

COMPUTER TESTS ON PEDIATRICS

1. The manifestations of atopic dermatitis are more often provoked by:

1. cold weather
2. hot water
3. scratching
4. food-borne allergens
5. infections

2. Typical signs for allergization by household allergins are:

1. moderate eosinophilia
2. as a rule, allergy is manifested in spring
3. allergy may disappear after change of residence
4. allergy may appear after cleaning the flat
5. combination with food allergy

3. Typical signs for allergization by grass pollen allergins are:

1. high eosinophilia
2. seasonal changes with frequent exacerbations in spring and summer
3. allergy is more often manifested as rhinoconjunctival syndrome
4. allergy is more often manifested as dermatitis
5. exacerbations are provoked by hyperventilation

4. Allergic rhinitis is as a rule due to sensitization by:

1. pollen of plants
2. salts of heavy metals
3. antigens of bacterial capsules
4. house dust
5. food allergens

5. Taking topical glucocorticoids in allergic rhinitis one should remember:

1. maximum effect develops in 2-3 days
2. maximum effect develops in 2-3 weeks
3. after achieving a positive effect the drug should be withdrawn gradually
4. after achieving a positive effect drug dose should be decreased 2-3 fold gradually
5. in severe persistent course the drug can be given up to 2 years

6. Using histamine receptors H1 blockers in allergic rhinitis one should remember:

1. it is better to use them at early stages of the disease
2. if there is no effect, the dose should be increased and the course should be prolonged
3. in a period of remission these drugs should be taken periodically to prevent the exacerbations

4. in a protracted course it is better to take them orally than topically

7. Specific immunotherapy with allergens in allergic rhinitis is indicated:

1. when it lasts the whole year round
2. in seasonal course in polyvalent sensitization
3. in coincidence of allergy tests and clinical data
4. when the duration of the disease is not longer than 6 years
5. when concurrent contact dermatitis or bronchial asthma are absent

8. Using intranasal adrenoceptor agonists in allergic rhinitis one should remember:

1. the optimal course is 2-4 weeks
2. in a protracted course they should be given until the symptoms disappear
3. these drugs should not be given more than 3-5 days running
4. when there is no effect the dose should be increased gradually
5. they are indicated to prevent exacerbations in a period of remission

9. In status asthmaticus it is necessary to administer:

1. intravenous introduction of aminophylline
2. oxygen therapy
3. histamine receptors H1 blockers
4. sedatives
5. hormones parenterally

10. Using inhalation glucocorticoids in bronchial asthma one should remember:

1. maximum effect develops in 2-3 minutes
2. mucous candidiasis is a common exacerbation
3. impaired teeth eruption is a common exacerbation
4. concomitant use with adrenoceptor agonists is contraindicated
5. concomitant use with stabilizers of mast cells membranes is contraindicated

11. Indications for systemic glucocorticoids administration in bronchial asthma are:

1. the duration of the disease is more than 5 years
2. status asthmaticus
3. absence of the effect in inhalation glucocorticoids administration
4. absence of the effect in adrenoceptor agonists administration

12. Medications that increase the obstruction in attacks of bronchial asthma:

1. angiotensin-converting enzyme inhibitors
2. spasmolytics
3. tranquilizers
4. beta-2-adrenergic blockers
5. methylxanthines

13. For aspirin-induced asthma it is typical:

1. frequent combination with polypous rhinosinusitis
2. frequent combination with ulcer disease
3. nocturnal attacks are typical
4. aspirin intolerance
5. raspberries, plums and grapes can cause attacks

14. The most common causes of food allergy from the listed below are:

1. rabbit meat
2. fish
3. milk
4. peanuts
5. potatoes

15. Drug allergy can be caused by:

1. long-term treatment
2. high doses of a drug
3. intravenous administration of a drug
4. frequent interrupted administrations of a drug
5. drug administration without concomitant use of histamine receptors blockers

16. Immediate generalized reactions of anaphylactic type are caused by:

1. radiopaque substances
2. beta-lactam antibiotics
3. heterogenous serum
4. vaccines
5. nonsteroidal antiinflammatory drugs

17. General principles of drug allergy treatment:

1. withdrawal of the suspected drug
2. antihistamines administration for 7-10 days
3. in marked manifestations Prednisolone is administered in a dose of 1mg/kg daily for 7-14 days
4. plasmapheresis to remove immune complexes
5. interferon to activate cellular immunity

18. General principles of drug disease prevention:

1. to prescribe drugs justified by clinical presentation
2. to avoid polypragmasy
3. to take the drug history carefully
4. antibiotics should be administrated only in combination with antihistamine drugs

19. What drugs are administered to treat urticaria in the first place:

1. adrenaline
2. hydrocortisone and calcium preparations
3. antihistamine drugs
4. glucocorticosteroids

