive intestinal obstruction;
- c) with bowel perforation;
- d) with early adhesive intestinal obstruction;

54. Features of purulent infection in children are defined by:

- a) generalized nature of reactions;
- b) richness of lymphoid tissue;
- c) all listed;
- d) increased permeability of natural barriers;

55. Pathogenetic therapy during anaerobic infections:

- a) all listed;
- b) lampas cuts;
- c) affected tissues cuttings;
- d) neutralization of circulating toxins;

56. The reason for growing number of patients with surgical sepsis is:

- a) all listed;
- b) change of microflora;
- c) resistance of microflora to antibiotics;
- d) prevalence of intrahospital infection.

57. The reason to use glycocorticosteroids is:

- a) septicopyemia;
- b) septic shock and toxic-allergic reaction;
- c) septicemia;
- d) presepsis (initial stage of sepsis);

58. Redness and swelling is around the nail wall. At the edge of the nail there is pus underneath the skin. Your diagnosis:

- a) abscess;
- b) cutaneous whitlow;
- c) phlegmon;
- d) paronychium;

59. When selecting an antibiotic one should consider:

- a) toxicity of the antibiotic;
- b) nature of the microflora;
- c) sensitivity of microflora;
- d) all listed;

60. A child has acute hematogenous osteomyelitis of the hip, 2nd day of illness. Under soft tissues puncture there is no pus. What is prescribed:

- a) incision of soft tissues;
- b) incision of soft tissue, osteoperforation;
- c) skin incision, osteoperforation;

d) intramuscular antibiotics.

61. The main causative agent of pyoinflammatory processes:

- a) mixed-infection;
- b) staphylococcus;
- c) streptococcus;
- d) colon bacillus;

62. The concept of surgical sepsis in children defines:

- a) presence of a local concentration of infection;
- b) the total severe infections;
- c) all listed;
- d) change in reactivity of the organism;

63. There is a pulsating pain in the fingertip; tissue edema, hyperemia. Movements are limited, there is pain at palpation. Diagnosis:

- a) cutaneous panaritium;
- b) paronychia;
- c) subcutaneous panaritium;
- d) subungual panaritium;

64. A characteristic feature of staphylococcal infection:

- a) all listed;
- b) resistance to external environment;
- c) rapid adaptation to drugs;
- d) wide natural occurrence in the environment;

65. A child has an inflammatory infiltrate with purulent necrosis at the top of the neck. The child's condition is moderate. The case is characteristic for:

- a) furunculosis;
- b) carbuncle;
- c) phlegmon;
- d) furuncle;

66. The best means to drainage a purulent wound is:

- a) active drainage;
- b) single tube for passive outflow;
- c) rubber tampon;
- d) gauze tampon;

67. Development of septic shock becomes evident through:

- a) sudden deterioration of patient's condition;
- b) all listed;
- c) sharp decrease in urine output;
- d) severe disturbance of microcirculation;

68. The child survived acute hematogenous osteomyelitis. 10 months passed after discharge from the hospital. The child has a fistula with purulent discharge. X-ray shows destruction of bone with sequestration. Which is the specified version of the course?

- a) long;
- b) subacute;
- c) chronic;
- d) local;

69. The patient's condition is grave, he has breathlessness and fever. The X-ray shows a cavity with fluid level and perifocal reaction in the projection of the upper lung's lobe on the right. Diagnosis:

- a) pyopneumothorax;
- b) pyothorax;
- c) mediastinal emphysema;
- d) lung abscess;

70. A child has acute hematogenous osteomyelitis of the hip, the third day of illness. His condition is grave. Intoxication. Pneumonia. The child needs:

- a) osteoperforation after preparation;
- b) urgent osteoperforation;
- c) infusion and antibiotic therapy, osteoperforation according to a planned procedure;
- d) incision of soft tissue after preparation;

71. X-ray showed total opacity of pleural cavity with displacement of mediastinum to the healthy side. Credible diagnosis:

