

ZAPORIZHZHYASTATEMEDICALUNIVERSITY
DEPARTMENT OF HOSPITAL PEDIATRICSAND CHILDREN INFECTIOUS DISEASES

THE COLLECTION OF TEST TASKS
ON HOSPITAL PEDIATRICS
on outclass preparation for 6-th grade English-speaking students
of medical faculty

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Рецензенти:

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The methodical manual is ratified on the meeting of the Central Methodical Council of Zaporizhzhya State Medical University.

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The important section for the 6-th year students education is the mastering of practical skills on neonatology, children hematology, children endocrinology, pulmonology, cardiology, gastroenterology, nephrology which are necessary for solving the problems in diagnostics, differential diagnostics, treatment and prophylaxis of above mentioned pathology in children. The student master these skills during all types of studying in hospital pediatrics course. The student ought to see any diagnostic or treatment method in action, to know the principles of it, ought to complete it in certain clinical situation, to clarify the obtained results of diagnostic tests or the treatment.

1. To the Doctor approached a baby of 7 years old, who is ill from the last 4 days, after the contact with his father ,who was suffering from ARVI. As result of check up it was found that, body temperature 38.3, cyanosis of the oro-nasal triangle, BR 54\min, enlargement of nasal alae, while percussion of lungs shortening of sound in the paravertebral region, on auscultation large amount of moist, minory snoring sound on all the surface of the lungs. On x-rays, focal line on both lugs, with increased broncho - pulmonary picture.The most suitable diagnose is

- A.ARVI
- B.Acute bronchitis
- C.Acute bronchiolitis
- D. Interstitial pneumonia
- E. Broncho-pneumonia

2. A patient, 9 years old, complaints with tachypnoea, raised body t, paleness, hypotonia, tachycardia, decreased percussion sound,weakened breathing above the destructive part of the lungs,snores,crepitation. In which of the following disease is the above symptoms seen?

- A. Segmental pneumonia
- B.Acute bronchitis
- C.Obstructive bronchitis
- D.Cropous pneumonia
- E.Bronchiolitis

3.A Child of 8 yrs, is brought to hospital with t.39,8C, disturbed dry cough, pain in the right side of the abdomen. While check up – decrease of percussive sound in the right, weakened breathing, crepitation, breathing rate in relation with heart contactation is 13,name the causative agent of the disease?

- A.Pneumococcus
- B.Staphylococcus
- C.Chlamydia
- D.Haemophilic coli
- E.Virus of influenza

4. Child of 2 yrs old with t. 38.5 C, dyspnea, moist cough, pale, tachycardia. Percussion –decease of pulmonary sound, auscultatively-crepitating snore in the

lower part of the right lungs. For which of the following disease is characterized such symptoms?

- A. Pneumonia
- B. Acute bronchitis
- C. Obstructive bronchitis
- D. Acute nasopharyngitis
- E. Respiratory allergosis

5. A child of 4 years old, is brought with toxicose, serious respiratory insufficiency, cyanosis, cough. Percussion- in the right below the scapula brutal type of breathing, with amphoric tinge, above the lungs minor bubbled snores. In x rays formation of pneumocelle in the right lungs. In analysis leukocytosis $20,9 \times 10^9/l$, neutrophil: long 27% type, segmented 39%

ESR 25 mm/hr. Which of the following symptoms is characterized for staphylococcal pneumonia?

- A. Formation of toxicose
- B. Presence of pulmonary insufficiency
- C. Hyper leukocytosis
- D. Increased ESR
- E. Destructive character of pneumonia.

6. A 5yrs old child is observed with high t. up to subfebrile . Pertuisse type attack, dyspnoea , acrocyanosis, rigid breathing , Tone of the heart is weakened, tachycardia, percussion- tympanic sound ,auscultative- rigid breathing , x ray - bubbles, peribronchial infiltration on the right, in blood leukocytosis with movement towards left, what is the diagnose?

- A. Acute bronchitis
- B. Bronchial asthma
- C. Right sided interstitial pneumonia
- D. Right sided small focal pneumonia
- E. Pertuisses, period of spasmodic cough

7. A 10 years old baby is diagnosed with acute right sided pneumonia of staphylococcal etiology, Treatment with penicillin didn't give effect, which antibiotics do you prefer?

- A. Levomycetin 50-1000 mg/kg/day
- B. Erythromycine 20-50mg/kg/day
- C. Cephalosporin 25-200 mg/kg/day
- D. Ampicillin 50-200 mg/kg/day

E. Vancomycin 20-40 mg/kg/day

8. To a pediatrician in order to decide about the duration of treatment in sanatorium was send a girl of 6yrs old, with pneumonia and the residual symptoms, what is the main reason for sanatorium treatment at this stage?

- A. Phase of complete remission at any age
- B. Phase of deterioration after 5 yrs. old
- C. Phase of convalescence below 5yrs. old
- D. Phase of remission and age above 5yrs. old
- E. Residual pneumonia at any age.

9. A boy of 7yrs. old with increase of t. up to 39.4C, moist cough, severe intoxication, cyanosis, increased vocal fremitus above right lung, in act of breathing right side doesn't take part, percussion sound is reduced in the lower lobes, breath is reduced, with bronchial rales, increased bronchophony, In x-ray homogeneous darkened lower lobes of the right lung. what is the diagnose?

- A. Right- sided croupous pneumonia
- B. Right -sided segmental pneumonia
- C. Acute right sided pleuritis
- D. Right - sided pneumothorax
- E. Right- sided interstitial pneumonia

10. A 3,5 yrs. old baby with pneumonia noticed cough with purulent sputum, body t. up to febrile, dyspnoea mixed type, HR-100/min, BR-40/min, which stage of pulmonary failure is it?

- A. 1st
- B. 2nd
- C. 3rd
- D. 4th
- E. 5th

11. A child of 12 years old, diagnosed as two sided pneumonia of mycoplasmal etiology pulmonary form of the disease, which of the following drugs will you prefer?

- A. Cephalosporins 1ST generation
- B. Aminoglycosides
- C. Macrolides of 2nd generation.
- D. Penicillin

E. Anti fungal

12. A child of 2 years old diagnosed as right lower lobular polysegmented pneumonia what is the auscultative character for this?

- A. Harsh breathing , small bubbled moist crackles
- B. Weakened breathing but no crackles
- C. Weakened breathing, crackles
- D. Harsh breathing , dry crackles
- E. Wheezing

13. A child of 6 years old got ill 2 days ago, pain in the stomach t- 38.2-39 , breathing 60/min perioral cyanosis the accessory muscles taking part in breathing . percussion –decreased pulmonary sound in the right infra scapular region , here also hears crackles. X –Ray: transparent pulmonary focuses in the location of 8-10 segments of right lung , blood erythrocytes 3.9 millions, Hb -110 gm/l, CI -0.8 L-24 gm/l, ESR-27 ml/hr. What is the diagnosis?

- A. Pleuritis
- B. Bronchiolitis
- C. Acute bronchitis
- D. Segmental pneumonia
- E. Foreign body

14. A child of 3 years old with 2 sided viral bacterial pneumonia, now the condition is getting worsened .pale skin dyspnea fibrile temp.anorexia. Percussion- dull sound in the left, no breathing sound heard, border of the heart is shifted toward the left. Blood- leucocytose, leucocytic ratio moved to the left. What is the diagnosis?

- A. Relaxation of right part of diaphragm
- B. TB of lung, right-sided pleuritis
- C. 2- sided viral-bacterial pneumonia, right-sided pneumothorax
- D. Right-sided hemothorax.
- E. Right-sided pyothorax.

15. In the pulmonary department a boy of 3 yrs. old. Is being treated for destructive pneumonia, while checkup it was found bluish purulent etiology. Which antibiotic is most necessary?

- A. Fortum
- B. Ampicillin
- C. Zovirax

D.Norfloxacin

E.Penicillin

16. A boy of years old, with $t.39.2c$, cough, cold, weakness, paleness, perioral cyanosis, BR- 65/min, with the participation of helping muscles. Percussion- decreased sound below the scapula in the left, Auscultation- minory bubbled moist crepitation.Diagnose?

A. Acute bronchitis

B. Acute bronchiolitis

C.Left- sided lower lobular pneumonia,

D. Exudative pleuritis

E. Obstructive dronchitis

17.A boy of 8 years,moist cough,especially in the morning, with expulsion of purulent sputum, Objectively:pale,thickening of the nails, deformation of the chest, BR-36\min, Percussion- band box sound, Auscultation- Harsh breathing, in the right side. Gets ill in every year . Diagnose?

A. Bronchoectasis.

B.Bronchial asthma

C. Cystic fibrosis, pulmonary form

D.TB of lung

E. Abscess of lung

18.A girl of 6 years old, with pneumonia , raised body temp. 39 C , in the 3^{rd} day. Vomiting, convulsions, what is the drug of 1^{st} choice?

A. Oxygenotherapy + bromhexin

B . Papaverin+prednisolon

C.Phenobarbital+paracetamol

D.Analgin + seduxenum

E. Prednisolon + drotaverin

19.Aboy of 2 yrs. With $t.38c$. moist cough, weakness, BR-60\min, with the helping muscles breath, Percussion-decreased below the angle of the scapula,Auscultation- small bubbled crepitation, Blood-leuc-10,8, ESR-27/min. Diagnose?

A. Pneumonia

B. Bronchitis

C. Exudative pleuritis

- D. Foreign body
- E. TB of lungs

20. A child of 12 yrs, t.39 C, dyspnoea, purulent sputum, in the rt, neck there is a marking, in the lungs on the right side below the 5th ribs there decrease in sound, bronchial type breathing, increased bronchophonia, soft abdomen, no pain while palpation, What drug do you prefer?

- A. Biseptol
- B. Interferon
- C. Analgin
- D. Benzyl penicillin
- E. Gentamycin

21. A child of 13 yrs old, after getting cold increased body temperature, cough with purulent sputum. X-ray- homogeneous dark in the lower side of the scapula, what is the main causative agent?

- A. Mycoplasma
- B. Staphilococci
- C. Pneumococci
- D. Klebsiella
- E. Virus

22. A girl of 4 months who born as preterm was admitted in the hospital on the 3rd day of the disease with complaints of often dry cough, dispnea, high temperature upto 37.6 c. after clinical and X-ray check up it was diagnosed as interstitial pneumonia. What is the causative agent?

- A. Pneumocysts
- B. Pneumococci
- C. Staphylococci
- D. Klebsiella
- E. Streptococci

23. A girl of 5 years old is being treated in pulmonary department for destructive pneumonia. Lab tests showed presence of staphylococci. Which antibiotic is most suitable?

- A. Penicillin
- B. Gentamycin
- C. Erythromycin
- D. Levomycin

E. Ceftriaxone

24. A girl of 14 yrs is hospitalized, complains of weakness, t 38.5 c, dry cough, head ache, muscle pain. Auscultation-in the lower part of lung small bubbled crepitation on both sides. Tachycardia, blood-leucocytosis, high ESR, X- ray in the lower part of lungs infiltrative findings. Diagnosed as pneumonia. In her class there many same cases, what is the etiological factor?

- A. Streptococci pneumoniae
- B. Streptococci aureus
- C. Fungi
- D. Respiratory virus
- E. Mycoplasma pneumoniae

25. A girl of 10 years with 2 sided viral bacterial pneumonia with worsened condition at present dyspnea and pallor , febrile temperature anorexia right half of the chest is retained from breathing . percussion -dull sound in the right auscultation – not heard border of the heart mixed towards the left . blood-leucocytosis with neutrophils towards left Diagnose?

- A. Two sided viral bacterial pneumonia, pneumothorax in the right
- B. Relaxation of right side of the diaphragm.
- C. Atelectasis of right lung
- D. Tumor of the right lung
- E. TB of the lungs,

26. A child of 2 years old with 2 sided viral bacterial pneumonia the years with two sided viral – bacterial pneumonia, in the time of eating started to cough, increased dyspnea Objectively – cyanosis of the mucous, bulging of the left part of the chest percussion-tympanic sound of the left lung from the 3rd rib towards down no sound is heard. Left border of the heart is shifted towards right. Diagnose?

- A. Foreign body
- B. Two sided viral bacterial pneumonia , pneumothorax, diaphragmal hernia
- C. Cystis of the left lung
- D. Lobular emphysema of the left lung
- E. Atelectasis of the left lung.

27. A boy of 7 years got ill 4 days has a complaint of cold , pain the throat t-37.3 . today-39. had dyspnea , worsen condition B.R.-28.P.S.120, hyperemia of the mucous of the throat, rhinitis. Percussion - decreased percussive sound in

the lower angle of the scapula . Auscultation-bronchial breathing dry and moist crepitation which of the following test is most necessary?

- A.X-ray,urine test, blood test
- B.X-ray, test, blood test, Echocardiography, CT - scan
- C. MRI of lungs.
- D.Tonometry
- E. Blood count,ECG spirometry.

28. The boy at 7 years old, complaints of head ache febrile temperature,dyspnea, cough with sputum and blood , bleeding from the nose,harsh breathing X ray- symptoms of emphysema the most suitable diagnosis?

- A. Obstructive bronchitis
- B. Interstitial pneumonia
- C. Miliar TB
- D. Syndrome left lera
- E. Hemorrhagic vasculitis.

29.A girl of 11 months with adenamic, febrile temp.,cough , cyanosis distant crepitation B.R-90min,harsh breathing small bubbled crepitation X ray symptoms of emphysema P.O.2-55mmmerc. PH-7.2. Withwhat should the treatment be started?

- A. Oxygen therapy with inhalation of ambroxol
- B. Oxygen mask with infusion of glycocorticoids
- C. Assisted ventilation
- D. Hyperbaric oxygenation
- E. Inhalation and infusion of glycocorticoids.

30.A boy of 6 years complaints of t-39,weakness many times nausea pain in the abdomen cough objectively-serous condition dyspnea on mixed type B.B.42min helping muscles taking the act of breathing percussion right and below dull sound,auscultation not heard , tone of the heart weakened soft abdomen what is the diagnose?

- A.Crupouse pneumonia
- B. Infraction of right lung
- C. Right atelectasis
- D. Right exudative plueritis
- E. Rigt- sided pyothorax.

31. Patient of 11 yrs complains of t 37.5 C, dry cough. Objectively- increase in cervical lymph nodes. Percussion - pulmonary sound. Auscultation-harsh breathing, moist crepitation of different caliber. Haemogram-anemia,leukocytosis,neutrophilous eosinophilia, increased ESR.which form of pneumonia is suspected?

- A.Micoplasmic
- B.Segmented
- C.Focal
- D.Interstitial
- E. Crupous

32.To the morphologic form of acute pneumonia in the modern classification of pneumonia includes all pneumonia except:

- A.Focal
- B.Segmental
- C. Small focal
- D. Crupous
- E. Interstitial

33. To a doctor 1.5 yrs baby consulting, which has been ill for 1 week. Objectively t is 38.5 c, moist cough, dyspnoe at rest, percussion- decreased pulmonary sound on both sides below the scapula, auscultation-harsh breathing on both sides. X ray root of lungs is widen,which from of pneumonia is suspected?

- A. Brochopneumonia
- B. Monosegmented
- C. Interstitial
- D. Crupous
- E. Polysegmented

34. Child of 5 years old was hospitalized with pneumonia. Blood analysis-RBC 2.86×10^{12} ltr, Hb-86gltr, C I -0.8, WBC 11.2×10^9 l, E-3%, ESR-8ml / hr. Tell the pathological changes in the blood.

- A. Leucocytosis, anemia
- B. Leucopenia, high ESR
- C. Leucocytes formula shifting towards the left
- D.Lymphocytosis, monocytosis
- E.Lymphopenia, anemia

35. A previously well 5-year-old infant has had a runny nose and has been sneezing and coughing for 2 days. Two other members of the family had similar symptoms. Four hours ago, his cough became much worse. On physical examination, he is in moderate respiratory distress with nasal flaring, hyperexpansion of the chest, and easily audible wheezing without rales. The most likely diagnosis is

- A. Bronchiolitis
- B. Viral croup
- C. Asthma
- D. Epiglottitis
- E. Diphtheria

36. A 10-month-old infant has poor weight gain, a persistent cough, and a history of several bouts of pneumonitis. The mother describes the child as having very large, foul-smelling stools for months. Which of the following diagnostic maneuvers is likely to result in the correct diagnosis of this child?

- A. CT of the chest
- B. Serum immunoglobulins
- C. TB skin test
- D. Inspiratory and expiratory chest x-ray
- E. Sweat chloride test

37. You admitted to the hospital the previous evening a 4-year-old boy who presented with cough, fever, and mild hypoxia. At the time of his admission, he had evidence of a right upper lobe consolidation on his chest radiograph. A blood culture has become positive in less than 24 h for *Staphylococcus aureus*. Approximately 20 h into his hospitalization, the nurse calls you because the child has acutely worsened over the last few minutes, with markedly increased work of breathing and increasing oxygen requirement. As you move swiftly to the child's hospital room, you call ahead and order

- A. A second chest radiograph to evaluate for pneumatocele formation
- B. A large-bore needle and chest tube kit for aspiration of a probable tension pneumothorax
- C. A change in antibiotics to include gentamicin
- D. A sedative to treat the child's attack of severe anxiety
- E. A thoracentesis kit to drain his probable pleural effusion

38. A child of 5 years is suffering from bronchial asthma from the past 2 years. In the night there was an asthmatic attack, noisy breathing which was even heard to the nearby distance, the supporting muscles were taking part in breathing, dry cough, expiratory dyspnea. Which of the following drug can give the relief to the attack?

- A.No-spae
- B.Alupent
- C.Cordiamin
- D.Mustard bandage on chest
- E.Inhalation of soda

39. Mother of a baby of 2 years old, weight 12 kg , consulted a Doctor with complaints of dyspnea, whistling sound during expiration, t 37.7C,pale skin, BR 80\Min, cyanosis of skin, widened intercostals space, the baby not calm. In lungs there are minor pulmonary sound, on auscultation in the presence of weakened breathing with prolonged expiration, many minory bubbled snores in both of the sides. Increase in heart tones, What is the diagnose?

- A.ARVI
- B.Bronchiolitis
- C.Obstructive bronchitis
- D.Pneumonia
- E.Chronic bronchitis

40. A girl of 13 yrs. old is suffering from bronchial asthma of serious stage, for the last time as a result of getting worsen started to use salbutamol: up to 12-14 times per day, for a duration of 7 days. Brought to the hospital in a serious condition in a state of asthmatc status. In the presence of which criteria do you keep diagnose as asthmatic status?

- A.Presence of lungs which are not taking part in breathing
- B.Resistance to the therapeutic dose of methylxantines
- C.Stridorising breath
- D.Resistance to B2 agonists
- E.Prolongation of attack more than 6 hrs

41. A 9 yrs old child with uncommon attack of bronchial asthma (up to 10times per day), which gives relief with inhalation of broncholytic drugs. Kept diagnose as bronchial asthma, atypical form, easy prolongation .Which drug is most suitable for treatment as basic therapy?

- A. Inhalation of corticosteroids
- B.Euphillyn
- C.Anti histamine drugs

- D. Bronchiolytics
- E. Intal

42. A child of 1,5 years old is suffering from sudden increase of temp. upto 37,8C coughing, from the past 3 days the cough is increased, accompanied by dyspnea while percussion above the lungs tympanic sound, auscultation – both sides large amount of minor, bubbled moist whistling snores while expiration. What is your preliminary diagnosis?

