

**ZAPORIZHZHYA STATE MEDICAL UNIVERSITY**  
**DEPARTMENT OF HOSPITAL PEDIATRICS**

**THE COLLECTION OF TEST TASKS**

**ON HOSPITAL PEDIATRICS**

**on outclass preparation for 5-th grade English-speaking students**

**of medical faculty**

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**Рецензенти:**

Завідувач кафедри факультетської педіатрії Запорізького державного медичного університету, доктор медичних наук, професор **Недельська С.М.**

Завідувач кафедри пропедевтики дитячих хвороб Запорізького державного медичного університету, доктор медичних наук, професор **Іванько О.Г.**

**Резніченко Ю.Г., Леженко Г.О., Пашкова О.Є., Каменщик А.В., Врублевська С.В., Лебединець О.М.**

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**Developing establishment:** Zaporizhzhya State Medical University

## **Compiled by:**

The head of hospital pediatric department, medical sciences doctor, professor  
**Lezhenko G.O.**

Professor of hospital pediatric department, medical sciences doctor,  
**Reznichenko Yu.G.**

Associate professor of hospital pediatric department, medical sciences doctor,  
**Pashkova O.E.;**

Associate professor of hospital pediatric department, medical sciences  
candidate, **Hyrya O.M.**

Assistant professor of hospital pediatric department, medical sciences candidate,  
**Kamenshchuk A.V.**

Assistant professor of hospital pediatric department, medical sciences candidate,  
**Lebedinets O.M.**

Assistant professor of hospital pediatric department, medical sciences candidate,  
**Vrublevska S.V.**

## **Reviewers:**

The head of faculty pediatric department in Zaporizhzhya State Medical  
University, medical sciences doctor, professor, **Nedelska S.M.**

The head of children diseases propedeutics department in Zaporizhzhya State  
Medical University, medical sciences doctor, professor, **Ivanko O.G.**

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

Protocol #\_\_\_\_\_ from \_\_\_\_\_.

The important section for the 5-th year students education is the mastering of  
practical skills on neonatology, children hematology, children endocrinology 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. On a routine well-child examination, a 1-year-old boy is noted to be

pale. He is in the seventy-fifth percentile for weight and the twenty-fifth percentile for length. Results of physical examination are otherwise normal. His hematocrit is 24%. Of the following questions, which is most likely to be helpful in making a diagnosis?

- a. What is the child's usual daily diet?
- b. Did the child receive phototherapy for neonatal jaundice?
- c. Has anyone in the family received a blood transfusion?
- d. Is the child on any medications?
- e. What is the pattern and appearance of his bowel movements?

2 Having performed a complete history and physical examination on the patient of aged 7, you proceed with a diagnostic workup. Initial laboratory results are as follows: hemoglobin 60 g/L; hematocrit 24%; leukocyte count  $11 \times 10^9/L$  with 38% neutrophils, 7% , bands, 55% lymphocytes; hypochromia on smear; platelet count adequate; reticulocyte count 0.5%; sickle cell preparation negative; stool guaiac negative; and mean corpuscular volume (MCV) 65 fl. You would most appropriately recommend

- a. Blood transfusion
- b. Oral ferrous sulfate
- c. Intramuscular iron dextran
- d. An iron-fortified cereal
- e. Calcium EDTA

3. A 10-year-old boy is admitted to the hospital because of bleeding. Pertinent laboratory findings include a platelet count of  $50 \times 10^9/L$ , prothrombin time (PT) of 15 s (control 11.5 s), activated partial thromboplastin time (aPTT) of 51 s (control 36 s), thrombin time (TT) of 13.7 s (control 10.5 s), and factor VIII level of 30% (normal 38 to 178%). The most likely cause of his bleeding is

- a. Immune thrombocytopenic purpura (ITP)
- b. Vitamin K deficiency
- c. Disseminated intravascular coagulation (DIC)
- d. Hemophilia A
- e. Hemophilia B

4. An 8-year-old child being treated with a combination of chemotherapy agents develops very red, inflamed sores in the mouth and esophagus. He has difficulty eating and drinking food and liquids. Which of the following antineoplastic agents is the most likely etiology?

- a. Cephazoline

- b. Prednisone
- c. Methotrexate
- d. Antifungal drugs
- e. Dexametasone

5. An otherwise healthy 17-year-old complains of swollen glands in his neck and groin for the last 6 months and an increasing cough over the previous 2 weeks. He also reports some fevers, especially at night, and possibly some weight loss. On examination, you notice that he has nontender cervical, supraclavicular, axillary, and inguinal nodes, no hepatosplenomegaly, and otherwise looks to be fairly healthy. Which of the following would be the appropriate *next* step?

- a. Urine tests
- b. Complete blood count and differential
- c. Trial of antituberculous drugs
- d. Chest radiograph
- e. Cat-scratch titers

6. Child, 14 years old, complaints of fast body weight increasing during the last 3 years accompanied with appetite increasing, thirst, fatigue. The diagnosis of II degree obesity with alimentary genesis established.

What are the main features of dietary treatment?

- A. Restriction of culinary salt entering
- B. Entering a liquid in limited quantity
- C. Entering proteins mainly with food is poor of vegetative origin fats
- D. Do not limit of carbohydrates entering
- E To limit of mineral salts and vitamins entering

7. In 13 year old child with III degree of obesity in the glucose tolerance test obtained follows data: glucose on empty stomach is 5,4 mmol/l, after 1 hours of carbohydrates loading is 10 mmol/l, after 2 hours of carbohydrates loading is 7,8 mmol/l. What measures are necessary for carbohydrates metabolism normalization?

- A.To administrate insulin
- B. To administrate sugar lowering herbs
- C. To administrate bihuanide preparations
- D. To administrate sugar lowering sulfonamide preparations
- E. To administrate a diet, to encourage active movements aimed to normalize body weight

8. Girl, 13 years old with pubertal hypothalamic syndrome is complaints of superfluous body weight, headache, increased blood pressure, bright red striae on her hips, stomach and breasts. What is the most probable mechanism of striae occurrence?

- A. Disturbances in fats metabolism
- B. Increased fragility of capillaries
- C. Superfluous hypodermic adipose
- D. Increased metabolism of proteins
- E. Injuring of skin

9. In the girl of 15 years old the obesity, mainly on brachiums and trunk, and hirsutism, disturbances of a menses is observed. On brachiums, breast and on both sides of a stomach and on her hips there are crimson - cyanochroic strips of skin stretching

What diagnosis is the most authentic?

- A. Nutritional obesity
- B. Subthalamic syndrome of pubertal age
- C. Illness of Cushing
- D. Hypoovarial obesity
- E. Hypothyroid obesity

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10. Patient C., 12 years old. The obesity, fatigue, sleepiness, headache disturbs.

Objectively: body height of 171 sm, weight of 106 kg, and the adiposity is mainly on arms and trunk. A skin dry with a crimson - mottled shade. On arms, breast and hips there are crimson - cyanotic strips of a stretching. Pulse is 76 per min., blood pressure is 160 / 102 mm Hg.

What type of obesity in a patient?

- A. Nutritionally constitutional
- B. Subthalamic
- C. Cerebral
- D. Lipomatosis
- E. Mixed

11. Patient Г., 14 years old, complains of irritability, sweating, tremor of hands, palpitation, decreasing of body weight in normal appetite. The thyroid gland enlarged up to II degree, unpainful, elastic. The diagnosis of diffuse toxiferous struma clinically fixed. What from results of examination will confirm your diagnosis?

- A. Hyperphosphatemia
- B. T3 and T4 is normal

- C. T3 and T4 is reduced
- D. Hypocalcaemia
- E. T3 and T4 is increased

12. Girl of 14 years old complains of sleeping disturbances, 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 a thyroxin
- B. Increasing of Thyrotrophic hormone
- C. Increasing of the iodine level connected to protein
- D. Rising a thyroxin and triiodthyronin
- E. Increasing of triiodthyronin

13. In the boy of 6 months old the paleness of skin, edemas of low extremities, cardiomegaly, muffled cardiac tone, a hyperplasia of thyroid gland, retardation of physical development are marked. The diagnosis of a congenital hypothyroidism fixed. What from clinical signs is most constant for this disease?

- A. A hyperplasia of thyroid gland
- B. Retardation in physical development
- C. Paleness of skin
- D. Cardiomegaly
- E. Muffled cardiac tones

14. In the girl of 12 years old after examination the diagnosis of mild diffuse toxic struma established. What dose of thyreostatic Mercazolilum is necessary to administrate for child in this case?

- A. 10-15 mg per day
- B. 5-10 mg per day
- C. 20-30 mg per day
- D. 1-5 mg per day
- E. 40-50 mg per day

15. In the child of 4 years old the basic exchange is 28 %, a level of a cholesterol in a blood is 8,6 mmol/l, inclusion of a radioactive iodine in a thyroid gland after 6 hours is 2,1 %, after 24 hours is 3,0 %, after 48 hours is 3,5 %.

For what disease such laboratory parameters are characteristic?

- A. Diabetes
- B. Hypothyroidism
- C. Diseases of metabolism

- D. Hyperthyroidism
- E. Pituitary nanism

16. Typical attributes of Lawrence -Moon-Barde-Bidl syndrome are everything, except for:

- A) Cataract;
- B) Pigmentary retinopathy;
- C) Uniform obesity;
- D) Oligophrenia;
- E) Polysyndactylia, congenital anomalies of a skeleton.

17. In child clinical examination there are follow signs revealed - skin humidity, exaltation, irritability, decreasing of body weight, tachycardia, syndromes of Grefe, Stellwag, Moebius, palpitation. For what disease these signs are characteristic?

- A. Acromegalia
- B. Hypothyroidism
- C. Diabetes
- D. Down disease
- E. Thyreotoxicosis

18. In the child of 1, 5 years old the activity is reduced, does not walk, does not talk. Objectively: skin acyanotic, dry and hydropic, the tongue is big, saddle-like nose, a voice is low and rasping and hair is thick and rasping. The large fontanel is 3, 0x3, 0 sm. Teeth are not present. What diagnosis is it possible to think of?

- A. Down disease
- B. Hypothyroidism
- C. Rachitis
- D. Pituitary nanism
- E. Diabetes

19. In examination of 14 years old girl the nodal struma of III degree is found out. On scenogramm the "hot" unit revealed. Levels of T3 and T4 in a blood are increased.

What disease is it possible to think of?

- A. Diffuse toxic struma
- B. Cancer of a thyroid gland
- C. Toxic adenoma of a thyroid gland
- D. Autoimmune thyroiditis
- E. Fibrous struma of Riddell



20. In the patient. of 13 years old, relapse of a nephrolithiasis, 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

21. Patient G., complains of irritability, sweating, a tremor of hands, palpitation, body weight reduction in normal appetite. The thyroid gland is enlarged up to I – II degree, unpainful, elastic.

The specified symptomatology most of all corresponds to:

- A. to a diffuse toxiferous struma
- B. to nervosisms
- C. to a hypothyroidism
- D. to a nodal toxic struma
- E. to a hypoparathyrosis

22. In the girl of 7 years old the fatty tissue on the face has disappeared. On the lower half of body adeps is postponed well.

How such condition refers to?

- A) Oligotrophy
- B) Lipoma.
- C) Lipoatrophia.
- .D) Dystrophia of nutritional genesis.
- E) Illness of Symonds.

23. What wide-spread disturbances of a metabolism could find in patients with obesity?

- A) Hyperinsulinemia, hypercholesterolemia.
- B) Hypoinsulinemia , hypocholesterolemia.
- C) Hyperinsulinemia, hypocholesterolemia
- D) A normal level of blood glucose and hypercholesterolemia.
- E) A normal level of cholesterol,  $\beta$  – lipoproteids and disproteinemia.

24 Name the preparations promotes of appetite diminishing

- A) Furosemidum;
- B) Thyreoidinum;
- C) Phepranonum;.

- D) ATP;
- E) Aloe.

25. What diseases are more wide-spread among the patients suffering of obesity?

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

26. The laboratory data in Cushing syndrome will have the following signs, except for:

- A) Rising in a blood of sodium and chlorines levels
- B) Increasing of cortisone concentration in a blood
- C) Rising in a blood of a cholesterol level;
- D) Decreasing of hydrocortisone derivates in urine
- E) Rising in a blood of a glycemia.

27. What is not typical for a clinical signs of Cushing syndrome?

- A) Lunar face;
- B) Obesity;
- C) Premature ossification of bones;
- D) Osteoporosis;
- E) Arterial hypertension.

28. Child, 10 years old, complaints of fast body weight increasing during the last 2 years accompanied with appetite increasing, thirst and fatigue. The diagnosis of II degree obesity with alimentary genesis established.

What are the main features of dietary treatment?

- A. Entering proteins mainly with food is poor of vegetative origin fats
- B. Restriction of culinary salt entering
- C. Entering a liquid in limited quantity
- D. Do not limit of carbohydrates entering
- E To limit of mineral salts and vitamins entering

29. In treatment of an initial obesity all is used, except for

- A) Increased exercise stresses;
- B) Balneotherapy;
- C) Dietetics;
- D) Hydrotherapy;

## E). Fungotherapy

30 In the girl of 10 years old, the obesity with a primary adiposity on a breast , face and stomach is determined; low body height, striae on hips and on stomach. In survey the arterial pressure of 150/110 mm.Hg, a hypertrophy of a clitoris, a hypertrichosis is revealed. In routine blood analysis is: Hb 120 g/l, RBC  $5 \times 10^{12}/l$ , leucocytes is  $8 \times 10^9/l$ , lymphocytes is 10 %, eosinocytes is 1 %. The test for glucose tolerance is 7,0 mmol/l, 14 mmol/l, 9,2 mmol/l.

What disease takes place?

- A) Cushing syndrome
- B) Adrenogenital syndrome
- C) Pheochromocytoma.
- D) Diabetes of 1 type, Mauriac syndrome.
- E) Barter syndrome

31. In the child of 4 years old the basic exchange is 48 %, a level of a cholesterol in a blood is 2,6 mmol/l, inclusion of a radioactive iodine in a thyroid gland after 6 hours is 78 %, after 24 hours is 62 %, after 48 hours is 50 %.

For what disease such laboratory parameters are characteristic?

- A. Diabetes
- B. Hypothyroidism
- C. Disease of Cushing
- D. Acromegalia
- E. Diffuse toxic struma

32. The patient of 4 years old retards in mental development. Birth weight is 3900 g, body height is 52 cm. From the first months of life lags behind in development, a head started to hold in one year, to sit in 1, 8 years. Separate words started to speak from 3 years. Objectively: body height is 80 cm, weight is 11 kg, face is bloated, anemic and pastose, palpebral fissures are narrow, lips are thick, mouth is slightly opened, tongue is full out and extended from a mouth. Skin acyanotic, dry and shelled, hair dry and infrequent. The big fontanel is still open. There are only 4 teeth. A stomach is normal. Sexual development corresponds to 1 year. Ps is 84 per minute; blood pressure is 85/60 mm Hg. Cardiac tones is weakened. What is the preliminary diagnosis?.

- A. Congenital hypothyroidism.
- B. Down disease.
- C. Pituitary nanism.
- D. Rachitis.
- E. Chronic pyelonephritis.

33. In examination of 14 years old girl the nodal struma of III degree is found out. On scenogram the “hot” unit revealed. Levels of T3 and T4 in a blood are increased.

What treatment will you recommend to the patient?

- A. Thyrostatic preparations
- B. Preparations of inorganic iodine
- C. Radio-active iodine
- D. Surgical treatment
- E. Supervision

34. In boy of 15 years old the attacks of seizures in masseters and hands with prevalence of flexors tone are observed. Seizures are painful and symmetric. In examination there are positive signs of Hvosstek and Trussot.

What is your diagnosis?

- A. Epilepsy
- B Hypoparathyroidism
- C. Hyperparathyroidism
- D. Tetanus
- E. Spasmophilia

35.. Patient C., 14 years old, enlargement of a thyroid gland is marked during 3 months, gland is unpainful and mobile. On scenogramme there is some non-uniformity of structure admitted.

What is it possible to suspect on the basis of resulted data?

- A. Diffuse toxiferous struma
- B. Cancer of a thyroid gland
- C. Autoimmune thyroiditis
- D. Subacute thyroiditis
- E. Fibrous thyroiditis

36. Child C., 10 years old, arrived in clinic due to progressing muscular delicacy, decrease of body weght, giddinesses, syncopal states, hypersensibility to sunburn. On the basis of clinical and anamnestic data the preliminary diagnosis of Addison disease established. What test is the most informative for confirmation of this diagnosis?

- A Detecting of sodium / potassium quotient.
- B Robinson -Power - Kepler water test.
- C Torn eosinopenic test.
- D Detecting of glycemc curve after the glucose loading.
- E Test with synthetic ACTH (sinecten-depot).

37. Child L., in age of 4-th day of life, was born in the gestational age of 39 week, body weight is 2370 g., belchs, the motor performance is reduced. Reflexes of neonatal period are reduced. Skin is icteric. Cardiac sounds are muffled, the rhythm is kept. In lungs auscultation the respiration is puerile. Stomach is soft. Liver is under edge of right costal arch to 1 cm. Lien is not palpated. By 8 month of pregnancy the lues diagnosed in the mother . What dose of the Penicillinum must be administrated?

- A. 100000 - 200000 U/kg/ per day
- B. 3000 U/kg/per day
- C. 500000 U/kg/per day
- Д. 10000000 U/kg/per day
- E. 15000 Ед/к U/kg/per day

38. Patient C., 7 years old. Is sick of diabetes for 3 years and takes insulin of 46 U\per day. During the last month the dose of insulin enlarged up to 100 U \per day without the hypoglycemic states. With what this state of the patient connected?

- A. resistance to insulin.
- V. Chronic overdosage of insulin.
- C. Lability of diabetes course.
- Д. Kimmelstil-Wilson syndrome.
- E. Characteristic feature of disease for this age period.

