

Komputer tests 5 year students.

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, 3, 4, 5

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, 4

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

2, 3

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

1, 4

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 years
- 3) after achieving a positive effect the drug should be withdrawn gradually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

2, 4, 5

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

1

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

1, 2, 3

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

3

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

1, 2, 5

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

2

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

2, 3

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

- 1) angiotensin-converting enzyme inhibitors
- 2) spasmolytics
- 3) tranquilizers
- 4) β_2 -adrenergic blockers
- 5) methylxanthines

1, 3, 4

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

1, 4, 5

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

- 1) rabbit meat
- 2) fish
- 3) milk
- 4) peanuts
- 5) potatoes

2, 3, 4

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

1, 2, 4

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

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

2, 3, 4

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

1, 2, 3, 4

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 administered only in combination with antihistamine drugs

1, 2, 3

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

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

3

20. What factors from the listed below induce degranulation of basophils and mast cells:

- 1) MHC-II in combination with antigen
- 2) MHC-I in combination with antigen
- 3) IgE in combination with antigen
- 4) IgM in combination with antigen

5) interleukine-8

3

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

1, 2

22. What cells produce antibodies?

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

4

23. In diagnosis of what diseases is it more important to estimate the number of T- and B-lymphocytes in the blood?

- 1) acute infectious diseases
- 2) immunodeficiency states
- 3) lymphoproliferative diseases
- 4) allergic diseases
- 5) AIDS

2, 3, 5

24. Choose the time of the first signs appearance of HIV infection in intrauterine infection:

- 1) inside the uterine
- 2) immediately after birth
- 3) one month later after birth
- 4) 6 months later after birth
- 5) one year later after birth

4

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

1, 2, 3

26. Which diseases from the listed below are typical of immunodeficiency with dominating antibody deficiency:

- 1) possible autoimmune syndromes
- 2) recurrent ear, nose, throat diseases
- 3) susceptibility to virus diseases
- 4) recurrent respiratory diseases

1, 2, 4

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

1, 3

28. What from the listed below is typical of "selective IgA 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

2, 3, 4, 5

29. What is typical of patients with severe combined immunodeficiencies:

- 1) anergy in skin allertests
- 2) hyperergic local reactions in antigen introduction
- 3) increased risk of response "transplant against the host"
- 4) Calmette-Guérin bacillus vaccination may cause a disease
- 5) poliomyelitis vaccination may cause cerebral affection

1, 3, 4, 5

30. Which of the listed laboratory manifestations are typical of Wiskott-Aldrich syndrome:

- 1) erythrocytosis
- 2) thrombocytopenia
- 3) increased Ig G level
- 4) decreased IgM level
- 5) increased Ig E and Ig A levels

2, 4, 5

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 IgM level and increased Ig A level

1, 2, 4

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

1, 3, 5

33. Which of the listed manifestations are more typical of usual variable immunodeficiencies (impaired maturation of plasma cells):

- 1) is manifested in children from the first days of life
- 2) is more often manifested in adolescents and adults
- 3) hyperplasia of lymphoid nodes and liver
- 4) the level of IgM is increased
- 5) eosinophilia

2, 3

34. Properties of IgA:

- 1) blocks the attachment of bacteria to epithelial cells
- 2) initiates degranulation of mast cells
- 3) activates complement
- 4) has a high affinity
- 5) acts as opsonin

1, 5

35. Properties of IgG:

- 1) blocks the attachment of bacteria to epithelial cells
- 2) initiates degranulation of mast cells
- 3) activates complement
- 4) has a high affinity
- 5) acts as opsonin

3, 4, 5

36. Properties of IgM:

- 1) blocks the attachment of bacteria to epithelial cells
- 2) initiates degranulation of mast cells
- 3) activates complement
- 4) has a high affinity
- 5) acts as opsonin

3, 5

37. Properties of IgE:

- 1) blocks the attachment of bacteria to epithelial cells
- 2) initiates degranulation of mast cells
- 3) activates complement
- 4) has a high affinity
- 5) acts as opsonin

2, 5

38. Live attenuated vaccine

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

1, 2, 3, 4

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

1, 4, 5

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

2, 3, 5

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

1, 4

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

2, 3

43. Immunoglobulins of which class go through placental barrier?

- 1) IgA
- 2) IgM
- 3) IgG
- 4) IgE
- 5) IgD

3

44. Choose CD-markers of T-helpers:

- 1) CD 4
- 2) CD 8
- 3) CD 19
- 4) CD 3

1, 4

45. Choose CD-markers of cytotoxic T-lymphocytes:

- 1) CD 4
- 2) CD 8
- 3) CD 19
- 4) CD 3

2, 4

46. Antigen-presenting cells activating T-helpers necessarily express on their surface:

- 1) IgE
- 2) γ - interferon
- 3) MHC-I
- 4) MHC-II
- 5) Fc ϵ R2

3, 4

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

- 1) extremely increased
- 2) lowered
- 3) never changes
- 4) mildly increased

2

48. On the 2nd 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

2

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

1, 3, 5

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

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

1, 3, 4, 5

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

2, 4, 5

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

2, 4

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

3, 4, 5

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

1, 2

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

1, 2, 5

56. Which of the symptoms characterize aplastic anemia?

- 1) leucopenia
- 2) high reticulocytosis
- 3) leukocytosis
- 4) thrombocytopenia
- 5) anemia