- A. ARVI, acute bronchiolitis
- B. ARVI, broncho pneumonia
- C. ARVI, acute bronchitis
- D. ARVI, obstructive Bronchitis
- E. ARVI, focal pneumonia

43. A 12yrs old girl who is suffering from 6th yr onwards with bronchial asthma is experienced with asthmatic attacks. Which drug can be prescribed for the child in 1st choice?

- A. Antibiotics
- B. Inhalation of B2 Agonist
- C. Mucolytics
- D. Antihistamine
- E. Corticostroids

44. Maximum volume of gas expired after an inspiration is called;

- A. Volume of inspiration
- B. Pulmonary volume
- C. Vital volume of lungs.
- D. Reserve volume of inspiration
- E. Reserve volume of expiration

45. A girl of 3 yrs old noticed with high t. upto 38C, which prolongs to 2 days, common cold, dry cough, weakness, on palpation no changes is found. By percussion small hinge, in auscultation there is puerile respiration, no snore, in the blood there is leucopenia, increased ESR. What is the diagnose?

- A. Acute obstructive bronchitis
- B. Acute simple tracheitis
- C. Residual bronchitis
- D. Acute simple bronchitis
- E. Focal pneumonia

46. A 3 yr old child with subfebrile temperature and rhinitis is observed, pale, cyanosis of oro-nasal triangle, presence of dyspnea of expiratory type, dry cough, taking part of the thoracic muscle in breathing. Percussion – band box sound, auscultation- dry and minory bubbled sound, moist snore in both the

sides , blood- Hb-112 gm/l, erythrocytes $3.2 \times 10^{12}/l$, leukocytes 15.4×10^9 , lymphocytes 72%, what is your diagnose?

- A.Acute bronchiolitis
- B.Acute bronchitis
- C.Acute two sided pneumonia
- D.Bronchial asthma
- E.Acute obstructive bronchitis

47.Mother of 7 yrs old child complaints that attack of dry cough and cyanosis of the child ,which is seen in the night time, it is also proceeded by sneezing and cold, itching of the nose, in the early time he suffered from atopic dermatitis, from birth common ARVI. On observation wasfound the increasing in thoracic cavity, eosinophils in blood is 0,35 gm/l, what is the diagnosis?

- A.Residual bronchitis
- B.bronchial asthma
- C.Acute obstructive bronchitis
- D. ARVI of RS etiology, clinical bronchiolitis
- E. Pertussis

48. A 7 yr old child with mass of 25 kg faced a attack of bronchial asthma with ARVI , inhalation drugs didn't give any effect, tell the dose of adrenalin which will be given to the patient?

- A. 2,5mg
- B. 0,5mg
- C. 0,25mg
- D. 0,05mg
- E.0,1mg

49. A girl of 4 yrs is observed with attack of cough ,cyanosis ,dysponoea bulging of the chest,. On the base of clinical instrumental check ups the diagnose was kept as Bronchial asthma,atopic form, what is the daily dose of Theophillin?

- A.24mg/kg
- B.20mg/kg
- C.18mg/kg
- D.16mg/kg
- E.14mg/kg

50.A boy of 6 yrs, notes moist cough, high t. 3rd day of the ill, hyperemia of the throat, Percussion-Pulmonary sound, auscultation- rigid breathing, dry and small moist snores,BR-22\min, In the anamnesis it is repeating for 4 times in the year with the prolongation up to 2weeks. What is the diagnosis?

- A.Acute bronchitis

- B. Residual bronchitis
- C. Acute obstructive bronchitis
- D. Chronic bronchitis
- E. Obliterating bronchitis

51. A boy of 8 yrs. Consulted to the Doctor in the time of post attack period of bronchial asthma, medium condition, which drug is suitable for prophylaxis?

- A. Tavegil
- B. Tailed
- C. Aminophillinum
- D. Ditek
- E. Zaditen

52. A boy of 3 months admitted in the hospital on the 4th day of the illness in the serious condition t-38.5c heart contraction 138\ min. Clinical and X-ray results the diagnose was kept as bronchitis. What is the main cause of the serious condition of the child?

- A. Obstruction of the respiratory tract
- B. Intoxication
- C. Hyperthermia
- D. Neurotoxicosis
- E. Cardiac insufficiency

53. A child of 2 years with ARVI was complained with dispnoe, with prolonged expiration. What is the most likely diagnose?

- A. Bronchial asthma
- B. Asthmatic bronchitis
- C. Obstructive bronchitis
- D. Pneumonia
- E. Allergic bronchitis

54. A girl at puberty for a period of 1 year is suffering from bronchial asthma. In the current time is in the remission. She was directed to non specific hyposensibilisation test. What is the recommended drug for this child?

- A. Intal, tilade
- B. Histoglobulin
- C. Antihistamine drugs
- D. Prednisolone
- E. Calcium glyconate

55. A child of 2 years old for the 1st time got ill. To the second day of the illness is the 37.4 C of body temperature. Dry cough, breathing rate 60/min, over the lungs band box sound, auscultation rales, dry whistling crepitation sound. What is the diagnosis?

- A. Inborn stridor
- B. Acute bronchitis
- C. Obstructive bronchitis
- D. Pneumonia
- E. Bronchial asthma

56. A child of 4 years old, on the 3rd day of illness with cough t-37.7 c BR-25/min. over the lungs pulmonary sound. Auscultation- dry crepitation, X-ray symmetric increased pulmonary picture. In anamnesis blood RBC-4.5 million, Hb- 124, L-4.2/ltr, E-2, P-3, C-40, ESR- 8ml/hr. What is the diagnosis?

- A. Pneumonia
- B. Obstructive bronchitis
- C. Bronchitis
- D. Bronchial asthma
- E. Acute bronchitis

57. A boy of 8 yrs. old on the 3rd day of illness t-37.3 cough, expiratory dyspnea, noise breathing over the lungs band box sound. Harsh breathing listening of dry whistled crepitation. X-ray increase of pulmonary features, lower location of the diaphragm. Blood – ER-3.8m Hb-115gm/l, ESR-6ml/hr. What is the diagnosis?

- A. Obstructive bronchitis
- B. Bronchial asthma
- C. Bronchiolitis
- D. Pneumonia
- E. Cystic fibrosis

58. A child of 5 years 2 episode of the illness. Observed with t-37.3 c, anorexia frequent cough, excretion from the nose. Objectively – BR-20 per min. Percussion pulmonary sound auscultation – bubbled crepitation, after coughing the character of the crepitation has changed. ARVI, acute bronchitis diagnosed. What is the most optimal treatment.

- A. Antibiotics of cephalosporines
- B. Sulphonamides
- C. Expectorant + vitamins
- D. Aminoglycosides
- E. Antihistamines

59. A patient of 12 years old is complaints of periodic (at autumn and spring) attacking cough, starting dry then moist, objectively – pale face, a bit acidemic chest is bulged and widened in the ant posterior sides. BR 32 per min. Auscultation- dry crepitation, blood on hemoglobin 120 gm /l leucocytes $8 \times 10^9/L$, mon., 3, ESR-7 mm/hr, what is the diagnosis?

- A. Bronchial asthma
- B. Bronchitis

- C. ARVI
- D. Pneumonia,
- E. Cystic fibrosis.

60. A 6 year old child with bronchial asthma 1ST stage after getting ARVI . In the same time of physical exercise face attacking cough , expiratory dyspnea , the indications of peakflowmetry is decreased upto 20% among the following beta 2 agonist which will you prefer to avoid the attack ?

- A. Ventolin
- B. Berotek
- C. Allupent
- D. Adrenalin
- E. Servent

61. A healthy 2 year old child 2 days back got cold and cough . 4 hours later the cough increased . in check up noticeable difficulty in breathing widening of the nostrils, increased bulging of the chest and dry whistling crepitation.

Diagnosis ?

- A. Bronchiolitis
- B. Viral croop
- C. Asthma
- D. Diphtheria
- E. Obstructive bronchitis

62. A 6 year old boy is being consulting in the casualty with complaints of t-39.5 for the last 3 days. The child is active and frightened. Objectively- hyperemia of the throat , inspiratory stridor what is the tactic of the doctor

- A. Checking of the throat and mucous for test
- B. Check the gases of the arterial blood and catheterisation of veins
- C. X - ray of the chest
- D. Get ready for intubation of trachea
- E. Bronchography

63. A boy of 12 yrs old .suffers from bronchial asthma, permanently takes inhalator Ingacort and Berotec, but from the last one month the attack is more often, Increased intake of Ingacort and Berotec, Objectively; T-36.5c, BR- 28\min PS-90\min, BP-115 / 70mmHG, perioral cyanosis, over the lungs- weak breathing, dry crepitation, what is the next tactics?

- A. Increase the daily dose of Berotec
- B. Increase the daily dose of Ingacort
- C. Prescribe peroral corticosteroids
- D. Expectorants
- E. Prescribing of spasmolytics.

64. A 13 yrs, old girl with dry cough, expiratory dyspnea, distanced crepitation, acrocyanosis, pale skin, bean form of chest, BR-32/min, Percussion- pulmonary sound, Auscultation- loud breath, prolonged expiration, dry whistled crepitation, suffers from 3 yrs. The attack is often when the time of flowering starts.

Diagnosis ?

- A. Bronchial asthma
- B. Bronchitis
- C. Cystic fibrosis
- D. Obstructive bronchitis
- E. Bronchiolitis

65. A girl of 3 years old, with moist cough, hyperemia of the throat, BR-24/min, Percussion- pulmonary sound, Auscultation- Harsh breathing, dry crepitation, what is the Diagnosis?

- A. Pneumonia
- B. Acute obstructive bronchitis
- C. Bronchiolitis
- D. Acute bronchitis
- E. Bronchial asthma

66. A boy of 12 yrs old. Faced a serious form of bronchial asthma, B2 agonists didn't give the effect. What is the explanation of non effectiveness of the treatment?

- A. Edema of the mucous of the bronchitis,
- B. Inflammation of the mucous
- C. Complete blockage of B2 adrenoreceptors
- D. Contraction of the soft muscles of bronchi
- E. Bronchodilation

67. A boy of 5 yrs in the of play, got attack of cough, dyspnea, mucous exertion. OBJECTIVELY: facial oedema. BR-44/min. helping muscles takes part in breathing, loud expiration, prolonged, Percussion- band box sound, Auscultation- whistling crepitation, Diagnosis?

- A. Obst. bronchitis
- B. Mucoviscidosis
- C. Bronchiolitis
- D. Pneumonia
- E. Bronchial asthma

68. A boy of 6 yrs. old, is suffering from cold, cough, t.37.5c, Objectively- pale percussion pulmonary sound, auscultation harsh breathing prolonged breathing dry whistling crepitation, Diagnosis?

- A. Acute bronchitis
- B. Pneumonia

- C. Acute obstructive bronchitis
- D. Bronchial asthma
- E. Bronchiolitis

69. A girl of 8 years old is suffering from a loud expiratory dyspnoea, dry cough. Suffers from during the last three years. Objectively- thoracic cavity in the position of inspiration, the cough ends with expulsion of purulent sputum. Percussion – tympanic sound. Auscultation-dry whistled crepitation. BR 42/min. what is the treatment?

- A. Antibiotics + B₂ agonists
- B. B₂ agonist + glucocorticosteroids+ O₂ therapy
- C. O₂ therapy + glucocorticosteroids
- D. Expectorants+B₂ agonists
- E. Antihistamines+ antibiotics

70. A boy of 13 years suffering from atopic bronchial asthma 1 stage, after contact with allergic substance (dust) had an attack. Which of the following drugs is most suitable?

- A. Ephedrine HCl
- B. Prednisolone
- C. Salbutamol inhalation
- D. Adrenaline HCl
- E. Aminophyllin

71. A boy of 10 years with bronchial asthma atopic form 1st stage, period of progression. Which type of treatment is most preferred?

- A. Corticosteroids
- B. Corticosteroids+B₂ agonists
- C. Chromoglycate +B₂ agonists
- D. B₂ agonists prolonged action
- E. Corticosteroids in tablets

72. A child of 3 years old is admitted with dry cough for the last 2 days, wheezed while breathing, t-37.8. objectively – per oral cyanosis bean shaped chest, auscultation crepitation of different caliber diagnosed as obstructive bronchitis what is the basic therapy?

- A. Glucocorticosteroids
- B. Antibiotics
- C. Broncholitis
- D. Enzymes
- E. Mucolytics

73. A boy of 2 years old with permanent disturbance of stool in the form of steatorrhea for a duration of 5 months often have cough. X-ray report symptoms of bronchitis which is the next test required?

- A. CT scan of lungs
- B. Peakflowmetry
- C. Swab of sputum
- D. Chlorates of sweat
- E. Stool for trypsin

74. Child 1,5 years old on concomitant ARVI faces the dysnea with prolonged whistled expiration. In the same child in the 1st year of life noticed allergic dermatitis with food allergens. The condition is moderate, t-36.8 contraction of the heart 48/min, pale, cyanosis of oronasal triangle dyspnea of expiratory character percussion-over the lungs the band box sound. Auscultation-prolonged expiration, dry whistled crepitation while expiration. In the blood L- $8.6 \times 10^9 / l$., lymphocytes -50%, ESR- 12ml / hr. Diagnosis?

- A. Bronchial asthma
- B. Asthmatic bronchitis
- C. Obstructive bronchitis
- D. Pneumonia
- E. Allergic bronchitis

75. Boy, 15 years old is suffering from bronchial asthma mixed form. Which from the anti inflammatory drug is more preferable?

- A. Tailed
- B. Salbutamol
- C. Euphilline
- D. Flexotid
- E. Servent

76. A boy of 14 yrs with bronchial asthma of moderate stage course of duration, which of the following drug is most necessary to avoid attack?

- A. Atrovin
- B. Dexamethazone
- C. Strophanthyn
- D. Salbutamol
- E. Aminophillin

77. In the hospital admitted a boy of 4 yrs old with complains of dyspnea and attack of dry cough, which occurs from 1 to 2 times a month for the past 6 months. The attack is often in the neck and related with ARVI and contact with animals. Diagnosis?

- A. Pneumonia
- B. Obstructive bronchitis
- C. Bronchial asthma
- D. Pertusis
- E. Exogenic allergic alveolitis.

78. Patient 3 years old, complaints of pertussis like cough with the excretion of dense sputum and persistent changes in the lungs within 6 months when at first the acute pneumonia was diagnosed. Chloride in sweat is 112 mmol / l. Diagnosed with cystic fibrosis. What is pathological basis in this case?

- A. Deposition in the alveoli of triphosphates and calcium
- B. Deficiency of alpha-1-antitrypsin
- C. Disturbances of cellular transport of chloride ions and sodium
- D. Lung cysts
- E. Hypoplasia of pulmonary arteries

79. The boy of 3 years old diagnosed with bilateral localization of bronchiectases. From the birth there dyspeptic phenomena. The child is delayed in physical development. In the coprogram the large number of neutral fat. What changes in following laboratory parameters should be expected?

- A. Increased sweat chloride
- B. Detection of hemosiderin in the sputum
- C. Reduction of total protein
- D. Increased gamma globulin of serum
- E. Decreased hemoglobin by blood count.

80. Boy 10 months old, three times has experienced an acute obstructive bronchitis. In bronchoscopy revealed the catarrhal endobronchites with large volume of viscous secretion. Discharges from the bronchi were normal. Pilocarpin test - 70 mmol / l, amylase levels - 28 mmol / l, the activity of trypsin in stool - 4 diutions proteyinogramm is normal. Which drugs should be administered to a child to prevent the relapses?

- A. Prednisolone
- B. Immunoglobulin intramuscularly
- C. Fat-soluble vitamins
- D. pancreatic enzymes

81. In 5-month old child three times the recurrent bronchoobstructive syndrome without previous catarrhal phenomena was admitted. There is a cough with thick sputum almost constantly. Stool fat, smelly from the first days of life. Suspicion for cystic fibrosis. What research can confirm the diagnosis?

- A. Determination of lipid levels
- B. Radiography of the chest
- C. Coprocytogramme
- D. Scyntigraphy of lungs
- E. Chlorides of sweat.

82. The 3-year-old child with a deficit of body weight, there is a constant wet cough. In the history of several transferred pneumonia that occurred with symptoms of obstruction. Objectively inflated chest, lungs shortening of

percussion sound in the lower divisions, auscultatory - many variegated moist rales. Hotel sweat chloride 80 mmol / l. Specify the previous diagnosis.

- A. bronchiectasis
- B. Bronchial asthma
- C. Recurrent bronchitis
- D. Cystic fibrosis
- E. Idiopathic fibrosing alveolitis

83. The girl 2.5 years old with history of pneumonia transferred three times with obstructive syndrome. The examination revealed acrocyanosis, fingers in the form of drum sticks, Auscultation of lungs - moist rales and wheezing. What are the possible criteria can indicate the likelihood of cystic fibrosis?

- A. The presence of the fingers as drum sticks
- B. Increasing the concentration of chloride sweat
- C. Positive family history of cystic fibrosis
- D. Detection bronchiectasia on lung X-ray
- E. Resistance fizykalnyh changes in the lungs

84. In the reception department admitted the child of 12 years old with complaints of lethargy, weight loss, unproductive cough, shortness of breath on exertion. It is known that boy for 2 months was on vacation in rural areas helping to collect a hay. Auscultatory in basal parts the rales are audible. Radiologically – cell like picture of scattered foci of small shadows. The results of bacteriological studies: Thermophilus actinomycetes, whose antigens have led to deterioration of the child. What preliminary diagnosis?

- A. Cystic fibrosis
- B. Bronchial asthma
- C. bronchiolitis
- D. Exogenous allergic alveolitis
- E. Cartagener's syndrome.

85. A child 6 years entered with complaints of cough with purulent sputum in the morning time subfebrile. In the history of frequent bronchitis, pneumonia twice suffered right side. Delaying in physical development. Percussion of the lungs on the right lower corner of scapula shortening percussion sound, breathing weakened, listen dry "creaky" wheezing. Previous diagnosis: chronic bronchitis, acute. What research should be conducted to confirm the diagnosis?

- A. Bronchoscopy
- B. Radiography of the chest
- C. The study of respiratory function
- D. Determination of blood gas
- E. Mantoux test

86. The boy 12 years old, complaints of cough with purulent sputum discharged within 2 months. In early age had a staphylococcal pneumonia. On

examination the lags in physical development, pale fingers as a "drum sticks" nails - "clock like glass", percussion on the left lower corner of the scapula the dulling pulmonary sound detected, here the crepitation and moist rales are audible. Heart sounds are muffled, rhythmic, noise systole in the S5 point. Radiological findings in the lower left lung area - pneumofibrosis. Identify the disease that is can be assumed in the child.

- A. Chronic bronchitis, acute
- B. Left-hand nizhnodolova pneumonia
- C. Bronchial asthma, acute
- D. Recurrent bronchitis, exacerbation of
- E. Idiopathic fibrosing alveolitis

87. The 3-year-old child with a deficit of body weight, there is a constant wet cough. In the history of several transferred pneumonia that occurs with symptoms of obstruction. OBJECTIVEIY: chest inflated, over lungs the shortening percussion sound in lower parts, by auscultation there are many of variegated moist rales. The level of chloride in sweat is 80 mmol / l. Specify a previous diagnosis

- A. Idiopathic fibrosing alveolitis
- B. Asthma
- C. Recurrent bronchitis
- D. Bronchiectasis
- E. Cystic fibrosis. bronchopulmonary form

88. Patient 3 years old, complaints of pertusis like cough with thick sputum discharge, persistent changes in the lungs from the 6 months age when first diagnosed with acute pneumonia. Chloride in sweat - 112 meq / l. Diagnosed with cystic fibrosis. What is the basis of cystic fibrosis as an autosomal recessive disease?