- a) pyopneumothorax;
- b) pyothorax;
- c) pulmonary atelectasis;
- d) bullous form of pulmonary destruction;

72. X-ray showed total opacity of pleural cavity with displacement of mediastinum to the affected side. Credible diagnosis:

- a) mantle pleurisy;
- b) total pleural empyema;

- c) pulmonary atelectasis;
- d) lungs abscess;

73. In abscess, which is drained through the bronchus, the best method of treatment is:

- a) bronchoscopical sanitation;
- b) puncture of abscess;
- c) radical operation;
- d) drainage of abscess;

74. In the bullous form of lungs destruction the best method of treatment is:

- a) intensive care without the intervention into the centre;
- b) bull puncture;
- c) bull drainage;
- d) bronchoscopical sanitation;

75. In mantle-like pleurisy the optimal method of treatment is:

- a) Bulay's drainage of pleural cavity;
- b) puncture of pleural cavity;
- c) intensive therapy without interfering into the centre
- d) drainage with active aspiration;

76. In total purulent pleurisy the optimal method of treatment is:

- a) puncture of pleural cavity;
- b) intensive therapy without the interfering into the centre;
- c) drainage with the active aspiration;
- d) bronchoscopy;

77. During osteomyelitis of tubular bones in infants which of the following are most often affected:

- a) epiphysis;
- b) diaphysis;
- c) meta epifiza zone;
- d) total affection of bone

78. A baby aged 10 days has a painful swelling in the inguinal-scrotal region, swelling of soft tissues and skin hyperemia. Your tactics:

- a) dynamic monitoring;
- b) operation – examining of inguinal-scrotal region;
- c) puncture of the formation;

d) attempt to reduce the formation

79. A total tense pyopneumothorax arose against the background of lung abscess. Therapeutic strategy:

- a) drainage of lung abscess;
- b) puncture of pleural cavity;
- c) bronchoscopy;
- d) Bulay's drainage of pleural cavity;

80. A 2 year-old child is suffering from vomiting and progressive intoxication, his negative behavior makes it impossible to examine the abdomen. Tactics of the surgeon at the admission office:

- a) examination during medical sleep;
- b) dynamic observation in the in-patient department;
- c) dynamic observation through outpatient treatment;
- d) surgical treatment;

81. The most informative clinical method of examining a child with suspected acute appendicitis:

- a) palpation;
- b) percussion;
- c) auscultation;
- d) questioning

82. A boy of 12 called on a doctor complaining of permanent pain in the right half of the abdomen. Sickness has lasted for 3 days, the child has fever up to 37.8°. There was a single case of vomiting and mushy stool. The boy sleeps anxiously at night. His appetite reduced. There were no injuries or diet disorders. Spasmolytics haven't produced any effect. Which is your preliminary diagnosis?

- a) acute cholecystitis
- b) acute appendicitis
- c) acute pancreatitis
- d) acute pyelonephritis

83. A 2.5 year-old boy was delivered to admission office. Parents said that he had fell ill 24 hours ago, became capricious, complained of pain in the abdomen around the navel. The child had twice vomiting with food, and 3 times liquid stool. The child slept badly at night, refused to eat. When trying to drink the child has vomituration. The temperature is 39.6 °. During examination the child is in grave condition. The skin is pale, the lips are dry, facial features are sharp. Lying

on the right side it does not allow to be examined and pushes away doctor's hand. Preliminary diagnosis:

- a) acute pancreatitis
- b) acute cholecystitis
- c) acute appendicitis
- d) acute pyelonephritis

84. A 12 year-old boy was operated for acute appendicitis. On the 5th day after surgery there appeared abdominal pain, frequent urge to stool, liquid stool, the temperature of 39°. Painful, frequent urination, abdomen is soft, aching above the bosom. Which complication appeared?