20. How many grams per month does healthy infant aged 0-6 months gain?

1. 200 g
2. 400 g
3. 800 g
4. 1200 g

21. Choose the central organs of immunogenesis in a human being:

1. thymus
2. bone marrow
3. Peyer's plaques
4. spleen
5. lymphopharyngeal ring

22. What cells produce antibodies?

1. mastocytes
2. B-lymphocytes
3. T-lymphocytes
4. plasmacytes
5. eosinophils

23. How many grams per month does healthy infant aged 6-12 months gain?

1. 200 g
2. 400 g
3. 800 g
4. 1200 g

24. Big fontanelle is closed normally by the age of?

1. 6 months
2. 1-1,5 years
3. 5-6 years

25. Antinuclear antibodies and rheumatoid factor are most frequently associated with the following diseases:

1. rheumatoid arthritis
2. Sjogren's sicca syndrome
3. systemic lupus erythematosus
4. idiopathic thrombocytopenic purpura
5. autoimmune thyroiditis

26. Which of the listed symptoms are typical to congenital hypothyroidism?

1. low tone of the voice
2. prolonged jaundice
3. low birth weight
4. tachycardia

27. Which clinical manifestations from the listed below are more typical of Bruton's disease:

1. boys are affected
2. girls are affected
3. hypoplasia of lymphatic nodes and tonsils
4. hypoplasia of thymus
5. vitiligo

28. What from the listed below is typical of "selective Ig A deficit":

1. susceptibility to infectious affections of arachnoid membranes
2. susceptibility to recurrent infections of the upper respiratory tract
3. susceptibility to bronchial obstruction
4. susceptibility to infectious diarrhea
5. susceptibility to infectious urogenital diseases

29. The neonatal period extends

1. from the birth to 7 days
2. from the birth to 1 month
3. from the birth to 3 months of life

30. What kinds of breastmilk do you know?

1. colostrum
2. transitional milk;
3. mature milk
4. stabile milk

31. Which of the listed manifestations are typical of Di George's syndrome (hypoplasia of thymus):

1. dextroposition of heart
2. tetany
3. decreased number of eosinophils
4. decreased number of T-lymphocytes
5. decreased Ig M level and increased Ig A level

32. Which of the listed manifestations are typical of Louis-Bar syndrome:

1. ataxia
2. tetany
3. skin and eye telangiectases
4. accelerated puberty
5. susceptibility to oncological pathology

33. At 3 month infant should be able to

1. follow the moving object with his eyes
2. lift and control his head above the horizontal plane
3. smile in response to adult smiles
4. sit without support
5. pronounce the single sounds

34. Characterizing criteria in complex evaluation of health condition of a child are

1. physical development
2. behavioral development
3. social anamnesis
4. biological anamnesis
5. resistance of organism

35. Determining criteria in complex evaluation of health condition of a child are:

1. physical development
2. behavioral development
3. social anamnesis
4. biological anamnesis
5. genealogical anamnesis

36. The appearance of jaundice in first day after birth may be caused by

1. biliary atresia
2. hemolytic disease of the newborn
3. Crigler-Najjar syndrome
4. congenital hepatitis

37. The appearance of jaundice in second or third day after birth may be caused by

1. hemolytic disease of the newborn
2. physiological jaundice
3. septicemia
4. hypothyroidism
5. carotene jaundice

38. Live attenuated vaccine:

1. against measles
2. against parotitis
3. against rubella
4. Calmette-Guerin bacillus
5. against hepatitis B

39. Administration of glucocorticoids causes:

1. the decreased number of lymphocytes (mainly due to T-cells)
2. the decreased number of lymphocytes (mainly due to B-cells)
3. the decreased number of neutrophils in the blood
4. suppression of neutrophils migration in the tissues
5. the decreased number of eosinophils and basophils in the blood

40. Immunologically privileged tissues are:

1. mucous-associated lymphoid tissue
2. the interior of the eye
3. inner parts of testicles
4. basic membrane of renal glomerules
5. follicles of thyroid gland

41. Organ-specific autoimmune diseases are:

1. insulin-dependent diabetes mellitus
2. systemic lupus erythematosus
3. dermatomyositis
4. Hashimoto's disease
5. disease of hyaline membranes

42. Systemic autoimmune diseases are:

1. insulin-dependent diabetes mellitus
2. systemic lupus erythematosus
3. dermatomyositis
4. Hashimoto's disease
5. disease of hyaline membranes

43. Rickets is characterized by

1. curvature of the long tube bones
2. shortening of the limbs
3. muscular hypotonia
4. hepatomegaly and splenomegaly

44. Breastfeeding should be initiated

1. within 2 hours after normal delivery
2. within half an hour after normal delivery
3. more than 6 hours after normal delivery
4. more than 12 hours after normal delivery

45. Severe protein-energy malnutrition is characterized by:

1. weight loss more than 30%
2. growth retardation
3. lack of subcutaneous fat on the limbs, body and abdomen
4. normal growth

5. weight loss about 20-30%.