- A. Deficiency of alpha-1-antitrypsin
- B. Disturbancies of cellular transport of chloride ions and sodium
- C. Deposits in alveoli trephosphates and calcium carbonates.
- D. Lung cysts
- E. Hypoplasia of pulmonary arteries.

89. The girl 2year old with history of repeated pneumonia, with symptoms of obstruction. In the lungs variegated wet and dry wheezing auscultated, weakened breathing. With some difficulty thick viscous secretion discharged. Noted the presence of "drum sticks" and lag in physical development. What is preliminary diagnosis?

- A. Recurrent bronchitis
- B. Cystic fibrosis, pulmonary form
- S. Bronchial Asthma
- D. Congenital polycystic lung

E. Pulmonary tuberculosis

90. The girl under the age of 5 years from the first months of life recurrent pneumonia with symptoms of obstruction and release of viscous mucus, lagging body weight and height, deformation of fingers - "drum fingers", hepatomegaly, rectal prolapse. Hemoglobin 93 g / l, erythrocytes $3.1 \times 10^{12} / l$, color index 0.7, total serum protein 54 g / l. Brilliance, with lots of fat in a large amount of stool. What is the diagnosis most likely consider?

- A. Cystic fibrosis
- B. obstructive bronchitis
- C. Celiac disease
- D. Lack dysaharydaz
- E. Bronchiectasis

91. The child was born premature. In the first hours of life are marked by copious frothy discharge from the mouth. When you try to feed or drink marked asphyxia attacks. After 8 hours after birth was the increase shortness of breath, apnea. In the lungs there is a mass of moist rales. What is the most likely diagnosis?

- A. Pneumopathy
- B. Strokes
- C. Aspiration pneumonia
- D. Diaphragmatic hernia
- E. Trachea-esophageal fistula

92. Condition at term baby at birth was seen on a scale Apgar in 8-10 points. For the first time in the life of the child observed cough, choking, short breath, cyanosis during the feeding. What i disease is most likely?

- A. pulmonary atelectasis
- B. Fetal pneumonia
- C. Hyaline membrane disease
- D. Acute respiratory disease
- E. trachea-esophageal fistu

93. The boy of 14 years old complaints of productive cough in the last year, the morning began to expectorate sputum full mouth. Pale. Face is swelled. Dry skin. Reduced weight. The shortness of breath on exertion. Chest rolled down. Fingers as "drum sticks." Percussion of the lung clear sound, by auscultation the breathing is hard, in lower edges of scapules the moist rales in the background of bronchial breathing. Radiologically - in the lower lung lobes the fields of "cellular lungs." Chlorides of sweat is 20 mmol / l. Establish a preliminary diagnosis

- A. Congenital heart defect
- B. Fibrosing alveolitis Idyopatychnyy

- C. bronchiectasis
- D. Recurrent bronchitis, exacerbation
- E. Cystic fibrosis, pulmonary form

94. The boy of 14 years old complaints of productive cough in the last year, the morning began to expectorate sputum full mouth. Pale. Face is swelled. Dry skin. Reduced weight. Shortness of breath on exertion. Chest rolled down. Fingers as "drum sticks." Percussion of the lung clear sound, by auscultation the breathing is hard, in lower edges of scapules the moist rales in the background of bronchial breathing. Radiologically - in the lower lung lobes the fields of "cellular lungs." Chlorides of sweat - 20 mmol / l. The most likely agents of inflammation in the bronchopulmonary system are:

- A. E. coli and Proteus
- B. Haemophilus influenzae and pneumococcus
- C. Mycoplasma and ureoplazma
- D. Chlamydia and pnevmotsysty
- E. Pseudomonas aeruginosa and Staphylococcus

95. For the differential diagnosis of chronic bronchitis, pulmonary bronchoectatic disease is needed to conduct:

- A. Roentgenpneumopoligraphy.
- B. X-ray.
- C. Bronchography.
- D. X-rays.
- E. Diagnostic pneumothorax

96. The most informative method of radiologic diagnosis of bronchoectatic disease are:

- A. Magnetic resonance imaging
- B. Tomography of the lungs.
- C. CT.
- D. Plain radiography of the chest.
- E. Bronchography

97. In the 2-year-old child marked signs of cystic fibrosis: recurrent pneumonia, discharge large quantities of purulent sputum green, choking, polyexcrements, lag in physical development, increased sweat chloride to 120 meq / l. Select the most accurate method of diagnosis.

- A. Direct detection of gene by polymerase chain reaction
- B. karyotyping
- C. Determination of sex chromatin
- D. Enzymatic analysis
- E. Analysis of the ancestral history

98. Dasha P , 12 yrs , for a duration of last 3 yrs is suffering from rheumatism, now non active phase, changes in the side of the heart ;the border of relative cardiac dull sound is mixed towards the right and up, being heard presystolic –diastolic sound, sudden locking sound, mixing of the accent of the 2nd tone on the pulmonary arteries, differentiate the malformations of the heart.

- A. Insufficiency of the aortal valve
- B. stenosis of the atrioventricular orifice
- C. In sufficiency of the mitral valve
- D. Functional noise
- E. Stenosis of the right atrioventricular orifice

99. A child of 3 yrs worsens in the 5th day of ARVI, skin is pale, acrocyanosis while crying, rigid breathing, on observation relativity of the breathing and pulse is 1:3, pulmonary sound while percussion, rigid respiration , increase in border of the heart in the left, right, arrhythmia, tones of the heart is deafened, liver is 4cm below the hypochondrium, what is the relation of the pathology?

- A. Acute cardiac insufficiency of the left type
- B. Acute vascular insufficiency
- C. Acute pulmonary insufficiency
- D. Acute cardiac insufficiency of the right type
- E. Acute cardiac insufficiency of total type

100. A child of 6 yrs while observation ,on the ECG it was found that fibrillation of the ventricles, what is first medicine supposed to give?

- A. Injection of adrenalin
- B. Injection of glucocorticosteroids
- C. Injection of cardiac glucosides
- D. Electrical defibrillation
- E. Injection of dobutamine

101. A 6 month child, with cyanosis of the lips, dyspnoea while feeding and crying, objectively: bulging of the left half of the chest, palpitation is increased ,in the 3-4th intercostal region systolic vibration, .Auscultation- weak systolic sound with epicenter left from the sternum, which is passed through the scapula. In Ro: the heart is in the normal size, reminds the form of a bottle, aorta is located in the right. On ECG – hypertrophy of the left ventricle. what kind of cardiac defect is this?

- A. Coartation of the aorta
- B. Unjoined Bathal's duct
- C. Defect of interventricular septum
- D. Defect of interatrial septum
- E. Tetralogy of Fallot

102. Mother of 3m, baby complaints of dyspnoea while feeding, crying, peri-oral cyanosis, Auscultation-tachycardia, up to 200 \min, deafness of cardiac tones, x-ray- heart is in the form of a ball, what is the diagnose?

- A. Defect of inter=atrial septum
- B. Fibroelactosis of endocardium
- C. Defect of interventricular septum
- D. Opened arterial duct
- E. General arterial trunk

103. Boy of 3 yrs. old. Is discharged from cardiology, where he was admitted due to often attack of cyanotic dispnoea with a Tetrade of Fallot, which of the following drug is most suitable to take as prophylaxis?

- A. Obzidan
- B. Curantil
- C. Relanium
- D. Digoxin
- E. Cordaron

104. Girl of 5yrs old. Complaints of head ache, weakness, dyspnoea, palpitation, 2 weeks ago got gastroenterit, Objectively: condition of the child is serious, weakness, pale, tachycardia up to 120\min, rhythm Gallopa, tone of the hear is not clear, moist snores in lungs, liver +2cm, peripheral PS= Weak, increase in the size oof the heart, On ECG change in segment ST and waveT, arrhythmia, which disease can be guessed?

- A. Non rheumatic endocarditis
- B. Infectious endocarditis
- C. Rheumatism
- D. Acute pneumonia
- E. Hypertonic cardiomyopathy

105. A baby of 4,5m. old, is admitted in order to detect the congenital abnormalities of the heart, The mother complaints that there is no addition of body weight , dyspnoea and cyanosis, which is increased with physical work, Condition of the baby suddenly worsened, increased dyspnoea and cyanosis, uncalm, systolic sound decreased, What is the 1st aid that should be given?

- A. Iv of Strophantin
- B. Iv of Euphillyn
- C. Iv of Prednisolon
- D. Iv of Furosemid
- E. Iv of promedol, Anaprilil

106. Child of 3 yrs. old. Parents complaints for retardation of physical growth, very badly walks , objectively- pshycological development is normal,

the upper part of the body is well developed, and lower part not so, muscular hypotonia, border of the heart is widened to left in 2 cm, palpitation is increased, 1st tone increased, systolic sound in the 2nd inter costal region towards right. Liver not increased, which of the following symptoms tells that it is coarctation of aorta?

- A. Hypertrophy of myocardium on the right side
- B. BP high on legs than on hands.
- C. BP is high on the hand, than on legs.
- D. Increased hilar fields on the x-rays.
- E. Hypertrophy of myocardium on the left side

107. A 6 months old child in the time of cry happens, cyanosis and dyspnoea, the girl reject from being breast fed, physical growth retarded. In 4 months suffered from pneumonia. The border of the heart is widened, In the 3-4 intercostal region being heard prolonged systolic sound which is spread to all the parts of the heart. 2nd tone over the trunk of pulmonary. In x-ray increased pulmonary drawings. What is the diagnose?

- A. Defect of inter atrial septum
- B. Opened arterial duct
- C. Coarctation of aorta
- D. Defects of inter ventricular septum
- E. Trans position of magistral vessels

108. Boy of 14 years old, is under observation of dispenser for rheumatic carditis, Objectively: palpitation in different places, rigid systolic sound on the apex, Accent of 2nd tone on the pulmonary artery, In x-rays increased size of the heart in the left side, what is the diagnose?

- A. Mitral stenose
- B. Mitral incompetence
- C. Aortal stenose
- D. Aortal incompetence
- E. Hypertonic Disease

109. A boy of 4yrs. old in the of active playing soon gets tired, palpitation, dyspnoea, paleness increase, born as preterm with weight 1800gms. Objectively=In the 2-3 intercostal region on the left side of the sternum, "Kitten Murmur" and heard systolic sound, Over pulmonary trunk = accent of 2nd tone, X-rays- Increased pulmonart pictures and enlargement of the conus of the pulmonary trunk. What is the diagnose?

- A. Defect of inter atrial septum
- B. Defect of inte ventricular septum
- C. Mitral stenose
- D. Patent ductus arteriosus
- E. Disease of Tolochinov - Roget

110. Mother of 1,5yrs. old baby complaints of anorexia, weakness, pale skin, acrocyanosis, oedema on the knee. US scan- defect of interventricular septum, 11mm, What is the most suitable drug?

- A. Euphilin
- B. Prednisolon
- C. Digoxin
- D. Lasix
- E. Papaverin

111. A boy of 7 yrs. old is having congenital defect of the heart, for the last time there is an increased paleness of the skin, peri-oral acrocyanosis in the time of rest, RR:36/min, HR=PS=102/min, oedema on the legs, liver +6cm, what type cardiac insufficiency is observed?

- A. Chronic right ventricular incompetence of IIA degree.
- B. Total cardiac insufficiency
- C. Chr. Left ventricular incompetence IIB
- D. Chronic right ventricular insufficiency
- E. Chr. Right ventricular insufficiency IIA

112. A child is being noted for not proportional body in the upper part, widened venous lining in the chest, in the 2nd intercostals area left to the sternum there is systolic sound, in the upper part the pulse is 120/60, mmHg. In the lower extremities no pulse, what is the diagnosis?

- A. Hypertonic disease
- B. Coarctation of the aorta
- C. Aortal stenose
- D. Opened arterial duct
- E. Stenosis of the pulmonary trunk

113. A child of 3m. old, with periorbital and perioral cyanosis, pale skin, dyspnea up to 40/min, anorexia, medium condition, pale skin, above the lungs rigid breathing, PS-140/min, border of the heart is mixed to left, tone: accent of 2nd tone on the aorta. Systolic sound on the 5th intercostal space, on the left from sternum, what is the diagnose?

- A. Congenital deformity, coarctation of aorta
- B. Congenital deformity, stenose of pulmonary artery
- C. Congenital deformity, defect of interatrial septum
- D. Congenital deformity, defect of the interventricular septum
- E. Congenital deformity, Tetralogy of Fallot

114. A baby of 2m, has pale skin, in the time pregnancy mother had ARVI, condition of the baby is satisfactory, PS- is up to 120/min, pressure on a. radialis, and absence on a. femoralis, Accent of the 2nd tone over aorta, systolic sound on the left side of the sternum, with irradiation on the interscapular region. What is the diagnose?

- A. Congenital deformity, coarctation of aorta
- B. Congenital deformity, defect of the interventricular septum
- C. Congenital deformity, stenosis of pulmonary artery
- D. Congenital deformity, defect of interatrial septum
- E. Congenital deformity, Tetralogy of Fallot

115. A boy of 4 m. old, is getting increased cyanosis of the skin, ECG-symptoms of hypertrophy of the rt. ventricle. Suspicious of congenital heart defect. Which is the most necessary test to confirm diagnosis?

- A. x-rays
- B. Phonocardiography
- C. Reography
- D. Echo cardiography
- E. Polycardiography

116. A baby of 13 yrs with rheumatoid mitral valve incompetence, when got ARVI, got dyspnea, weakness, pain in the chest, dry cough, position of half sitting, cyanosis of the lips, PS-150, in the lungs moist rales of different caliber, liver – on the level of the ribs, what complication has taken place?

- A. Acute rt.ventricular incompetence
- B. Acute total incompetence
- C. Chronic leftventricular incompetence
- D. Acute leftventricular incompetence
- E. Acute vascular incompetence.

117. With a new born baby after 3 days observed the cyanosis of the mucous membrane, which maintains for whleday long, no change in breathing, ECG- hypertrophy of the rt. Ventricle, On Ro- organs of the thoracic cavity is not enlarged, what is the possible diagnose?

- A. Tetralogy of Fallot
- B. Atresia of tricuspid valve
- C. Anomaly of pulmonary veins
- D. Transposition of main vessels
- E. Pentalogy of Fallot

118. An examination of the boy in school in '10 breach of heart rate as beats. No complaints. The ECG - sinus rhythm, vertical position EAH. Frequent extrasystoles - parasystoles (R prong missing, QRS extrasystoles strain, prong T negative, full compensatory pause) are registered. What type of beats in a child?

- A. Atrial.
- B. AV.
- C. Atrioventricular dissociation.
- D. Ventricular;

E. Nodal.

119. In the hospital ambulance transported the child of 3 years with ventricular paroxysmal tachycardia attack. HR 220 in 1 minute, blood pressure was 80/40 mm Hg. Which of these drugs contraindicated for buying attack?

- A. Anaprilin.
- B. Aymalin.
- C. Dihoksyn.
- D. CORDARONE.
- E. Izoptin.

120. A child in '12 turned to the doctor complaining of a violation of a periodic heartbeat, discomfort in the area of the heart. There were ECG. What ECG signs not characterize syndrome Wolff-Parkinson-White?

- A. Increase ($> 0,10$ c) interval PQ.
- B. Expansion of the QRS complex more 0,10-0,12 p.
- C. The presence of delta waves.
- D. Secondary ST-T changes.
- E. Frequent combination with paroxysmal tachycardia.

121. To hospital appealed the 4 yeared child's parents, during the ECG inoutpatient clinic extrasystoles were found. At what dose of anaprilin should be prescribed?

- A. 0.01 ml / kg.
- B. 0.05 mL / kg.
- C. 0.1 ml / kg.
- D. 0.5 ml / kg.
- E. 0.15 ml / kg.

122. To hospital appealed the 4 yeared child's parents, during the ECG inoutpatient clinic extrasystoles were found. What is the drug may be appointed in this case (group of membranostabilizations)?

- A. Etmozin.
- B. Izoptin.
- C. Trazikor.
- D. Cordaron.
- E. Obzidan.

123. In the hospital with an ambulance transported the child of 3 years with ventricular paroxysmal tachycardia attack. HR 220 in 1 minute, blood pressure was 80/40 mm Hg. Most effective drug in this case is:

- A. Novokayinamid
- B. Digoxin
- C. CORDARONE
- D. lidocaine

E. Inderal

124. In the hospital with an ambulance transported the child of 3 years with ventricular paroxysmal tachycardia attack. HR 220 in 1 minute, blood pressure was 80/40 mm Hg. Attack of paroxysmal tachycardia characterized by all, except:

- A. Increased blood pressure
- B. The feeling of palpitation
- C. The rising wave of heart failure
- D. Reduced cardiac output
- E. HR 220/min

125. An examination of the school-year-old boy find a violation of heart rate (beats). No complaints. The ECG - sinus rhythm, vertical position EAH. Before the appointment of antiarrhythmic drugs to the patient with tachycardia is not necessary:

- A. To differentiate paroxysmal tachycardia and nonparoxysmal character
- B. To identify the option tachycardia
- C. To conduct tests vahalni
- D. To conduct electrical cardioversion rate discharge 2-4 J / kg
- E. To identify the source of nerve impulses

126. In child of 10 years prasens feeling palpitations, anxiety, moderate pallor of the skin. Heart rate is 145 per min. Differents of non-paroxysmal and paroxysmal tachycardia are all established ongoing, except:

- A. The need for emergency care
- B. HR 140-180/hv.
- C. Accidental discovery
- D. Arrhythmia-inclusion complexes of sinus
- E. The absence of subjective symptoms

127. In child of 10 years prasens feeling of palpitations, anxiety, moderate pallor of the skin. Heart rate is 145 per min. The cause of tachyarrhythmias is:

- A. A large atrial septal defect
- B. myocarditis
- C. myocardial infarction
- D. Prolapse in valve-A number
- E. Syndrom Wolff-Parkinson-White

128. Four year-girl appealed to the pediatrician. Her father says that while playing with the child she suddenly stopped playing and became pale. After 30 minutes gone pale and started to play again. Previously, these episodes have never met, in case of ECG signs installed in the A-block of type Mobits-1. What characterizes this condition?

- A. The gradual increase in PQ interval with subsequent fallout ventricular QRST complex
- B. Gradual increase in PQ interval, followed by fallout every second or third ventricular complex
- C. Permanent increase the interval PQ.
- G. Complete fragmentation predserdno-ventricular excitation
- D. Periodic loss of ventricular complexes without increasing intervals PQ.

129. The girl of 6 years old when she suddenly stopped playing the game and became pale. After 30 minutes gone pale and started to play again. Previously, these episodes have never met, in case of ECG signs installed in the A-block of type-2 Mobits. What characterizes this condition?

- A. The gradual increase in PQ interval with subsequent fallout ventricular QRST complex
- B. Gradual increase in PQ interval, followed by fallout every second or third ventricular complex
- C. Permanent increase the interval PQ.
- G. Complete fragmentation atrio-ventricular excitation.
- D. Periodic loss of ventricular complexes without increasing intervals PQ.