1, 4, 5

57. What diseases are characterized by pancytopenia?

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

1, 3

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

2, 3, 4

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

1, 5

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

2

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

1, 2, 3

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

1

63. What diet provides the highest absorption of iron:

- 1) meat diet
- 2) milk diet
- 3) vegetable diet
- 4) meat and vegetable diet

4

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 %

2

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 mcmol/l
- 4) serum iron level below 10 mcmol/l
- 5) decreased hemoglobin and/or erythrocyte levels

2, 3, 5

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

1, 2, 3, 4

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

1, 4

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

3

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

1, 5

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

1, 2, 3

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

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

4

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

1, 2, 4

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

- 1) the 1st lumbar vertebra

- 2) the 2nd lumbar vertebra
- 3) the 4th lumbar vertebra

3

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

1

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 with thrombosis

1, 2, 3, 4

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

2, 4

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

3

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

- 1) nephritic syndrome
- 2) pyelonephritis
- 3) nephritic syndrome
- 4) hemolytic – uremic syndrome
- 5) cystitis

1, 4

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

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

1, 2, 5

80. What is the commonest causative agent of pyelonephritis?

- 1) staphylococci
- 2) streptococci
- 3) colon bacillus
- 4) mycoplasma
- 5) brucellas

3

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

4

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

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

1, 2, 5

83. In glomerulonephritis one should reduce the intake of:

- 1) salt
- 2) water
- 3) carbohydrates
- 4) fats
- 5) proteins

1, 2, 5

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

4, 5

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

1, 2

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
- 3, 4

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

3

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

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

1, 2, 5

89. Vesicoureteral reflux can be revealed by:

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

4

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

2, 4

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

2, 3

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

2

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) Bantbox sound (wooden resonance) on percussion
- 4) Vesicular respiration on auscultation
- 5) Dullness of a percussion sound

1, 5

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 3rd 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

1, 5

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

1

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

3, 4, 5

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

2, 4

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

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

2, 3, 4

99. Tachypnea is observed in:

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

1, 2

100. Bradypnea is observed in:

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

2, 3

101. Chlamydia infection may cause:

- 1) meningitis
- 2) conjunctivitis
- 3) urethritis
- 4) pneumonia
- 5) encephalitis

2, 3, 4

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

1, 3, 4

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

1, 3, 5

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

1, 2

105. Respiratory rate per minute in newborns is:

- 1) 18-19
- 2) 16-18
- 3) 20-40

4) 40-60

5) 30-35

4

106. Administration of antibiotics is indicated in:

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

1, 2, 5

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

1, 3, 4

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

3

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

1, 3, 5

110. Pulmonary complications of pneumonia include:

- 1) pleuritis
- 2) atelectasis
- 3) pyopneumothorax
- 4) cardiovascular syndrome
- 5) neurotoxicosis

1, 2, 3

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

1, 2, 4, 5

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

1, 2, 4

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

1, 2, 3, 4

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

1, 3, 4

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 color
- 3) blood of a bright red color

1, 3

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

2, 4

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

2

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

- 1) celiac disease
- 2) mucoviscidosis
- 3) gastroesophageal reflux
- 4) disaccharidase deficit

1

119. Gilbert's syndrome is characterized by:

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

2, 5

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

2

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

1, 2, 3

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

3

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

2

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

1, 2, 5

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
- 3, 4, 5

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

1

127. 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

1

128. 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

3, 5

129. 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

1, 2

130. 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

2

131. 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

2, 4

132. The signs of extrasystole of functional character are:

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

3

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

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

3, 4

134. 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

1, 2, 4, 5

135. 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

1, 2

136. 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

3

137. 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

3

138. 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
- 2, 5

139. 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
- 3, 4, 5

140. The most common acquired rheumatic heart disease is:

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

141. Emergency treatment of anoxic blue spell includes:

- 1) adrenaline
 - 2) oxygen
 - 3) cardiac glycosides
 - 4) promedol
 - 5) β -adrenoreceptor blocking agents
- 2, 4, 5

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

- 1) obesity
 - 2) hemoptysis
 - 3) clubbed fingers
 - 4) polycythemia
 - 5) gynecomastia
- 2, 3, 4

143. 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
- 3

144. 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

4

145. 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)

2, 4

146. Extracardiac causes of tachycardia may be:

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

1, 2, 3

147. 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

2, 3

148. 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

3

149. 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

4

150. 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

3

151. 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

2, 3, 4, 5

152. 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

3

153. 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

3

154. 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

4

155. Major diagnostic criteria of acute rheumatic fever include:

- 1) carditis
- 2) polyarthritis
- 3) toxic erythema
- 4) chorea
- 5) nephritis

1, 2, 4

156. 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

1, 2, 3, 4

157. 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

4

158. 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

3