39. Patient P., 14 day of life, was born in 34-35 gestational week, body weight is 1750 g, . Belchs, the motor performance is reduced. Reflexes of neonatal period are depressed. Skin is icteric. Cardiac sounds are muffled, the rhythm is kept. In lungs auscultation the respiration is puerile. Stomach is soft. Hepatosplenomegaly. There is no any positive progress of body weight increasing What methods are the most informative for diagnosis of intrauterine infection?

- A. Investigation of liquor
- B. Radiological tests
- C. Reaction of binding complement
- D. Reaction of blast transformations of lymphocytes
- E. Serological tests

40. In the child T., on the basis of clinical and paraclinic data due to the following changes the congenital toxoplasmosis has been diagnosed with manifestations of congenital hydrocephalus, iridocyclitis, hepatitis, carditis, the raised serumal anti-TOXO Ig G and IgM concentrations. Because of serious anemia in the age of 7 day the transfusion of packed red cells was carried out. Specify the way of infection transmission?

- A. Breast milk
- B. Hemotransfusion
- C. Transplacental
- D. Airborne
- E. Passage through the parturient ways

41. In the child C. on the basis of the clinical and paraclinic data the congenital toxoplasmosis has been diagnosed with manifestations of congenital hydrocephalus, an iridocyclitis, 2 degree of IUGR displastic type, carditis, the raised serumal anti-TOXO Ig G and IgM concentrations. As a causal treatment it is necessary to administrate fo patient:

- A. Phencarolum
- B. Rovamycinum
- C. Cimeven
- D. фоскарнет
- E. Erythromycin

42. In the girl of 4 years old with developmental retardation in examination the short neck, low hair growth on the head behind, shortening and tortuosity of fifth fingers are marked. The intelligence is unchanged. The karyotype contains 45 chromosomes (45, XO). What is the most probable diagnosis?

- A. Turner syndrome
- B. Pituitary nanism
- C. Congenital hypothyroidism
- D. Klinefelter syndrome
- E. Down syndrome

43. In tall patients with a hypergonadotrophic hypogonadism combined to the presence of X and Y-chromatin in buccal epithelia for final diagnostics of disease is necessary to investigate:

- A. Production of Somatotropinum
- B. A morphological state of pituitary gland
- C. Karyotype
- D. Production of insulinoid growth factors
- E. Genealogical investigation

44. The girl in age of 4 days, was born from II desired pregnancy, II delivery, in term of 39 weeks. Signs of IUGR, alary crimps on the neck, lymphatic edema of palms and autopodiums which cupped independently in the first day. What is your preliminary diagnosis?

- A. Sclerema
- B. Child is healthy
- C. Turner syndrome
- D. Congenital hypothyroidism
- E. Developmental anomaly of lymphatic system

45. The girl of 15 years. Complaints to a growth inhibition, absence of monthly, secondary sexual attributes. Body height of 153 cm, antimongoloid eyes cleft, wide neck, alary crimps of neck, low line of hair on the neck, a shoulder girdle wider than pelvic, Mammmas are underdeveloped, pilosis on pubis is absent . Hypoplasia of uterus is found out. What is your diagnosis?

- A. Nanism
- B. Turner syndrome
- C. A hypogenitalism
- D. Amenorrhea
- E. Neurofibromatosis

46. To the girl who shows complaints on undue fatiguability, polydipsia, polyuria and relapsing pustular enanthesises the glucose tolerance test has been conducted. The following results are obtained: glycemia on empty stomach is 6,8 mmol/l, after 2 hours is 17,5 mmol/l. What is your conclusion?

- A. The data are doubtful.
- B. Normal data.
- C. Diabetes.
- D. Disordrered tolerance to glucose.
- E. The data are uncertain.

47. Girl, aged 16, sick of diabetes during 8 years. Hospitalized in intensive care department in a coma of 2 degrees. The consciousness is absent. Skin and mucous are pale and dry. Respiration noisy Smell of acetone from the mouth. Anuria. is fixed: glucose of blood is 35 mmol/l, Serumal potassium is 2,5 mmol/l, sodium is 120 mmol/l, urea is 9,5 mmol/l, ketonic particles in the serum is 7,5 mmol/l. Acetone test in urine is +++++, glucose is 120 mmol/l. All listed below can result to coma except for:

- A. Smoking.
- B. Insulin overdosage .
- C. Infectious diseases.
- Д. Serious physical work.
- E. Use of fat nutrition.

48. Child, aged 8 , hospitalized with complaints on thirst and polyuria. During 5 years is sick of diabetes. In an anamnesis the diabetic coma three times before developed. A level of glucose in blood is 15,6 mmol/l and In the urine is 5 %.. By ophthalmologist the retinoangiopathy is revealed. The basic condition for the diabetic angiopathy prevention are follow:

- A. Using of angioprotectors.
- B. Using only the human insulins.
- C. Increasing of frequency rate of insulin injections
- D. Indemnification of carbohydrate metabolism as maximum as possible .
- E. Dietetics + dosed exercise stresses.

49. Boy, 8 years old, takes to the clinic concerning to growth inhibition. Was born asphyxiated with weight 2800 g. In school studied well. Parents have average body height. Objectively: body height - 107 cm, weight - 23 kg, face looks like a doll. Hair are thin, skin dry and has icteric shade. Subcutaneously - fatty tissue is well developed on the neck, thorax, and stomach. Muscles developed insufficiently. Specify the most probable diagnosis:

- A. Hondrodystrophia
- B. Craniopharingioma
- C. Pituitary nanism
- D. Down syndrome
- E. Fanconi syndrome

50. Girl aged 4, with developmental lag . In examination the short neck, low hair line on the head , shortening and tortuosity of hands fifth fingers are marked. Intelligence is unchanged The karyotype contains 45 chromosomes (45, XO). What is the most probable diagnosis?

- A. Pituitary nanism
- B. Turner syndrome
- C. Congenital hypothyroidism
- D. Klinefelter syndrome
- E. Down syndrome

51. What from the listed diseases can be accompanied by true premature sexual development?

- A. Adrenogenital syndrome.
- B. Ovarian tumours with high estrogen production.
- C. Ovarian tumours with high androgen production.
- D. The tumours localized in hypophyseal and pituitary area.
- E. All listed above



52. Child of 12 years old, sick aof autoimmune thyroiditis, there are changes in the blood count: RDC.:  $2,1 \times 10^{12}/l$ ; Hb: 82 g/l; the CI: 0,9; thrombocytes:  $310 \times 10^9/l$ ; reticulocytes.: 30 ‰; WBC.:  $4,2 \times 10^9/L$ ; eosinophiles.: relating to stab neutrophile 2 ‰; segmented neutrofiles.: 58 ‰; lymphocytes.: 28 ‰; monocytes.: 6 ‰; ESR: 28 mm / h. total bilirubin: 115 mmol/l, direct.: 12,5 mmol/l, AST: 0,2 mmol/l, ALT: 0,3 mmol/l. Coombs test is positive. What is the preliminary diagnosis?

- A Autoimmune hemolytic anemia.
- B Hypoplastic Fanconi anemia.
- C Minkovski - Schoffer hemolytic anemia.
- D  $B_{12}$  - folic acid scarce anemia.
- E Hypoplastic anemia.

53. At the child of 8 years old the hemolytic anemia is revealed. Name the clinical triad is characteristic for this disease.

- A Hyperpegmentation, anemia, splenomegaly.
- B Icterus, hepatosplenomegaly a carditis.
- C Anemia, icterus, hepatosplenomegaly
- D Flaccidity, delicacy, adynamia.
- E Anemia, lymphadenopathy, splenomegaly.

54. Hypoxia in hyaline membranes caused by:

- A. Alveolar hypoventilation
- B. Shunting of a blood through an oval window and ductus arteriosus from right to left
- C. Infringement of bronchuses permeability
- D. All answers are correct
- E. Correct all except for alveolar hypoventilation

55. The purulent conjunctivitis and vesiculopustulosis is diagnosed in the child of 3 day of life in physiologic department of maternity home. Mother is healthy. Children in the ward are healthy.

What is the most probable source of infection?

- A. Mother of the child
- B. The personnel of children's department in maternity home
- C. Newborns in the ward
- D. The personnel of postnatal department
- E. Iatrogenic interventions

56. During pregnancy in the woman from a nose pathogenic staphylococcus is allocated, was not treated. After labors in mother has developed purulent endometritis. In the child to 7 day of life in home have appeared regurgitations, meteorism, on the skin plentiful rash of purulent pemphigus. Your tactics?

- A. Hospitalization in neonatal department..
- B. To treat domiciliary
- C. Hospitalization in infectious branch
- D. Hospitalization in surgical branch
- E. Consultation with dermatologist..

57. To 5 day of life in the child who was born in time, with weight of 3200 g, the body temperature has risen up to 37,5 began to take a mamma torpently. The child has been enclosed to a breast of mother to 3 day because of her postnatal endometritis . Objectively: child is active. On a skin of chest, stomach and hips the superficial flaccid bubbles 10 by number, diameter 5 - 10 mm and with muddy contents are found out. Some from them have collapsed, thus the bright - pink surface was naked. On the part of internal bodies any changes are not present. In what department is necessary to direct the child for the subsequent intensive care?

- A. Surgical
- B. Observational
- C. Pathology of newborns
- D. Infectious
- E. Reanimation

58. In a reception the newborn child with a furunculosis, purulent inflammation of a belly-button and pneumonia. A condition is extremely serious, paleness, cold extremities, a Crocq's disease. Weak pulse (80 in one minutes), the lowered arterial pressure, oliguria. What direction of an intensive care is most comprehensible in this case?

- A. Renewal of a circulating blood volume
- B. Antibacterial therapy
- C. Immunotherapy
- D. Rising of a myocardium retractile function
- E. Spasmolysis of vessels

59.. Child 20 days of life. Was born from the first pregnancy with a toxicosis of 2 half, the anhydrous period is 12 hours. Body weight in birth is 2900 g., blood

allocation from umbilical wound were marked. To 20 day vesicular and pustular rash appeared, and body temperature is increased. The child has been hospitalized. In hospitalization the state is serious. On a skin the pustular rash, crusts. In umbilical wound a hemorrhagic crust. In percussion on the right in subscapular area an obtusion. In auscultation the weakened respiration. Cardiac sounds are muffled, 160 per minute. The stomach is inflated, the liver is under edge of a costal arch on 4 cm and lien on 1 cm.. Stool 5 - 6 times per day is liquid and yellow.

What tests first of all are necessary to conduct in this case?

- A Bacteriological tests from locuses
- B Proteinogramme
- C Immunogramme
- D Coagulogramme
- E Routine blood analysis

60. In child examination in the age of 2 weeks on the face and chest the small bubbles with a hyperemia around found out The staining after Wright of cellular elements from these bubbles has revealed the presence of eosinocytes. What from diagnoses are most probable?.

- A. Toxic erythema
- B. Heat rash
- C. Pseudofurunculosis
- D. Vesiculopustulosis
- E. Ostiofolliculitis

61. The case of vesiculopustulosis is registered in physiological department of a maternity home and the sick child was directed to neonatology department of hospital . What preparation is necessary to administrate for children who are in touch for the purpose of prophylaxis?

- A Bifidumbacterinum
- B. Antistaphylococcal immunoglobulin.
- C. Antistaphylococcal plasma.
- D. Thimalinum.
- E. Ampicillinum

62. The child of 3 years old arrived in a hospital with complaints on paleness, total delicacy, sharp decreasing of appetite. Parents consider the child to be ill just after birth. In examination child is very pale, subnutritional, hypertelorism is marked. Child is blonde . Peripheric lymph nodes are small-sized, liver and lien are not enlarged. In the routine blood analysis: erythrocytes- $1,7 \times 10^{12}/l$ , Hb- 48 g/l, the color index - 0,9, reticulocytes-  $0,0001 \times 10^9$  , thrombocytes- $200 \times 10^9$  , leucocytes- $7,8 \times 10^9/l$ , blood sedimentation rate -18 mm / hour. In bone marrow puncture there is a sharp

depression of erythroid locus. Bilirubin - 17,1  $\mu\text{mol/l}$  due to indirect fraction. What preliminary diagnosis in this case?

- A. Iron deficiency anemia
- B. Acquired hypoplastic anemia
- C. Congenital Fanconi aplastic anemia
- D. Congenital hypoplastic anemia of Diamond -Blackfan
- E. Hemolytic anemia

63. The child in age of 6 months was hospitalized. Mother of child shows complaints on paleness and deterioration of him appetite. The child was born with weight of 2100 g in term and in gestational age of 35 weeks. Is on the mixed nutrition. Objectively: skin is pale, a subnutrition take place. Cardiac tones are muffled and systolic murmur auscultated on an apex. A liver + 2 cm. In the analysis of a blood: erythrocytes- $2,8 \times 10^9/\text{l}$ , Hb-86 g/l, color index - 0,9, reticulocytes- $0,0008 \times 10^9$ , blood sedimentation rate - 9 mm / hour. Serumal iron - 4,36 $\mu\text{mol/l}$ . A bilirubin of a blood is 4,6  $\mu\text{mol/l}$  due to indirect fraction. What is the optimal method of therapy in this case?

- A. Preparations of iron
- B. Hemotransfusion
- C. Vitamines B<sub>6</sub>, B<sub>12</sub>, Acidum folicum
- D. Packed red cells transfusion
- E. Corticosteroids

64. The child in age of 8 months. During last month the insufficiency of weight increasing and deterioration of appetite are marked, delicacy has appeared, the fragility and transversal striation of nails, a xeroderma, the phenomena of angular stomatitis, atrophy of tongue papillas has appeared. Routine blood test: erythrocytes- $3,0 \times 10^{12}/\text{l}$ , Hb-68 g/l. What is the most probable diagnosis?

- A. Hemolytic anemia
- B. Posthemorrhagic anemia
- C. Iron deficiency anemia
- D. Infecton - toxic anemia
- E. Hypoplastic anemia

65. The boy of 3 years old has arrived in a hospital. Parents of the child show complaints on paleness of him skin and decreasing of appetite. In a ration dairy products prevail. In routine blood test: erythrocytes- $1,8 \times 10^{12}/\text{l}$ , haemoglobin-60 g/l,

leucocytes- $4,6 \times 10^{12}/l$ , segmented -44 %, eosinocytes - 6 %, lymphocytes - 46 %, monocytes - 4 %, blood sedimentation rate 10 mm / hour. A level of serumal iron - 6  $\mu\text{mol}/l$ . What preparation is the most rational for starting treatment?

- A. Ferri lactas
- B. Vitamin  $B_{12}$
- C. Packed red cells
- D. Folic acid
- E. Vitamin  $B_6$

66. In the child of 5 days of life on the skin of stomach and extremities the single bubbles filled with serous and purulent contents have appeared. . The general state of the child is not changed.

What treatment: must be administrate?

- A. Local therapy, total Ultra-violet irradiation of skin
- B. Antibiotic, local therapy
- C. 2 antibiotics, local therapy
- D. Immunotherapy, local therapy. total Ultra-violet irradiation of skin
- E. Immunotherapy, local therapy

67. In newborn of 14 days of life the infiltration and a hyperemia of umbilical ring with serous and purulent discharge from umbilical wound is marked Administration during the 7 days of antibiotic and of intensive toilet for umbilical wound using of 3 % solution of Hydrogenium peroxides, 70 % spiritus vini, and 5 % potassium permanganate was uneffective. .

What is the futher tactics?

- A. Consultation with surgeon
- B. Continuation of therapy
- C. Intensifying of antibacterial therapy
- D change of antibiotic
- E. Intensifying of local therapy

68. The child was born in term of 34 weeks. Neonatal period proceeds well. In doctors examination paleness of skin is marked. In routine blood tests analysis of a blood: erythrocytes- $3,5 \times 10^{12}/l$ , Hb-95 g/l, the color index - 0,85, reticulocytes - 2 %, osmotic resistance of erythrocytes is 0,44-0,3 %. What is the most probable cause of anemia?

- A. Iron deficiency
- B. Dismaturity of a hemopoiesis
- C. Hemolysis of erythrocytes
- D. Vitamin B<sub>12</sub> deficiency
- E. Infection

69. The child in age of 5 months, was born prematurely. Neonatal period proceeds well. Examining in outpatient department reveals skin paleness and sleepiness. In a blood: erythrocytes- $3,5 \times 10^{12}/l$ , Hb-95 g/l, the color index - 0,7, Hb-95 g/l, osmotic resistance of erythrocytes is 0,44-0,33 %, serumal iron - 4,9  $\mu\text{mol}/l$ . What is the most probable reason of anemia?

- A. Dismaturity of a hemopoiesis
- B. Hemolysis of erythrocytes .
- C. Infection
- D. Iron deficiency
- E. Vitamin B<sub>12</sub> deficiency

70. The child in age of 6 months is on artificial nutrition. Mother of the child shows complaints on him skin paleness, decreasing of appetite and flaccidity. In the analysis of a blood: erythrocytes-  $3,5 \times 10^{12}/l$ , Hb-78 g/l, color index - 0,78. Iron deficiency anemia diagnosed. What is the further tactics?

- A. Introduced in a ration the products containing iron
- B. Parenteral introduction of iron preparations
- C. Transfusion of a packed red cells
- D. Enteral introduction of iron preparations
- E. Group B Vitamines

71. The child of 2 years old has arrived in a hospital with complaints on paleness of skin and decreasing of appetite. In anamnesis there is a helminthic invasion. The iron deficiency anemia is diagnosed. What daily dose of ferriferous preparations in this case?

- A. 100 mg/kg
- B. 50 mg / kg
- C. 20 mg/kg
- D. 5-7 mg/kg
- E. 1-2 mg /kg

72. The child in age of 6 months is on artificial nutrition. Mother of the child shows complaints on him skin paleness and decreasing of appetite. The iron deficiency anemia is diagnosed. Haemoferrum is administered to the child. What is the daily dose of elementary iron in this case?