130. A child of 12 years old, who admitted to hospital with complaints of a sense of disruption in the heart, feelings of choking, dizziness, during ECG signs of A-block in the Grade 3 What features characterize this condition?

- A. The gradual increase in PQ interval with subsequent fallout ventricular QRST complex
- B. Gradual increase in PQ interval, followed by fallout every second or third ventricular complex
- C. Permanent increase the interval PQ.
- G. Complete fragmentation atrio-ventricular excitation
- D. Periodic loss of ventricular complexes without increasing intervals PQ.

131. A child of 13 yrs old, after getting cold increased body temperature, cough with purulent sputum. X-ray- homogeneous dark in the lower side of the scapula, what is the main causative agent?

- A. Mycoplasma
- B. Staphilococci
- C. Pneumococci
- D. Klebsiella
- E. Virus

132. In the girl of 12 years complains of headaches, recurrent stabbing pain in the heart after exercise, when viewed neurologist diagnosis exhibited vegetative-vascular dystonia. In conducting ECG set sinus bradycardia. What heart rate characterizes this condition?

- A. 60
- B. 63
- C. 58
- D. 65
- E. 71

133. In a sick child in critical condition, the ECG: atrial and ventricular shrinking each of its own rhythm, while on the place of P- is wave dust f. Put diagnosis.

- A. Gross AB block
- B. Atrial fibrillation
- C. ventricular fibrillation
- D. Frederick syndrome
- E. Atrial fibrillation

134. In the boy of 13 years, which complains of headaches, feelings the heartbeat periodic piercing pain in the heart after exercise, when viewed neurologist diagnosed vegetative-vascular dystonia. In conducting ECG set sinus bradycardia. What is not typical for ventricular tachycardia:

- A. Common aberrant QRS complexes
- B. Changed ST, uskorenyy pulse to 140-150 per minute
- C. VA-In dissociation
- D. Gross fragmentation in the atria and ventricles
- E. Narrowed aberrant QRS complexes

135. In the boy of 14 years, which complains of headaches, feelings the heartbeat periodic piercing pain in the heart after exercise, when viewed neurologist diagnosed vegetative-vascular dystonia. In conducting ECG set sinus bradycardia. What is characteristic of nodal tachycardia:

- A. accelerated heart rate to 140-200 per minute
- B. Negative P in I, I I I, aVF
- C. QRS complex is not changed
- D. Sometimes P merges with the QRS
- E. Negative P in I I, aVL, aVS

136. In the boy of 14 years, which complains of headaches, feelings the heartbeat periodic piercing pain in the heart after exercise, when viewed neurologist diagnosed vegetative-vascular dystonia. In conducting EKG R spike periodically negative. What can you suspect?

- A. extrasystoles with sinus
- B. extrasystoles with A-B connection
- C. extrasystoles of ventricular
- D. This is variant of norma
- E. A-B block

137. A child of 16 years ECG QRS complexes are narrow, heart rate 165 per minute, P prongs superimposed on the ventricular complex. ECG shot during an attack heartbeat. What's this?

- A. Paroxysmal atrial tachycardia
- B. Ventricular paroxysmal tachycardia
- C. Supraventricular paroxysmal tachycardia
- D. Sinus tachycardia
- E. Auriclebeats

138. In child of 8 years due to skin rash and muscle weakness, hyperenzymemia suggested for dermatomyositis. In order to confirm the diagnosis assigned histomorphological study skin-muscle biopsy. What morphological changes confirm the diagnosis?

- A. Degeneration and necrosis of myofibrils, perivascular inflammatory infiltration.
- B. Thinning of epidermis, atrophy of skin appendages, strengthening collagen formation.
- C. Perivascular infiltration in the vessels of the skin and muscles.
- D. Fibrosis myofibrils
- E. Calcification of soft tissues.

139. In the clinic entered the girl with the assumption of systemic sclerosis. There are local skin compression of the lower limbs and abdominal, left shin thinned by atrophy of the subcutaneous tissue and muscle. Capillaroscopy showed marked vasospasm. Enter the basic pathogenetic mechanism of the disease:

- A. Increased production of collagen fibroblasts
- B. Increased platelet aggregation
- C. Excessive formation of circulating immune complexes
- D. Imbalance between T and B lymphocytes
- E. Hyperproduction of Ig E

140. In the girl of 13 years after the rest of the southern coast of Crimea were fever, pain in joints. In the history of the first year of life manifestations of exudative-allergic anomalies constitution still often flu. Preventive vaccinations received at time, observed reactions such as hyperthermia. On the face, chest and trunk there are elements of dermatitis. Sclera icteric. Liver at 3 cm below the costal edge. In the blood neutrophilia, increased erythrocyte sedimentation rate, hyperbilirubinemia due to indirect fraction, hiperhamahlobulinemiya. In urine, traces of protein. Previous diagnosis: Systemic lupus erythematosus. What is the most likely cause of the disease?

- A. Exudative-allergic anomaly constitution
- B. Insolation
- C. Often respiratory infections
- D. Preventive vaccination

E. Genetic predisposition

141. The child in of 12 years 3 months ago there were changes in the skin of the right thigh. On examination revealed consolidation area of skin, size 7 by 6.5 cm, soldered to subordinate tissues with increased vascular pattern. The skin over is fold and dry. Around the site there is hyperpigmentation of skin. What disease is characterized with such changes of the skin the most?

- A. Systemic lupus erythematosus
- B. Dermatomyositis
- C. Nodular polyarteritis
- D. Systemic scleroderma
- E. Acute rheumatic fever

142. A child of 11 years, complains for joint pain, hyperthermia to 38⁰C, weakness. Has fall ill for 5 days. OBJECTIVE: spotted-papular rash on the nose and face joints are not change, heart tones are weakened. BP-100/80 mm Hg Blood test: er.-2, 6t / 1 leyk.-3, 7h / L, May-12g / l., ESR-45 mm / h, C-react.protein (+ +), dfa-310, urinalysis: protein-0, 063h / l, er.-15-20, leyk.-10-14. Set the diagnosis?

- A. Dermatomyositis
- B. Rheumatism
- C. Node periarteriitis
- D. SLE
- E. Hemorrhagic vasculitis

143. Child K, 11 years old, diagnosed with lupus. What histological feature doesn't characterize like lupus erythematosus?

- A. hyperkeratosis
- B. atrophy sprout layer of the epidermis
- C. perivascular lymphocytic infiltrates
- D. changes of fibrin in connective tissue
- E. sponhioz

144. P. Child, 10 years old, diagnosed with lupus. What is the favorite localization rash in discoid lupus erythematosus:

- A. shin
- B. shoulders
- C. breast
- D. face
- E. back

145. R. Child, 9 years old, complained of pain and swelling of the knee, hyperthermia to 39.5⁰C, on the face - a "butterfly" sigh. What is the most likely diagnosis?

- A. Dermatomyositis
- B. rheumatism
- C. SLE
- D. discoid lupus
- E. scleroderma

146. Child T., age 11, was diagnosed systemic lupus erythematosus. Contraindications for pulse therapy in SLE are:

- A. high disease activity
- B. progressive lupus nephritis-
- C. cerebral vasculitis
- D. hemolytic crises
- E. CRF III.

147. In the girl of 8 years, which was entered to the cardiology department, objectively skin lesions over the extensor surfaces of joints with atrophic scars, depigmentation, symmetrical lesions of skeletal muscle (weakness, pain, swelling, hypotrophy) are observed. What disease is it?

- A. Systemic scleroderma
- B. Dermatomyositis
- S. nodular peryarteriitis
- D. Systemic lupus erythematosus
- E. Reiter's disease

148. The patient of 11 y for the 2 years observed changes in the skin of the trunk and extremities in the form of land consolidation, hyperpigmentation, cold fingers and extremities, arthralgia. C-reactive protein, seromucoid within normal limits. Radiography of the chest, "cellular" picture in lower departments. Revealed anti-Scl 70 antibodies. Set the preliminary diagnosis

- A. Raynaud's Syndrome
- V. Systemic scleroderma
- C. juvenile rheumatoid arthritis
- D. Dermatomyositis
- E. Systemic lupus erythematosus

149. The child of 12 y.o. complaints of fever, muscle aches, difficulty during swallowing food. On examination revealed swelling and erythematous-purple rash around the eyes, erythematous rash over-papul knee, elbow and interphalangeal joints. Does not move himself due to muscle pain. Palpation of muscles is painful, reduced muscle tone. Borders of heart is expanded in diameter. Liver + 2.5 cm It is diagnosed dermatomyositis. Which of the survey confirms the suggestion?

- A. Inflammatory performances
- B. Creatine, lactate in serum
- C. Autocoagulation test.

- D. Antinuclear antibodies.
- E. Electrocardiogram.

150. The girl of 15 complains on fever, joint pain, skin rash, weight loss, observed for 2 weeks of stay at sea. On the face and chest erythematous rash irregularly shaped. On the palms and fingers there is capillaritis. Joints are not changed. Liver below the costal arch to 2 cm. Blood test: Er. - 3.0 T / l, Hb-100 g / l, leykots.-3, 5 g / l, ESR-70 mm / hour. Urine protein 0.9 g / l, leyk.-8-10., erytr.-30. Previous diagnosis: Systemic lupus erythematosus. What examination is needed to clarify the diagnosis?

- A. LE-cells.
- B. acute indicators.
- C. Daily proteinuria.
- D. Antibodies to native DNA.
- E. Ultrasound of kidneys

151. A child of 13 yrs old, after getting cold increased body temperature, cough with purulent sputum. X-ray- homogeneous dark in the lower side of the scapula, what is the main causative agent?

- A. Mycoplasma
- B. Staphilococci
- C. Pneumococci
- D. Klebsiella
- E. Virus

152. The girl is in hospital with systemic lupus erythematosus, III degree of activity, exudative erythema, myocarditis, secondary nephritis. Despite therapy, carried out for 4 weeks, prednisolone at a daily dose of 1 mg / kg body weight stored pronounced edema syndrome, hypertension, significant proteinuria. Define the strategy further immunosuppressive therapy:

- A. Appointment of other corticosteroid
- V. Appointment of cyclophosphamide
- C. Appointment of azathioprine
- D. Appointment of heparin
- E. Appointment of plakvenil

153. The boy of 10 y.o. after 2 weeks after acute respiratory viral infections was generally weak, had subfebrile, muscle aches and joint pain, difficulty in swallowing food, mauve erythema and edema in the periorbital region. Muscles are sealedin, painful. Muscle tone reduced. It is assumed dermatomyositis. Select the leading pathological syndrome in a patient:

- A. intoxication
- V. Trombangitic
- S. myopathic

- D. Pseudobulbar
- E. Articular

154. The girl J., age 8, diagnosed dermatomyositis. What investigation could prove this diagnosis?

- A. ECG
- B. Dermatohrafizm
- C. Proteyinoqramma
- D. Hostrofazovi indicators
- E. Hiperkreatinuriya

155. A child T., age 11, diagnosed with systemic lupus erythematosus. "Lupus butterfly" is defined:

- A. the abdomen
- B. on the back
- C. on the face
- D. on soft palate
- E. around the joints

156. D. A child, 9 years old, diagnosed with dermatomyositis. What is rising up in patient's biochemical analysis in dermatomyositis:

- A. bilirubin
- B. kreatininphosphokinase
- C. urea
- D. cholesterol
- E. potassium

157. A child M., age 14, there is Raynaud's syndrome. Raynaud's syndrome is characteristic for:

- A. rheumatism
- B. systemic sclerosis
- C. systemic lupus erythematosus
- D. dermatomyositis
- E. juvenile rheumatoid arthritis

158. A 12-years-old boy fellow during 2 has said about stomach-aches that arise up at any time twenty-four hours, more often at night, sometimes accompanied by vomiting. Reaction on the hidden blood in incandescence positive. The father of boy have frequent stomach-aches also. Most reliable diagnosis:

- A. Ulcerous illness of stomach and duodenum
- B. Mekkel's diverticulum
- C. Bowel obstruction

- D. Gallstones
- E. Appendicitis

159. A 12-years-old annual boy during a month complains on pain in the overhead half of stomach. Pains appear in any period of twenty-four hours : in the morning on an empty stomach, at night, in 1-1,5 hours after-meal. The Gregersen's reaction is positive The temperature of body is normal. Inclination is to constipation. The father of boy have frequent stomach-aches also. Most reliable diagnosis?

- A. Meckel's diverticulum
- B. Gallstones
- C. Ulcer of the stomach and duodenum
- D. Heterospecific ulcerous colitis
- E. Appendicitis

160. 14-year-old girl has a 9-month history of diarrhea, abdominal pain (usually periumbilical and postprandial), fever, and weight loss. She has had several episodes of blood in her stools. Which of the following is the most likely diagnosis in this child?

- A. Chronic appendicitis
- B. Chronic pancreatitis
- C. Crohn disease
- D. Bulimia
- E. Gallstones

161. A patient 15-year-old said about extraordinarily sharp pain in an epigastrium. It is ill ulcerous illness 12 falling bowel during 5. Position sick it was forced on a right side with the brought thighs over to the stomach. A stomach is sharply sickly in an epigastrium, protective tension of muscles of abdominal wall is expressed. Set forth a previous diagnosis.

- A. Penetration of ulcer is in a pancreas
- B. Perforation of ulcer
- C. Intensifying of ulcerous illness
- D. Sharp pancreatitis
- E. Thrombosis of mesenteries vessels

162. A patient is 16-year-old, during hospitalization to the clinic marks pain in an epigastric area. During 5 is ill ulcerous illness of duodenum. Character of pain changed lately. Pain became permanent, panthodic in a back. A general weakness, dizziness, rapid fatigueability, appeared. A patient becoming thin. Objectively: ЧСС 68 in a minute, propulsion MODULE 120/80 mmHg more credible than all, that worsening of the state sick is constrained from:

- A. Penetration
- B. By the perforation of wall of duodenum
- C. By development of stenosis
- D. Intensifying of ulcerous illness
- E. Bleeding

163. A patient is 17-year-old, appealed to the district doctor with complaints about feeling of weight in an epigastric area right after a meal, belchs rotten, propensity to проносів. It is ill during 3. Appealed first. Previous diagnosis: chronic gastratrophia with secretory insufficiency. What these XR-pictures will confirm the diagnosis of chronic gastratrophia for this patient?

- A. Presence of defect of filling
- B. Presence of rough folds
- C. Presence of stenosis of watch
- D. Local absence of contractility
- E. Speed-up evacuation of barium

164. Patient A., it is 14-year-old ill 2-year about. Presents hungry pains in a piloroduodenal area, heartburn, belch sour. On endoscopy the found out a defect is on the front wall of duodenum of 0,5x0, 5 cm, covered by a fibrin. In blood the found out antibodies is to Helicobacter of pylori. What preparation must be chosen from Hp enumerated for eradication?

- A. Hastrocepinum
- B. Famotidinum
- C. Ranitidinum
- D. Amoxicillinum
- E. Almagelum

165. A patient is complaining about the great pain in an epigastric area, nausea, vomiting. It is ill ulcerous illness 12-year falling bowel during 5-year. A tongue is dry. A stomach is mildly exaggerated, at palpation tense, sickly in a right half, anymore in an epigastrium. Hepatic dullness is absent. Set forth a previous diagnosis

- A. Perforate duodenal ulcer
- B. Sharp Perforate appendicitis
- C. Right-side nephrocolic
- D. Intensifying of ulcerous illness
- E. Sharp Perforate cholecystitis

166. Permanent establishment a 12-years-old boy entered with complaints about hungry "night" stomach-aches, with repressing localization in an epigastric area . It is known from anamnesis that from 6-years-old age is ill chronic gastritis with the increased asid function. Your previous diagnosis?

- A. Chronic pancreatitis.
- B. Chronic cholecystitis.
- C. Functional disorders of gastrointestinal tract.
- D. Ulcerous illness of stomach.
- E. Invasion.

167. A girl 12-year-old during two years is observed concerning chronic gastritis. Last 6 months stomach-aches appeared in a night-time. What inspection of patient is it expedient to conduct?

- A. Research of excrement is on the hidden blood
- B. Endoscopia
- C. PH of gastric juice
- D. BRIDLES of organs of abdominal region
- E. X-Ray

168. Permanent establishment a 12-years-old boy entered with complaints about hungry "night" stomach-aches, with repressing localization in an epigastric area . It is known from anamnesis that from 6-years-old age is ill chronic gastritis with the increased asid function. Your previous diagnosis?

- A. Chronic pancreatitis.
- B. Chronic cholecystitis.
- C. Functional disorders of gastrointestinal tract.
- D. Ulcerous illness of stomach.
- E. Helminthes invasion.

169. Child 10, said about worsening of appetite, heartburn, pain in a paraumbilical area that carries dull character and arises up more often in 2-3 hours after-meal, in the morning - on an empty stomach. Pain diminishes after-meal. It is ill three years. Objectively: a skin is pale. A stomach is soft, sickly at deep palpation in epigastric and piloroduodenal areas. Positive symptom of Mendel. What most reliable diagnosis?

- A. Chronic cholecystocholangitis.
- B. Crown's Illness.
- C. Chronic gastroduodenitis.
- D. Ulcerous illness of stomach.

E. Measadenitis.

170. A child is 15 hospitalized in permanent establishment concerning intensifying of chronic gastroduodenitis. At endoscopia investigation is diagnosed functional gastroesophageal reflux. Appoint treatment.

- A. Omeprazolium
- B. Imodium
- C. Gastrocepinum
- D. Halidorum
- E. Dicitelum

171. A girl 10 complains about a stomach-aches that arise up and increase after the use of rough or sharp meal, belch sour, heartburn: frequent закрепил, headache, irritability. It is ill 12 months. A feed is not regular with dry food. Nutritional status is satisfactory. A tongue is moist with a white fur on the tongue. A stomach is soft, is painful in an epigastrium. What from the methods of research most for certain will help to diagnose a disease?

- A. Esophagogastroduodenoscopy.
- B. Intrastral pH-metria.
- C. Fractious research of gastric juice.
- D. Contrasting X-Ray.
- E. Biochemical blood test.

172. The girl of 10 years old has admitted with complaints about the night pain in an epigastrium. Gastroenterology anamnesis is burdensome At palpation of stomach - pain in an epigastrium and piloroduodenal area. What inspection is necessary to be conducted first of all?

- A. Ultrasonic inspection of abdominal region.
- B. A biochemical analysis of blood is on a bilirubin, cholesterol, Al-AT, AsAT, amylase.
- C. Esophagogastroduodenoscopy.
- D. Duodenal sounding.
- E. Global analysis of blood

173. A girl 7 complains about a bad appetite, pain in the overhead part of stomach, nausea. Pain arises up without connection to meal, more often from a morning, aching, the protracted, without specific localization, is relief in a state of rest. The attempt of mother to give Nospanum did not improve the state of child. Complaints last about 2 months. What method does give possibility to differentiate functional and organic changes of stomach?

- A. Ultrasonic research
- B. Fractional research of gastric juice
- C. PH of gastric juice
- D. Fractional research of bile
- E. Esophagogastroduodenoscopy

174. For the girl of 3 months diarrhea and hypotrophy. She was born with weight 3300 g. From 2th months of life transferred on the formula feeding. A skin is dry, myot muscle tone is decreased, stool is liquid, greenish and stinking. In the coprogramme is neutral fats. Chlorides of sweat - 120 meq/l. What disease is most likely in this case?