- a) early adhesive obstruction
- b) failure of appendicular stump
- c) suppuration of the postoperative wound
- d) postoperative abscess

85. An 8 year-old girl called to a local doctor on the third day three of the sickness, complaining of pain around the stomach, increasing the temperature to 38.4° and multiple vomiting. From case history we know that on the first day of the disease pain was localized in epigastric region. During admission the child's condition was grave, she had a high fever and was pale, her pulse was 124 bpm., her abdomen is tensed, painful in all parts. Previous diagnosis:

- a) acute appendicitis, peritonitis
- b) acute cholecystitis
- c) acute pancreatitis
- d) acute intestinal obstruction

86. A 12 year-old boy started to have strong attacks of abdominal pain, fever up to 38 ° and vomiting on the 14th day after the operation for appendectomy. The boy has no stool . During examination of abdomen a tumor-like, painful, immobile, firm formation was found in the region of postoperative scar. Your diagnosis:

- a) suppurating of postoperative wound
- b) failure of appendicular stump
- c) postoperative abscess
- d) early adhesive obstruction

87. A 10 year-old boy became acutely ill. He started to have severe abdominal pain, high temperature, and repeated vomiting. During examination the child was pale, moaning, the temperature was 39°, his lips were dry, his tongue was coated,

his abdomen was tensed and painful in all parts. Blood test showed high leucocytosis. Your diagnosis.

- a) acute pancreatitis
- b) acute appendicitis
- c) perforation of gastric ulcer
- d) acute intestinal obstruction

88. A child of 3 weeks suddenly developed high temperature up to 39 °. It became flabby, often regurgitates, refuses from the breast feeding. The stool is frequent, semi-liquid. The umbilical wound is purulent, there is a swelling and redness around it. The abdomen is swollen, painful at palpation, anterior abdominal wall is pasty. Your diagnosis:

- a) anterior abdominal wall abscess
- b) acute appendicitis
- c) acute intestinal infection
- d) ulcerative necrotic enterocolitis, peritonitis

89. The child fell from a bicycle, hit his stomach on the steering wheel. He did not lose his consciousness but became flabby and had vomiting. The child was delivered by ambulance. She complained of abdominal pain, fever up to 39 °. There was no stool. The child's condition is worsening progressively, intoxication is increasing. During the examination: the abdomen is painful in all parts, more in the upper half, but soft. Shchetkin - Blumberg symptom is weakly positive. Your diagnosis:

- a) hurt of anterior abdominal wall
- b) stomach rupture
- c) splenic rupture
- d) pancreas rupture

90. On the 4-th day after surgery for appendectomy an 11 year-old girl started to have strong attacks of abdominal pain. Vomiting with congested content, stool and gas retention. Abdomen is swollen, painful in all departments. Which complication arose?

- a) early adhesive intestinal obstruction
- b) abdominal abscess
- c) abdominal bleeding
- d) failure of appendicular stump

91. A girl of 2 months is anxious, cries, jerks her legs. She got apple puree for the first time. There was a single case of vomiting. Parents have noticed swelling in the right inguinal region, very painful. Your diagnosis.

- a) acute appendicitis
- b) acute intussusceptions
- c) strangulated right inguinal hernia
- d) acute cholecystitis

92. A child of 6 months was admitted to the clinic after 3 hr from the onset of illness with complaints of sharp anxiety, vomiting. During examination the child periodically (5-7 minutes) cried, twisted legs, had pained expression on his face, the skin is pale. There was a stool with some blood impurities. It is known that on the day before the mother gave to the child some new food (cereals) in large quantities. Your diagnosis:

- a) acute cholecystitis
- b) acute appendicitis
- c) strangulated right inguinal hernia
- d) acute intussusceptions

93. A 14 year-old girl was delivered to the admission department with strong abdominal pains, vomiting, fever and constipation. During the attack she gets on her knees and gets covered with cold sweat. Stool and gases are not retreating. It is known that a year ago the girl was operated for phlegmonous appendicitis which became complicated with suppuration of wounds. Your diagnosis:

- a) acute cholecystitis
- b) abdominal abscess
- c) acute intestinal infection
- d) acute adhesive intestinal obstructions