46. When does the stomach of newborn become empty?

1. 1 hour after breastfeeding
2. 4 hours after breastfeeding
3. 2,5-3 hours after breastfeeding.

47. How does the level of serum iron change in iron deficiency anemia:

1. extremely increased
2. lowered
3. never changes
4. mildly increased

48. On the 2-nd day of life the infant has developed a hemorrhage from the vessels of the umbilical cord end, melena, microhematuria. What is the probable diagnosis?

1. congenital leukosis
2. hemorrhagic disease of the newborn
3. hemophilia A
4. hemorrhagic vasculitis

49. Which of the investigations are more relevant in thrombocytopathy?

1. investigation of platelet adhesion and aggregation
2. investigation of coagulogram
3. estimation of blood clot retraction
4. estimation of prothrombin and fibrinogen
5. estimation of hemorrhage duration according to Duke

50. Name the methods of treatment in idiopathic thrombocytopenic purpura:

1. splenectomy
2. cryoprecipitate
3. prednisolone
4. immunoglobuline G infusion
5. methylprednisolone pulse therapy

51. Name the effective methods of bleeding control in hemophilia A:

1. splenectomy
2. cryoprecipitate transfusion
3. prednisolone
4. antihemophilic globulin
5. transfusion of purified factor VIII

52. What are the clinical manifestations of thrombocytopenic purpura?

1. symmetrical rash of red spots and papulaes on the extensor surfaces
2. bruises and petechial hemorrhages all over the body

3. hemorrhage from the nose
4. paroxysmal abdominal pain

53. Name the clinical manifestations of hemophilia:

1. symmetrical rash of red spots and papules on the extensor surfaces
2. bruises and petechial hemorrhages all over the body
3. subcutaneous and intramuscular hematomas
4. uncontrollable bleedings in traumas, teeth extraction
5. hemorrhages into the joints

54. What are the clinical manifestations of hemorrhagic vasculitis?

1. symmetrical hemorrhagic rash and papules on the extensor surfaces of the joints
2. paroxysmal abdominal pain
3. subcutaneous and intramuscular hematomas
4. uncontrollable bleedings after small traumas

55. Which of the named laboratory findings are characteristic of iron deficiency anemia?

1. sideropenia
2. hypochromia
3. thrombocytopenia
4. appearing of blasts in the peripheral blood
5. anisocytosis, poikilocytosis

56. Which of the symptoms characterize aplastic anemia?

1. leucopenia
2. high reticulocytosis
3. leukocytosis
4. thrombocytopenia
5. anemia

57. What diseases are characterized by pancytopenia?

1. acute leukosis
2. hemorrhagic vasculitis
3. aplastic anemia
4. idiopathic thrombocytopenic purpura

58. Which of the following symptoms are common in B₁₂ and folic acid deficiency anemia?

1. hair loss
2. tingling tongue
3. creeping sensation
4. pallor

59. Parenteral administration of iron preparations is indicated in:

1. malabsorption syndrome
2. peptic ulcer
3. severe anemia
4. early childhood
5. intolerance of oral drugs

60. The daily dose of iron preparations in treatment of iron deficiency anemia in children over 3 is:

1. 1-2 mg/kg/day
2. 3-5 mg/kg/day
3. 10-20 mg/kg/day

61. What complications may occur in parenteral administration of iron preparations?

1. allergic reactions
2. infiltrates
3. hemosiderosis of the inner organs
4. duodenal ulcer

62. Which of the leukosis forms is the most common in children?

1. acute lymphoblastic leukosis
2. acute myeloblastic leukosis
3. acute erythromyelosis
4. acute monoblastic leukosis

63. What diet provides the highest absorption of iron:

1. meat diet
2. milk diet
3. vegetable diet
4. meat and vegetable diet

64. The normal number of lymphocytes in differential blood count for children in their second year of life is:

1. 20-30 %
2. 60-70 %
3. 45 %

65. Name the laboratory criteria for diagnostics of iron deficiency anemia:

1. transferrin saturation above 40%
2. -ferritin level below 12 ng/l
3. -general ability of serum to bind iron above 60 mcmmol/l
4. serum iron level below 10 mcmmol/l
5. -decreased hemoglobin and/or erythrocyte levels

66. Which of the changes in the peripheral blood analyses are the most characteristic of acute leukosis:

1. -anemia
2. -thrombocytopenia
3. -leukemia hiatus
4. -leucopenia or leukocytosis
5. reticulocytosis

67. Which of the hemorrhages are the most common in impaired primary hemostasis:

1. -uterine hemorrhages
2. hemorrhages into the big joints
3. hemorrhages into the muscles
4. -hemorrhages from the nose

68. What inherited deficiency of plasma coagulation factors is present in hemophilia A:

1. factor VII
2. factor V
3. factor VIII
4. factor X
5. factor IV

69. Which of the coagulogram indices will be changed in a patient with severe hemophilia A (the level of factor below 1%):