- A. Galactosemia
- B. Cystic fibrosis
- C. The intestinal infection
- D. Fructosemia.
- E. Celiac disease

175. Patient is hospitalized with bleeding from a stomach. At endoscopic research an acute gastric ulcer was found out. In the anamnesis rheumatic fever. Name the medicines that could causedevelopment of acute gastric ulcer and bleeding.

- A. Delagilum
- B. Voltarenum
- C. Klaritinum
- D. Decarisum (levamisole)
- E. Plasmolum

176. A boy 10 years old admitted to the clinic with the relapse of ulcerous illness of duodenum that is associated from Helicobacter pylori. What from preparations used for treatment of ulcerous illness does have anti helicobacter activity?

- A. Ranitidinum
- B. Maaloxo
- C. De-nol
- D. Famotidinum
- E. Gastrocepinum

177. To the child with ulcerous illness of duodenum month ago made off the course of triple anti helicobacter therapy. Grumbles about periodic pains in an

epigastrium on an empty stomach, that considerably diminished comparatively with a period to beginning of treatment. Define the therapeutic tactics of doctor at this moment.

- A. To begin the repeated triple therapy.
- B. To begin a quadrotherapy.
- C. To prescribe antisecretory preparations.
- D. To conduct esophagogastroduodenoscopy.
- E. To conduct an inspection on helicobacter.

178. A 14-year-old boy has sickle cell disease. He presents to the emergencyroom with the complaints of increased jaundice, abdominal pain,nausea, vomiting, and fever. His examination is remarkable for jaundice,pain of the right upper quadrant with guarding, and a clear chest. Chestradiographs appear normal. The test most likely to reveal the cause of thispain is

- A. Serum chemistries
- B. Complete blood count with platelets and differential
- C. Ultrasound of the right upper quadrant
- D. Upper GI series
- E. Hepatitis panel

179. A girl of 11 is admitted with complaints of seivour pain on the right hypochondrium,nausea,vomiting,t.38. Itching of the skin, what is the next movement in diagnostics?

- A.Cholecystography
- B.US scan
- C. Detection of ALAT, ASAT
- D.Analysis of stool for ascariasis.
- E. Bilirubin level

180. A girl of 13 yrs for a duration of 5 yrs complaints of pain in the right hypiochondrial region,which irradiates to the right scapula, the pain is related with diet imbalance, not continuous, easily disappears with spasmolytics, maximum pain in the location of the gall bladder,while palpating in the time of attack.what is the most suitable diagnose?

- A.Chr.cholecystitis
- B.Chr.gastrodeodinitis
- C.Chr.pancreatitis
- D.Diskinesia of the gall bladder
- E.Duodenal ulcer.

181. A child of 7 complaints of pain attacking of type character, after physical work, drinking cool drinks, ice cream. diagnose- dyskinesia of the gall bladder hyper tonic type, what is the drug of 1st choice?

- A. Choleric and cholekinetics
- B. Spasmolytics and choleretics
- C. Sedatives and cholekinetics
- D. Antioxidants
- E. Antibiotics

182. A girl 10 yrs is admitted in department for a duration of 2 weeks with chronic residual pancreatitis, after getting the treatment the condition is better, normalized the t., no pain, but after taking yogurt and fresh fruits pain starts, what is the reason of the pain?

- A. Increased acidity of the stomach
- B. Increased secretion of the pancreatic juice
- C. Disturbance of the formation of tenacious mucus
- D. Increase in the size of the pancreas
- E. Formation of meteorism

183. A boy of 6 yrs with complaints of pain in the right hypochondrial region, on fractional duodenal tube insertion. As a result it was found that the elongation of the 1st, 2nd phases and 3rd fraction test with decreased volume of bile in the 1st and 2nd phase, what kind of the dyskinesia is that?

- A. Hypotonic
- B. Hypokinetic
- C. Hypertonic
- D. Hyperkinetic
- E. Hypotonic-hypokinetic

184. Child F., 14 yrs. old complaints with noticeable increase in body weight from the last three years, increase in appetite, thirst, weakness. Diagnosis is obesity of 2nd stage, of constitutional alimentary genesis, for the dietic treatment most necessary is:

- A. Intake of water in limited volume
- B. Not to control intake of carbohydrates
- C. Input of protein with food with minimum fat of animal origin,
- D. Control intake of minerals and salts.
- E. Prescription of fibers.

185. Patient A 14 yrs, suffering from 2 yrs, complaints of empty pain in the gastroduodenal region, Nausea, acidic mouth, In the FGS observed defect in the front wall of the duodenum, 0.5 x 0.5 cm, covered with fibrin, in the blood found antibody to Helicobacter pylori, which drug is used for its eradication?

- A. Omeprazole
- B. Amoxicillin

- C.Ranitidine
- D.Gastrosepin
- E.Almagel

186. A 10 yr old girl for one year noticed an attacking of pain in the right hypochondrial region, after emotional and physical work, she is very sensitive, easily gets tired, in blood all parameters are normal, CT scan - no concretions of bile duct, duodenal intubation painful, no bile, diagnosis is the dyskinesia of bile duct, hypotonic- hyperkinetic type. What is the optimal treatment?

- A.Antibiotics, cholykinetics
- B.Vitamins, duodenal tubage
- C.Sedatives, spasmolytics, steam procedures
- D.Antibiotics, mineral water.
- E. Antacides.

187. A girl of 14 with diagnosed hepatitis, period of remission, is admitted in the gastroenterology, what is the diet suitable for her?

- A.1a
- B.5
- C.2b
- D.3
- E.4

188. A boy of 8 yrs. old complains for an attacking form of severe pain in the right hypochondrium after physical act, skin and mucous covering are normal colour, on the side of heart and lungs there is no change, stomach soft, without pain no enlargement of liver, In the point of Kera painful, CT scan gall bladder without any change, by using prokinetics contraction up to 80%.t. of the body, blood analysis and urine is normal, what is your diagnosis?

- A.Dyskinesia of the gall bladder of hyperkinetic type
- B.Dyskinesia of the gall bladder of hypokinetic type
- C.Appendicitis
- D.Ch. Cholecystitis
- E.Ch.pancreatitis

189. A girl of 6 yrs got treatment in the gastrointestinal dept. for dyskinesia of gall bladder, hypotonic type, In the complex treatment included drug which has cholykinetic property, which of the following drug has that property?

- A.Alloxol
- B.Sorbit
- C.Xollenzim
- D.Nikodine
- E.Oksafenamid

190. A boy of 6yrs with complaints of pain in the right hypochondrial region , on fractional duodenal tube insertion . As a result it was found that the elongation of the 1st,2nd phases and 3rd fraction test with decreased volume of bile in the 1st and 2nd phase, what kind of the diskenesia is that?

- A.Hypotonic
- B.Hypokinetic
- C.Hypertonic
- D.Hy[perkinetic
- E.Hypotonic-hypokinetic

191. In the US scanning the contractional ability of the bile duct of a boy with age of 11yrs. old was found that transverse part of the bile contracts just half of the motoric part, and functional index of the bile duct is 0.7.what is the optimal prescription for that child?

- A.Choloretics and cholekinetics
- B.Choleritics
- C.Cholekinetics
- D.Spasmolytics
- E.None of the above

192. A 8 yrs old girl after infecting with hepatitis , from ythe last 7months continues in the stationary treatment, eventhough doesn't have clinical complaints of the disease, which of the following data indicates the presence of chronic persisting hepatitis?

- A. Normal AlAT, but high ASAT
- B. High level of bilirubin
- C. Noticeable increase of ASAT and ALAT
- D. High level o ALAAT but normal of ASAT
- E. Increased Basic phosphatase

193. In the OP , a girl of 6 years old is complaints of pain in the right part, injecting character, which is experienced after eating fatty food, periodic nausea, objectively- pale, vesicular breathe, no change in the border of the heart, nausea, auscultation- weakened 1st tone in the apex, there heard systolic sound, of functional character, abdomen on palpation soft, painful, in the hypochondrial region, positive symptoms- Orthner, Ker, Musse, In US scanning organs of the abdominal cavity, liver is unchanged , gall bladder is hypotonic, walls not thickened, sedimentation rate unchanged , to which group of heath does she belong?

- A.3rd
- B.1st
- C.2
- D.4
- E.5

194. A patient is complaining about the great pain in an epigastric area, nausea, vomiting. It is ill ulcerous illness 12-year falling bowel during 5-year. A tongue is dry. A stomach is mildly exaggerated, at palpation tense, sickly in a right half, anymore in an epigastrium. Hepatic dullness is absent. Set forth a previous diagnosis

- A. Perforative duodenal ulcer
- B. Sharp Perforate appendicitis
- C. Right-side nephrocolic
- D. Intensifying of ulcerous illness
- E. Acute Perforate cholecystitis

195. A girl of 13 yrs for a duration of 5 yrs complaints of pain in the right hypochondrial region, which irradiates to the right scapula, the pain is related with diet imbalance, not continuous, easily disappears with spasmolytics, maximum pain in the location of the gall bladder, while palpating in the time of attack. What is the most suitable diagnosis?

- A. Chr. cholecystitis
- B. Chr. gastroduodenitis
- C. Chr. pancreatitis
- D. Diskinesia of the gall bladder
- E. Duodenal ulcer.

196. A girl of 12 for a duration of 2 yrs suffer from pain in the abdomen, especially after imbalanced diet, nausea, acidic mouth, what is the most suitable diagnostic for verification?

- A. Fractional test of gastric juice
- B. FGDS
- C. Contrast x-ray
- D. Electrogastrography
- E. Intra gastric pH metry

197. A girl of 14 years old with diagnosis of pancreatitis, period of curation, is admitted in the gastroenterology, what is the diet suitable for her?

- A. 1a
- B. 5
- C. 2b
- D. 3
- E. 4

198. Baby K., age 8, acutely ill: body temperature 39 °C, pain in the lumbar region, pain during urination and increased frequency of urination. On examination: signs of intoxication. Which disease is most probable?

- A. Renal colic

- B. Influenza
- C. Acute cystitis
- D. Acute glomerulonephritis
- E. Acute pyelonephritis

199. Girl, 6-years fell ill acutely: fever to 39.0°C, vomiting, abdominal pain, cloudy urine. Urination small portions. BP 100/60 mmHg. Urinalysis - Rest. density - 1.006, protein 0.58 g / l, white blood cells - 50-60 in sight, red blood cells - 20-25 in sight. AN. Blood: ESR - 30 mm/hour. Put a previous diagnosis

- A. Acute pyelonephritis
- B. Acute cystitis
- C. Acute glomerulonephritis
- D. Tubulointerstitial nephritis
- E. Dysmetabolic nephropathy

200. Boy 12 years. Suddenly, increased body temperature to 39.9°C, were headache, pain in lower back, nausea and lethargy. Skin pale. Blood pressure - 110/80 mm Hg. Analysis of blood: red blood cells - $3.5 \times 10^{12} / l$, hemoglobin - 110 g / l, leukocytes - $13.9 \times 10^9 / l$ eosinophils - 2% stab neutrophils - 10% segmented - 65%, lymphocytes - 20%, monocytes - 3 %, ESR - 30 mm / h. Urinalysis: protein - 0.99 g / l, leukocytes - 30-35 in sight. Total blood protein - 60 g / l. What disease in a patient?

- A. Acute glomerulonephritis with nephrotic syndrome.
- B. Acute glomerulonephritis with Isolated urinary syndrome
- C. Acute glomerulonephritis with nephritic syndrome
- D. Interstitial nephritis
- E. Acute pyelonephritis.

201. Child, 2 years, 1 year is out-patient monitoring in nephrologist diagnosed with: ectasia of left pelvis, secondary pyelonephritis. What changes in the urine most characteristic in this case?

- A. Hematuria
- B. Pyuria
- C. Bacteriuria
- D. Glycosuria
- E. Cylindruria.

202. Girl in 11 acutely ill: there pain in the lumbar area, nausea, vomiting, frequent urination, temperature - 38°C. OBJECTIVE: abdomen soft and tender to palpation in the area back. In urinalysis significant leukocyturia, bacteriuria. With urine isolated E. coli. Your diagnosis?

- A. Acute appendicitis
- B. Acute pyelonephritis
- C. Chronic glomerulonephritis

- D. Acute vulvovaginitis
- E. Acute glomerulonephritis.

203. Girl M., age 11, hospitalized in hospital complaining of painless urination, frequent small meals, night enuresis, blood and urine without pathology. Most likely the previous diagnosis?

- A. Acute cystitis
- B. Chronic cystitis
- C. Neurogenic bladder dysfunction
- D. Dysmetabolic nephropathy
- E. Vulvitis

204. Girl 6 years old admitted to hospital to hospital complaining of painful urination, frequent small meals, raising the temperature to 38.9°C, loss of appetite. Your diagnosis?

- A. Acute pyelonephritis
- B. Chronic cystitis
- C. Neurogenic bladder dysfunction
- D. dysmetabolic nephropathy
- E. Vulvitis.

205. Female 3 years old, entered the hospital complaining of fever to 39.5°C, abdominal pain, weakness, lack of appetite. From the heart and lung pathological changes were not found. Positive symptom Pasternatskiy. In the analysis of blood leukocytosis, elevated erythrocyte sedimentation rate. Cloudy urine, protein -0.033 g/l, erythrocyte -2-4 in sight, leukocytes, 70-80 in the field of view, a lot of mucus.

- A. Acute cystitis
- B. Acute pyelonephritis
- C. Neurogenic bladder dysfunction
- D. Acute glomerulonephritis
- E. Vulvovaginitis.

206. The child F. 9 years old diagnosed with renal diabetes insipidus. Renal diabetes insipidus is the result of reducing the sensitivity of cells of epithelial tubules combined to:

- A. Aldosterone.
- B. Vasopressin
- C. Parathyroid hormone.
- D. Calcitonin
- E. Prokaltzytonin.

207. Patient S., 4 years old, is being treated at Children's Hospital Nephrology Unit. Suspected presence of hereditary De Toni-Debre-Fanconi disease. In De Toni-Debre-Fanconi disease observed:

A. Reduced reabsorption of amino acids, glucose, phosphate in the proximal tubules.

B. Malabsorption in the intestines.

C. Hypersensitivity of epithelium of renal tubule to parathyroid hormone.

D. Immaturity of liver enzymes.

E. Hypersensitivity of epithelium of renal tubule to aldosterone

208. You are working in an emergency department in mid-summer and are asked to evaluate a thin 17-year-old girl who has a history of "dark urine." She has no dysuria, flank or abdominal pain, fever, nausea, vomiting, history of trauma, or bleeding. The patient is on the school track team and usually runs about 5 miles per day. However, today she ran about 8 miles. Physical examination findings are normal except for signs of moderate dehydration. Urinalysis reveals: specific gravity, 1.030; pH, 6.0; 4+ blood; negative protein; 0 to 2 red blood cells; and 0 to 2 white blood cells. Of the following, the MOST likely cause of the abnormal urinalysis results for this girl is

A. acute glomerulonephritis

B. exercise-induced hematuria

C. hemoglobinuria

D. myoglobinuria

E. renal stone

209. An asymptomatic 14-year-old boy has normal physical examination results. Routine urinalysis reveals: specific gravity, 1.015; pH, 6.0; negative blood; 2+ protein; 0 to 2 red blood cells; and 0 to 2 white blood cells. A repeat urinalysis 1 week later reveals the same results. Of the following, the MOST appropriate next step is to

A. evaluate him again in 6 months

B. obtain a first-morning urine specimen

C. obtain a 24-hour urine collection

D. obtain serum electrolyte measurements

E. refer him to a nephrologist

210. A 15-year-old football player finishes a routine practice and becomes concerned when he notices painless, dark red urine that evening. He has no other symptoms. You see him that night in the emergency department. Vital signs and physical examination results are normal. A urinalysis reveals: specific gravity, 1.020; pH, 6.0; 3+ blood; negative protein; 10 to 25 red blood cells; and 0 to 2

whiteblood cells. Abdominal ultrasonography reveals an enlarged right kidney with hydronephrosis and normal left kidney.

Of the following, the MOST likely cause of the gross hematuria is

- A. acute glomerulonephritis
- B. reflux nephropathy
- C. renal stone
- D. renal tumor
- E. ureteropelvic junction obstruction

211. You perform a routine urinalysis on a 7-year-old girl as part of a yearly evaluation. She is asymptomatic, and her physical examination findings are normal. The results reveal: specific gravity, 1.015; pH, 6.0; 1+ blood; negative protein; 10 to 15 red blood cells; and 0 to 2 white blood cells. The family history is negative for renal disease. You repeat the urinalysis two more times and detect

persistent microscopic hematuria.

Of the following, the MOST appropriate next step in the management of this child is

- A. another urinalysis in 6 months
- B. computed tomographic scan of the kidneys
- C. cystoscopic examination of the bladder
- D. measurement of urine calcium and creatinine
- E. 24-hour urine collection

212. A previously healthy 13-year-old girl comes to your office complaining of intermittent cyclic lower abdominal pain for the past 3 months associated with occasional nausea and bloating. She denies sexual activity, vaginal discharge, and dysuria. She has not started menstruating. Her mother and sister both began menstruating at age 13.

Of the following, the best NEXT step in the evaluation of this adolescent girl is

- A. computed tomography of the abdomen
- B. physical examination of the external genitalia
- C. plotting of her height and weight on a growth chart
- D. serum follicular stimulating hormone level
- E. urinalysis

213. You are evaluating a 2-month-old infant for hydronephrosis. Renal ultrasonography reveals a large, dilated right kidney (5.8 cm) and a small (2.5 cm) left kidney that has marked echogenicity and loss of corticomedullary differentiation. You suspect that the left kidney may have extensive dysplasia. Physical examination reveals a well-appearing child whose height and weight are at the 5th percentile for age and who has no obvious abnormalities. Laboratory tests reveal a serum creatinine of 0.7 mg/dL (61.9 μmol/L). The parents ask you what medical therapy is available for their child.

- Of the following, the BEST course of treatment is
- A. angiotensin-converting enzyme inhibitor therapy
 - B. growth hormone therapy
 - C. liberal fluid intake
 - D. no therapy
 - E. restriction of salt intake

214. You palpate an abdominal mass in a newborn. Abdominal ultrasonography reveals a normal right kidney, but an enlarged left kidney with multiple, noncommunicating cysts. There is thin renal parenchyma in the left kidney, which is markedly echogenic. The radiologist suspects a left renal multicystic kidney with dysplasia. A renal scan reveals no function in the left kidney.

- Of the following, your BEST initial step is to obtain
- A. abdominal computed tomography
 - B. abdominal magnetic resonance angiography
 - C. intravenous pyelography
 - D. renal scintigraphy (scan)
 - E. voiding cystourethrography

215. A healthy 14-year-old girl complains of 3 days of pain at the initiation of urination and increased urinary frequency with minimal hesitancy. She denies abdominal and flank pain and is not sexually active. Findings on the physical examination include mild suprapubic tenderness and Sexual Maturity Rating 4 genitalia. Urinalysis reveals 1+ nitrite, negative protein, and 2+ blood. Microscopic examination of the urine documents 148 white cells per high-power field (hpf) and 46 red blood cells

per hpf. Results of a urine pregnancy test are negative. Of the following, the MOST appropriate initial treatment for this adolescent is a 3-day regimen of

- A. amoxicillin-clavulanate orally twice daily
- B. ceftriaxone intramuscularly once daily
- C. ciprofloxacin orally twice daily
- D. gentamicin intramuscularly once daily
- E. trimethoprim-sulfamethoxazole orally twice daily

216. A 3-year-old girl, whose brother has vesicoureteral reflux (VUR), has had voiding

cystourethrography (VCUG) performed because of the occasional familial incidence of VUR. The study reveals no evidence of VUR, but it does document a narrowed urethra and normal urine stream after bladder filling.