- A. 1-3 mg/kg
- B. 5-8 mg/kg
- C. 15-20 mg/kg
- D. 20-30 mg/kg
- E. 30-40 mg/kg

73. The child of 5 years old arrived in a hospital with complaints on nasal bleedings and ecchymomas on trunk. In the anamnesis 2 weeks ago has transferred viral infection. In routine blood count the anemia (Hb 85 g/l) and thrombocytopenia. What is it necessary to administer for the acute management?

- A. Epsilon Acidum aminocapronicum
- B. Thrombocytes packed cells
- C. Chilled plasma
- D. Cryoprecipitate
- E. Red packed cells.

74. The child of 5 years old has arrived in a hospital with complaints on vomiting, icteric of skin and scleras, dark color of urine. These complaints have appeared after taking of Bisepolum. In examination: liver and lien are enlarged, tachycardia, tones are muffled. In routine blood test: erythrocytes- $1,7 \times 10^{12}/l$ , Hb-60 g/l, leucocytes  $25 \times 10^9/l$ , indirect bilirubin 55  $\mu\text{mol}/l$ . Positive benzidine test. Activity of Glucose-6-phosphatedehydrogenas in erythrocytes is considerably lowered. What is the most probable cause of anemia?

- A. Fanconi anemia
- B. Iron scarce anemia
- C. Hereditary enzymopenic hemolytic anemia
- D. Diamond - Blackfan anemia
- E. Talassemia

75. The child of 1 year old has arrived in a hospital with complaints on skin paleness, rises in temperature, retardation in physical development. Objectively: paleness of skin and mucosas, deformation of 3 fingers of palm, a wide nose bridge,

Gothic firm palate. In routine blood test: erythrocytes- $2,2 \times 10^{12}/l$ , Hb-70 g/l, the color index 0,9, reticulocytes 0-0,18 %, thrombocytes- $51 \times 10^9/l$ , , leucocytes- $1,95 \times 10^9/l$ , a blood sedimentation rate is 15 mm / hours, eosinocytes - 2 %, myelocytes 0 1 %, juvenile forms - 1 %, relating to stab neutrophiles - 3 %, segmented - 39 %, lymphocytes- 46 %, monocytes - 8 %, anisocytosis, macrocytosis. . What is the most probable cause of this condition?

- A. Fanconi anemia
- B. Minkowski - Schoffer hemolytic anemia
- C. Iron scarce anemia
- D. Dimond - Blackfan anemia
- E. Talassemia

76. A 3-day-old infant born at 32 weeks' gestation and weighing 1700 g (3 lb, 12 oz) has three episodes of apnea, each lasting 20 to 25 s and occurring after a feeding. During these episodes, the heart rate drops from 140 to 100 beats per min, and the child remains motionless; between episodes, however, the child displays normal activity. Blood sugar is 5 mmol/L and serum calcium is normal. The child's apneic periods most likely are

- a. Due to an immature respiratory center
- b. A part of periodic breathing
- c. Secondary to hypoglycemia
- d. Manifestations of seizures
- e. Evidence of underlying pulmonary disease

77. An infant of uncertain dates is born via emergent cesarean section after the mother was critically injured in a motor vehicle accident. Birth weight was 1075 g. The infant has poor respiratory effort and you begin bag-mask ventilation but find it extremely difficult to cause chest wall movement. A chest radiograph reveals diffuse whiteout of both lungs, with an occasional air bronchogram. What is the diagnosis?

- a. Bronchopulmonary dysplasia
- b. Respiratory distress syndrome (hyaline membrane disease)
- c. Pulmonary interstitial emphysema
- d. Bronchiolitis
- e. Primary pulmonary hypertension

78. Previous premature infant born at 27 weeks' gestation and now 6 months of age presenting with macrocephaly and hydrocephalus on ultrasonogram. What could cause this signs?

- a. Intraventricular hemorrhage



- b. Caput succedaneum
- c. Subdural hemorrhage
- d. Subarachnoid hemorrhage
- e. Cephalohematoma

79. Two weeks after a viral syndrome, a 2-year-old child develops bruising and generalized petechiae, more prominent over the legs. No hepatosplenomegaly or lymph node enlargement is noted. The examination is otherwise unremarkable. Laboratory testing shows the patient to have a normal hemoglobin, hematocrit, and white blood count and differential. The platelet count is  $15 \times 10^9/l$ . The most likely diagnosis is

- a. von Willebrand disease
- b. Acute leukemia
- c. Idiopathic (immune) thrombocytopenic purpura
- d. Aplastic anemia
- e. Thrombotic thrombocytopenic purpura

80. Two weeks after a viral syndrome, a 2-year-old child develops bruising and generalized petechiae, more prominent over the legs. No hepatosplenomegaly or lymph node enlargement is noted. The examination is otherwise unremarkable. Laboratory testing shows the patient to have a normal hemoglobin, hematocrit, and white blood count and differential. The platelet count is  $15 \times 10^9/l$ . Appropriate treatment of this child includes

- a. Intravenous gamma globulin
- b. Platelet transfusion
- c. Aspirin therapy
- d. Factor VIII infusion
- e. Prednisone, vincristine, and asparaginase induction followed by methotrexate and 6-mercaptopurine

81. A newborn infant is born with petechiae scattered across his body. His platelet count is noted to be  $22 \times 10^9/l$  with a hemoglobin of 120 g/L.

Which of the following is most likely to explain this infant's condition?

- a. Congenital cytomegalovirus infection
- b. Uncomplicated prematurity
- c. Chlamydial conjunctivitis
- d. Maternal ingestion of aspirin
- e. Nasolacrimal duct stenosis

82. On a routine-screening complete blood count, a 1-year-old is noted to have a microcytic anemia. A follow-up hemoglobin electrophoresis demonstrates an increased concentration of hemoglobin A<sub>2</sub>. The child is most likely to have

- a. Iron deficiency
- b.  $\beta$ -thalassemia trait
- c. Sickle cell anemia
- d. Chronic systemic illness
- e. Lead poisoning

83. A 3-year-old child presents with a petechial rash but is otherwise well and without physical findings. Platelet count is  $20 \times 10^9/l$ ; hemoglobin and WBC count are normal. The most likely diagnosis is

- a. Immune thrombocytopenic purpura (ITP)
- b. Henoch-Schonlein purpura
- c. Disseminated intravascular coagulopathy (DIC)
- d. Acute lymphoblastic leukemia
- e. Systemic lupus erythematosus (SLE)

84. Girl, aged 12, sick of a diabetes, after sportive lesson in school the acute feeling of exaltation, famine, nausea, headache, tremor of extremities, doubling in eyes have appeared . In examination: respiration is superficial, profuse sweat, tachycardia, arterial pressure is 90/60 m.Hg, positive Babinski symptome. The girl has suddenly lost her consciousness, there was an attack of tonic and clonic cramps. What is your diagnosis?

- A. Vagoinsular crisis.
- B Hyperglycemic coma.
- C Vascular collapse.
- D Asthenic syndrome.
- E Hypoglycemic coma

85. What from the listed methods of Cushing disease treatment can be attributed to pathogenetic?

- A. Unilateral adrenalectomy.
- B. Bilateral adrenalectomy.
- C. Erasion of pituitary body adenoma .
- D. Telegammatherapy of pituitary body area
- E. All listed above..

86. A postterm infant is born at home after a prolonged and difficult labor. The maternal grandmother brings the infant to the hospital at 1 h of life because of fast breathing. Grandmother notes that the child spit up some dark brown particulate fluid shortly after birth. Physical examination reveals an infant in marked respiratory distress. Other findings include both an umbilical cord and flaking skin with a yellow-green hue. Chest radiograph reveals patchy infiltrates bilaterally. What is the diagnosis?

- a. Bronchiolitis
- b. Primary pulmonary hypertension
- c. Pneumothorax
- d. Asthma
- e. Meconium aspiration

87 An infant of uncertain dates is born via emergent cesarean section after the mother was critically injured in a motor vehicle accident. Birth weight was 1075 g. The infant has poor respiratory effort and you begin bag-mask ventilation but find it extremely difficult to cause chest wall movement. A chest radiograph reveals diffuse whiteout of both lungs, with an occasional air bronchogram. The infant is now 7 weeks old. She has been extubated for 2 weeks and still requires oxygen to maintain her saturation above 93%. Her chest radiograph now reveals patchy, fluffy infiltrates with areas of lucency. She requires daily diuretic treatment. What is the diagnosis?

- a. Bronchopulmonary dysplasia
- b. Respiratory distress syndrome (hyaline membrane disease)
- c. Pulmonary interstitial emphysema
- d. Bronchiolitis
- e. Primary pulmonary hypertension

88. A 4-year-old previously well boy develops pallor, dark urine, and jaundice. There has been no apparent exposure to a jaundiced person or to any toxins. He is taking trimethoprim-sulfamethoxazole for otitis media. You consider the possibility of a hemolytic crisis caused by glucose-6-phosphate dehydrogenase (G6PD) deficiency. In which of the following ethnic groups is the incidence lowest?

- a. African American
- b. Greek
- c. Chinese
- d. Middle Eastern
- e. Scandinavian

89. On a routine newborn screen, a 2-week-old child in your clinic is

noted to have sickle cell disease. As you discuss treatment options with this family, you recommend

- a. Monthly injections of vitamin B12
- b. Tetracycline prophylaxis
- c. Meningococcal vaccine at 2, 4, and 6 months of age
- d. Education of parents regarding abdominal palpation and temperature taking
- e. Infusion of immunoglobulin every 6 weeks

90. A 2950-g black baby boy is born at home at term. On arrival at the hospital, he appears pale, but the physical examination is otherwise normal. Laboratory studies reveal the following: mother's blood type A, Rh positive; baby's blood type O, Rh-positive; hematocrit 38%; reticulocyte count 5%. Which of the following is the most likely cause of the anemia?

- a. Fetomaternal transfusion
- b. ABO incompatibility
- c. Physiologic anemia of the newborn
- d. Sickle cell anemia
- e. Iron-deficiency anemia

91. The family of a child just diagnosed with acute lymphoblastic leukemia asks for information about the child's prognosis. Included as a poor prognostic sign is which of the following?

- a. Presence of a mediastinal mass
- b. Hyperdiploidy with more than 50 chromosomes
- c. White blood cell count at diagnosis of less than  $50 \times 10^9/l$
- d. Age between 1 and 10 years
- e. Early pre-B-cell variety of the disease

92. A 2-year-old child in shock has multiple nonblanching purple lesions of various sizes scattered about on the trunk and extremities; petechiae are noted, and oozing from the puncture site has been observed. Clotting studies are likely to show which of the following?

- a. Increased levels of factor V and VIII
- b. A decreased prothrombin level
- c. An increased fibrinogen level
- d. The presence of fibrin split products
- e. Normal partial thromboplastin time (PTT)

93. In the child who has been born with serious birth trauma of CNS in 1,5 years old there are skin paleness, fast fatigability and irritability What syndrome of natal trauma in the child?

- A. asthenoneurotic
- B vegetative - visceral
- C. hydrocephalic
- D. depression of CNS .
- E. hyperexcitability

94. What underlies the psychosocial nanism?

- A. Disease of mother during pregnancy.
- B. Protein insufficiency.
- C. Chronic stress condition.
- D. Hypoproduction of somatotropic hormone.
- E. All listed above..

95. The child who has been born with birth trauma of CNS in the age of 3 days has anxiety, tremor of chin, periodically there is short-term skin paleness and rising of muscle tone. What syndrome of birth trauma takes place?

- A. depression of CNS
- B epidural hemorrhages
- C. hydrocephalic
- D. Transient disorders of hemo and liquor dynamics.
- E asthenoneurotic

96. A 3-week-old infant has a 1-week history of a mild cough with thick nasal secretions. In the last 12 h she has developed spasmodic coughing fits during which she becomes cyanotic. When not coughing, she appears tired. She has lost weight since the 2-week visit. The family has not taken her temperature, but she has been feeding less and has not voided in about 16 h. You decide to admit her for observation and rehydration. What is the most appropriate management consideration for this patient?

- a. Systemic steroids
- b. Chest physiotherapy
- c. Emergent intubation
- d. Neurosonography
- e. Respiratory isolation (droplet precautions)

97. 1-day-old healthy infant with a superficial swelling over the right parietotemporal region that does not cross the suture lines.

- a. Intraventricular hemorrhage
- b. Caput succedaneum
- c. Subdural hemorrhage
- d. Subarachnoid hemorrhage
- e. Cephalohematoma

98. During a routine-screening CBC, a 1-year-old is noted to have eosinophilia. Which of the following most commonly causes increased eosinophilia in the peripheral blood smear?

- a. Bacterial infections
- b. Chronic allergic rhinitis
- c. Fungal infections
- d. Helminth infestation
- e. Tuberculosis

99. What is more likely in electrolytes disorders (mmol/l) for 2-year-old girl with nephrogenic diabetes insipidus

- a. Na<sup>+</sup> 118, K<sup>+</sup> 7.5
- b. Na<sup>+</sup> 125, K<sup>+</sup> 3.0
- c. Na<sup>+</sup> 134, K<sup>+</sup> 6.0
- d. Na<sup>+</sup> 144, K<sup>+</sup> 2.9
- e. Na<sup>+</sup> 155, K<sup>+</sup> 5.5

100. A preterm black male infant was found to be jaundiced 12 h after birth. At 36 h of age, his serum bilirubin was 220 mmol/L, hemoglobin concentration was 125 g/L, and reticulocyte count 9%. Many nucleated red cells and some spherocytes were seen in the peripheral blood smear. The differential diagnosis should include which of the following?

- a. Pyruvate kinase deficiency
- b. Hereditary spherocytosis
- c. Sickle cell anemia
- d. Rh incompatibility
- e. Polycythemia

101. In the child of 10 months old, is feeding with the cow milk constantly, the serious systolic apex murmur, moderate cardiomegaly, pastose skin, Crocq's disease

are marked. In ultrasound the heart disease is not revealed. Laboratory data: Hb 38 g/l, C.I.- 0,7, total albumin - 50 g/l, serumal iron 2 mcM /l. What therapy first of all must be prescribed?

- A. Fractional transfusion of packed red cells.
- B. Urgent blood transfusion .
- C Enteral introduction of iron preparations.
- D Cardiac glycosydes by the fast saturation regimen.
- E Transfusion of colloids (Albuminum).

102. In the girl of 6 months old, whom the autoimmune hemolytic anemia is diagnosed the increasing of skin paleness with icteric shade has been revealed in dynamics of disease. In examination the level of hemoglobin is 45 g/l revealed. What hemotransfusion therapy should be prescribed to the patient for prevention of posttransfusion complications development?

- A. Introduction of packed red cells
- B Introduction of 20 % Albuminum solution
- C Introduction of native plasma
- D Introduction of integral blood.
- E Introduction of washed red cells

103. To the child sick with acute lymphoblast leukemia, for correction of anemia the hemotransfusion with a packed red cells conducted. What laboratory investigations should be done necessarily after a hemotransfusion?

- A. Determine of a hemoglobin, RBC, urine tests.
- B Coombs test, functional liver tests..
- C Proteinogramme, coagulogramme.
- D Electrolytes in a blood and urine.
- E Urinary acid of blood, acid and alkaline condition of blood.

104. The basic pathogenetic factor of diabetic angiopathies development are:

- A. Duration of a diabetes.
- B. A chronic hyperglycemia.
- C. Relative insulinic insufficiency
- D. Absolute insulinic insufficiency.
- E. Occurrence of a diabetes at children's age

105. Patient L., without consciousness. Mother reports he suffers of diabetes during 12 years. 2 weeks ago was ill of lacunar angina. Skin is dry. Respiration is frequent. The smell of an acetone in exhaled air is absent. Blood pressure is 80\40 mm Hg. What coma most likely takes place in the patient?

- A. Hyperosmolaric
- B. Hyperlactatacidemic
- C. Hypoglycemic
- D. Ketoacidic.
- E. Alcoholic.

106. Development of hemorrhagic disease of newborns is caused by:

- A. Thrombocytopenia
- B. Deficiency of vitamin K dependent coagulation factors
- C. Deficiency of the eighth factor
- D. Deficiency of the ninth factor
- E. Thrombocytopenia

107. Apt test is conducted in case of revealing in newborn:

- A. Melena
- B. Icterus
- C. Cephalohematoma
- D. Purpura
- E. Bleeding from a stump of umbilical cord

108. For conducting of Apt test uses :

- A. A discharge from a stump of a umbilical cord
- B. A venous blood
- C. A capillary blood
- D. Bloody vomitive masses or feces
- E. A venous blood of mother

109. Positive Apt test is testifying for presence in the liquid investigated:

- A. Haemoglobin F (blood of newborn)
- B. Indirect bilirubin
- C. Direct bilirubin
- D. Hemoglobin A (maternal blood)
- E. Meconium

110. Development of hemorrhagic disease in newborns can be connected to the following, except for:

- A. Administration to the mother of indirect anticoagulants
- B. Administration to the mother of Acidum ascorbinicum
- C. Administration to the mother of aspirine
- D. Administration to the mother of Phenobarbitalum



E. Administration to the mother of antibiotics

111. Girl 7 years old suffers of iron deficiency anemia. In the routine blood analysis detected erythrocytes -  $3,0 \times 10^{12} / l$ , HB-80g/l, the color index processing is 0,85. What kind of therapy is optimal in this case?

- A. Ferroplexum perorally
- B. Intensive liquid infusion
- C. Ferrum -lek intramuscularly
- D. Vitamin B12 intramuscularly
- E. Packed red cells transfusion

112. Worn newborn having rhinitis, hepatosplenomegaly and desquamation of skin on palms and autopodiums and on sites of perineum could be infected with:

- A. Cytomegalovirus..
- B. Spirochete pallidum
- C. Virus of herpes.
- D. Toxoplasma
- E. Mycoplasma.

113. Girl of 7 years old, after taking Biseptolum the paleness of skin has appeared, icterity of scleras, hepatomegaly. In routine blood analysis: erythrocytes is  $1,6 \times 10^{12} / l$ , reticulocytes -  $0,003 \times 10^{12}$ , leucocytes -  $13,7 \times 10^9 / l$ , myelocytes - 1 %, juvenile forms -2 %, relating to stab neutrophiles - 8 %, segmented is 66 %, lymphocytes-20 %, monocites-3 %, indirect bilirubin-30,5 mcm/l, Coombs test is positive (+), osmotic resistance of erythrocytes - max.-0,46 %, minimal - 0,34 %.