1. blood coagulation according to Lee–White
2. prothrombin index
3. hemorrhage duration according to Duke
4. thrombin time
5. autocoagulation test

70. In which of the named diseases can DIC syndrome develop:

1. septic conditions
2. hemoblastoses
3. acute staphylococcal pneumonia
4. posttransfusion shock
5. hemorrhages

71. The anemia syndrome in children with leukosis is associated with:

1. blood loss
2. iron deficiency
3. hemolysis
4. depression of erythropoiesis
5. vitamin B₁₂ deficiency

72. Nephrotic syndrome is characterized by the following signs:

1. severe proteinuria
2. hypoproteinemia
3. leukocyturia
4. hypercholesterolemia
5. presence of erythrocytes in the urine

73. The lower pole of the kidney in infants is defined at the level of:

1. the 1-st lumbar vertebra
2. the 2-nd lumbar vertebra
3. the 4-th lumbar vertebra

74. In separate analyses, relative density of the urine in a child of the first year of life ranges:

1. 1002-1010
2. 1012-1016
3. 1014-1023

75. Hemolytic-uremic syndrome is characterized by:

1. acute renal failure
2. acute hemolytic anemia
3. thrombocytopenia
4. presence of free hemoglobin in the urine
5. inflammation of the venous tunica intima with thrombosis

76. Choose the clinical symptoms, which are the most common in acute pyelonephritis:

1. arterial hypertension
2. abdominal pains
3. difficulty in urination
4. increase of temperature
5. oliguria

77. Which of the kidney diseases is characterized by hearing loss?

1. de Toni-Debre-Fanconi syndrome
2. phosphate diabetes
3. Alport's syndrome
4. interstitial nephritis
5. renal tuberculosis

78. Proteinuria (not above 2 g/l), hematuria and oliguria are common in:

1. nephritic syndrome
2. pyelonephritis
3. nephrotic syndrome
4. hemolytic-uremic syndrome

5. cystitis

79. The most frequent symptoms of pyelonephritis in infants are:

1. vomiting, diarrhea
2. fever
3. oliguria
4. increase of arterial pressure
5. cramps

80. What is the commonest causative agent of pyelonephritis?

1. staphylococci
2. streptococci
3. colon bacillus
4. mycoplasma
5. brucellas

81. Which of the given indices is characteristic of nephrotic syndrome:

1. leukocyturia above 4 mln/l
2. erythrocyturia 100 000 – 1 000 000 / l
3. proteinuria 1g/l
4. proteinuria above 3.0 g/l
5. bacteriuria above 100 00 / ml

82. Which of the laboratory criteria are the most common in pyelonephritis:

1. proteinuria below 1 g/l
2. leukocyturia
3. erythrocyturia
4. cylindruria
5. bacteriuria

83. In glomerulonephritis one should reduce the intake of:

1. salt
2. water
3. carbohydrates
4. fats
5. proteins

84. Nephrotic syndrome is characterized by:

1. slight edemata on the leg
2. edema of the face only
3. absence of edemata
4. marked diffuse edema of the face and extremities
5. pleurisy, ascites, pericarditis

85. The test according to Zimnitsky estimates:

1. relative density of the urine
2. ratio of daily to nocturnal diuresis
3. the number of casts in 1 ml of urine
4. hematuria
5. leukocyturia

86. Secondary pyelonephritis is:

1. pyelonephritis with underlying pneumonia
2. a repeated kidney disease within 2 years
3. infectious and inflammatory process in the kidneys associated with the urinary tracts obstruction
4. infectious and inflammatory process in the kidneys related to vesicoureteral reflux
5. immune inflammatory process in the kidneys

87. The main method of pyelonephritis therapy in children is:

1. administration of non-steroid anti-inflammatory drugs
2. diet therapy
3. antibacterial therapy
4. ACE blockers
5. diuretics

88. Pyelonyphritis in infants proceeds under a clinical mask of:

1. intestinal toxicosis
2. influenza
3. hemolytic anemia
4. right ventricular failure
5. sepsis

89. Vesicoureteral reflux can be revealed by:

1. excretory urography
2. kidney ultrasonography
3. cystoscopy
4. cystography
5. scintigraphy

90. Kidney biopsy is indicated in:

1. a single kidney
2. ineffective therapy in any clinical variant of glomerulonephritis
3. terminal chronic renal failure
4. proteinuria and hematuria of unclear etiology
5. segmentary glomerulosclerosis

91. The leukocytogram of the urine sediment showed 60% of neutrophilic leukocytes. Which of the diseases is this characteristic off?