- You advise the child's parents that she needs
- A. intravenous pyelography
 - B. no further therapy
 - C. prophylactic antibiotics
 - D. referral to urologist

E. repeat of the VCUG

217. You are asked to evaluate a 7-year-old boy who had a urinary tract infection 6 months ago that was treated successfully with antibiotics. Currently, he is experiencing frequent urination, urgency, and daytime wetting. He has no fever or dysuria. He is a well-developed child and has no other pertinent past medical history. The mother reports that he often complains of abdominal pain but has no

vomiting or diarrhea. His vital signs and physical examination findings are normal except for mild right and left lower abdominal tenderness. Findings on urinalysis are normal. Of the following, the BEST initial step in management is to

- A. obtain a renal consultation
- B. obtain an abdominal radiograph
- C. prescribe antibiotics
- D. repeat the urinalysis in 1 week
- E. start oxybutynin

218. Girl, 8 years, was admitted with complaints of discoloration of urine. Condition is satisfactory, no visible swelling. BP - 105/60 mmHg Urine color "meat slops." Preliminary diagnosis: acute glomerulonephritis. To clarify the diagnosis should identify hidden edema. For this purpose it is necessary to:

- A. Sample of Zimnitsky
- B. Sample of Mc Klyur
- C. Clearance to endogenous creatinine
- D. Control of diuresis
- E. Sample harness.

219. The child is 7 years, which is on the records, for chronic glomerulonephritis, clinical and laboratory remission, renal function studies concentration will spend:

- A. sample of Zimnitskiy
- B. clearance by endogenous creatinine
- C. Control of diuresis
- D. Determination of relative density of urine
- E. daily excretion of salt.

220. The child 2 years of age with symptoms of nephrotic syndrome is the most common morphological variant of the disease is glomerulonephritis:

- A. Mezanhiokapilyarnyy
- B. focal mezanhioproliferatyvnyy
- C. Diffuse mezanhioproliferatyvnyy
- D. With minimal changes
- E. focal segmental glomerulosclerosis-

221. The child, 10 years, 3 weeks after undergoing streptoderma developed swelling appeared urine color "meat slops." BP - 130/80 mmHg Diuresis - 550 ml. Urinalysis - Protein - 0.85 g / l, eritr. - Changed all the p / AB, LA - 8-10 p / AB, hyaline cylinders - 1-2 p /field. The presumptive diagnosis of acute glomerulonephritis streptococcal etiology. Assign optimal antimicrobial drug:

- A. Sulfonamide
- B. Aminoglycosides
- C. 2nd generation cephalosporins
- D. 3rd generation cephalosporins
- E. "Protected" penicillins.

222. The child is 6 years old. Two weeks after undergoing signs of intoxication scarlet fever, swelling of the face, pastoznost, the appearance of red urine, moderately increased blood pressure. What is your preliminary diagnosis?

- A. Acute glomerulonephritis with nephritic syndrome.
- B. Acute glomerulonephritis with isolated urinary syndrome.
- C. Renal failure.
- D. Acute pyelonephritis.
- E. Exchange nephropathy

223. The boy 8 years after the transfer of SARS in the urine sample revealed microhematuria and significance proteinuria. The boy is on the records in otolaryngologist diagnosed with hearing loss (at audimetry found not perceiving sounds with a frequency of 6-8 kHz). What disease can be suspected in a child?

- A. Alport's syndrome.
- B. Acute glomerulonephritis with nephritic syndrome.
- C. Acute glomerulonephritis with isolated urinary syndrome.
- D. Chronic medialotitis.
- E. Acute otitis.

224. The boy in '10 diagnosed Alport's syndrome, which manifests nephritis with hematuria, hearing loss and damage to eyes. What is the most informative review should be undertaken for confirmation of the diagnosis?

- A. Gather family history.
- B. Biochemical analysis of blood.
- C. Biopsy kidney.
- D. Urinalysis.
- E. DNA diagnostics.

225. Girl 6 years of acutely ill: fever to 39.0°C, vomiting, abdominal pain, urine with a red tinge. Urination small portions. BP 120/80 mm Hg. Urinalysis - rel. density - 1006, protein 1.58 g / l, erythrocytes - 40-55 p / AB. AN. Blood: ESR - 42 mm / h. Ask a preliminary diagnosis.

- A. Acute pyelonephritis
- B. Acute cystitis

- C. Acute glomerulonephritis
- D. Tubulointerstitial Nephritis
- E. Dismetabolic nephropathy.

226. Boy 7 years old complains of back pain, fever to 38.5 C, headache, weakness, fatigue, change Color of urine. Two weeks ago, suffered exacerbation of chronic tonsillitis. Eyelids, anterior abdominal wall, pasty legs. Urination painless. One day allocated 550 ml of urine. Urine color "meat slops", protein 0.6 g \ l, erythrocyte on the entire field of view, WBC 6.4 in p \ s, hyaline cylinders, 5-8 in p \ s.

The most likely diagnosis?

- A. Acute glomerulonephritis with nephritic syndrome.
- B. Acute glomerulonephritis with isolated urinary syndrome.
- C. Chronic glomerulonephritis, mixed form.
- D. Acute glomerulonephritis with nephrotic syndrome.
- E. Exchange nephropathy.

227. Boy 9 years old complains of back pain, fever to 38.5 C, headache, weakness, fatigue, change Color of urine. Two weeks ago, suffered exacerbation of chronic tonsillitis. Eyelids, anterior abdominal wall, pasty legs. Urination painless. One day allocated 550 ml of urine. Urine color "meat slops", protein 0.6 g \ l, erythrocyte on the entire field of view, WBC 6.4 in p \ s, hyaline cylinders, 5-8 in p \ s.

In this diet the child should be restricted:

- A. Protein, fat, liquid.
- B. Fat, salt, liquid.
- C. Protein, salt, carbohydrates.
- D. Carbohydrates, salt and liquid.
- E. Protein, salt, liquid.

228. The boy 5 years during the clinical examination revealed changes in the urine sample in the form of microhematuria, moderate proteinuria, leukocyturia low. An objective examination noteworthy pallor, high levels of stigma, a predisposition to hypotension. Otolaryngology diagnosed hearing loss. In the family there were cases of nephropathy and deafness.

The most likely diagnosis?

- A. Acute glomerulonephritis with nephritic syndrome.
- B. Acute glomerulonephritis with isolated urinary syndrome.
- C. Chronic interstitial nephritis.
- D. Primary chronic pyelonephritis.
- E. Hereditary nephritis syndrome (Alport's syndrome).

229. The boy 9 years during the clinical examination revealed changes in the urine sample in the form of microhematuria, moderate proteinuria, leukocyturia low. An objective examination noteworthy pallor, high levels of stigma (found 8

stigmas disembrigogenesis). Otolaryngology diagnosed hearing loss. In the family there were cases of nephropathy and deafness.

What research will determine the final diagnosis?

- A. Ultrasound examination of the kidneys.
- B. Excretory urography.
- C. Reberg's sample.
- D. Kidney biopsy.
- E. Radioisotope rheography.

230. The boy in '12 suddenly increased body temperature to 39.9 C were headache, back pain, nausea, lethargy, swelling mainly face, anterior abdominal wall, legs. Skin pale. BP - Analysis step \neg ve: Total Protein - 50 g / l. Er - 3.5 h1012 / l, Hb - 110 g / l, ESR - 44 mm / h. Urinalysis: protein - 4,4 g \ l, L - 3-4 in PZ, red, single, hyaline cylinders - 4-6 in the p \ s, grainy - isolated.

What disease is it?

- A. Acute glomerulonephritis with nephrotic syndrome.
- B. Acute glomerulonephritis with isolated urinary syndrome
- C. Acute glomerulonephritis with non-frytic syndrome
- D. Interstitial nephritis
- E. Acute pyelonephritis.

231. The boy in 12 suddenly increased body temperature to 39.9 C were headache, back pain, nausea, lethargy, swelling mainly face, anterior abdominal wall, legs. Skin pale. BP - Analysis step \neg ve: Total Protein - 50 g / l. Er - 3.5 h1012 / l, Hb - 110 g / l, ESR - 44 mm / h. Urinalysis: protein - 4,4 g \ l, L - 3-4 in PZ, red, single, hyaline cylinders - 4-6 in the p \ s, grainy - isolated.

Identify the main group of drugs immunosuppressive therapy.

- A. Antibiotics
- B. Glucocorticoids
- C. Non-steroidal anti-inflammatory drugs
- D. Diuretics
- E. Anticoagulants.

232. Child F., age 11, for 3 years, is on the records of nephrologist diagnosed with chronic glomerulonephritis, the period of incomplete clinical and laboratory remission. What changes in the urine of the most characteristic in this case?

- A. moderate proteinuria.
- B. leukocyturia
- C. Bacteriuria
- D. Glycosuria
- E. leukocyturia, glucosuria.

233. Patient S., age 9, is being treated in the Nephrology Unit. The child has been resistant to therapy, disease course. Course of the disease resistant to treatment characteristic:

- A. Glomerulonephritis with nephrotic syndrome.
- B. Pyelonephritis.
- C. Volchanca's nephritis.
- D. Hereditary nephritis caused.
- E. Cystitis.

234. Patient T., 15, is being treated in the Nephrology Unit. Onset of high blood pressure. Increased blood pressure in the onset of kidney disease characteristic:

- A. Hereditary nephritis caused.
- B. Glomerulonephritis.
- C. Pyelonephritis.
- D. Dysmetabolic nephropathy.
- E. Tubulopatias.

235. Patient T., 11, is being treated in the Nephrology Unit. An examination diagnosed hyperlipidemia. Hyperlipidemia characteristic:

- A. Glomerulonephritis with nephrotic syndrome.
- B. Glomerulonephritis with Hematuric syndrome
- C. Pyelonephritis.
- D. Tubulointerstytsial jade.
- E. Tubulopatias.

236. Patient T., 15, is being treated in the Nephrology Unit. An examination diagnosed pronounced fibrinohemia. Expressed fibrinohemia observed at:

- A. Glomerulonephritis with nephrotic syndrome.
- B. Glomerulonephritis with Hematuric syndrome
- C. Cystitis.
- D. Tubulointerstytsial nephritis.
- E. Pyelonephritis.

237. Patient T., 10 years old, is on the examination and treatment in the Nephrology Unit. At what times during the day a child's maximum urinary oxalate:

- A. Evenly throughout the day.
- B. In the first half of the day.
- C. In the afternoon.
- D. From 12 to 15 hours.
- E. In the night hours.

238. A 1-day-old term newborn experienced two generalized tonic-clonic seizures 5 minutes apart at 12 hours after birth. The child had meconium staining below the vocal cords at delivery and has exhibited increasing respiratory distress, requiring endotracheal intubation and mechanical ventilation. Of the following, the MOST appropriate treatment for these seizures is

- A. fosphenytoin 5 mg/kg intramuscularly
- B. lorazepam 0.1 mg/kg intramuscularly
- C. midazolam 1 mg/kg endotracheally
- D. phenobarbital 18 mg/kg intravenously
- E. valproic acid 30 mg/kg intravenously

239. In newborn child with hemolytic disease induced by Rh – conflict the blood type is O (I) Rh (+), in mother is (II) Rh(-).

What blood must be poured during the operation of exchange blood transfusion?:

- A. (II) Rh (-)
- B. O (I) Rh (+)
- C. A (II) Rh(+)
- D. A(I) Rh (-)
- E. B(III) Rh(-)

240. In worn newborn child diagnosed the hemolytic disease by rhesus factor. The amount of bilirubin is critical. Blood type of child (III), mother's is (II). Exchange bloodtransfusionis indicated. Whatselection of donor blood is neededfor this purpose?

- A. Blood type (III), rhesus factor positive
- B. Blood type (II), rhesus ifactor negative
- C. Blood type (II), rhesus factor positive
- D. Blood type O(I), rhesus factor negative
- E. Blood (III) type, rhesus factor negative

241. Child, 25 days of life, was born on a 37 week of gestation with weight 2000g, length 48cm., after the 5 pregnancy is complicated in a 1 and 3 trimester with hestosis, anemias, threating of abortion. Icterus from the moment of birth. Cardiac tones are muffled, moderate tahicardia. respiration puerile, wheezes are not present. A stomach is enlarged, hepatosplenomegalia. Stool white. Urine is dark. What changes of parameters are characteristic for intrauterine hepatitis?

- A. High activity of transaminases
- B. Low activity of transaminases
- C. Decreasing of alfa- fetoprotein comcentration
- D. Rising of common bilirubin due to it indirect fraction

E. decreasing of alfa- fetoprotein concentration and low activity of transaminases

242. For the isoimmune conflict prophylaxis it is needed to administrate for mother an anti-D-rhesus immunoglobulin , if following criteria are keeping:

- A. In mother the Rh (+), antibodies are not present, in newborn Rh (+)
- B. In mother Rh (-), antibodies are not present, in newborn Rh (+)
- C. In mother Rh (+), antibodies are not present, in newborn Rh (-)
- D. In mother Rh (-), antibodies are present, in new-born Rh (+)
- E. In mother the Rh (-), antibodies are not present, in newborn Rh (-)

243. It is necessary to hold back from conducting of light-therapy in icterus due to holestasis (direct bilirubin higher than 20 %)

- A. The statement is incorrect
- B. The syndrome of respiratory disorders can arise
- C. There is the danger for development of bronze child syndrome
- D. Can arise an intracranial hemorrhage
- E. Can arise a pneumonia

244. Hyperbilirubinemia with the rise of direct fraction of bilirubin is observed in newborn patients in following cases:

- A. Halactosemia
- B. Perinatal- TORCH- infections
- C. Sepsis
- D. Hepatitis
- E. All above mensioned states are accompanied with the rise of direct fraction.

245. Diagnostics of hemolytic disease causes by rhesus-conflict in newborn child with clinical manifestation, but without antibodies in a mother you: will prescribe during pregnancy?

- A. Direct and indirect Combs tests
- B. Direct Combs test
- C. Indirect Combs test
- D. Level of biliroubinou in an umbilical cord blood
- E. Osmotic resistance of erythrocytes

246. Risk factors of holestasis in newborn children?

- A. Complete parenteral feeding
- B. Hemlytic disease of newborn
- C. Antibacterial therapy and infections
- D. Hemotransfusion
- E. All above mensioned is correct, except for hemotransfusion

247. In a new-born child on a 5 day of life the level of bilirubin in blood is 280 $\mu\text{mol/l}$, direct fraction to 90 $\mu\text{mol/l}$. These parameters are reflected following states:

- A. Hemolysis as a result of glucose-6-phosphat dehydrogenase deficiency
- B. CMV -infectiob
- C. Viral hepatitis B
- D. Syndrome of an intrahepatic cholestasis
- E. Everything is correct except for a G-6-PD deficiency

248. In anamnesis of woman the previous child had hemolytic disease of newborn; abortions, medical abortions. Now woman have VII pregnancy with 16 weeks of gestational age, threat of of pregnancy breaking (II) Rh (-), titer of anti-Rh-antibodies 1:512. Specific prophylaxis of Rh-conflict was not conducted. What method of antenatalmedical treatment of Rh-conflict most expedientlyto prescribe?

- A. Hepatotropic medicines and vitamins
- B. Plasmaferesis
- C. Enterosorbents
- D. Dimedrol
- E. Infusions of glucose

249. A baby boy was born in time, it was his mother's 1st pregnancy. The jaundice was revealed on the 2nd day of life, thenit progressed. The adynamia, vomiting and hepatomegaly were presented. The indirect bilirubin level was 275 $\mu\text{mol/L}$, the direct bilirubin level - 5 $\mu\text{mol/L}$, Hb- 150 g/L. Mother's blood group - 0(I), Rh⁺, child's blood group - A(II), Rh⁺. Make a diagnosis.

- A. Hemolytic disease of newborn (ABO incompatibility), icteric type
- B. Jaundice due to conjugation disorder
- C. Physiological jaundice
- D. Hemolytic disease of newborn (Rh - incompatibility)
- E. Hepatitis

250. Child was born in term, with gestational age of 40 weeks and weight of 3000g. Apgar score 7-8 points. Mother's blood is AB (IY) Rh (-). Child's is (III) Rh(+). An icterus appeared in the first day. Common bilirubin is 200 $\mu\text{mol/l}$, indirect fraction is 190 $\mu\text{mol/l}$, direct is 10 $\mu\text{mol/l}$, Hb-160 g/l, reticulocytes 4,4%. Liver +4cm, spleen + 1,5cm. Urine is light, feces are painted. Coumbs test is positive. Establish the diagnosis:

- A. Physiologic jaundice
- B. Hemorrhagic illness of newborns
- C. Fetal hepatitis
- D. Crigler-Nayyar syndrome
- E. Hemolytic disease of newborns

251. New-born child from a mother with the complicated obstetric anamnesis, from third pregnancy, first delivery. At birth a skin is rose. The Hb of blood is 160 g/l, RBC - 4,6 g/l. Bilirubin of blood from the umbilical vein is 60 mcmmol/l. Blood type of mother is (I) Rh (-), of the child is (I) Rh (+). The icterus of skin appeared after 6 hours; bilirubin of blood is 116 mcmmol/l, unconjugated. Diagnosis: Icteric - anaemic form of Rh-conflict. Define the tactic of medical treatment.

- A. Enterosorbents
- B. Light-therapy
- C. Exchange blood transfusion
- D. Light-therapy + liquid infusion
- E. Membranstabilizing preparation.

252. In worn child of one week of age, that was born with the weight 3400g, length 51cm, an icterus has appeared in the first days and increased due to indirect fraction of bilirubin. Hepatic enzymes are normal. Blood type of mother is II Rh -positive, of the child is 0(I) Rh- positive. What pathology is more likely in this case?

- A. Biliary atresia
- B. Fetal hepatitis
- C. Hemolytic disease of newborns
- D. Conjugated icterus.
- E. Crigler-Najjar syndrome

253. In a newborn girl that was born in term, second delivery, weight 3500g, Apgar score 8-8 points, the icterus has appeared in first day of life. Indirect bilirubin in a blood is 57 mcmmol/l, after 6 hours is 100 mcmmol/l. Choose the correct method of medical treatment.

- A. Exchange blood transfusion
- B. Prescribing of Phenobarbital
- C. Light-therapy
- D. Liquid infusion
- E. Enterosorbent

254. In newborn child in age of one day there was an icterus. Common bilirubin in blood serum is 144 mcmmol/l, indirect bilirubin is 130 mcmmol/l. Coumbs test is positive. Child from the first pregnancy. A mother has blood type 0(I) Rh(-). What is more likely causes the jaundice?

- A. Biliary atresia
- B. The rhesus conflict
- C. ABO-incompatibility
- D. Physiological jaundice
- E. Fetal hepatitis.

255. Worn newborn child from the first pregnancy and first delivery. Mother's blood type is (I) Rh (+), child's is (II) Rh (+). An icterus increases progressively after 2 day of life. Liver +3cm, spleen +1cm. Bilirubin of blood to 3 day of life consists 250 $\mu\text{mol/l}$, unconjugated is 240 $\mu\text{mol/l}$. Direct test of Coombs is low positive, Hb 160-160 g/l, RBC. - $4,5 \times 10^{12}/\text{l}$, Ht 0,55. What the most reliable diagnosis?