94. A 5 year-old child suddenly started to have a sharp pain in the epigastric region, vomiting, anxiety. There was no stool. The temperature was subfebrile. The abdomen is asymmetrical, moderately swollen, tense and painful. Auscultation shows weakening breathing on the left, heart tones shifting to the right and absence of peristalsis noise in the abdominal cavity. The plain film of the abdominal cavity shows uneven distribution of gas, levels of liquid. Above the dome of the diaphragm there is a gas bubble with a level; mediastinum is shifted to the right; left lung is drawn in the top. Your diagnosis:

- a) acute necrotic pneumonia
- b) diaphragmatic hernia
- c) acute appendicitis
- d) acute cholecystitis

95. The mother firstly gave her child milk formula. The child was sucking

eagerly, but after some time started to worry, scream, jerk its legs. There was a single case of vomiting. Stool is with mucus, undigested, around the stool there was a pink stain on the diaper. Attacks of abdominal pain are repeated with great intensity. The child's condition is that of middle severity. The temperature is normal. The abdomen is soft and painless in all parts. Intoxication gradually increases. Your diagnosis:

- a) acute intussusceptions
- b) acute appendicitis
- c) acute intestinal infection
- d) acute cholecystitis

96. A 10 year-old boy fell from a tree about two meters high. Felt a pain in the abdomen, could not get to his feet immediately, had blurred vision, breathing difficulties, but after a few minutes all was over, he came home himself. Gradually, abdominal pain subsided. The abdomen during an emergency physician examination was soft, but tender in the left half. Pain spread into the left shoulder-blade and arm. Urination was normal. Your diagnosis:

- a) spine strike
- b) liver damage
- c) spleen damage
- d) diaphragm rupture

97. An 8-year-old boy was discharged from the hospital a month ago after surviving gangrenous appendicitis with peritonitis. Today, there suddenly appeared cramping intense abdominal pain, repeated vomiting, rumbling in his stomach. There was no stool and gases did not retreat. The abdomen is soft with visible peristalsis and diffuse pain around the abdomen. Your diagnosis:

- a) peritonitis
- b) acute intestinal infection
- c) acute pancreatitis
- d) late adhesive ileus

98. An 8 year-old child was admitted to the clinic with complaints of acute, permanent and growing in intensity abdominal pain in the right part. It is known that the illness started acutely, the child developed a fever of up to 38° degrees, there was twice vomiting with food and once mushy stool. She slept badly. In the case history at the age of 6 months she had a surgery for invagination. During examination the abdomen is soft, painful in the right half, especially in the right iliac region, there is muscle tension there too. Your diagnosis:

- a) acute intestinal intussusceptions
- b) acute appendicitis
- c) acute cholecystitis
- d) acute pancreatitis

99. A child of 8 months had been sick for 3 days and suddenly became anxious, had multiple vomiting, paleness and weakness. The stool is with blood in the form of raspberry jelly. Abdomen is swollen, soft, painful. There was intestine prolapse from anus. Your diagnosis:

- a) acute intussusceptions
- b) rectal prolapse
- c) intestinal bleeding
- d) acute intestinal infection

100. A child of 4 months 3 hours ago suddenly became sharply anxious, jerks its legs. There was a single case of vomiting. There is little stool of indigested food mixed with slightly changed blood. The temperature is normal. Abdomen is soft, painless. Above the navel there is a palpable flexible sausage-like, painful formation. Your diagnosis:

- a) intestinal bleeding
- b) parasitic infestation
- c) acute intussusceptions
- d) acute intestinal infection

101. A child of 7 months had been ill for about two days. Suddenly he became anxious, jerked his legs. Pains were brief in nature, stopped and appeared again, accompanied by vomiting. The abdomen is moderately swollen, painful at palpation. In examining per rectum: rectal ampoule is empty, dark blood and mucous. Your diagnosis:

- a) acute intussusceptions
- b) parasitic infestation
- c) intestinal bleeding
- d) acute intestinal infection