1. glomerulonephritis
2. pyelonephritis
3. cystitis
4. enterobiasis
5. acute gastroenteritis

92. The most common cause of acute renal failure in infants is:

1. acute primary pyelonephritis
2. hemolytic-uremic syndrome
3. bottle-feeding
4. acute cystitis

93. Which of the below-mentioned clinical signs is characteristic of exudative pleuritis?

1. displacement of mediastinum organs to the healthy side
2. displacement of mediastinum organs to the diseased side
3. bandbox sound (wooden resonance) on percussion
4. vesicular respiration on auscultation
5. dullness of a percussion sound

94. Which of the below-mentioned symptom requires administration of antibiotic therapy in an acute respiratory viral infection?

1. elevation of temperature later than on the 3-rd day of the disease
2. elevation of temperature on the first three days of the disease
3. cough
4. catarrhal symptoms in the nasopharynx
5. aggravation of patient's general condition at the background of the performed antiviral therapy

95. Which of the below-mentioned respiratory rate per minute must in a healthy 2-year old child have at rest?

1. 25-30
2. 40-50
3. 30-35
4. 18-20
5. 15-16

96. Choose the basic indications to diagnostic bronchoscopy in children:

1. bronchial asthma
2. acute bronchitis
3. persistent cough of unclear genesis
4. suspicion to aspiration of a foreign body
5. suspicion to bronchial tumor

97. Destructive process in the lungs is characteristic of the pneumonia caused by:

1. pneumococcus
2. blue pus bacillus (bacillus aeruginosa)
3. streptococcus
4. staphylococcus
5. Chlamydia

98. Which of the below-mentioned forms is the most typical of mucoviscidosis?

1. edematous
2. mixed pulmonary-intestinal
3. predominantly intestinal
4. nephrotoxic

99. Tachypnoea is observed in:

1. anemia
2. fever
3. comatose condition
4. high intracranial pressure
5. intoxication due to sleeping pills

100. Bradypnoea is observed in:

1. anemia
2. intoxication due to sleeping pills
3. high intracranial pressure
4. destructive pneumonia
5. fever

101. Chlamydia infection may cause:

1. meningitis
2. conjunctivitis
3. urethritis
4. pneumonia
5. encephalitis

102. The specific features of the pneumonia course in the peak phase of rachitis are as follows:

1. tendency to the prolonged and recurring course
2. presence of neurotoxicosis
3. slowed resorption of multiple and confluent foci
4. more marked signs of respiratory failure

103. The specific features of the pneumonia course in the second - third degree hypotrophy are as follows:

1. poor manifestation of physical findings
2. abundance of moist rales
3. absence or minimal deviation from norm in full blood count
4. sleep disorder, anxiety, frequent spasms
5. more severe and prolonged course

104. The specific features of the pneumonia course in exudative diathesis are as follows:

1. abundance of dry and moist rales in the lungs
2. tendency to exacerbation, recurrence and complications
3. reduction of body weight
4. stable acrocyanosis

105. Respiratory rate per minute in newborns is:

1. 18-19
2. 16-18
3. 20-40
4. 40-60
5. 30-35

106. Administration of antibiotics is indicated in:

1. focal pneumonia
2. exudative pleuritis
3. bronchial asthma attack
4. acute viral rhinopharyngitis
5. pulmonary abscess

107. The combination of two antibacterial preparations is justified in:

1. primary tuberculous complex
2. focal pneumonia
3. sepsis
4. segmental pneumonia
5. obstructive bronchitis

108. Which of the below-mentioned instrumental examinations must be administered to a patient to confirm the diagnosis of pneumonia?

1. spirometry
2. bronchography
3. roentgenography of the lungs
4. peakflowmetry
5. scintigraphy

109. Choose the below-mentioned clinical and roentgenological signs of the bronchus foreign body:

1. sudden paroxysmal dry cough

2. enhancement of a root picture on the roentgenogram of the lungs
3. manifestation of the symptoms alters with changing body posture
4. intoxication
5. atelectasis on the roentgenogram of lungs

110. Pulmonary complications of pneumonia include:

1. pleuritis
2. atelectasis
3. pyopneumothorax
4. cardiovascular syndrome
5. neurotoxicosis

111. Micoplasmatic pneumonia is characterized by:

1. seasonal character – more frequently in autumn
2. enlargement of the neck lymphatic nodes
3. destruction of the pulmonary tissue
4. eosinophilia
5. hepatosplenomegaly

112. The most typical features of a Chlamydia pneumonia are as follows:

1. associated rhinitis
2. associated conjunctivitis
3. pyoderma
4. enlargement of the regional lymphatic nodes
5. tendency to necrosis of the pulmonary tissue

113. The most typical features of a viral pneumonia are as follows:

1. acute onset
2. neurotoxicosis
3. complications of the cardiovascular system
4. neutropenia
5. tendency to a slow, prolonged course

114. The most typical etiological agent of pneumonia in children with HIV-infection is:

1. pneumocyst
2. staphylococcus
3. fungi of Candida type
4. virus of herpes
5. streptococcus

115. Which of the below-mentioned differential diagnostic signs distinguishes the pulmonary bleeding from that in the gastrointestinal tract?