What disease can be assumed?

- A. Asquired hemolytic anemia, immune type, a hemolytic crisis
- B. Minkowski -Schoffer anemia, a hemolytic crisis
- C. Virus hepatitis
- D. Asquired hypoplastic anemia
- E. Myelosis

114. In a girl to 7 day of life the enlargement of right mamma has appeared. In palpation right mamma is dense and child cries. The skin in a place of infiltration is bloodshot. The appetite is reduced. From channels of mamma the pus excretes. What is the most authentic pathology takes place?

- A. Gynecomastia
- B. Mastitis of newborn
- C. Necrotic phlegmon
- D. Sepsis of newborn

E. Transitional t sexual crisis

115. Baby of two weeks old, without any inoculations after birth is sleeping 18 hours every day and feeding 4 times daily (takes 60 ml of standard nutrition every feeding), but does not take neither iron, nor vitamins. What is the most important for the child?

- A. Oral iron therapy
- B. Beginning of inoculation
- C. Calculation of necessary nutritional volume.
- D. Vitamins A , C and D therapy
- E. Sleep and wakefulness circadian rhythm investigation

116. Full-term child . Pregnancy was normal. Labors with partial placental detachment. In 12 hours after labors the melena is marked.

What diagnostic methode can reveal the reason of bleeding?

- A. The Apt test
- B. Barium clyster
- C. Gastric lavage with solution of natrii chloridi 0,9%
- D. Count of thrombocytes
- E. Count prothrombin time and partial thromboplastin time

117. In 2 week old newborn there are constipations, icterus, flaccidity, sleepiness. In examination: moderate icterus, inflated abdomen, enlargement of liver and lien, puffing in respiration. What is the most probable diagnosis?

- A. Hepatitis
- B. Down syndrom
- C. Rinitis.
- D Hypothyroidism.
- E. Rickets.

118. Full-term newborn with body weight of 3900 g ( normal by gestation), Him weight to third day of life is 3700 g.

Loss of mass of a body is corresponds to:

- A. 1 degree hypotrophy .
- B. Less compair to norm
- C. Exceeds the norm
- D. Corresponds to norm
- E. It is not possible to estimate

119. Child was born after third pregnancy and second labors, 42 w. of

gestational age , body weight 4200 g, length 58 cm. In the labors there is meconium in amniotic fluid. Aspiration of amniotic fluid suspected. Independent respiration is absent. What tactics indicated in this case?

- A. A tactile stimulation
- B. Closed cardiac massage
- C. Suction of respiratory ways
- D. Oxygen therapy.
- E. Treatment of oligemia

120. What is the meaning of genetic sex?

- A. Secondary sexual signs
- B. Structure of external genitals.
- C. Structure of internal genitals.
- D. Presence of sexual chromosomes (XX or XY)
- E. All above mentioned.

121. A 15 y.o. patient has a developmental lag, occasionally he has skin yellowing. Objectively: spleen is 16x12x10 cm, cholecystolithiasis, skin ulcer of the lower third of left crus. Blood count: RBC-  $3,0 \cdot 10^{12}/L$ , Hb- 90 g/L, C.I.- 1,0; microspherocytosis, reticulocytosis. Total serum bilirubin is 56  $\mu\text{mol}/L$ , unconjugated - 38  $\mu\text{mol}/L$ . What therapy will be the most appropriate?

- A. Omentosplenopexy
- B. Omentohepatopexy
- C. Portacaval shunt
- D. Spleen transplantation
- E. Splenectomy

122. An 18 y.o. girl complains of weakness, dizziness, loss of appetite, menorrhagia. There are many-coloured petechiae on the skin of the upper extremities. Blood test: Hb- 105 g/l; RBC-  $3,2 \cdot 10^{12}/L$ ; C.I.- 0,95; thromb.-  $20 \cdot 10^9/L$ . The sedimentation time according to Lee White is 5'; hemorrhagia duration according to Duke is 8', "pinch and tourniquet" test is positive. What is the most probable diagnosis?

- A. Hemorrhagic diathesis
- B. Hemophilia
- C. Iron deficiency anemia

D. Marchiafava-Micheli's disease

E. Idiopathic thrombocytopenic purpura

123 A baby boy was born in time, it was his mother's 1st pregnancy. The jaundice was revealed on the 2nd day of life, then it 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<sup>+</sup>, child's blood group - A(II), Rh<sup>+</sup>. 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

124. A 16 y.o. teenager complains of weakness, dizziness, sense of heaviness in the left hypochondrium. Objectively: skin and visible mucous membranes are icteric. Steeple skull. Liver +2 cm, the lower pole of spleen is at the level of navel. Blood test: RBC-  $2,7 \cdot 10^{12}/\text{L}$ , Hb- 88 g/L, WBC-  $5,6 \cdot 10^9/\text{L}$ , ESR- 15 mm/h. What is the most probable reason of bilirubin level change?

A. Increase of unconjugated bilirubin

B. Increase of unconjugated and conjugated bilirubin

C. Decrease of conjugated bilirubin

D. Decrease of unconjugated bilirubin

E. Increase of conjugated bilirubin

125. A full-term new-born suffered from ante- and intranatal hypoxia, was born in asphyxia (Apgar score 2-5 points). After birth baby's excitation is progressing, occurs vomiting, nystagmus, spasms, squint, spontaneous Babinski and Moro's reflexes. What is the most probable location of the intracranial hemorrhage in this case?

A. Subarachnoid hemorrhages

B. Hemorrhages in ventricles of brain

C. Small hemorrhages in brain tissue

D. Periventricular hemorrhages

E. Subdural hemorrhages

126. Child was born with weight of 3700 g, estimated on Apgar score by 8-10 points. On the 5 day of life child was discharge to home. On 8 day of life on the skin in places of natural crimps the vesiculopustular eruption has appeared.. The general condition is normal. Routine blood analysis is unchanged Formulate the diagnosis:

A. Vesiculopustulosis

B. Pemphigus of newborns, favorable form

C. Exfoliative dermatitis of R

D. Phlegmona of newborns

E. Abscess of newborn

127. In a child has delivered with a severe natal trauma of CNS, in the age of 1,5 year there is psychomotor retardation, pallor of skin, rapid fatigueability., What period of natal trauma takes place in this case?

A. Subacute

B. Acute

C. The period of the residual phenomena

D. The early regenerative period

E. The late regenerative period

128. In a child has delivered with a severe natal trauma of CNS in age of 5 days take place an anxiety, periodically there are short-term clonic and tonic cramps . What period of natal trauma in a child?

A. Subacute

B. Acute

C. The period of the residual phenomena

D. The early regenerative period

E. The late regenerative period

129. In a prematurely born child has delivered with a severe natal trauma of CNS, in age of 25 days take place an anxiety, periodically there are short-term clonic and tonic cramps

. What period of natal trauma in a child?

A. Subacute

B. Acute

C. The period of the residual phenomena

D. The early regenerative period

E. The late regenerative period

130. In a baby to the day of discharging remains a cephalohematoma of considerable dimensions.

What is the tactic?

- A Introduction to the hematoma of sclerosing solutions.
- B. Not to treat
- C. To direct after the excerption to neuro-surgeon.
- D. CT of cerebrum
- E. LP in a maternity hospital.

131 In the girl of 10 years old, complaints to irritability, sweating, pains in the area of heart, headache..Enlargement of a thyroid gland. In examination the III degrees nodal struma is found out. Skin is wet, hot by touch, tachycardia 104 b. per minute. On a scanning image the hot node reveals. Level of thyroid hormones is high.

- A. Diffuse toxic struma.
- B. Autoimmune thyroiditis.
- C. A cancer of a thyroid gland.
- D. Toxic adenoma.
- E. Ridel fibrosal struma.

132. In the girl of 13 years old in examination there is I degree thyroid gland enlargement. Does not show any complaints. In palpation the thyroid gland is elastic, painless and of homogeneous consistence, . In investigation the disorders of thyroid gland functions are not revealed, a level of thyroid hormones are normal. What is the diagnosis?

- A. Juvenile struma.
- B. Autoimmune thyroiditis.
- C. Cancer of a thyroid gland.
- D. Diffuse toxic struma.
- E. Ridel fibrosal struma.

133 In examination of 10 years old child the small body height, disproportionate of a body development, lag in mental development, constipationsit are fixed. What hormone's deficiency caused these signes?

- A. Thyroxine
- B. Parathormone
- C. Thyrocalcitonin
- D. Corticotropin

## E. Oxytocinum

134. In the boy of 5 years old after viral syndrome the temperature up to 39,2 has raised suddenly, the headache, pain in the thyroid gland area is intensified in swallowing and head turning has appeared . .The thyroid gland enlarged, painful in palpation, the hyperemia of skin above it. In laboratory data the function of thyroid gland is unchanged. In the analysis of a blood the leukocytosis and accelerated BSR. What is the diagnosis?

- A. Autoimmune thyroiditis.
- B. Acute thyroiditis.
- C. Toxic adenoma of a thyroid gland.
- D. Ridel fibrosal struma
- E. Sporadic struma.

135. The girl of 11 years old. Complaints to the general delicacy, fatigability, enlargement of neck. Objectively: thyroid gland in palpation is dense, impure and enlarged up to I degree. In it structure investigation the hyperecho and hypoecho sites were marked. TTH level and of antibodies levels to the thyroid gland are raised. What is the preliminary diagnosis?

- A. Autoimmune thyroiditis, the atrophic type.
- B. Autoimmune thyroiditis, the hypertrophic type.
- C. A diffuse nontoxic struma of I degree.
- D. Subclinical hypothyroidism.
- E. Multinodal struma.

136. In what parts of endocrine system in Cushing disease the function is primarily changed ?

- A. Sexual glands.
- B. Hypothalamus
- C. Suprarenal glands.
- D. Pituitary body.
- E. Thyroid gland.

137. In a child has delivered with natal trauma of CNS in age of 4 month.. the head dimensions are correspond to age, take place the mild hyperesthesia, anxiety. Lumbar puncture: the liquor follows a jet

What syndrome of natal trauma takes place in this case?

- A. Convulsive
- B. Hydrocephalic
- C. Asthenoneurotic

- D. Hypertensive
- E. Depression of CNS.

138. In a child, delivered with weight of 1800 g, in term of 34 w., from a woman with an extragenital pathology, the hestosis of pregnancy second half-fault, in age of 5 days the icteric of skin appeared, signs of CNS depression, in neurosonography the signs of periventricular hemorrhage detected. What most probably could promote to it development?

- A. Hestosis
- B. Extragenital pathology of mother
- C. Prematurity
- D. Bilirubin encephalopathy.
- E. All listed above.

139. In a child on a 3 day after delivery a severe vomit appeared, anxiety, strain of the big fontanel, divergence of cranial seams, Grefe symptom, positive Lessage symptom, in lumbar puncture in a liquor the blood is revealed

. What type of intracranial hemorrhage it is needed to diagnose in this case?

- A. In brain parenchyma
- B. Intraventricular
- C. Subdural
- D. Subarachnoidal
- E. Epidural

140. In prematured child on 2 day after birth there were tonic cramps with the subsequent development of opisthotonus, has stopped to suck independently, anisocoria, depression of reflexes were admit An intraventricular hemorrhage is suspected. What test will allow confirming a diagnosis?

- A. Reovasography of cerebral vessels
  - A. X-ray of skull.
  - B. Diafanoscopy.
  - C. Neurosonography.
  - D. All listed above.

141. After transferred respiratory infection in the boy the yellowness of skin and paleness is marked. In father of child the yellowness of skin periodically takes place as well. Objectively: flaccidity, liver + 2,5cm, lien + 5cm, disembiogenetical stygmas. A feces and urine of usual color. In the routhin analysis of blood: erythrocytes  $1,7 \times 10^9/L$ , haemoglobin - 40 g/L, reticulocytes - 0,01 %, a blood



sedimentation rate 30 mm / h, total bilirubin - 60mmol/L, indirect - 50. osmotic resistance of erythrocytes - 0,7 % - 0,3 %. What is the the diagnosis?

- A. Microspherocytosis, hemolytic anemia of Minkovsky - Schoffer hemolytic crisis.
- B. Chronic persistent hepatitis
- C. Virus hepatitis
- D. Thalassemia
- E. Asquired autoimmune hemocatheretic anemia

142. Child of 8 years old. Increasing paleness, delicacy, hemorrhagic eruption on the skin has appeared. In bone marrow puncture the depression of hemopoiesis is mark. What basic method of aplastic anemia therapy is indicated for this case?

- A. Corticosteroids +bone marrow transplantation
- B. Splenectomy
- C. Haemotransfusion + cytotoxic agents
- D. Cytotoxic agents + bone marrow transplantation
- E. Antibiotics + a hemotransfusion

143. 12 years old girl with Addison disease. Appendectomy is nessesery. The state of patient is compensated. Arterial pressure 95/60 mm Hg, blood test: Sodium 125 mmol/L, Potassium - 4.5 mmol/L. What tactics is indicated to reduce the risk of adrenal crisis development in this case?

- A. Increasing of Corticosteroids doses
- B Decreasing of Corticosteroids doses
- C Administration of ACTH preparations
- D Cancellation of Mineralcorticoids
- E Combined antibacterial therapy

144. Boy of 10 years old. Consciousness is absent and cramps developed. In examination: dryness and paleness of skin and mucosas. Respiration accelerated and noisy. Thready pulse. During last 3 months complaints on thirst, flaccidity and frequent emiction. Weight loosing. What is is most likely cause of coma in this case?

- A. Uremia
- B. Hypoglycemia
- C. Brain tumor
- D. Hyperglycemia
- E. Encephalitis

145. In child of 8 years old, sick of diabetes mellitus and intestinal infection the risen neurologic symptoms developed: disorders of orientation, hallucinations and focal

cramps. There is III degree dehydration. Respiratory disorders and the smell of acetone are absent. What is your preliminary diagnosis?

- A. Ketoacidotic hyperglycemic diabetic coma.
- B. Hyperosmolar diabetic coma.
- C. Hypoglycemic diabetic coma.
- D. Brain tumour
- E. Encephalitis.

146. In a hospital the girl in age of 10 months with mother's complaints on the appreciable paleness, enlarged stomach, and bad appetite has admitted. From the anamnesis: the child was treated in a hospital concerning to icterus and anemia. Objectively: a skin is pale with icteric shade, stomach enlarged, a lien is +3 cm, routine blood analysis: erythrocytes  $3,0 \times 10^{12}/l$ , HB-90 g/l, color index - 0,86, microspherocytosis, reticulocytosis up to 20 %, indirect bilirubin-28  $\mu\text{mol}/l$ . What kind of anemia takes place?

- A. Hemolytic anemia
- B. Hereditary elliptocytosis
- C. Iron deficiency anemia
- D. B-12 scarce anemia
- E. Protein deficiency anemia

147. In a child in age of 3 days the generalized seizures and anxiety has appeared. Labors are prompt. Was born with Apgar score of 6-7 points with weight of 2500 g. What preparations are listed below pathogenically indicated in this case.

- A. Trentalum
- B. Ethimisolum
- C. Sodium hydroxybutyrate
- D. Anaprilinum
- E. Cerebrolisinum

148. In a newborn child, that was born with weight of 4100 g in neurosonography the signs of severe internal hydrocephaly were detected. What clinical manifestations are listed below more corresponds to this state?

- A. Depression of CNS
- B. Crying
- C. Anisocoria
- D. Right-hand hemiparesis.
- E. All listed above

149. In a newborn child in a 2 day of life during the conducting of neurosonography the hemorrhage in brain parenchima was detected..

What clinical manifestations are listed below testifies for presence of cramps in this state?

- A. Vasomotoric changes
- B. All listed manifestatons.
- C. Grefe symptom
- D .Sunset symptom
- E. Sucking movements

150. A child was born with weight of 2650 g, on the fourth day of life his state has significantly worsened, severe depression of CNS, low blood pressure, weak crying, appeared. What first of all it is necessary to suspect in this case?

- A. Development of bacterial infection
- B . Meningoencephalitis
- C. Sepsis
- D. Intracranial hemorrhage
- E. Anomaly of development

151 In tall patients with hypergonadotropic hypogonadism and with combined contents in the buccal epithelium of X and Y chromatin for final diagnostics of disease it is necessary to investigate parameters as follows :

- A. Somatotropin production
- B. Morphology of pituitary body
- C. Karyotype
- D. Production of insulinoid growth factors
- E. Genealogic investigation

152. The rickets of II degree with acute course is diagnosed for the child of 5 months. Vitamin D<sub>3</sub> in a dose of 3000 IU per day for period of 45 days was administrated. When after that the procedures of body ultraviolet irradiation can be prescribed?

- A. After 1 year
- B. After 2,5 months
- C. Simultaneously with D<sub>3</sub> vitamin
- D. Just after the finishing of vitamin D<sub>3</sub> administration
- E. After 1 month

153. In summer rehabilitational sanatorium in the forest for children the different procedures aimed to train organism are conducting. What from the listed procedures is most tempering?

- A. Walk on fresh air

- B .Hydromassage bath
- C. Morning exercises on fresh air
- D. Hygienic douche
- E Alternating douche

154. The five years' old child one year ago was operated because of congenital heart disease. What method of sanatorium treatment is expedient for prescribing in this case?

- A. Carbonic baths.
- B. Sulphidic baths.
- C. Radon baths.
- D. Pelloidotherapy.
- E. All answers true.

155. In the boy of 12 y.o. the diagnosis of duodenal peptic ulcer established , period of exacerbation. What from the methods of treatment is most expedient during this period?