- A. ABO-conflict
- B. Physiologic jaundice
- C. Jaundice of mother milk
- D. Conjugated icterus
- E. Fetal hepatitis

256. Child in age of 10 days, was born in a term with weight 3000g. Apgar score is 8-9 points. From the first day an icterus of skin admitted, liver +3,5cm., spleen is on the edge of costal arc. Color of urine and feces are not changed. In this time Coombs test is positive, hemoglobin 130 g/l, reticulocytes is 4,6%, common bilirubin is 300 $\mu\text{mol/l}$, indirect fraction is - 288 $\mu\text{mol/l}$, transaminases: ALT - 0,28, AST - 0,26. During medical treatment the state of child became better, intensity of icterus diminished. Up to 9 day of life icterus acquired greenish color, urine became dark, feces white. In ultrasound cholic channels and gall-bladder scanned clear. Establish the diagnosis:

- A. Biliary atresia
- B. Fetal hepatitis
- C. Jaundice of Crigler-Najjar
- D. Intrahepatic cholestasis
- E. Physiologic jaundice

257. Child was born healthy with weight 3500g, length 51cm, Apgar score 8 points. A woman has the first non complicated pregnancy, delivery in term. Mother's blood is (I) Rh (-), father's is (II) Rh (+), child's is (I) Rh (+). What method of prophylaxis of Rh-conflict needs to be appointed for puerpera?

- A. It does not need prophylaxis
- B. Vitamines
- C. Anti-Rh- immunoglobulin
- D. Antihistaminic preparations
- E. Enterosorbents

258. During the test, the child district pediatrician discovered that she could watch the long bright toy, smiling. Holds head upright for a few minutes. The provision in the abdomen - raises and holds his head. Not sitting. Based on data psychomotor development, determine the age of the child:

- A. 2 months.
- B. 4 months.
- C. 5 months.
- D. 6 months.
- E. 7 months.

259. The district pediatrician at the review of the child showed no deviations from the side of the internal organs. Indicators psychomotor development: distinguishes relatives from strangers, learns mother's voice. Confidence takes a toy, being in any position, translates from one hand to another. Independently flips from the abdomen to the back. Pronounce some syllables, hilit. Good eats with a spoon. Which age corresponds psychomotor development of the child?

- A. 2 months
- B. 3 months
- C. 4 months
- D. 6 months
- E. 9 months

260. The district pediatrician prepares medical records girl 9 months to transfer to another site. He needs to fill out the form number 025 / y. What is this medical records?

- A. Control Card dispensary patient
- B. Outpatient medical card
- C. Map immunization
- D. Journal of vaccination
- E. History of child development

261. Girl 5.5 months. Born with a mass of 3300 g, length 51 cm is located on breastfeeding, physical development - the average proportional. Mother complains of anxiety, frequent nocturnal awakening the child, reducing the intervals between feedings. Last month premium weight was 400 g Urination - 6 - 8 times a day, a tendency to constipation. What actions doctor would be appropriate for the prevention of malnutrition?

- A. Enter first foods
- B. Put baby to bottle-feeding
- C. Add to a diet of cow's milk
- D. Conduct feeding correction by adding to the diet of cheese
- E. Dispatched inpatient survey

262. In the clinic for routine inspection turned out to have a child at the age of 1 year. An objective review of the violation of internal organs were found. How many teeth should be in the child?

- A. 2
- B. 4
- C. 6
- D. 8
- E. 10

263. On examination, the 4-month infant pediatrician noticed the presence of scalp flakes lemon yellow, fatty crusts. How should I interpret existing cutaneous manifestations?

- A. Infant eczema
- B. Milk crust
- C. Strofilyus
- D. Psevdfurunkuloz
- E. Gneiss

264. The district pediatrician at the review girl said 9 months lag in neuro-psychological development, lack of body weight more than 15%. Over the past 6 months, twice postponed SARS. Auscultation of the heart revealed systolic murmur functional nature. The child has 6 teeth. What group health include this child?

- A. The first
- B. The second
- C. The third
- D. A fourth
- E. to five

265. Girl 8 months. is in the early artificial feeding, teeth, not sitting, large fontanel 3x4 cm at the level of the skull bones. Severe frontal and parietal humps. When dressing periodically observed tonic muscle contractions hands of "hands obstetrician." District doctor suggests spazmofilii. What research confirms the alleged diagnosis?

- A. Determining the level of calcium in blood
- B. Determining the level of blood potassium
- C. Determining the level of blood phosphorus
- D. Electromyography
- E. Neurosonography.

266. The district pediatrician asked Mom 4.5 month old girl for advice on the frequency of child hygiene baths. What recommendations about the frequency of hygienic bathing at this age is to give the district a doctor?

- A. 1 per day
- B. 1 time in 2 days
- C. 1 time in 3 days
- D. 1 time a week
- E. 1 every 10 days

267. The child is 12 months. Vaccinated against tuberculosis and hepatitis B, DPT - 3, 4 and 5 months of age. What vaccinations should hold this child?

- A. Vaccination against measles, rubella, mumps after Mantoux test
- B. DTP-revaccination
- C. Vaccination against measles, mumps and rubella

- D. Vaccination against hepatitis B
- E. Mantoux test

268. On receiving district pediatrician parents came 2-month boy. A child's first family. Located on breastfeeding, gaining weight satisfactorily. Complaints parents do not impose. How often and where to look to this child?

- A. At home, 1 time a month
- B. The office of a healthy child at the request of parents
- C. The office of a healthy baby 1 per quarter
- D. The office of a healthy baby 1 per month
- E. At home, at the request of parents

269. On examination, the boy at home 1 month and 20 days of the district pediatrician had a talk with the parents on "Preventive vaccinations and their role in the prevention of disease." What vaccination and at what age should hold this child?

- A. Hepatitis B, DPT, polio in 2 months
- B. Hepatitis B, DPT, polio 3 months
- C. DTP, polio in 2 months
- D. DTP, polio 3 months
- E. Hepatitis B, polio 3 months

270. In the clinic for routine inspection turned out to have a child at the age of 8 months. An objective review of the violation of internal organs were found. How many teeth should be in the child?

- A. 2
- B. 4
- C. 6
- D. 8
- E. 10

271. In the pediatric area observed child 6 months, suffering for congenital heart defect (defect and intraventricular septum I), II A heart failure. What is the health group health in this child?

- A. I
- B. II
- C. III
- D. IV
- E. -

272. In children 3 months studied peripheral blood in connection with future planned vaccination. Erythrocytes - $2.9 \cdot 10^{12} / l$, Hb - $90 \text{ g} / l$, leukocytes. - $6.8 \cdot 10^9 / l$, ESR - $10 \text{ mm} / \text{hour}$. Which group of health should be assign to this child?

- A. I

- B. II
- C. III
- D. IV
- E. – V

273. The district pediatrician expects rates completeness and timeliness of clinical examination of patients with breathing disorders. What medical documentation he should use for this purpose?

- A. control card check-up (f. number 030)
- B. Map immunization (f. number 063)
- C. Sanatorium card for children and adolescents (f. number 076)
- D. Medical Record of Child (f. number 026)
- E. Extract from the history of the child (f. number 027)

274. The district is a pediatrician work plan. What is the main part in preventive work plan?

- A. Plan immunization
- B. USI
- C. Plan clinical examination of children with disorders of the respiratory system
- D. Plan clinical examination of children with disorders of the digestive system
- E. Plan clinical examination of children with disorders of the urinary system

275. In term infants with 3 to 10 days of life there is jaundice. The general condition of the child is satisfactory. The maximum level of bilirubin in the blood during this period-102 $\mu\text{mol/l}$ versus 8.2 mmol/l of them by conjugated. What's the status of the child?

- A. Biliary atresia
- B. Physiological jaundice
- C. Hemolytic disease of newborn
- D. Fetal hepatitis
- E. Hereditary hemolytic anemia mikrosferotsytarna

276. The child is 16 days. The mother have a hypogalactia, that's why the child must be full. What mixture should be?

- A. NAN
- B. Cow Milk
- C. Babe
- D. Baby
- E. Acidophilus milk

277. Newborns with body weight at birth 3800 g on the third day -3200 g Weight Loss:

- A. exceeds the norm

- B. Less than normal
- C. Compliance with Regulations
- D. It is impossible to consider
- E. Another answer

278. The child is 8 months. Delivered to the admissions department of Children's Hospital of the attack of generalized tonic seizures. On examination revealed hyperplasia frontal tubercles, a symptom of "rib"brushes, furrow Harrison, rachitic bracelets. What preparation is necessary to enter to normalize the ionic composition of blood serum?

- A. Calcium gluconate.
- B. Sodium chloride.
- C. Sodium bicarbonate.
- D. Potassium chloride.
- E. Ammonium chloride.

279. The boy 11 months against the background of less severe acute respiratory infection were repeated clonic seizures. On examination revealed signs of rickets moderately. The level of total serum calcium - 1.7 mmol / l, the QT interval on the ECG extended - 0.33 sec. Data on perinatal CNS there. Spina fluid unchanged flowed under pressure. Feeding artificial, no vegetable dishes. What disease manifested against the background of ozone depleting substances?

- A. Meningitis
- B. Spazmofilii
- C. Neyrotoksykoz
- D. Encephalitis
- E. Entsefalitychna reaction

280. The child is 8 months. According to the mother during dressing baby cry, has appeared with noisy breathing, turned blue, covered with cold sweat, the ensuing brief stop breathing. Mother poured baby face with water and baby noise gasped, and a few minutes later was active, played. On examination, the doctor found signs of rickets in children. Ask a preliminary diagnosis.

- A. Benign childhood partial seizures
- B. Juvenile myoclonic epilepsy
- C. Febrile seizures
- D. Foreign body larynx
- E. Spazmofilii, larinhospazm

281. The district pediatrician examines a healthy full-term baby a month old, who is breastfed. Prevention of disease which will recommend a doctor in the first place?

- A. Paratrofiya
- B. Anemia

- C. Wasting
- D. Spazmofilii
- E. Rickets

282. The child is 5 months during treatment of rickets (vitamin D3 orally at a dose of 5 thousand IU and total UVI) emerged attack tonic-clonic seizures. What test will appoint a doctor in the first place?

- A. Determination of calcium and phosphorus in the blood
- B. Determination of calcium and phosphorus in the urine
- C. lumbar puncture
- D. Neurosonography
- E. Computed tomography of the brain

283. The boy 9 months while shouting appeared noisy breathing, cyanosis of the skin, cold sweat, there was a brief cessation of breathing, tonic spasms in the hands and feet. A few minutes later the child returned to normal. On examination revealed only signs of rickets, body temperature - 36.6 oC. Feed breast milk. What preparation should be in the first place after the attack?

- A. Vitamin C
- B. Vitamin B
- C. Calcium gluconate
- D. Sodium hydroxybutyrate
- E. Finlepsyn

284. At a reception at the pediatrician girl 1.5 months, who was born premature. Located on breastfeeding. What is the daily dose of vitamin D should appoint a doctor to prevent rickets?

- A. 800 IU
- B. 200 IU
- C. 300 IU
- D. 600m
- E. 400 IU

285. Boy 8 months. with bone manifestations of rickets was vitamin D at a dose of 1 million units. He gradually deteriorated appetite, appeared proteinuria. Sample Sulkovycha (+ + +). What is the drug of choice for immunosuppressive therapy of this condition?

- A. Thyroxine
- B. Prednisolone
- C. Riboflavin
- D. Phenobarbital
- E. pyridoxal phosphate

286. Child 2 months, born in autumn weighing 1900 Feed breast milk. Prevention of rickets should be done in a daily dose of ergocalciferol:

- A. 2000-3000 IU
- B. 100-200 IU
- C. 400-500 IU
- D. 300-400 IU
- E. 1000-1200 IU

287. The boy is 3 months feed cow's milk. Well gaining weight, prevention of rickets vitamin D was not performed. The child sweats, neck flattened, kraniotabes, poor sleep. In the blood - high levels of alkaline phosphatase. Your diagnosis?

- A. Hypervitaminosis D
- B. Rickets light early period, acute course
- C. Rickets light peak period, subacute
- D. Rickets light peak period, acute course
- E. Rickets moderate, peak period, acute course

288. A child of 3 months during the week was observed at the site of the acute respiratory viral infection. Despite the positive dynamics of treatment carried out, not seen: stored fever, catarrhal, increased cough. The child goes to the hospital with the assumption of pneumonia. What medical forms must complete a district physician in this case?

- A. Emergency Alert
- B. History of the Child (f. number 112th)
- C. The cover letter (f. number 114th)
- D. Extract from the medical card child
- E. Case History

289. The district pediatrician prepares medical records girl 9 months to transfer to another site. He needs to fill out the form number 063 / y. What is this form?

- A. Control Card dispensary patient
- B. Outpatient medical card
- C. Map immunization records
- D. Journal of vaccination
- E. Map examination of the child with an unusual reaction to BCG vaccination

290. Child 11 month discharged from the hospital, where the right-hand about community-acquired pneumonia polysegmental, acute course. What should be done continuity between hospital and pediatric section in this case?

- A. Making Epicrisis in outpatients and transfer forms 112 / in
- B. Submission of emergency notification
- C. Design Cover Letter 114 / in
- D. Transfer from a hospital phone call GP to home
- E. Filling control maps clinical supervision (form 030 / y)

291. The girl 3 months diagnosed congenital heart defect: tetralogy of Fallot. State girls heavy, frequent dyspnea -cyanotic attacks pronounced signs of cardiovascular disease. At what age a child should be directed to consult a cardio over a palliative surgery:

- A. With 3-months
- B. From 6 months
- C. From 1 year
- D. From 3 years old
- E. From 4-5 years

292. In the 3-month girl shortness of breath, which increases during feeding and crying, oral cyanosis. Diagnosed congenital heart defect. Specify the frequency of reviews district pediatrician and child cardio rheumatologists at this age:

- A. 1 time a week
- B. 2 times a month
- C. 1 time a month
- D. 1 in every 3 months
- E. 1 time in 6 months

293. Boy 7 days was examined by the district doctor and nurse on the second day after discharge from the hospital. The diagnosis: healthy, group health I. The most probable frequency of reviews child district physician for the first year of life:

- A. 10 times
- B. 12 times
- C. 14 times
- D. 16 times
- E. 21 times.

294. The child is 3 months studied peripheral blood in connection with future planned vaccination. Erythrocytes - $2.9 \text{ T} / 1$, Hb - $90 \text{ g} / 1$, leucytosis. - $6.8 \text{ g} / 1$, ESR - 10 mm per hour. Which group of health should include this child?

- A. I
- B. II
- C. III
- D. IV
- E. -V

295. The most common reason hipotrophic option intrauterine growth is:

- A. Effects of teratogenic medications.
- B. Severe preeclampsia second half of pregnancy.
- C. Multiple pregnancy.

- D. Adolescence mother.
- E. Genetically caused a small weight at the time of birth.

296. What are the consequences of birth trauma often occur?

- A. Paresis and paralysis
- B. Sprue
- C. Wasting
- D. Macrocephaly, Microcephaly.

297. Option dystrophy, diagnosed in a newborn baby with low birth weight and normal length is called:

- A. Hypoplastic variant of intrauterine development.
- B. Kwashiorkor.
- C. Hipotrofichnyy option intrauterine development.
- D. Dysplastic variant of intrauterine development.
- E. Marasmus.

298. Full-term baby, born weighing 3200 g, body length 50 cm, with Apgar score 8-10 marks from a mother with acquired immunodeficiency syndrome . What is the optimal period of the first latch to the breast?

- A. In the first 6 hours
- B. In the first 30 minutes
- C. In the first 24 hours
- D. In the first 48 hours
- E. Breastfeeding is contraindicated

299. A child who is in the hospital about septic and pyemic discharge caused by umbilical sepsis, with staphylococcal established nature of the disease. What is the best type of specific therapy?

- A. native plasma transfusion
- B. staphylococcal toxoid
- C. antistaphylococcal immunoglobulin
- D. blood tranfusion
- E. staphylococcal bacteriophage

300. A child born from Human Immunodeficiency Virus -positive mothers. Specify how the T4/T8 ratio in acquired immunodeficiency syndrome :

- A. 1,2-2,0
- B. Do not change
- C. Less than 1.2
- D. More than 2.0
- E. There is no correct answer

301. The child, 6-month birthday observed recurrent broncho-pulmonary pathology of obstructive syndrome. The dynamics behind in physical development. It tastes salty skin. What is your preliminary diagnosis?

- A. Respiratory allergies
- B. bronchiolitis
- C. Cystic Fibrosis
- D. Acute pneumonia
- E. Obstructive Bronchitis

302. The girl 2.5 years have symptoms of bronchitis 4-5 times a year, mostly on the background of acute respiratory diseases. The child must place adenoid vegetations of II. In order to prevent acute respiratory illness in the first place should be:

- A. Treatment of chronic focuses of infection
- B. Immunomodulators
- C. Antibiotics in autumn and spring
- D. Periodic examining of the child
- E. Antihistamines

303. Girl 10 years old suffer sixth day. Sluggish, and - 37,8-38,3 ° C, the skin is pale, peryorbitalni shadows. Dry cough, shortness of breath, BH - 32-36/hv. Above lungs shortening percussion sound right at 10.9 segments breathing hard in the area of shortening weakened, finely wheezing, crackling. What examination is crucial for diagnosis?

- A. Bacterial sputum
- B. Bronchoscopy
- C. Clinical analysis of blood
- D. Bronhography
- E. Chest X-ray

304. A child of 2 years treated for acute staphylococcal destructive pneumonia. What preparation should be to passive immunotherapy?

- A. staphylococcal bacteriophage
- B. measles immunoglobulin
- C. Antistafilococcal hyperimmune plasma
- D. Staphylococcal toxin
- E. Commercial polyimmunoglobulin

305. The child is 1 year, which was treated in hospital for acute suppurative otitis media, in the 2nd week of developed acute focal pneumonia that occurs with destruction. What is the pathogen most probably caused the disease in the child?

- A. Pfeiffer bacillus
- B. pneumoniae
- C. Streptococcus

- D. Mycoplasma
- E. Staphylococcus

306. In hospital travail with acquired immunodeficiency syndrome born full-term baby. In preventive purposes infant was assigned antiretroviral therapy. What immune cells affects Human Immunodeficiency Virus?

- A. Cytotoxic lymphocytes;
- B. CD-4 cells;
- C. Plasma cells;
- D. Macrophages;
- E. Dendritic cells.

307. Child, 4 days of life, born from a mother with acquired immunodeficiency syndrome. Mother receives antiretroviral therapy. Can I breastfeed?

- A. Yes, you can;
- B. No, you can not;
- C. Yes, if the child will also otrymuvat antiretroviral treatment;
- D. You can, if serological analysis for HIV negative;
- E. There is no correct answer

308. Exfoliative dermatitis Ritter caused by :

- A. A and B streptococci
- B. Staphylococcus aureus
- C. Blue-purulent stick
- D. Proteus
- E. E. coli

309. The child was born with a weight of 3700 of Apgar score 10.8 points. On the 5th day of life the child was discharged home. At 8 days of life on the baby's skin appeared vesicle-pustular rash in areas of natural folds. The general condition of the child is not disturbed. Complete blood count was normal. Formulate a diagnosis:

- A. Vesiculopustulosis
- B. Epidermal pemphigus newborns. Benign form.
- C. Exfoliative dermatitis Ritter
- D. Herpes
- E. Congenital syphilis

310. In the newborn child on the third day of life on the front chest appeared red, dense, hot to the touch, painful on palpation stain with clear boundaries. Within hours it increased significantly in size, the next day it was the color blue and purple and there was softening in the center. What is the most likely diagnosis?