1. non-coagulated foamy blood
2. blood of a dark colour

3. blood of a bright red colour

116. Choose the below-mentioned distinctions of rheumatic pleuritis from tuberculous one:

1. more frequently unilateral process
2. more frequently bilateral process
3. predominantly severe character
4. predominantly fibrous character

117. Peakflowmetry allows defining:

1. vital capacity of the lungs
2. rate of the forced expiration
3. content of a carbonic acid in the exhaled air

118. Malabsorption developing after administration of cereals is typical of:

1. celiac disease
2. mucoviscidosis
3. gastroesophageal reflux
4. disaccharidase deficit

119. Gilbert's syndrome is characterized by:

1. vomiting
2. recurrent jaundice
3. gastrointestinal bleedings
4. abdominal pains
5. benign course

120. Which of the below-mentioned causes is the most common in the occurrence of red blood in children's stools?

1. post-infectious colitis
2. anal fissures
3. hemorrhagic vasculitis
4. Crohn's disease
5. Meckel's diverticulum

121. Cholestasis syndrome is characterized by:

1. elevation of bilirubin level
2. increase of alkaline phosphatase activity
3. elevation of cholesterol level
4. nothing out of the above-mentioned

122. The basic clinical signs of dysbacteriosis in children are as follows:

1. epigastric pain
2. heartburn
3. irregular stools

4. pain in the right hypochondrium

123. Which of the below-mentioned disease accompanied with the syndrome of malabsorption is characterized by steatorrea?

1. intolerance of lactose
2. mucoviscidosis
3. exudative enteropathy

124. Characterize the pains in ulcerous disease:

1. hungry (on empty stomach)
2. night
3. not relieving after vomiting
4. irradiating to the right shoulder
5. relieving after meal

125. Which of the below-mentioned remedies is beneficial for administration to the patient suffering from non-specific ulcerous colitis with the vague activity of the process?

1. glucocorticoids
2. antibiotics
3. salazoderived sulfanilamides
4. enzymes
5. probiotics

126. For diagnosis of a cholelithic disease the most effective investigation is:

1. ultrasound
2. thermography
3. laparoscopy
4. duodenal intubation
5. determination of alkaline phosphatase activity

127. Which of the below-mentioned medical preparations is used in children's heart failure?

1. adrenaline
2. cardiac glycosides
3. cordiamine
4. atropine
5. riboxin

128. The degree of acidosis is determined by the following indices:

1. hematocrit (e)
2. blood pH
3. blood BE
4. $p\text{CO}_2$
5. PO_2

129. Severe protein-energy malnutrition is characterized by

1. weight loss more than 30%
2. growth retardation
3. lack of subcutaneous fat on the limbs, body and abdomen
4. normal growth
5. weight loss about 20-30%

130. The basic cation of the intracellular fluid is:

1. potassium
2. magnesium
3. phosphorus
4. protein
5. calcium

131. The basic osmotic active substance in the interstitial fluid is:

1. albumin
2. glucose
3. urea
4. sodium
5. bicarbonate

132. In diagnosis of clinical death the following findings are considered:

1. electrocardiogram (ECG)
2. lack of consciousness
3. wide, not responding to light pupils
4. absence of spontaneous respiration
5. absence of cardiac sounds

133. Choose the signs which are the most typical of the 3^d degree dehydration:

1. reduction of tissue turgor
2. excitement, motor anxiety
3. diminished blood pressure
4. hypothermia
5. diuresis 10 ml/kg/hr

134. Daily physiological requirement of potassium in a 5-year child is:

1. 1 mmol/l
2. 2-3 mmol/l
3. 4-6 mmol/l

135. To cure from hypoglycemic coma you use:

1. intravenous drop-by-drop infusion of 5% glucose
2. intravenous drop-by-drop infusion of 10% glucose
3. intravenous push infusion of 40% glucose

4. intravenous drop-by-drop infusion of 40% glucose with 6-8 U of insulin

136. The cause of an acute stenosis of the larynx is:

1. diphtheria of the larynx
2. a foreign body of the bronchus
3. scary changes of the esophagus
4. paraifluenza

137. Which of the below-mentioned poisons causes intoxication associated with a painful syndrome?

1. corrosive
2. hepatotropic
3. nephrotoxic

138. Choose contraindications to the stomach lavage with a nasogastric tube:

1. unconscious condition
2. spasmodic syndrome
3. heart failure (II B)
4. all the above-mentioned conditions
5. no contraindications

139. The most common symptoms of intoxication are as follows:

1. change of skin color
2. disturbance of consciousness
3. frequent urination
4. rigidity of the back of the head muscles
5. vomiting

140. In anaphylactic shock it is indicated to administer:

1. atropine
2. promedol
3. adrenaline
4. cordiamine
5. glucocorticoids

141. The signs of clinical death are as follows:

1. wide pupils
2. narrow pupils
3. cold skin surfaces on touching
4. absence of pulse on peripheral arteries
5. absence of spontaneous respiration and heartbeat