- A. Balneotherapy.
- B. Hospitalization.
- C. Thalassotherapy.
- D. Helium therapy .
- E. Peloidotherapy

156 The child who has been born with birth trauma of CNS in the age of 3 days has anxiety, tremor of chin, periodically there is short-term skin paleness and rising of muscle tone. What syndrome of birth trauma takes place?

- A. depression of CNS
- B epidural hemorrhages
- C. hydrocephalic
- D. Transient disorders of hemo and liquor dynamics.
- E asthenoneurotic

157. The premature child who has been born with serious birth trauma of CNS in the age of 25 days has an anxiety, periodically there are short-term apnea, causeless anxiety, sleep disturbances . What period of birth trauma takes place?

- A. Acute
- B. Subacute
- C. Late regenerative
- D. Chronic
- E. Relapsing

158. In newborn by day of discharging the cephalohematoma of appreciable dimensions occurs. What is your tactics:

- A. To puncture in a maternity home
- B. Do not treat
- C. Introduction in a hematoma of sclerosing solutions
- D. Brain CT
- E. Direct after the discharging to neurosurgeon.

159. The child who has been born with serious birth trauma of CNS in the age of 5 months has an anxiety, moderate developmental retardation, periodically there is disturbances of microcirculation, marbling of skin, motorial disorders. What syndrome of birth trauma takes place?

- A. vegetative - visceral
- B. asthenoneurotic
- C. hydrocephalic
- D. depression of CNS.
- E. hyperexcitability

160. Mother of the 5 years old girl complains of small weight and low body height of the child. Anamnesis: the child from II pregnancy with threat of abortion in 5-7 weeks. Labors in 38 weeks. Child's body weight at birth is 1400 g, body height is 30 cm. Objectively in examination: body height of child is 80 cm and weight is 11 kg. There are disembryogenetical stigmata and congenital heart disease. What diagnosis is most probable in this case?

- A. Pituitary nanism.
- B. Cerebral nanism.
- C. Premordial nanism.
- D. Pseudopremordial nanism.
- E. Chondrodystrophy.

161. In what diseases the increased Somatotropin production is detected?

- A. Morfan syndrome.
- B. acromegalia.
- C. premature puberty.
- D. Klinefelter syndrome.
- E. Klinefelter syndrome.

162. The child of 14 years old, arrived in endocrinology department due to superfluous adjournment of subcutaneously fatty layer mainly in the area of face and upper half of trunk, progressing muscular delicacy, resistant rising of arterial blood

pressure, hyperpigmentation of skin. In laboratory tests revealed hypokalemia and raised plasmal ACTH level. The excretion in urine of 17 - KS and 17 - OKS are increased and diminished after taking of Dexametasonum. What is the most probable diagnosis?

- A Cushing disease .
- B Dermatomyositis.
- C Corticosteroma.
- D Subthalamic obesity..
- E Addison diseaseI.

163. What from the listed methods of Cushing disease treatment can be attributed to pathogenetic?

- A. Unilateral adrenalectomy.
- B. Bilateral adrenalectomy.
- C. Erasion of pituitary body adenoma .
- D. Telegammatherapy of pituitary body area
- E. All listed above..

164. What underlies the psychosocial nanism?

- A. Disease of mother during pregnancy.
- B. Protein insufficiency.
- C. Chronic stress condition.
- D. Hypoproduction of somatotropic hormone.
- E. All listed above..

165. What is typical for the secondary hypothyroidism?

- A. A low level of Adrenocorticotrophin.
- B. A high level of thyroliberin.
- C. A low level of thyroliberin.
- D. A low level of Thyrotropin.
- E. A high level of thyrotropinum.

166. At birth of the child with an external genitals intermediate structure is necessary to conduct urgently:

- A. Determination of genetic sex.
- B. Ultrasonic of internal genitals.
- C. To establish the presence of electrolites disorders.
- D. To investigate the basal level of corticosteroids.
- E. Neurosonography and X-ray of skull.

167. What from hormonal disorders are characteristic for Klinefelter syndrome?

- A. Disturbances of gonadotropin synthesis.
- B. Decreasing of gonadotropin level.
- C. A high gonadotropin level.
- D. A low level of testosterone.
- E. Tissue insusceptibility to testosterone influence.

168. For patients with Klinefelter syndrome the following clinical signs are characteristic, except for:

- A. High body height.
- B. Presence of gynecomastia.
- C. Azoospermia.
- D. Body height is lower than average.
- E. All listed above.

169. The clinical characteristic of Turner syndrome includes all signs, except for:

- A. Somatic anomalies.
- B. Low body height.
- C. Congenital anomalies of cardiovascular system.
- D. Severe mental retardation.
- E. All listed above.

170. What includes the genetic sex concept of?

- A. Presence secondary sexual characters.
- B. A corresponding structure of external genitals.
- C. A corresponding structure of internal genitals.
- D. Presence of corresponding set of sexual chromosomes (XX or XY).
- E. All listed above.

171. Girl, 14 y.o. is sick of chronic pyelonephritis during 4 years. Last exacerbation admitted 6 months ago. What from health resorts is recommended to her?

- A. Sanatorium treatment is contraindicated.
- B. Truskavets.
- C. Morshin.
- D. Slavyansk.
- E. Odessa.

172. On dispensary account at the lung specialist - the girl of 12 years with the diagnosis: chronic right-hand lower lobe pneumonia with bronchiectasias,

the period of a remission, Respiratory failure of 0 degree. What health resort you will recommend for the girl?

- A. Feodosia.
- B. Morshin.
- C. Soleny Liman (Salty Estuary)
- D. Truskavets.
- E. Mirgorod.

173 Child K., within last 3 years of life suffers of rheumatic disease. Now the process is not active. In sanatorium to the patient the estuary therapy combined to peloidotherapy prescribed. The temperature of water in estuary need be not lower than following:

- A. 25 0C;
- B. 28 0C;
- C. 20 0C;
- D. 26 0C;
- E. 23 0C.

174 How in healthy persons the level of STH in response to insulin introduction changes?

- A. Does not change.
- B. Reduced
- C. Raises.
- D. Biphase reaction is observed: firstly it is reduced, then raises.
- E. Biphase reaction is observed: firstly raises, then it is reduced.

175. The acromegalia is diagnosed for the patient of 13 years old. What other signs are characteristic for this disease?

- A. Giantism.
- B. Obesity.
- C. Infantilism.
- D. Premature sexual development.
- E. All answers are true.

176. The girl of 8 y.o. is in the clinic because of growth inhibition. From the anamnesis reported that child is from socially unsuccessful family. In examination the STH level of 22 IU per ml revealed. After conducting the loading test level of hormone has raised up to 30 IU per ml.. What is your diagnosis?

A Pituitary nanism.



- B Psychological nanism
- C Laron syndrome
- D Somatogenic nanism
- E Thyroid nanism

177. With the purpose of primary chronic adrenal failure treatment is expedient to prescribed follows:

- A.Euphilinum + hypocaloric diet.
- B.Prednisolonum + salt addition to meal.
- S.Clophelinum + potassium preparations
- D. Aminasine + protein-free diet.
- E.Thyroxyn + salt-free diet.

178. In conducting of ACTH test ( with Synacthenum) in the patient with primary chronic adrenal failure the level of 17-KS in urine must be follows:

- A. Unchanged.
- B.Increased in 50 %.
- C.Increased in 100 %.
- D.Reduced in 50 %.
- E.Decresed in 100 %.

179. What from clinical manifestations are characteristic for primary chronic adrenal failure?

- A.High arterial blood pressure, signs of acute cholecystitis.
- B.Hypotony, dyspepsy.
- S.Bronchospasm, spastic colitis.
- D. Hepatomegalia, splenomegaly.
- E Positive Pasternatski sign, disuria .

180. The girl of 3 y.o., was taken to the hospital with complaints on superfluous body weight, serious pilosis in the areas of genitalia and back, pain in lumbar area and stomach. In age 9 months the Cooshing disease was established. On the X-ray of lumbar area there is a homogeneous spherical shadow 4,0 x 5,0 sm is merging to the top pole of kidney. What is your tactics in this case?

- A. Urine test for 17- KS and 17- OKS
- B. Urgent operation.
- C. Prescruibing of hormone preparations.
- D. Chemotherapy.
- E.Conducting of Torn test.

181. The patient of 14 years old, was taken to the clinic because of relapsing episodes of raised blood pressure up to 200/100 mm.Hg. which are accompanied by the acute headache severe paleness, sweating, nausea and vomiting. On the basis of clinical signs and anamnesis the preliminary diagnosis of pheochromocytoma was established. .

What preparations are most effective at a cupping of a hypertonic crisis?

A. □ Ganglioblockers (Tropaphenum, Phentolaminum, etc.).

B. Inhibitors of angiotensin transforming enzyme (kapotenum, kaposidum, invoril etc.).

A Preparations of rauwolfia.

B Antagonists of calcium.

C Diuretics.

182. The child of 10 years old, suffers of hemophilia A. The level of VIII factor is below 3 %. Determine the degree of gravity?

A Average.

B Serious.

C Mild.

D Latent.

E The extremely serious.

183 The boy of 12 years old is sick of achrestic diabetes since six years. The course of disease is labile. Recently, the rises of blood pressure are periodically marked. The test for microalbuminuria is positive. To what stage of a diabetic nephropathy there can correspond a state of this patient?

A. III stage, beginning nephropathy

B. I stage, a hypertrophy and a hyperfunction of kidneys

C. II stage, hystologic changes in kidneys

D. IV stage, manifestative nephropathy

E. V stage, chronic renal failure

184. The child of 8 years old, was taken with complaints on petechial hemorrhagic rashes which are symmetric and scattered on the bottom extremities. From anamnesis reported the allergic reaction to Aspirinum. The diagnosis of hemorrhagic vasculitis established. What investigations could confirm this diagnosis?

A Coagulogramme: ACT > 100 %, time of free heparinum <4".

B Coagulogramme: thrombinogen < 60 %.

C Coagulogramme: the ACT <80 %, time of free heparinum <20 " .

- D Coagulogramme: Fibrinogenum is 4 g/l.
- E Thrombocytopenia.

185. To child C., 13 years old, on the basis of clinical signs, laboratory data and results of computer tomography has been established the diagnosis: a pheochromocytoma. What method of this disease treatment is the most effective?

- A. Radiation therapy.
- B  $\beta$  blockers.
- C ATE inhibitors.
- D. Surgical.
- E. Chemotherapy.

186. At the child the hemorrhagic vasculitis, the dermal type, mild course is marked. Administrate the basic therapy.

- A Prednisolonum, heparinum, desensitizing.
- B Prednisolonum, membrane stabilizers..
- C Heparinum, membrane stabilizers, deagregants
- D Heparinum, angio protectors, desensitizing.
- E Prednisolonum, desensitizing.

187. The girl of 10 years old was taken to the hospital in an unconsciousness. Suffers of type 1 diabetes. Takes the combined insulin therapy. In the morning, going to school, after introduction of insulin has had a meal less usual. After 2 hours the anxiety, tremor has appeared. Soon she has lost consciousness. In hospital have assumed the hypoglycemic coma. What is the medical tactics in relation to this child?

- A. To adjust i.v. drop introduction of 10 % glucose solution.
- B. To indicate the glucose test and to wait the results
- C. To take a blood for glucose test and at once to enter i.v., trickling 20,0 ml of 40 % glucose solution.
- D. I.v. trickling introducing of 20,0 ml 40 % glucose solution.
- E. To enter i.m. of 1 % epinephrine solution

188. Patient C., is delivered without consciousness. Sick of a diabetes during the 6 years. During last week suffers of colenteritis. Objectively: a skin is dry, the tone of eyeballs is reduced. Respiration is frequent, smell of an acetone is not present. The blood pressure is 80/40 mm.Hg. A hypotonia of muscles. Blood glucose is 40 mmol/l. Acetone is negative. What kind of coma is most probable in the patient?

- A. Hyperosmolar.
- B. Hyperlactacidemic.
- C. Ketoacidic.

- D. Hypoglycemic..
- E. Cerebral

189. The girl of 3 years old. In examination there are retardation in physical development, paleness of mucosae, disembranching stigmata, gingival bleedings, « coffee- like stains» in the top part of a trunk, polydactyly, systolic apex murmur. In the routine blood analysis there is a pancytopenia. What is preliminary diagnosis?:

- A. Fanconi anemia
- B. Diamond-Blackfan anemia
- C. Klinefelter syndrome
- D. Down syndrome
- E. Acquired aplastic anemia

190 In newborn child to third day of life in physiological department of a maternity hospital in examination the diagnosis of vesiculopustulosis and purulent conjunctivitis established. What is the further tactics?

- A Hospitalization in neonatology department
- B Discharge to home
- C Hospitalization in neonatology department to 10 day of life
- D To administer oxygen therapy in maternity hospital
- E To transfer in observation department of maternity hospital.

191. What are the most informative criteria of gestational age estimation after birth of child?

- A. Locating of umbilical ring.
- B. Interrelation between the child's body weight and height .
- C. The sum of points after Dubowitz score.
- D. Child's weight.
- E. Presence of nail plates.

192. Patient of 7 years old has arrived in hospital with complaints on delicacy, fatigability, fever, short wind and cough, decreasing of body weight. In X-ray of thorax the enlargement of mediastinum shade and presence of polycyclic contours revealed. What disease is the most probable?

- A. Non Hodgkin lymphoma
- B. Dermoid cyst
- C. Tumour of thymus gland
- D. Tuberculosis

## E Lymphogranulomatosis

193. In the girl of 12 years old during 6 months is complaints on growing thin, labored respiration and dry cough. On X-ray of thorax there are considerably enlarged mediastinal lymphonoduses. Mantoux test is negative. Hemogramme: Hb - 90 g/l, erythrocytes. -  $2,9 \times 10^{12}/l$ , thrombocytes -  $94 \times 10^9/l$ , leucocytes -  $12 \times 10^9/l$ , relating to stab neutrophiles - 12 %, segmented - 70 %, blood sedimentation rate is 18 mm / hour. What is the prime test for establishing of diagnosis?

- A. Morphological investigation of bone marrow
- B Histological investigation of mediastinal lymphonoduses
- C Computer tomography of belly cavity
- D Spirographic tests with Metacholine and Salbutamol
- E Thermometry in each 3 hours during a week

194. Girl of 5 years old, that was healthy before, during 3 months treated concerning to pneumonitis. Body temperature is 37-37,50C, generalized lymphadenopathy, liver + 4 cm, lien +5 cm, ossalgies. Antibiotic therapy was ineffective. Hemogramme: Hb - 90 g/l, erythrocytes. -  $2,9 \times 10^{12}/l$ , thrombocytes. -  $80 \times 10^9/l$ , leucocytes. -  $56 \times 10^9/l$ , blastes - 20 %, relating to stab neutrophiles - 12 %, segmented - 26 %, lymphocytes - 41 %. What is your subsequent tactics?

- A. To conduct sternal puncture and to investigate bone marrow
- B To direct in genetic center and to investigate karyotype
- C To conduct spirographic tests and analysis of sputum
- D To investigate the biopsy of most enlarged lymphonoduses
- E To hospitalize for urgent plasmapheresis

195. In a fracture clinic 12 years old boy who after playing football has got trauma of leg is delivered. Complains of acute pain in right knee joint. The child is sick of Christmas disease. What start preparation is more expedient for acute management in this case?

- A. Vicasolum
- B Dicynonum
- C Cryoplasma
- D Cryoprecipitate
- E Platelet concentrate

196. Girl of 13 years old complains of a long-term and abundant menses and general delicacy. In examination her general state is serious, lengthways the body there are hemorrhagic rashes are varies from spots up to ecchymomas and petechias were detected and on mucous there are hemorrhages. Two weeks ago has transferred respiratory infection, has taken Sulfanilamides. What is more probable result to this state?

- A . Hemorrhagic vasculitis
- B Werlhof's disease
- C Disseminated intravascular coagulation syndrome
- D Meningococemy
- E Cristmas disease

197. Boy 5 years old, 2 weeks ago was sick of respiratory infectoin and after that the abundant nasal bleeding, ecchymomas has appeared. In the hemogramme anemia (Hb-85 g/l) and thrombocytopenia are revealed . What is more expedient for bleeding diminishing to take for this child?

- A.  $\epsilon$ - Acidum aminocapronicum
- B Platelet concentrate
- C Chilled plasma
- D Crioprcipitate
- E the Packed red cells

198. The boy of 7 years old, sick of hemophilia A, has bruised the knee and after expressed edema and hematoma in site of trauma have appeared. What preparation will be the most effective in this case?

- A. Vitamin K
- B Acidum aminocapronicum
- C Chilled plasma
- D Dicynonum
- E Crioprecipitate

199. Boy G., 12 years old is suffering of hemophilia A has delivered in hospital concerning to renal bleeding. What preparation is necessary for entering to the child for cupping of this state?

- A. Crioprecipitate of VIII factor
- B Chilled plasma
- C Vicasolum
- D  $\epsilon$  Acidum aminocapronicum
- E Dicynonum

200. Boy of 12 years old, has delivered in the clinic with complaints on short wind, cough, increasing of body temperature up to 37, 0C. Is sick during 3 months. On thorax X-ray a "pipe"-like mediastinal shade with presence of polycyclic contours has revealed. What preliminary diagnosis is most probable?

- A. Leukosis
- B Tubercular bronchadenitis
- C Lungs cancer
- D Lymphogranulomatosis
- E Sarcoidosis

201. The child of 3 years old. Was taken with complaints to delicacy, flaccidity, sonitus, raised gingival bleeding, ecchymomas on the skin. Blood count: RBC.  $1,2 \times 10^{12}/\mu$ , Hb: 60 г/л, reticulocytes: 0, thrombocytes:  $350 \times 10^9/l$  WBC.:  $8,0 \times 10^9/l$ , eosinophiles.: 3:1%, relating to stab neutrophiles: 4%, segmented neutrophiles :43%, lymphocytes.:44%, monocytes.:5%, ESR 35 mm / h.. What is the preliminary diagnosis?

- A..Sepsis
- B. Damesek anemia .
- C. Fanconi anemia
- D. Iron deficiency anemia.
- E. Diamond -Blackfan congenital hypoplastic anemia.