- A. Pemphigus of newborn

- B. Necrotic phlegmon of newborns
- C. Exfoliative dermatitis of Ritter
- D. Pseudofurunculosis.
- E. Erysipeloid of newborns

311. Newborn umbilical pus discharge from the wound, the skin around the navel swollen. Skin pale, with yellow-gray tint, generalized haemorrhagic rash. Body temperature is hectic nature. Which of the following most likely diagnosis?

- A. Hemorrhagic disease of newborn
- B. Sepsis
- C. Hemolytic disease.
- D. Thrombocytopathy
- E. Omphalitis

312. A baby born weighing 3700 g with Apgar score on 8-10 marks. On the 5th day of life the child was discharged home. The 8 day on baby's skin appeared vesicle-pustular rash in areas of natural folds. The general condition of the child is not violated. Complete blood count was normal. Formulate a diagnosis:

- A. Epidermal pemphigus of newborn baby. Benign form.
- B. Vesiculopustulosis
- C. Exfoliative dermatitis Ritter
- D. Rubella
- E. Congenital syphilis

313. A child from the mother, who suffers from chronic cholecystitis, on the 6th month of pregnancy suffered acute respiratory infection. At birth - long waterless period. Body weight - 3100 g umbilical cord fell by day 7. Home was discharged on the 8th day of life. From the 10th day was sluggish, poorly pees, regurgitate. At the 17 day weight 3150 g, gray skin, umbilical wound purulent department. Stool with herbs, rare. The surgeon diagnosed suppurative osteomyelitis of the humeral cyststing. What is the most likely pathology that leads to a picture?

- A. Osteomyelitis
- B. Sepsis of newborns
- C. Purulent omphalitis
- D. Enterocolitis
- E. Intrauterine sepsis

314. In infants with hemolytic disease by Rh-factor blood group 0 (I) Rh (+), the mother A (II) Rh (-). What blood should be transfused during surgery replacement transfusion?

- A. 0 (I) RH (+)
- B. A (II) RH (-)

- C 0 (I) RH (-)
- D. A (II) RH (-)
- E. In (III) RH (-)

315. In infants aged one day there was jaundice. Total serum bilirubin -144 mmol / L, indirect bilirubin -130 mmol / l. Coombs test positive. Child from the first pregnancy. The mother has blood group - 0 (I) Rh (-). Likely cause of jaundice?

- A. Physiological jaundice
- B. Biliary atresia
- C. Conjugation jaundice
- D. ABO-incompatibility
- E. Fetal hepatitis

316. A child at the age of 3 weeks on the skin chest and abdomen formed large soft bubbles with purulent content that quickly burst. Enter a possible diagnosis:

- A. Vesiculopustulosis
- B. Pemphigus of newborns.
- C. Toxic erythema
- D. Syphilitic pemphigus
- E. Furunculosis

317. The 3-day old baby pronounced symptoms of intoxication, increased body temperature in the lower third of the left thigh - purplish-bluish stain with signs of local inflammation and a tendency to spread. Put a presumptive diagnosis

- A. Sepsis
- B. Arthritis left knee
- C. Hematogenous osteomyelitis of the femur
- D. Fracture of femur
- E. Phlegmon of hip

318. Patient S. Complaints pertussislike cough with thick sputum release, persistent changes in the lungs of 8 months of age when first diagnosed with pneumonia. Objectively: skin pale and dry. Above lungs percussion - tympanitis areas alternate with dulling. Auscultation - dry and wet medium and small bubbling rales on both sides. The X-ray - reticulated pattern. Chloride in sweat - 102 mg / dL. Your preliminary diagnosis?

- A. foreign objects.
- B. fibrosis.
- C. Acute pneumonia.
- D. Chronic bronchitis.
- E. Polycystic lungs.

319. Mother of 2-year old child complains of persistent recurrent bronchitis HZ severe obstructive syndrome from birth. Shortness of breath during exacerbation is poorly treatable. The family is one of three children born died at 10 months of age from severe obstructive syndrome, which is often repeated. In proteyinohami level α 1-hlobilunu is 0.5%. What disease can think of?:

- A. Recurrent bronchitis, exacerbation;
- B. Bronchiectasis, acute;
- C. α 1-antitrypsin deficiency;
- D. Idiopathic pulmonary hemosiderosis.
- E. Asthma

320. The 3-year-old complaints of constant shortness of breath, cyanosis, bloodcaugh. Often ill with bronchitis. Deformation is noted fingers as "drumsticks" and nail "hour glass". On radiographs of right ventricular hypertrophy, pulmonary picture weakened, roots extended. Blood analysis is RBC's $7.1 * 10^{12} / L$, hemoglobin 157 g / l. Select the most likely diagnosis:

- A. Goodpasture's syndrome;
- B. Congenital heart defect;
- C. Primary pulmonary hypertension;
- D. Emphysema.
- E. Recurrent bronchitis, exacerbation

321. Patient S. Complaints of pertussislike cough with thick sputum release, persistent changes in the lungs of 8 months of age when first diagnosed with pneumonia. Objectively: skin pale and dry. Above lungs percussion - tympanitis areas alternate with dulling. Auscultation - dry and wet medium and small bubbling rales on both sides. The X-ray - reticulated pattern. Chloride in sweat - 102 mg / dL. Your preliminary diagnosis?

- A. Foreign objects.
- B. Fibrosis.
- C. Acute pneumonia.
- D. Chronic bronchitis.
- E. Polycystic lungs.

322. Child 6 months. 5th day of illness: t-38,0 C. Consciousness soporous. The skin and sclera jaundice, bleeding at the injection site. Liver 1.0 cm viscous consistency. Your primary examination of the patient?

- A. The level of bilirubin and fractions, enzymes in the blood.
- B. Clinical analysis of blood.
- C. Urinalysis.
- D. Blood tests for sterility.
- E. Proteinogramme.

323. The boy 8 months on the background of the symptoms of acute intestinal infections, lethargy and hyperthermia appeared pale skin with icteric tinge, hemorrhagic rash, hepatosplenomegaly, lethargy, oliguria. In blood: Hb - 70 g / l, erythrocytes - 1,8 (10x12 / L, platelets - 100 (10x9 / l, leukocytes - 25 (10x9 / l, azotemia. Which diagnosis should exclude priority?

- A. Hemolytic-uremic syndrome.
- B. Acute hemolytic anemia.
- C. Hemochromatosis.
- D. Acute adrenal insufficiency
- E. Ray Syndrome.

324. The boy of 2 months marked jaundice skin, sclera and fever. Child inhibited, dyspnea, tachycardia. Liver 2.5 cm, dark urine, feces are light in color. From history revealed that the child at an early age moved neonatal hemolytic disease of the newborn, with blood exchange transfusion operation. The most likely reason that led to the child's condition is:

- A. Tirosinemia.
- B. Atresia of bile ducts
- C. The syndrome of dense bile
- D. Hemolytic disease of newborns
- E. Hepatitis,

325. Which children are at risk of IDA?

- A. Children with allergic skin lesions
- B. Children with helminth infestation
- C. Premature babies
- D. Children with congenital hypotrophy
- E. All answers are correct

326. Aregeneratory anemia is characterized by:

- A. Lack of reticulocytosis in the blood and bone marrow.
- B. Reduction of reticulocytes in the blood.
- C. Reduction of reticulocytes in the bone marrow.
- D. Normal content of reticulocytes in the blood and increase their numbers in the bone marrow.
- E. All answers are correct

327. The child is 7 months. She was born at term weighing 3100 g With two months - on artificial feeding. From 4 months - semolina as foods. Fruit and vegetable juices is irregular. Mother complains of poor appetite of child. Her concern s the lag in physical development, pale and dry skin, mucous membranes. Suspected IDA. Which laboratory techniques to help to confirm the diagnosis?

- A. Urinalysis;
- B. Bilirubin levels;

- C. Blood electrolytes;
- D. Proteinogramme;
- E. Detection of iron binding capacity of the blood.

328. Boy T., 13 years old, hospitalized for examination in connection with the suspected presence of vasorenal hypertension. To verify vasorenal hypertension most informative studies are:

- A. Cystography.
- B. Measuring blood pressure.
- C. Intravenous urography
- D. Renal angiography
- E. Ultrasound renal vessels.

329. Boy S., 4 years with congenital heart diseases, manifestations of hypertension. Which of the following heart defects most likely the child:

- A. Stenosis of the pulmonary artery.
- B. Stenosis of the aorta.
- C. Coarctation of the aorta.
- D. Atrial septal defect.
- E. Ventricular septal defect.

330. Child O., 13 years old. Arterial hypertension, frequent crisis within 6 months. The diagnosis pheochromocytoma. List any clinical signs of this disease crisis

- A. Tachycardia.
- B. Hypoglycemia.
- C. Hyperglycemia
- D. Vomiting.
- E. Fever.

331. Specify all the factors that affect the value of blood pressure in children:

- A. Total peripheral resistance.
- B. Pumping function of the heart.
- C. Volume of circulating blood.
- D. Extensibility of blood vessels.
- E. Collateral circulation.

332. Boy C., 14 years. Complains of runny nose, fever up to 39.0°C. In history for 8 months headache, fatigue. Symptomatic hypertension may be suspected when:

- A. Increased blood pressure on a background of somatic diseases.
- B. Increased blood pressure in young children.
- C. Systolic blood pressure > 140 - 150 mmHg
- D. Diastolic blood pressure > 100 mmHg
- E. Hypertension, which has a malignant character.

333. What disease is characterized of obesity, retardation in mental and sexual development, polydactyly and pigmentary retinitis?

- A. Lawrence - Moon syndrome.
- B. Down syndrome
- C. Itsenko – Cushing syndrome
- D. Prader – Willy syndrome
- E. Pubertal subthalamic syndrome

334. An otherwise healthy 7,5-year-old girl is brought to your office by her father because she has some acne, breast development, and fine pubic hair. The most likely etiology for her condition is

- A. A feminizing ovarian tumor
- B. A gonadotropin-producing tumor
- C. A lesion of the central nervous system
- D. Exogenous estrogens
- E. Early onset of “normal” puberty (constitutional)

335. What diseases are more wide-spread among the adolescents suffering of obesity?

- A. Hypertension.
- B. Diabetes.
- C. Osteoarthritis.
- D. Coronary failure.
- E. All listed above

336. An otherwise healthy 12-year-old child is brought to you to be evaluated because he is the shortest child in his class. Careful measurements of his upper and lower body segments demonstrate normal body proportions for age 8 years. Which of the following disorders of growth is likely?

- A. Achondroplasia
- B. Morquio disease
- C. Hypothyroidism
- D. Growth hormone deficiency
- E. Marfan syndrome

337. A 13-year-old boy is below the third percentile for height (fiftieth percentile for age 9). Which of the following would give him the best prognosis for normal adult height?

- A. A bone age of 9 years
- B. A bone age of 13 years
- C. A bone age of 15 years
- D. Being at the fiftieth percentile for weight
- E. Being at the third percentile for weight

338. A 10-year-old obese boy has central fat distribution, arrested growth, arterial hypertension, plethora, purple striae, and osteoporosis. Which of the following disorders is most likely to be responsible for the clinical picture that this boy presents?

- A. Bilateral adrenal hyperplasia
- B. Adrenal adenoma
- C. Adrenal carcinoma
- D. Craniopharyngioma
- E. Ectopic adrenocorticotropin-producing tumor

339. The parents of a 14-year-old boy are concerned about his short stature and lack of sexual development. By history, you learn that his birth weight and length were 3 kg and 50 cm, respectively, and that he had a normal growth pattern, although he was always shorter than children his age. The physical examination is normal. His upper-to-lower segment ratio is 0.98. A small amount of fine axillary and pubic hair is present. There is no scrotal pigmentation; his testes measure 4.0 cm³ and his penis is 6 cm in length. In this situation you should

- A. Measure pituitary gonadotropin
- B. Obtain a CT scan of the pituitary area
- C. Biopsy his testes
- D. Measure serum testosterone levels
- E. Reassure the parents that the boy is normal

340. Which of the following is the most likely diagnosis for the patient in the previous question?

- A. Hypopituitarism
- B. Klinefelter syndrome
- C. Hypothyroidism
- D. Constitutionally short stature with delayed puberty
- E. Male Turner syndrome

341. An abnormally tall 11-year-old with normal mentation is most likely to have which of the following syndromes?

- A. Cerebral gigantism (Sotos syndrome)
- B. Homocystinuria
- C. XXY (Klinefelter syndrome)
- D. Marfan syndrome
- E. XYY

342. Girl of 14 years old complains of sleeping disturbances, arterial hypertension, decreasing of body weight, palpitation, cardialgias and fatigability. A thyroid gland hyperplasia of II degree and exophthalmia is marked. What changes in hormones level are most typical for this disease?

- A. Decreasing of catecholamines
- B. Increasing of Thyrotrophic hormone
- C. Increasing of the iodine level connected to protein
- D. Rising a thyroxin and triiodthyronin
- E. Increasing of cortisol

343. In the patient. of 13 years old, relapse of a nephrolithiasis, arterial hypertension, ostealgia, weakness, fatigability, growing thin are observed.

What from the specified diseases can be suspected?

- A. Sarcoma of bones
- B Hypoparathyrosis
- C. Hyperparathyroidism
- D. Multiple myeloma
- E. Any of the specified diseases

344. A 12-year-old boy has a height that is at the 95th percentile for a 16-year-old and a weight that is at the 25th to 50th percentile for his age. He has long fingers, a pectus carinatum, and a midsystolic click followed by a loud honking murmur. The risk of which of the following is the MOST likely reason to advise against competitive basketball?

- A. commotio cordis with ventricular fibrillation
- B. pericardial tamponade from aortic dissection
- C. rhabdomyolysis with severe acidosis
- D. sinus of Valsalva rupture with acute aortic regurgitation
- E. torsades de pointes with sudden cardiac death

345. You are evaluating a 16-year-old boy for preparticipation sports screening. The boy states that his older brother was diagnosed with a seizure

disorder and died suddenly during high school track practice. He also has a younger sister who has a history of syncope. Before approving him for sports participation, which of the following tests must be performed?

- A. computed tomography of the head
- B. electrocardiography
- C. electroencephalography
- D. genetic testing for ion channel abnormalities
- E. tilt table test

346. Adolescent Sergey, 16 years, for 1 year arterial hypertension. Complaints of frequent headaches, heart pain, loss of consciousness. The diagnosis is hypertensive encephalopathy. What is characteristic of this disease?

- A. Heart failure.
- B. Irregular heartbeat.
- C. Seizures, loss of consciousness.
- D. Seizures.
- E. Shortness of breath, wheezing in the lungs

347. An 14-year-old girl's parents complain that she has been hyperactive and somewhat emotionally labile for 2 weeks. She has jerky, sudden movements of the shoulders and seems to have great difficulty sitting still. On physical examination, the MOST likely additional finding in this child is

- A. icteric sclerae
- B. mitral regurgitation murmur
- C. Osler nodes
- D. severe hypertension
- E. splenomegaly

Answers:

1-E; 2-A; 3-A ; 4-A; 5-E ; 6-C; 7-E; 8-D ; 9-A; 10-A;
11-C; 12-C; 13-D; 14-C; 15-A; 16-C; 17-A; 18-D; 19-A;
20-D; 21-C; 22-A ; 23-E; 24-E; 25-A ; 26-B; 27-B; 28-B; 29-C;

30-A; 31-A; 32-C; 33-A; 34-A; 35-A; 36-E; 37-B; 38-B; 39-B;
40-C; 41-E; 42-A; 43-B; 44-C; 45-B; 46-A; 47-B; 48-C; 49-A;
50-B; 51-B; 52-A; 53-C; 54-B; 55-C; 56-E; 57-A; 58-C; 59-A;
60-E; 61-A; 62-D; 63-C; 64-A; 65-D; 66-C; 67-E; 68-C; 69-B;
70-C; 71-C; 72-C; 73-B; 74-C; 75-A; 76-D; 77-C; 78-C; 79-A;
80-E; 81-E; 82-D; 83-B; 84-D; 85-A; 86-A; 87-E; 88-B; 89-B;
90-A; 91-E; 92-E; 93-C; 94-B; 95-C; 96-E; 97-A; 98-B; 99-D;
100-D; 101-E; 102-B; 103-A; 104-A; 105-C; 106-C; 107-D; 108-B; 109-D;
110-C; 111-A; 112-B; 113-C; 114-A; 115-D; 116-D; 117-D; 118-D; 119-C;
120-A; 121-D; 122-A; 123-D; 124-A; 125-D; 126-A; 127-D; 128-A; 129-B; 130-
D; 131-D; 132-C; 133-D; 134-E; 135-E; 136-B; 137-A; 138-A; 139-A;
140-E; 141-D; 142-D; 143-E; 144-D; 145-C; 146-E; 147-B; 148-B; 149-B;
150-D; 151-B; 152-B; 153-A; 154-D; 155-C; 156-B; 157-B; 158-A; 159-C;
160-C; 161-A; 162-A; 163-B; 164-D; 165-A; 166-D; 167-B; 168-C; 169-C;
170-A; 171-A; 172-C; 173-E; 174-B; 175-B; 176-C; 177-B; 178-E; 179-C;
180-D; 181-B; 182-B; 183-C; 184-C; 185-B; 186-C; 187-B; 188-A; 189-B;
190-C; 191-A; 192-C; 193-A; 194-D; 195-B; 196-C; 197-B; 198-E; 199-A;
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210-B; 211-B; 212-B; 213-D; 214-B; 215-B; 216-C; 217-D; 218-B; 219-A;
220-D; 221-E; 222-A; 223-A; 224-C; 225-C; 226-A; 227-E; 228-E; 229-D;
230-A; 231-B; 232-A; 233-D; 234-B; 235-A; 236-A; 237-E; 238-D; 239-D;
240-E; 241-A; 242-B; 243-C; 244-E; 245-A; 246-E; 247-E; 248-C; 249-A;
250-E; 251-C; 252-C; 253-B; 254-C; 255-A; 256-D; 257-C; 258-A; 259-
B; 260-D; 261-A; 262-D; 263-E; 264-B; 265-A; 266-A; 267-A; 268-D; 269-D;
270-B; 271-C; 272-B; 273-A; 274-A; 275-B; 276-A; 277-A; 278-A; 279-B;
280-E; 281-E; 282-A; 283-C; 284-A; 285-B; 286-C; 287-B; 288-D; 289-C;
290-A; 291-D; 292-A; 293-B; 294-A; 295-B; 296-D; 297-B; 298-E; 299-C;
300-C; 301-C; 302-A; 303-E; 304-E; 305-E; 306-B; 307-B; 308-B; 309-A;
310-B; 311-B; 312-B; 313-B; 314-C; 315-D; 316-B; 317-E; 318-B; 319-C;
320-A; 321-B; 322-A; 323-A; 324-E; 325-E; 326-A; 327-D; 328-D; 329-C;
330-A, C, D; 331-A, B, C, D; 332-A; 333-A; 334-E; 335-E; 336-D; 337-A;
338-B; 339-A; 340-D; 341-D; 342-D; 343-C; 344-D; 345-D; 346-C; 347-B.

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