142. Choose the basic signs of hypoglycemic coma:

1. loss of consciousness
2. vomiting

3. smell of acetone in the exhaled air
4. moist skin
5. convulsions

143. The basic signs of pulmonary edema are as follows:

1. occurrence of foamy sputum at the mouth
2. bradypnea
3. tachypnea
4. weakened vesicular breath on auscultation
5. abundant number of moist rales of different calibers

144. Emergency aid in pulmonary edema includes:

1. aspiration of sputum
2. inhalations of oxygen with 30% alcoholic solution
3. mustard foot baths
4. administration of corticosteroids
5. administration of diuretics

145. Indications to artificial ventilation of the lungs are as follows:

1. acceleration of the respiratory rate with $p\text{CO}_2$ up to 50 mm Hg and $p\text{O}_2$ more than 50 mm Hg
2. -absence of spontaneous respiration
3. presence of a foreign body
4. -uncontrolled spasmodic syndrome with the disorder of ventilation
5. - $p\text{CO}_2$ is more than 60 mm Hg, $p\text{O}_2$ is less than 50 mm Hg

146. Which of the below-mentioned measures is indicated in the second-degree stenosis of the larynx?

1. administration of antihistamine preparations
2. hospitalization of a child
3. mustard pack
4. daily oxygen and inhalation therapy
5. stable access to the venous bed with administration of corticosteroids and desaggregants

147. Emergency aid in fainting is as follows:

1. to put a child raising a little the upper part of the body
2. to put a child horizontally raising a little legs
3. to administer strophanthine parenterally
4. to administer vasotonic remedies parenterally
5. to arrange artificial ventilation of the lungs

148. The signs of hypokalemia are as follows:

1. on ECG wave T begins to flatten and becomes 2-phase
2. deep wave Q appears

3. ectopic extrasystoles or cardiac blocks of a different degree develop
4. intestinal peristaltic increases
5. dullness of the heart sounds occurs

149. In dyspneocyanotic attack in a child with Fallot's tetrad one should:

1. provide inhalation with acetylcysteine
2. start oxygenic therapy
3. introduce cardiac glycosides intravenously
4. introduce diuretics intravenously
5. introduce obzidane and promedol intravenously

150. To make a differential diagnosis between neurotoxicosis and meningitis it is necessary:

1. to determine menigeal symptoms
2. to perform computerized tomography (CT)
3. to do roentgenography of the skull in 2 projections
4. to perform a lumber puncture with the subsequent investigation of the liquor
5. to examine the fundus of the eye

151. In respiratory failure one should:

1. put a patient on the side to avoid aspiration
2. clear airways from mucus or vomits, to turn over the patient on his abdomen with his head down
3. perform lavage of the stomach
4. put a patient in a supine position, place a roller under his shoulder blades, throw his head back
5. blow in air to the mouth or nose of the patient at rate 20-25 times per minute

152. Which of congenital heart diseases is most commonly associated with cardiac hump?

1. high ventricular septal defect
2. atrial septal defect
3. coarctation of aorta
4. trilogly of Fallot
5. pentalogy of Fallot

153. What manifestations are typical of patent ductus arteriosus?

1. rhythm disturbance
2. skin cyanosis
3. fall of diastolic arterial pressure (AP)
4. elevation of systolic pressure
5. frequent exposure to respiratory diseases

154. What are the most typical manifestations of coarctation of aorta in older children?

1. headache
2. arm pressure is higher than leg pressure
3. leg pressure is higher than arm pressure
4. right ventricular hypertrophy
5. frequent exposure to pneumonia

155. What is normal pulse rate in infants?

1. above 140 beats per min
2. 120-140 beats per min
3. about 100 beats per min
4. 80-100 beats per min
5. below 80 beats per min

156. Which of the below complaints are typical of a child with Fallot's tetrad?

1. nasal bleeding
2. bluishness, cyanosis
3. constant productive cough
4. physical growth retardation

157. The signs of extrasystole of functional character are:

1. polytopy
2. allorhythmia
3. late extrasystoles
4. associated WPW syndrome
5. group extrasystoles

158. What agents are indicated in treatment of acute nonrheumatic carditis complicated by involvement of conductive system?