202. Newborn in the age of 3 days, was born from mother that was sick of lupus. Blood count reveals the thrombocytopenia. Objectively: ecchymomas on the trunk and extremities. What is the preliminary diagnosis?

- A Transimmune thrombocytopenic purpura.
- B DIC syndrome.
- C Isoimmune Werlhof's disease of newborns.
- D Hemorrhagic idisease of newborns.
- E Idiopathic Werlhof's disease.

203. What investigations are indicated to choos the type of admistrated insulin and it daily distribution?

- A.Glycemia one hour after the meal.
- B.Daily glucosuria.
- C.Glycemic profile.
- D. Glycemia on an empty stomach.
- E. Acetone in urine.

204. Patient K., 15 years old. complains of thirst (10-12 l of water daily), frequent emiction, headache and irritability. These signs had occurred about the one month after transferred a serious viral syndrome. Loss of body weight is 8 kg. Objectively: skin is usual colouring and dry. The blood pressure is 100/60 mm.Hg, pulse is 80 beats per minute. Otherwise unchanged. Blood count is normal. Urine count: densities - 1002, WBC. is 1-2 in sight. A glycemia on an empty stomach is 5,2 mmol/l. What preparations will be indicated to the patient?

- A. Promedol.
- B. Insulin.
- C. Adiurekrin.
- D. Prednisolonum.
- E. Furosemid.

205. The patient of 14 years old, was taken to the clinic because of relapsing episodes of raised blood pressure up to 200/100 mm.Hg. which are accompanied by the acute headache, severe paleness, sweating, nausea and vomiting. On the basis of clinical signs and anamnesis the preliminary diagnosis of pheochromocytoma was established.

What preparations are most effective at a cupping of a hypertonic crisis?

- A.  Ganglioblockers (Tropaphenum, Phentolaminum, etc.).
- B. Inhibitors of angiotensin transforming enzyme (kapotenum, kaposidum, inovoril etc.).
- C. Preparations of rauwolfia.
- D. Antagonists of calcium.
- E. Diuretics.

206. The child of 10 years old, suffers of hemophilia A. The level of VIII factor is below 3%. Determine the degree of gravity?

- F Average.
- G Serious.
- H Mild.
- I Latent.
- J The extremely serious.

207. The boy of 12 years old is sick of achrestic diabetes since six years. The course of disease is labile. Recently, the rises of blood pressure are periodically marked. The



test for microalbuminuria is positive. To what stage of a diabetic nephropathy there can correspond a state of this patient?

- A. III stage, beginning nephropathy
- B. I stage, a hypertrophy and a hyperfunction of kidneys
- C. II stage, histologic changes in kidneys
- D. IV stage, manifestative nephropathy
- E. V stage, chronic renal failure

208. The child of 8 years old, was taken with complaints on petechial hemorrhagic rashes which are symmetric and scattered on the bottom extremities. From anamnesis reported the allergic reaction to Aspirinum. The diagnosis of hemorrhagic vasculitis established. What investigations could confirm this diagnosis?

- F Coagulogramme: ACT > 100 %, time of free heparinum <4".
- G Coagulogramme: thrombinogen < 60 %.
- H Coagulogramme: the ACT <80 %, time of free heparinum <20 " .
- I Coagulogramme: Fibrinogenum is 4 g/l.
- J Thrombocytopenia.

209. To child C., 13 years old, on the basis of clinical signs, laboratory data and results of computer tomography has been established the diagnosis: a pheochromocytoma. What method of this disease treatment is the most effective?

- A. Radiation therapy.
- B  $\beta$  blockers.
- C ATE inhibitors.
- D. Surgical.
- E. Chemotherapy.

210. At the child the hemorrhagic vasculitis, the dermal type, mild course is marked. Administrate the basic therapy.

- F Prednisolonum, heparinum, desensitizing.
- G Prednisolonum, membrane stabilizers..
- H Heparinum, membrane stabilizers, deagregants
- I Heparinum, angio protectors, desensitizing.
- J Prednisolonum, desensitizing.

211. The girl of 10 years old was taken to the hospital in an unconsciousness. Suffers of type 1 diabetes. Takes the combined insulin therapy. In the morning, going to school, after introduction of insulin has had a meal less usual. After 2 hours the anxiety, tremor has appeared. Soon she has lost consciousness. In hospital have assumed the hypoglycemic coma. What is the medical tactics in relation to this child?

- A. To adjust i.v. drop introduction of 10 % glucose solution.
- B. To indicate the glucose test and to wait the results
- C. To take a blood for glucose test and at once to enter i.v., trickling 20,0 ml of 40 % glucose solution.
- D. I.v. trickling introducing of 20,0 ml 40 % glucose solution.
- E. To enter i.m. of 1 % epinephrine solution

212. Patient C., is delivered without consciousness. Sick of a diabetes during the 6 years. During last week suffers of colenteritis. Objectively: a skin is dry, the tone of eyeballs is reduced. Respiration is frequent, smell of an acetone is not present. The blood pressure is 80/40 mm.Hg. A hypotonia of muscles. Blood glucose is 40 mmol/l. Acetone is negative. What kind of coma is most probable in the patient?

- A. Hyperosmolar.
- B. Hyperlactacidemic.
- C. Ketoacidic.
- D. Hypoglycemic..
- E. Cerebral

213. The girl of 3 years old. In examination there are retardation in physical development, paleness of mucosae, disembranchment stigmata, gingival bleedings, « coffee- like stains » in the top part of a trunk, polydactyly, systolic apex murmur. In the routine blood analysis there is a pancytopenia. What is preliminary diagnosis?:

- A. Fanconi anemia
- B. Diamond-Blackfan anemia
- C. Klinefelter syndrome
- D. Down syndrome
- E. Acquired aplastic anemia

214 In newborn child to third day of life in physiological department of a maternity hospital in examination the diagnosis of vesiculopustulosis and purulent conjunctivitis established. What is the further tactics?

- A Hospitalization in neonatology department
- B Discharge to home
- C Hospitalization in neonatology department to 10 day of life
- D To administrate oxygen therapy in maternity hospital
- E To transfer in observation department of maternity hospital.

215. Child of 4 years old. During last 4 months asthenia, dermal hemorrhages admitted. Nasal bleedings, paleness, hyperthermia. In the routine blood analysis :

haemoglobin - 45 g/L, erythrocytes -  $1,2 \times 10^9$  /L, a color index - 0,9, leucocytes  $1,5 \times 10^9$  /L, relating to stab neutrophile - 1 %, segmented - 25 %, eosinocytes - 1 %, lymphocytes - 5 %, monocytes - 4 %, blood sedimentation rate 50 mm / h, thrombocytes -  $40 \times 10^9$ /L. What is the preliminary diagnosis?

- A. Aplastic anemia
- B. Iron deficiency anemia
- C. B12 - deficiency anemia
- D. Hemolytic anemia
- E. Acute leukosis

216. What from the listed methods of Cushing disease treatment can be attributed to pathogenetic?

- A. Unilateral adrenalectomy.
- B. Bilateral adrenalectomy.
- C. Erasion of pituitary body adenoma .
- D. Telegammatherapy of pituitary body area
- E. All listed above..

217. What underlies the psychosocial nanism?

- A. Disease of mother during pregnancy.
- B. Protein insufficiency.
- C. Chronic stress condition.
- D. Hypoproduction of somatotropic hormone.
- E. All listed above..

218. What is typical for the secondary hypothyroidism?

- A. A low level of Adrenocorticotrophin.
- B. A high level of thyroliberin.
- C. A low level of thyroliberin.
- D. A low level of Thyrotropin.
- E. A high level of thyrotropinum.

219. At birth of the child with an external genitals intermediate structure is necessary to conduct urgently:

- A. Determination of genetic sex.
- B. Ultrasonic of internal genitals.
- C. To establish the presence of electrolites disoders.
- D. To investigate the basal level of corticosteroids.
- E. Neurosonography and X-ray of skull.

220. What from hormonal disorders are characteristic for Klinefelter syndrome?

- A. Disturbances of gonadotropin synthesis.
- B. Decreasing of gonadotropin level.
- C. A high gonadotropin level.
- D. A low level of testosterone.
- E. Tissue insusceptibility to testosterone influence.

221. For patients with Klinefelter syndrome the following clinical signs are characteristic, except for:

- A. High body height.
- B. Presence of gynecomastia.
- C. Azoospermia.
- D. Body height is lower than average.
- E. All listed above.

222. The clinical characteristics of Turner syndrome include all signs, except for:

- A. Somatic anomalies.
- B. Low body height.
- C. Congenital anomalies of cardiovascular system.
- D. Severe mental retardation.
- E. All listed above.

223. What includes the genetic sex concept of?

- A. Presence of secondary sexual characters.
- B. A corresponding structure of external genitalia.
- C. A corresponding structure of internal genitalia.
- D. Presence of corresponding set of sex chromosomes (XX or XY).
- E. All listed above.

224. What from the listed diseases can be accompanied by true premature sexual development?

- A. Adrenogenital syndrome.
- B. Ovarian tumours with high estrogen production.
- C. Ovarian tumours with high androgen production.
- D. The tumours localized in hypophyseal and pituitary area.
- E. All listed above.

225. Child of 12 years old, sick with autoimmune thyroiditis, there are changes in the blood count: RBC:  $2,1 \times 10^{12}/l$ ; Hb: 82 g/l; the CI: 0,9; thrombocytes:  $310 \times 10^9/l$ ;

reticulocytes.: 30 ‰; WBC.: $4,2 \times 10^9/L$ ; eosinophiles.: relating to stab neutrophile 2 %; segmented neutrofiles.: 58 %; lymphocytes.: 28 %;monocytes.:6 %; ESR: 28 mm / h. total bilirubin: 115 mmol/l, direct.: 12,5 mmol/l, AST: 0,2 mmol/l, ALT: 0,3 mmol/l. Coombs test is positive. What is the preliminary diagnosis?

- F Autoimmune hemolytic anemia.
- G Hypoplastic Fanconi anemia.
- H Minkovski - Schoffer hemolytic anemia.
- I  $B_{12}$  - folic acid scarce anemia.
- J Hypoplastic anemia.

226 At the child of 8 years old the hemolytic anemia is revealed. Name the clinical triad is characteristic for this disease.

- F Hyperpegmentation, anemia, splenomegaly.
- G Icterus, hepatosplenomegaly a carditis.
- H Anemia, icterus, hepatosplenomegaly
- I Flaccidity, delicacy, adynamia.
- J Anemia, lymphadenopathy, splenomegaly.

227. At the child of 9 years old the following changes in a blood count are revealed: RBC.:  $2,5 \times 10^{12}/l$ ; Hb: 85 g/l; the CI: 0,85. Determine a degree of the anemia?

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

228. The girl of 6 years old, was taken to hematology department in a serious state: a high fever, all groups of lymphonoduses are enlarged, hemorrhagic syndrome, hepatosplenomegaly. Blood count: RBC -  $2,0 \times 10^9/L$ , Hb - 84 g/l, CI: 0,75, WBC-  $24,0 \times 10^9/L$ , eosinophiles.-3 %, relating to stab neutrophile -1 %, segmented neutrofiles.-16 %, lymphocytes-75 %, monocytes -5 %, a thrombocytes.- $150 \times 10^9/l$ , ESR-56 mm/h . In a myelogram the blasts is 92 %. What from the listed parameters plays a main role directed by the establishing diagnosis?

- A.Blastosis in a myelogram.
- B. Leukocytosis.
- C. Thrombocytopenia.
- D. Lymphocytosis.
- E. Anemia.

229. The child of 10 years old, has bitten by the dace steppe viper .Blood count: RBC.:  $2,1 \times 10^{12}/l$ ; Hb: 92 g/l; the CI: 0,9; reticulocytes.: 20 %; thrombocytes:  $210 \times 10^9/l$ ; leucocytes.:  $6,2 \times 10^9/l$ ; eosinophiles.: 2 %; relating to stab neutrophile : 2 %; segmented neutrophiles.: 78 %; lymphocytes.: 22 %; monocytes.:6 %; ESR: 15 mm / h. What is the preliminary diagnosis?

- A Acute hypoplastic anemia
- B Acute hemolytic anemia
- C Iron deficiency anemia.
- D  $B_{12}$  - folic acid scarce anemia
- E Sickle cells anemia

230. The child, aged 8 months, was taken with complaints to a flaccidity, adynamia, petechial hemorrhagic rashes are scattered through the body. From anamnesis reported that the child eats cutruses on a regular basis. Blood count RBC  $3,5 \times 10^{12}/l$ , Hb: 110 g/l, reticulocytes:  $20/1000$ ,  $\therefore$  thrombocytes  $90 \times 10^9/l$  WBC.:  $8,5 \times 10^9/l$ , eosinophiles.:2 %,relating to stab neutrophiles :3 %, segmented neutrophiles :40 %, lymphocytes.:53%, monocytes : 7%, ESR 12 mm / h. What investigations are necessary for establishing the final diagnosis?

- A Determination of erythrocytes osmotic resistance.
- B Blood coagulation time by White .
- C Determination of a bilirubin.
- D Determination of VII coagulation factor.
- E Bloody clot retraction.

231. In newborn to sixth day of life in the lower half of stomach near a belly-button and on extremities on a background of erythematic spots there are single bubbles by 0,5 - 1 cm in diameter with serous and purulent contents has appeared. The general condition of the child is normal. Establish the diagnosis.

- A pemphigus of newborn, simple form
- B pemphigus of newborn, malignant form
- C syphilitic pemphigus
- D pseudofurunculosis of Figner
- E exfoliative dermatitis of Ritter

232. After transferred respiratory infection in the boy yellowness of skin and paleness is marked. In father of child the yellowness of skin periodically takes place as well. Objectively: flaccidity, liver + 2,5cm, lien + 5cm, disembriogenetical stygmas. A feces and urine of usual color. In the routhin analysis of blood:

erythrocytes  $1,7 \times 10^9/L$ , haemoglobin - 40 g/L, reticulocytes - 0,01 %, a blood sedimentation rate 30 mm / h, total bilirubin - 60mmol/L, indirect - 50. osmotic resistance of erythrocytes - 0,7 % - 0,3 %. What is the the diagnosis:

- A. Hereditary spherocytosis, hemolytic anemia of Minkovsky - Schoffer type , hemolytic crisis.
- B. Chronic persistent hepatitis
- C. Virus hepatitis
- D. Thalassemia
- E. Asquired autoimmune hemocatheretic anemia

233. In newborn to 6 day of life on the right breech has appeared a crimsonly and cyanochroic spot up to 6 cm in diameter and prominented above a surface of skin, dense and painful by touch. The condition of child gradually worsens. Determine the volume of local therapy.

- A To put cuts in alternated lines within the limits of healthy tissues
- B To put longitudinal cuts
- C Application of a physiotherapy
- D Application of bandages with a solution of Furacilinum
- E Application of bandages with a normal saline solution.

234. In child of 8 years there are the increasing paleness, delicacy, hemorrhages on a skin has appeared. In sternal punction the depression of all locuses of hemopoiesises. What basic method of therapy is indicated in aplastic anemia during the subacute period?

- A. Corticosteroids + bone marrow transplantation
- B. Splenectomy
- C. Hemotransfusion + cytostatics
- D. Cytostatics + bone marrow transplantation
- E. Antibiotics + hemotransfusion

235. In newborn child to third day of life on the thorax a painful spot with precise borders has appeared, red and dense, hot by touch, painful in palpation . Within several hours it has considerably increased in size, next day the color became cyanotic and crimson and there was a ramollissement in center. What is the most probable diagnosis?

- A. Necrotic phlegmon of newborns
- B. Pemphigus of newborn
- C. Exfoliative dermatitis of Ritter
- D. Pseudofurunculosis
- E. Erysipilatous inflammation of newborns

236. Child with the diagnosis of Minkovsky - Schoffer hemolytic anemia admitted to the hospital because of hemolytic crisis. What parameter of the minimal osmotic resistance of erythrocytes will confirm the diagnosis?:

- A. 0,7
- B. 0,42
- C. 0,39
- D. 0,4
- E. 0,53

237. In worn child in the age of 6 days on different sites of skin there are follow signs are observed: erythema, flaccid bubbles, erosive surfaces, cracks, exfoliation of false skin. The baby looks like scalded of boiled water. Nikolsky sign is positive. The general condition of child is serious. In examination the anxiety, hyperesthesia, febrile temperature. What is the most probable diagnosis?

- A. Pseudofurunculosis of Figner
- B. Phlegmon of newborn.
- C. Exfoliative dermatitis of Ritter.
- D. Pemphigus of newborn.
- E. Epidermolysis.

238. Girl 7 years old, during one year taken not steroid anti-inflammatory preparations because of juvenile pseudorheumatism. In a blood the anemia, a reticulocytosis is revealed. What is the most probable causes of an anemia?

- A. The latent gastric bleeding
- B. Depression of bone marrow
- C. Intravascular hemolysis
- D. Deficiency of vitamin B12
- E. Deficiency of vitamin In 6

239. In prematurely birth child on hip skin the vesicular rashes revealed . The general condition of child is unchanged. With what infectious agent It is possible to connect these changes ?

- A. Staphylococcus
- B. Acyanotic spirochete.
- C. Streptococcus
- D. Mycoplasma.
- E. Listeria.



240. Girl 7 years old suffers of iron deficiency anemia. In the routine blood analysis detected erythrocytes -  $3,0 \times 10^{12} / l$ , HB-80g/l, the color index processing is 0,85. What kind of therapy is optimal in this case?

- A. Ferroplexum perorally
- B. Intensive liquid infusion
- C. Ferrum -lek intramuscularly
- D. Vitamin B12 intramuscularly
- E. Packed red cells transfusion

241. Worn newborn having rhinitis, hepatosplenomegaly and desquamation of skin on palms and autopodiums and on sites of perineum could be infected with:

- A. Cytomegalovirus..
- B. Spirochete pallidum
- C. Virus of herpes.
- D. Toxoplasma
- E. Mycoplasma.