102. Immediately after its birth the child has discharge from its mouth and nose in the form of frothy mucus. After mucous ejection it quickly appears again. Breathlessness. Cyanosis. There are moist rales in the lungs. Your preliminary diagnosis:

- a) duodenal atresia
- b) esophageal atresia

- c) acute pneumonia
- d) aspirated pneumonia

103. A newborn child weighing 4 kg immediately after the birth was in grave condition. It had pale skin and mucous membranes. Flabbiness. The child is moaning. Laboratory tests show anemia. The abdomen is swollen. Palpation causes anxiety in the newborn. The liver is increased in size. Your diagnosis:

- a) esophageal atresia
- b) aspiration pneumonia
- c) birth trauma, liver damage, abdominal bleeding
- d) duodenal atresia

104. Immediately after the birth in the projection of the lumbar spine a tumor formation covered with thin membranes was found in the child. Your preliminary diagnosis:

- a) kidney tumor
- b) teratoma
- c) spinal hernia
- d) spinal tumor

105. On the first day (after a few hours) after the birth the child developed increasing respiratory insufficiency (dyspnea, cyanosis, heavy breathing) in dynamics. Physical examination – breath on the left is sharply weakened; percussion - tympanitis, the heart is displaced to the right. Your preliminary diagnosis:

- a) left-sided pleurisy
- b) aspirated pneumonia
- c) lobar emphysema
- d) diaphragmatic hernia

106. The child on the second day after birth had multiple vomiting mixed with meconium in vomiting masses. The child is anxious, moaning. The abdomen is swollen, somewhat painful on palpation. Meconium did not discharge. Your diagnosis:

- a) esophageal atresia
- b) peritonitis
- c) acute appendicitis
- d) low congenital intestinal obstruction

107. In a premature baby (with body weight of 1800) immediately after birth during the initial examination in the lumbar region there was found a soft elastic tumor formation of 4x4 cm covered with skin. There is a reduction of movements in the lower extremities. The head is increased in size. Your diagnosis:

- a) cerebrospinal hernia
- b) teratoma
- c) kidney tumor
- d) spinal tumor

108. A full-term baby was born with a weight of 3 kg. Apgar score is 8 / 9 points. Examination and physical study did not reveal any pathology. A few hours after birth, the child's state began to worsen - the child became flabby, pale, occasionally anxious. Cyanosis appeared and increased with anxiety. Superficial breath with chest muscles in action. During auscultation the breath is weak, especially on the left; heart sounds are replaced to the right. Your preliminary diagnosis:

- a) lobar emphysema of the left
- b) esophageal atresia
- c) diaphragmatic hernia
- d) acute pneumonia

109. During primary examination immediately after birth a tumor-like formation of a large size (6 x 6 cm) covered with sharply thinned skin is found in the newborn in the lumbar region. There is also constant urine discharge and incompletely closed anus. Your diagnosis:

- a) spinal tumor
- b) lumbar hernia
- c) bladder extrophy
- d) anal atresia

110. A child of 4 months has been ill for 3 days. The mother complains of anxiety attacks which at the beginning of illness were interrupted by "light" intervals. Later on the child became flabby and weak between attacks of anxiety. There was multiple vomiting. The stool contains impurities of mucus that resembles "raspberry jelly". During the regular act of defecation the child is very anxious; there appeared a bright red formation in the anal area. Your preliminary diagnosis:

- a) rectal prolapsed
- b) acute intussusceptions
- c) acute intestinal infection

d) dyspepsia

111. The child is 5 months old. It became ill 7 days ago. Being generally healthy it suddenly became very anxious. Attacks of anxiety were followed by absolutely "light" intervals. The mother relates the anxiety to the fact that the day before the child received extra feeding for the first time. After the onset of illness the stool was formed with mucous impurities of pink color that resembles "jelly". Twice there was vomiting. Your diagnosis:

- a) acute intussusceptions
- b) acute intestinal infection
- c) acute appendicitis
- d) intestinal bleeding