1. alpha-2-adrenomimetics
2. cardiac glycosides
3. nonsteroidal anti-inflammatory agents
4. glucocorticoids
5. respiratory analeptics

159. Which of the below is typical of acute right ventricular failure?

1. liver enlargement
2. anasarca (subcutaneous edema)
3. pulmonary oedema
4. ascites
5. oliguria

160. Cyanosis develops immediately after birth in:

1. great vessels transposition
2. tricuspid valve atresia
3. pulmonary artery stenosis

4. ventricular septal defect
5. patent ductus arteriosus

161. Which of the below congenital heart diseases is accompanied by anoxic blue spells?

1. ventricular septal defect
2. atrial septal defect
3. Fallot's tetrad
4. patent ductus arteriosus
5. coarctation of aorta

162. Which of the below congenital heart diseases are always accompanied by cyanosis in children aged above 4 years?

1. ventricular septal defect
2. atrial septal defect
3. Fallot's tetrad
4. patent ductus arteriosus
5. coarctation of aorta

163. Which of the congenital heart diseases are not accompanied by cyanosis?

1. Fallot's tetrad
2. ventricular septal defect (Roger's disease)
3. great vessels transposition
4. tricuspid valve atresia
5. bicuspid aortic valve

164. Diagnostic signs of early congenital carditis in children are:

1. rough systolic murmur transmitted over the back
2. central cyanosis
3. cardiac enlargement
4. rigid ECG rhythm
5. levocardiogram, high voltage of QRS complex

165. The most common acquired rheumatic heart disease is:

1. aortic incompetence
2. aortic stenosis
3. mitral incompetence
4. pulmonary valvular insufficiency
5. mitral stenosis

166. Emergency treatment of anoxic blue spell includes:

1. adrenaline
2. oxygen
3. cardiac glycosides
4. promedol

5. beta-adrenoreceptor blocking agents

167. Cyanotic congenital heart diseases or Eisenmenger's syndrome may be complicated by:

1. obesity
2. hemoptysis
3. clubbed fingers
4. polycythemia
5. gynecomastia

168. What heart disease is most common in childhood?

1. Fallot's tetrad
2. atrial septal defect
3. ventricular septal defect
4. aortic stenosis
5. great vessels transposition

169. Which of the below investigations is the most valuable in diagnosis of subacute bacterial endocarditis?

1. common blood analysis
2. common urine analysis
3. immunoglobulins test
4. bacteriological analysis
5. electrocardiogram

170. Bradycardia may result from extracardiac diseases, for example:

1. acute pneumonia
2. hypothyroidism
3. constitutional fragility of bones
4. increased intracranial pressure
5. ventricular septal defect (Roger's disease)

171. Extracardiac causes of tachycardia may be:

1. infectious toxicosis
2. hyperthyroidism
3. poisoning with atropine
4. increased intracranial pressure
5. myxoedema

172. Functional murmur is characterized by:

1. it is heard as extracardiac murmur
2. it is heard better in supine position
3. it decreases in upright position
4. it does not change after physical activity
5. it is usually accompanied by ECG changes

173. What is normal pulse rate in children aged 2-4 years?

1. over 140 beats per min
2. 120-140 beats per min
3. 105-115 beats per min
4. 80-100 beats per min
5. below 80 beats per min

174. What is normal pulse rate in children aged 6-8 years?

1. over 140 beats per min
2. 120-140 beats per min
3. 100-120 beats per min
4. 80-100 beats per min
5. below 80 per min

175. Indications for administration of immunosuppressive agents to children with acute rheumatic fever are:

1. acute course
2. high activity of pathologic process
3. continuously relapsing course
4. presence of a defect
5. presence of multiple extracardiac manifestations

176. Indications for administration of glucocorticoids to children with acute rheumatic fever are:

1. low activity of pathologic process
2. high activity of pathologic process
3. developing heart disease
4. continuously relapsing course
5. pancarditis

177. What is maximal arterial pressure in norm in children under 1 year?

1. 40-60
2. 60-80
3. 80-100
4. 100-120
5. 120-140

178. What is normal arterial pressure in children aged 4-8 years?

1. below 70
2. 70-90
3. 90-110
4. 110-130
5. 130-150

179. What is normal arterial pressure in children aged 12-14 years?

1. 60-90
2. 70-100
3. 80-100
4. 100-120
5. 120-140

180. Major diagnostic criteria of acute rheumatic fever include:

1. carditis
2. polyarthritits
3. toxic erythema
4. chorea
5. nephritis

181. Elevation of arterial blood pressure in a child may be caused by:

1. vegetative dysfunction syndrome
2. kidney disease
3. coarctation of aorta
4. pheochromocytoma
5. hypothyroidism

182. Which joints are affected most often in the early stage of juvenile rheumatoid arthritis:

1. wrist joints
2. elbow joints
3. ankle joints
4. knee joints
5. hip joints

183. Still's disease in juvenile rheumatoid arthritis is characterized by:

1. isolated articular syndrome
2. articular syndrome associated with eye involvement
3. articular syndrome associated with internal organs involvement
4. articular syndrome associated with CNS involvement

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2. - 3, 4
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9. - 1, 2, 5
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89. - 4
90. - 2, 4

Answer

93. - 1, 5
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181. - 1, 2, 3, 4
182. - 4

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46. - 3

91. - 2, 3
92. - 2

137. - 1
138. - 5

183. - 3