242. Girl of 7 years old, after taking Biseptolum the paleness of skin has appeared, icterity of scleras, hepatomegaly. In routine blood analysis: erythrocytes is  $1,6 \times 10^{12} / l$ , reticulocytes -  $0,003 \times 10^{12}$ , leucocytes -  $13,7 \times 10^9 / l$ , myelocytes - 1 %, juvenile forms - 2 %, relating to stab neutrophils - 8 %, segmented is 66 %, lymphocytes - 20 %, monocites - 3 %, indirect bilirubin - 30,5  $\mu\text{mol} / l$ , Coombs test is positive (+), osmotic resistance of erythrocytes - max. - 0,46 %, minimal - 0,34 %.

What disease can be assumed?

- A. Acquired hemolytic anemia, immune type, a hemolytic crisis
- B. Minkowski -Schoffer anemia, a hemolytic crisis
- C. Virus hepatitis
- D. Acquired hypoplastic anemia
- E. Myelosis

243. In a girl to 7 day of life the enlargement of right mamma has appeared. In palpation right mamma is dense and child cries. The skin in a place of infiltration is bloodshot. The appetite is reduced. From channels of mamma the pus excretes. What is the most authentic pathology takes place?

- A. Gynecomastia
- B. Mastitis of newborn
- C. Necrotic phlegmon
- D. Sepsis of newborn
- E. Transitional t sexual crisis

244. Baby of two weeks old, without any inoculations after birth is sleeping 18 hours every day and feeding 4 times daily (takes 60 ml of standard nutrition every feeding), but does not take neither iron, nor vitamins. What is the most important for the child?

- A. Oral iron therapy
- B. Beginning of inoculation
- C. Calculation of necessary nutritional volume.
- D. Vitamins A, C and D therapy
- E. Sleep and wakefulness circadian rhythm investigation

245. Full-term child. Pregnancy was normal. Labors with partial placental detachment. In 12 hours after labors the melena is marked. What diagnostic method can reveal the reason of bleeding?

- A. The Apt test
- B. Barium clyster
- C. Gastric lavage with solution of natrii chloridi 0,9%
- D. Count of thrombocytes
- E. Count prothrombin time and partial thromboplastin time

246. In 2 week old newborn there are constipations, icterus, flaccidity, sleepiness. In examination: moderate icterus, inflated abdomen, enlargement of liver and lien, puffing in respiration. What is the most probable diagnosis?

- A. Hepatitis
- B. Down syndrom
- C. Rinitis.
- D Hypothyroidism.
- E. Rickets.

247. Full-term newborn with body weight of 3900 g (normal by gestation), Him weight to third day of life is 3700 g.

Loss of mass of a body is corresponds to:

- A. 1 degree hypotrophy .
- B. Less compair to norm
- C. Exceeds the norm
- D. Corresponds to norm
- E. It is not possible to estimate

248. Child was born after third pregnancy and second labors, 42 w. of gestational age , body weight 4200 g, length 58 cm. In the labors there is meconium in amniotic fluid. Aspiration of amniotic fluid suspected. Independent respiration is absent. What tactics indicated in this case?

- A. A tactile stimulation
- B. Closed cardiac massage
- C. Suction of respiratory ways
- D. Oxygen therapy.
- E. Treatment of oligemia

249. What is the meaning of genetic sex?

- A. Secondary sexual signs
- B. Structure of external genitals.
- C. Structure of internal genitals.
- D. Presence of sexual chromosomes (XX or XY)
- E. All above mentioned.

250. In what deviations from average parameters the early puberty can be diagnosticate?

- A. From 2 up to 4 standard deviations..
- B. From 1 up to 2 standard deviations
- C. More than 4 standard deviations.
- D. All above mentioned
- E. No of any cases

251. What diseases can be accompanied by true premature puberty?

- A. Adrenogenital syndrome
- B. Ovarial tumours with secretion of estrogens
- C. Disorders of hypothalamic area.
- D. Ovarial tumors with secretion of androgens
- E. All above mentioned

252. What diseases can be accompanied by fals pubertas praecox?

- A. Adrenal gland tumours with secretion of androgens
- B. Ovarial tumours with secretion of estrogens .
- C. Hypophysis tumours.
- D. Estrogens therapy.
- E. All above mentioned.

253. In what standard deviations from average parameters sexual

development of the child can be considered normal?

- A. Up to 1 SD
- B. Up to 2 SD
- C. From 2 up to 3 SD
- D. From 2 up to 4 SD
- E. No of any cases

254. Boy of 2 years old was taken to hospital with complaints to nasal bleedings, relapsed intermuscular hematomas, bloody teething. Was born with cephalohematoma. The grandfather by mother suffers of hemorrhagic diatesis. Blood test : thrombocytes  $280 \times 10^9/L$ , bleeding time - 2 min, a blood clotting time - 15 min, factor VIII assay - 5 %. What is the most probable diagnosis?

- A. Hemophilia A
- B. Hemophilia B
- C. Hemophilia C
- D. Thrombocytopathia
- E. Fanconi anemia

255. Child of 1 month old. After preventive inoculation the long bleeding from injection sites and intermuscular hematoma was marked. Blood test: normal bleeding time, clotting time elongation, a factor VIII assay - 3 %, prothrombin index - 80 %. What is the most probable diagnosis:

- A. Thrombocytopenic purpura
- B. Hemorrhagic disease of newborns
- C. Hemorrhagic vasculitis
- D. Hemophilia
- E. Thrombocytopathia

256. Child aged 1,5 years, suddenly fell ill: temperature rise up to 39 C and rashes were marked. In 6 hours on the lower extremities, breeches, stomach the punctate hemorrhagic eruption appeared, enlarged in dimensions quickly. In 2 hours the eruption looks like hemorrhagic elements of different dimensions and scattered asymmetrical. The fever rises up to 39 - 40 C and kept. What is the most probable diagnosis?

- A. Meningococcal infection, meningococemia
- B. Influenza with a hemorrhagic syndrome
- C. Hemorrhagic vasculitis
- D. Werlhof's disease
- E. Congenital thrombocytopathia

257. After respiratory infection in child of 8 years old the yellowness of skin and scleras and increasing paleness has appeared. Temperature rise up to 37,5. Enlargement of liver +1,5cm and lien +4,5cm. CBC: erythrocytes  $2,0 \times 10^9 /L$ , Haemoglobin 80 g/L. The total bilirubin 90 mmol/L, Direct Coombs test is positive. erythrocytometry is 7 - 7,2 mcm, 79 %. What disease you can think of

- A. Virus hepatitis
- B. Acquired hemolytic anemia
- C. Liver cirrhosis
- D. Hemolytic-uremic syndrome
- E. Fanconi anemia

258. The girl of 3 years old. In examination there are retardation in physical development, paleness of mucosas, disembiogenetical stigmata, gingival bleedings, « coffee-like stains » in the top part of a trunk, polydactyly, systolic apex murmur. In the routine blood analysis there is a pancytopenia. What is preliminary diagnosis?:

- A. Fanconi anemia
- B. Diamond-Blackfan anemia
- C. Klinefelter syndrome
- D. Down syndrome
- E. Acquired aplastic anemia

259. Child of 4 years old. During last 4 months asthenia, dermal hemorrhages admitted. Nasal bleedings, paleness, hyperthermia. CBC : hemoglobin - 45 g/L, erythrocytes -  $1,2 \times 10^9 /L$ , a color index - 0,9, leucocytes  $1,5 \times 10^9 /L$ , relating to stab neutrophile - 1 %, segmented - 25 %, eosinocytes - 1 %, lymphocytes - 5 %, monocytes - 4 %, blood sedimentation rate 50 mm / h, thrombocytes -  $40 \times 10^9 /L$ . What is the preliminary diagnosis?

- A. Aplastic anemia
- B. Iron deficiency anemia
- C. B12 - deficiency anemia
- D. Hemolytic anemia
- E. Acute leukemia

260. After transferred respiratory infection in the boy the yellowness of skin and paleness is marked. In father of child the yellowness of skin periodically takes place as well. Objectively: flaccidity, liver + 2,5cm, lien + 5cm, disembiogenetical stygmas. A feces and urine of usual color. In the routhin analysis of blood: erythrocytes  $1,7 \times 10^9/L$ , haemoglobin - 40 g/L, reticulocytes - 0,01 %, a blood sedimentation rate 30 mm / h, total bilirubin - 60mmol/L, indirect - 50. osmotic resistance of erythrocytes - 0,7 % - 0,3 %. What is the the diagnosis?

- A. Microspherocytosis, hemolytic anemia of Minkovsky - Schoffer hemolytic crisis.
- B. Chronic persistent hepatitis
- C. Virus hepatitis
- D. Thalassemia
- E. Asquired autoimmune hemocatheretic anemia

261. Child of 8 years old. Increasing paleness, delicacy, hemorrhagic eruption on the skin has appeared. In bone marrow puncture the depression of hemopoiesis is mark. What basic method of aplastic anemia therapy is indicated for this case?

- A. Corticosteroids +bone marrow transplantation
- B. Splenectomy
- C. Haemotransfusion + cytotoxic agents
- D. Cytotoxic agents + bone marrow transplantation
- E. Antibiotics + a hemotransfusion

262. 12 years old girl with Addison disease. Appendectomy is nessesery. The state of patient is compensated. Arterial pressure 95/60 mm Hg, blood test: Sodium 125 mmol/L, Potassium - 4.5 mmol/L. What tactics is indicated to reduce the risk of adrenal crisis development in this case?

- A. Increasing of Corticosteroids doses

- B Decreasing of Corticosteroids doses
- C Administration of ACTH preparations
- D Cancellation of Mineralcorticoids
- E Combined antibacterial therapy

263. Boy of 10 years old. Consciousness is absent and cramps developed. In examination: dryness and paleness of skin and mucosae. Respiration accelerated and noisy. Thready pulse. During last 3 months complaints on thirst, flaccidity and frequent emiction. Weight losing. What is most likely cause of coma in this case?

- A. Uremia
- B. Hypoglycemia
- C. Brain tumor
- D. Hyperglycemia
- E. Encephalitis

264. In child of 8 years old, sick of diabetes mellitus and intestinal infection the risen neurologic symptoms developed: disorders of orientation, hallucinations and focal cramps. There is III degree dehydration. Respiratory disorders and the smell of acetone are absent. What is your preliminary diagnosis?

- A. Ketoacidotic hyperglycemic diabetic coma.
- B. Hyperosmolar diabetic coma.
- C. Hypoglycemic diabetic coma.
- D. Brain tumour
- E. Encephalitis.

265. In a hospital the girl in age of 10 months with mother's complaints on the appreciable paleness, enlarged stomach, and bad appetite has admitted. From the anamnesis: the child was treated in a hospital concerning to icterus and anemia. Objectively: a skin is pale with icteric shade, stomach enlarged, a lien is +3 cm, routine blood analysis: erythrocytes  $3,0 \times 10^{12}/l$ , HB-90 g/l, color index - 0,86, microspherocytosis, reticulocytosis up to 20 %, indirect bilirubin-28  $\mu\text{mol}/l$ . What kind of anemia takes place?

- A. Hemolytic anemia
- B. Hereditary elliptocytosis
- C. Iron deficiency anemia
- D. B-12 scarce anemia
- E. Protein deficiency anemia

266. In a child in age of 3 days the generalized seizures and anxiety has appeared. Labors are prompt. Was born with Apgar score of 6-7 points with weight of 2500 g. What preparations are listed below pathogenically indicated in this case.

- A. Trentalum
- B. Ethimisolum
- C. Sodium hydroxybutyrate
- D. Anaprilinum
- E. Cerebrolisinum

267. In a newborn child, that was born with weight of 4100 g in neurosonography the signs of severe internal hydrocephaly were detected. What clinical manifestations are listed below more corresponds to this state?

- A. Depression of CNS
- B. Crying
- C. Anisocoria
- D. Right-hand hemiparesis.
- E. All listed above

268. In a newborn child in a 2 day of life during the conducting of neurosonography the hemorrhage in brain parenchima was detected..

What clinical manifestations are listed below testifies for presence of cramps in this state?

- A. Vasomotoric changes
- B. All listed manifestatons.
- C. Grefe symptom
- D. Sunset symptom
- E. Sucking movements

269. A child was born with weight of 2650 g, on the fourth day of life his state has significantly worsened, severe depression of CNS, low blood pressure, weak crying, appeared. What first of all it is necessary to suspect in this case?

- A. Development of bacterial infection
- B. Meningoencephalitis
- C. Sepsis
- D. Intracranial hemorrhage
- E. Anomaly of development



270. In a child there is formation on his head is soft with consistency, spreads outside the cranial bone . In examination after 2 day this formation was not detected.

What is the diagnosis?

- A. Subdural hematoma
- B. Cephalohematoma
- C. Cerebral hernia
- D. Epidural hematoma
- E. Caput succedanium

271. In a **child** in delivery after **drawing** out the hand the grazes and scratches on upper extremity are **marked**. **What** from following clinical signs more corresponds to paralysis of Degerin - Clumpke?

- A. Spastic tetraparalysis
- B. Extremity is pale, cold by a touch**
- C. Palm in a position of a palmar flexion
- D. Palm in **position** of palmar extension
- E. Palm in **position** of “claws paw”

272. In a child of 8 days of life on the right breech the purple - and cyanotic spot with dimensions of 3x5 cm occur, protruding above the surface of skin, dense and painful by touch. According to mother information the child became languid, sucks badly, belching, has a fever.

Determine the range of topical therapy

- A. Disclosing of a wound by alternating cuts within the limits of healthy tissues
- B . Application of bandages with hypertonic salt solutions
- C. Application the bandages with oinment of Vishnevsky
- D . Disclosing by one cut
- E. Using of UHV

273. In newborn of 5 day of life a vesicles on the skin of abdomen and extremities filled with serous and purulent liquid has appeared. The general state of the child has not changed

Establish the diagnosis:

- A. Syphilitic pemphigus
- B. Pemphigus of newborns, the malignant form
- C. Exfoliative dermatitis of Ritter.

- D. . Pemphigus of newborn. .Simple form.
- E. Physiological ecdysis

274. In newborn of 5 day of life a vesicles on the skin of abdomen and extremities filled with serous and purulent liquid has appeared. The general state of the child has not changed

.Prescribe the treatment:

- A. Immunotherapy, topical therapy
- B. Antibiotic, topical therapy
- C. 2 antibiotics, topical therapy
- D. General UVI of skin
- E. Topical therapy, general UVI of skin

275. In newborn of 5 day of life a vesicles on the skin of abdomen and extremities filled with serous and purulent liquid has appeared. The general state of the child has not changed

What etiology of these rashes?

- A. Streptococcus
- B. . St.aureus
- C Treponema pallidum
- D. Herpes simplex virus
- E. Listerias

276. In newborn of 14 day of life the infiltration and hyperemia of umbilical ring admitted, serous and purulent allocations from umbilical wound. Administration of antibiotic during the 7 days and the intensive lavage of umbilical wound with using of 3 % solution of Hydrogenium peroxide, 70 % medical alcohol, 5 % solution of a potassium permanganate were ineffective. Name the most probable diagnosis

- A. Umdilical sepsis
- B. Incomplete umbilical fistula, purulent omphalitis
- C. Complete umbilical fistula, purulent omphalitis
- D Purulent omphalitis
- E. Complete urinary fistula, purulent omphalitis

277. In newborn of 6 day of life with hypothermia the signs of coloenteritis occurs (Klebsiella detected).Then, the pneumonia with impoverished auscultative signs and the rich mucopurulent sputum is diagnosed. The sclerema and icterity of skin take place. In the routine urine analysis the erhythrocyturia, cylindruria, leukocyturia, proteinuria detected..

Choose the variant of patient's feeding:

- A. Breast feeding
- B. Single feeding of adapted mixture with probe
- C. Single feeding of breast milk with probe
- D. Feeding from the bottle with adapted mixture
- E. Feeding from the bottle with breast milk

278. In newborn of 6 day of life with hypothermia the signs of colenteritis occurs (Klebsiella detected). Then, the pneumonia with impoverished auscultative signs and the rich mucopurulent sputum was diagnosed. The sclerema and icterity of skin take place. In the routine urine analysis the erythrocyturia, cylindruria, leukocyturia, proteinuria detected..

What preparation is more fit to this case?

- A. Antistaphylococcal plasma 10-15 mg/kg
- B. Antiklebsielllic plasma 10-15 mg/kg
- C. Antipyocyanic plasma 10-15 mg/kg
- D. Native plasma 10-15 mg/kg
- E. Immunoglobulin human normal 1,5-2 doses.

279. In worn child of 8 day of life the necrotic phlegmon, destructive pneumonia, purulent otitis admitted. This state is accompanied by a serious toxicosis and the hyperthermia. In routine blood test are the anemia, trombocytopenia, hyperleucocytosis

Specify the ethiology of sepsis:

- A. Staphylococcus
- B. Streptococcus
- C. Klebsiella
- D. Pyocyanic rod
- E. Campylobacter

280. In worn child of 8 day of life the necrotic phlegmon, destructive pneumonia, purulent otitis admitted. This state is accompanied by a serious toxicosis and the hyperthermia. In the blood count the anemia, trombocytopenia, hyperleucocytosis

Specify the variant of sepsis course:

- A Fulminant
- B. Subacute
- C. Lingering
- D. Chronic
- E. Acute

281. In worn child of 8 day of life the necrotic phlegmon, destructive pneumonia, purulent otitis admitted. This state is accompanied by a serious toxicosis and the

hyperthermia. In routine blood test are the anemia, trombocytopenia, hyperleucocytosis

Classify sepsis according to entrance hiluses:

- A. Dermal
- B. Otogenic
- C. Pulmonary
- D. Cryptogenic
- E. Iatrogenic

282. Child after delivery have following clinical data: icterus, pallor, splenohepatomegalia,. Blood type is (III) Rh (+);Hb in blood 150 g/l, RBC is  $4,2 \cdot 10^{12}/l$ , reticulocytes 9 %. Bilirubin of blood is 58 mcmol/l, unconjugated. Mother's blood is (III) Rh (-), titer of anti- Rh-antibodies during pregnancy are 1:128; 1:256. What test more reliable will help to determ the tactic of treatment?

- A. Increasing of bilirubin per hour
- B. Clinical supervision
- C. Routine blood test
- D. Proteinogramme
- E. Level of hepatospecific enzymes

283. A worn child, Apgar score 6 points. Pale, hamorrhages on a skin, general edema: liver +6 cm, spleen +4 cm. Mother's blood is (I) Rh (-), child's is (I) Rh (+). The Hb in umbilical cord blood 70 g/l, RBC.  $1,5 \cdot 10^{12}/l$  reticulocytes 15%; normoblastes is 70 per 100 leucocytes, in a peripheral blood there is eritroblastes. Bilirubin at birth is 58 mcmol/l, unconjugated.. Woman has abortions in her anamnesis

What the most reliable diagnosis?

- A. Sepsis of newborns.
- B. Congenital leucosis
- C. Rhesus conflict, edematic type
- D. Fetal hepatitis
- E. Hereditary hemolytic anemia

284. Worn newborn after the normal pregnancy and physiologic delivery. On a 4 day of life there is severe icterus of skin and mucoses , liver +1 cm, a spleen not palpated. Reflexes and tone of muscles are not broken, child active. Hb in blood 170 g/l, RBC.

5,1\*10<sup>12</sup>, Ht-0,58. Blood type of mother (III) Rh (+), child (III) Rh (+). Bilirubin of blood 430  $\mu\text{mol/l}$ , unconjugated is 420  $\mu\text{mol/l}$ .

What is the most reliable diagnosis?

- A. Hepatitis
- B. Conjugated icterus
- C. ABO-conflict
- D. Physiologic icterus
- E. Syndrome of cholestasis

285 Child 2 days. In the end of first day of life an icterus of skin has appeared, a liver was enlarged to 3,5 to sm. Child is enough active, reflexes and muscular tone are not broken. bilirubin of blood 170  $\mu\text{mol/l}$ , unconjugated, Hb 150 g/l, RBC -4,7, Ht-0,5. Define the tactic of medical treatment.

- A. Hemotransfusion
- B. Exchange blood transfusion
- C. Extracorporeal hemosorption
- D. Phototherapy
- E. Hemotransfusion + membranestabilizing preparations

286. In worn child after the first pregnancy and the complicated labors there was cephalohematoma. An icterus appeared on 2 day of life, on 3 day-admitted the changing in neurological state: nystagmus, Grefe. Symptom. Urine is yellow, feces are yellow. Blood type of mother (II)Rh-, child's (II) Rh+. On the third day Hb 200 g/l, RBC.-6,1x10<sup>12</sup>, bilirubin –in the blood-58  $\mu\text{mol/l}$  due to unbinding fraction, Ht-0,57.

How to explain the jaundice in child?

- A. Biliary atresia
- B. Fetal hepatitis
- C. Natal trauma
- D. Hemolytic disease of newborns
- E. Physiologic icterus

287. In newborn of 10 days of life there is subfebrile condition, respiratory insufficiency of II stage that increases in dynamics. On X-ray -an interstitial pneumonia. In the routine blood test -an eosinophilia. It is known from anamnesis that before the births in a mother chlamydial colpitis was diagnosed. In the first days of life in newborn the rinitis and blenorrhoea admitted.. What etiology of pneumonia is most reliable?

- A. Chlamydial
- B. Staphylococcal

- C. Streptococcal
- D. Micoplasmal
- E. Klebsielllic

288. In a prematured child had been born in a gestational term of 34 weeks, in 4 hours after birth there is tachipnoe, respiration as a swing, retraction of a breast bone, expiratory noises. Breathing frequency is 80 in a minute. In the lungs loosened breathing with inconstant variegrated wheezes auscultated.. On the lungs X-ray the aired bronchogram and nodose reticular netting.. What diagnosis?:

- A. Atelectasis of lungs
- B. Syndrome of massive meconial aspiration
- C. Natal trauma
- D. Hyaline membranes
- E. Pneumonia of newborns.

289. Newborn child, 42 weeks of gestation, Amniotic fluid with the admixtures of meconium . Start to cry at once, but the attack of the secondary asphyxia appeared in a few minutes, tachipnoe, paradoxical breathing. In lungs auscultation a plenty of variegrated moist rhonchuses. On the X-ray the confluent centers of a pulmonary tissue inspissation, atelectases of lungs. What is the previous diagnosis?

- A.Syndrome of air outflow
- B.Transient tachipnoe of neonates.
- C.. Hyaline membranes
- D.Bronchopulmonary displasia..
- E. Syndrome of meconial aspiration.

290.Intensive therapy of hyaline membranes includes:

- A.CPAP-therapy
- B. Additional ventilation of lungs by indications
- C. Prescribing of surfactant by indication
- D. All except for CPAP therapy
- E. All listed above

291. For hyaline membranes is characteristically:

- A. State is more frequent in newborns with weight of 1000 – 1500 g
- B. It is observed in mortinatuses.
- C. Insufficient of surfactant synthesis

- D. Meets more frequent, if a mother had bleeding for a day to premature births
- E. Correct everything except for is observed in mortinatuses.

292. In newborn, two days of life to the end of the first day an icterus appeared. In clinical examination an- icterus of skin and sclera admitted.. A liver under edge of costal arc on 4 cm, spleen on 2 cm. Mother's blood type is- (0) the Rh+, child's II Rh(+). In routine blood test the reticulocytosis 15 ‰, RBC  $2,8 \times 10^{12}$  /l, hemoglobin 120 g/l, bilirubin of umbilical blood is 78  $\mu\text{mol}$  /l, after 8 hour is-190  $\mu\text{mol}$  /l. Choose the method of medical treatment:

- A. Exchange blood transfusion
- B. .Prescribing of phenobarbital
- C.. Light -therapy
- D. Liquid infusion
- E. Intra-gastral dropping linfusion

293. A new-born child has the diagnosed physiologic icterus. For this state characteristically are::

- A. Repeated increasing of icterus intensity after the period of its reduction or disappearance
- B. Appearance of icterus during 1 day of life
- C. Duration of icterus more than 10 days
- D. Level of indirect bilirubin more than 205  $\mu\text{mol}$ /l
- E. appearance of the yellow skin colouring to the 2-3 day of life

294. 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 antenatal medical treatment of Rh-conflict most expediently to prescribe?

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

295. Child, 21 day of life, was born on a 38-39 week of gestational age, from 5th pregnancy, 2- delivery, with weight 2480 g., length 51 cm. On 7th months of pregnancy in a mother the marker of viral hepatitis B revealed.. To the end of 1 day of life in child admitted an icterus with gradually increased intensity.. To the 7 day of life there is the rise of liver specific enzymes activity was noted, that persists presently. Cardiac tones are muffled, moderate tachicardia. Hepatosplenomegalia..

What are the late complications can be observed in child?

- A. Respiratory infections
- B. Diabetes mellitus
- C. Cirrhosis of liver
- D. Leucosis
- E. Elastofibrosis

296. Newborn child is in the newborn pathology department with the icteric type of hemolytic disease caused by immune ABO conflict between mother and fetus..

With what purpose to this child prescribed the carbolen ?

- A.. Strengthening of hepatocytes transferase activity..
- B. Breaking of intestinal-hepatic cycle of bilirubin.
- C. Compacting of hematoencephalic barrier.
- D. Stabilization of erythrocyte membranes.
- E. Stimulation of. bile secretion

297. Child T., 1-st day of life, was born on 39-40 gestational week with weight of 2450 g., length 48cm. Belchs, active movements are reduced. Skin is pale. A cardiac sounds are muffled, the rhythm is unchanged. In lungs auscultation the respiration is puerile, rhonchuses are not present. A stomach is soft. The liver is on 1 cm under the edge of a costal arch. The lien is not palpated. In mother the Wassermann test is sharply positive.

What preparation it is necessary to administrate for lues prophylaxis in the child?

- A.. Penicillinum
- B. Rovamycinum
- C. Erythromycin
- D Ampiox
- E. Cepholum

298. Child K., 2-nd day of life, was born on 39-40 gestational week with weight of 2450 g., length 48cm. Belchs, active movements are reduced. Reflexes of newborn are depressed. Skin is icteric. Turgor of tissues is reduced. Cardiac tones are muffled a



little, the rhythm is kept. In lungs auscultation the respiration listened uniformly and rhonchuses are not present. The stomach is soft, is accessible to a palpation. Stool and emiction are normal. In last month of pregnancy in mother the lues was diagnosed. What dose of penicillinum is necessary to administrate?

- A. 50000 - 100000 U / kg per day
- B 10000 U/ kg per day
- C 200000 U/ kg per day
- D. 250000 U / kg per day
- E. 30000 - 40000 U/ kg per day

299. In the child of 8 days of life on the right breech the crimson and cyanochroic stain in sizes of 3 x 5 cm sm detected. The stain is above a surface of skin, dense and painful by touch. Mother informed that the child became flaccid, badly sucks, belchs and in a fever.

What volume of antibacterial therapy must be administrated?

- A. 2 antibiotics in the maximal doses
- B. 1 antibiotic in a therapeutic dose
- C. 1 antibiotic in the maximal dose
- D. 2 antibiotics in therapeutic doses
- E. There is no necessity for administration of antibiotics

300. In the child of 5 days of life on the skin of stomach and extremities the single bubbles filled with serous and purulent contents have appeared. The general state of the child is not changed.

What treatment: must be administrate?

- A. Local therapy, total Ultra-violet irradiation of skin
- B. Antibiotic, local therapy
- C. 2 antibiotics, local therapy
- D Immunotherapy, local therapy. total Ultra-violet irradiation of skin
- E. Immunotherapy, local therapy

301. In newborn of 14 days of life the infiltration and a hyperemia of umbilical ring with serous and purulent discharge from umbilical wound is marked. Administration during the 7 days of antibiotic and of intensive toilet for umbilical wound using of 3 % solution of Hydrogenium peroxides, 70 % spiritus vini, and 5 % potassium permanganate was uneffective. .

What is the further tactics?

- A. Consultation with surgeon
- B. Continuation of therapy
- C. Intensifying of antibacterial therapy
- D change of antibiotic
- E. Intensifying of local therapy

302. The child was born in term of 34 weeks. Neonatal period proceeds well. In doctors examination paleness of skin is marked. In routine blood tests analysis of a blood: erythrocytes- $3,5 \times 10^{12}/l$ , Hb-95 g/l, the color index - 0,85, reticulocytes - 2 %, osmotic resistance of erythrocytes is 0,44-0,3 %. What is the most probable cause of anemia?

- A. Iron deficiency
- B Dismaturity of a hemopoiesis
- C. Hemolysis of erythrocytes
- D. Vitamin B<sub>12</sub> deficiency
- E. Infection

303. The child in age of 5 months, was born prematurely. Neonatal period proceeds well. Examining in outpatient department reveals skin paleness and sleepiness. In a blood: erythrocytes- $3,5 \times 10^{12}/l$ , Hb-95 g/l, the color index - 0,7, Hb-95 g/l, osmotic resistance of erythrocytes is 0,44-0,33 %, serumal iron - 4,9  $\mu\text{mol}/l$ . What is the most probable reason of anemia?

- A. Dismaturity of a hemopoiesis
- B Hemolysis of erythrocytes .
- C. Infection
- D.Iron deficiency
- E. Vitamin B<sub>12</sub> deficiency

304. The child in age of 6 months is on artificial nutrition. Mother of the child shows complaints on him skin paleness, decreasing of appetite and flaccidity. In the analysis of a blood: erythrocytes-  $3,5 \times 10^{12}/l$ , Hb-78 g/l, color index - 0,78. Iron deficiency anemia diagnosed. What is the further tactics?

- A. Introduced in a ration the products containing iron
- B. Parenteral introduction of iron preparations
- C. Transfusion of a packed red cells
- D. Enteral introduction of iron preparations
- E. Group B Vitamines

305. The child of 2 years old has arrived in a hospital with complaints on paleness of skin and decreasing of appetite. In anamnesis there is a helminthic invasion. The iron deficiency anemia is diagnosed. What daily dose of ferriferous preparations in this case?

- A. 100 mg/kg
- B. 50 mg / kg
- C. 20 mg/kg
- D. 5-7 mg/kg
- E. 1-2 mg /kg

306. The child in age of 6 months is on artificial nutrition. Mother of the child shows complaints on him skin paleness and decreasing of appetite. The iron deficiency anemia is diagnosed. Haemoferrum is administrated to the child. What is the daily dose of elementary iron in this case?

- A. 1-3 mg/kg
- B. 5-8 mg/kg
- C. 15-20 mg/kg
- D. 20-30 mg/kg
- E. 30-40 mg/kg

307. The child of 5 years old arrived in a hospital with complaints on nasal bleedings and ecchymomas on trunk. In the anamnesis 2 weeks ago has transferred viral infection. In routine blood count the anemia (Hb 85 g/l) and thrombocytopenia. What is it necessary to administate for the acute management?

- A. Epsilon Acidum aminocapronicum
- B. Thrombocytes packed cells
- C. Chilled plasma
- D. Cryoprecipitate
- E. Red packed cells.

308. The child of 5 years old has arrived in a hospital with complaints on vomiting, icteric of skin and scleras, dark color of urine. These complaints have appeared after taking of Biseptolum. In examination: liver and lien are enlarged, tachycardia, tones are muffled. In routine blood test: erythrocytes- $1,7 \times 10^{12}/l$ , Hb-60 g/l, leucocytes  $25 \times 10^9/l$ , indirect bilirubin 55 mcmol/l. Positive benzidine test. Activity of Glucose-6-phosphatedehydrohenas in erythrocytes is considerably lowered. What is the most probable cause of anemia?

- A. Fanconi anemia
- B. Iron scarce anemia
- C. Hereditary enzymopenic hemolytic anemia
- D Dimond - Blackfan anemia
- E. Talassemia

309. The child of 1 year old has acte arrived in a hospital with complaints on skin paleness, rises in temperature, retardation in physical development. Objectively: icteric scleras, paleness of skin and mucosas, deformation of 3 fingers of palm, a wide nose bridge, Gothic firm palate. In routine blood test: erythrocytes- $2,2 \times 10^{12}/l$ , Hb-70 g/l, the color index 0,9, reticulocytes o-1,8 %, thrombocytes- $51 \times 10^9/l$ , , leucocytes- $19,5 \times 10^{12}/l$ , a blood sedimentation rate is 15 mm / hours, eosinocytes - 2 %, myelocytes o 1 %, juvenile forms - 1 %, relating to stab neutrophiles - 3 %, segmented - 39 %, lymphocytes- 46 %, monocytes - 8 %, anisocytosis, macrocytosis. A level of a bilirubin is 87 mcmol/l. What is the most probable cause of this condition?

- A. Fanconi anemia
- B.Minkowski - Schoffer hemolytic anemia

- C. Iron scarce anemia
- D. Diamond - Blackfan anemia
- E. Thalassemia

310. The laboratory data in Cushing syndrome will have the following signs, except for:

- A) Rising in a blood of sodium and chlorines levels
- B) Increasing of cortisone concentration in a blood
- C) Rising in a blood of a cholesterol level;
- D) Decreasing of hydrocortisone derivatives in urine
- E) Rising in a blood of a glycemia.

311. What is not typical for a clinical signs of Cushing syndrome?

- A) Lunar face;
- B) Obesity;
- C) Premature ossification of bones;
- D) Osteoporosis;
- E) Arterial hypertension.

312. Child, 10 years old, complaints of fast body weight increasing during the last 2 years accompanied with appetite increasing, thirst and fatigue. The diagnosis of II degree obesity with alimentary genesis established.

What are the main features of dietary treatment?

- A. Entering proteins mainly with food is poor of vegetative origin fats
- B. Restriction of culinary salt entering
- C. Entering a liquid in limited quantity
- D. Do not limit of carbohydrates entering
- E To limit of mineral salts and vitamins entering

313. In treatment of an initial obesity all is used, except for

- A) Increased exercise stresses;
- B) Balneotherapy;
- C) Dietetics;
- D) Hydrotherapy;
- E). Fungotherapy

314 In the girl of 10 years old, the obesity with a primary adiposity on a breast, face and stomach is determined; low body height, striae on hips and on stomach. In survey the arterial pressure of 150/110 mm.Hg, a hypertrophy of a clitoris, a hypertrichosis is

revealed. In routine blood analysis is: Hb 120 g/l, RBC  $5 \times 10^{12}/l$ , leucocytes is  $8 \times 10^9/l$ , lymphocytes is 10 %, eosinocytes is 1 %. The test for glucose tolerance is 7,0 mmol/l, 14 mmol/l, 9,2 mmol/l.

What disease takes place?

- A) Cushing syndrome
- B) Adrenogenital syndrome
- C) Pheochromocytoma.
- D) Diabetes of 1 type, Mauriac syndrome.
- E) Barter syndrome

315. In the child of 4 years old the basic exchange is 48 %, a level of a cholesterol in a blood is 2,6 mmol/l, inclusion of a radioactive iodine in a thyroid gland after 6 hours is 78 %, after 24 hours is 62 %, after 48 hours is 50 %.

For what disease such laboratory parameters are characteristic?

- A. Diabetes
- B. Hypothyroidism
- C. Disease of Cushing
- D. Acromegalia
- E. Diffuse toxic struma

316. The patient of 4 years old retards in mental development. Birth weight is 3900 g, body height is 52 sm. From the first months of life lags behind in development, a head started to hold in one year, to sit in 1, 8 years. Separate words started to speak from 3 years. Objectively: body height is 80 sm, weight is 11 kg, face is bloated, anemic and pastose, palpebral fissures are narrow, lips are thick, mouth is slightly opened, tongue is full out and extended from a mouth. Skin acyanotic, dry and shelled, hair dry and infrequent. The big fontanel is still open. There are only 4 teeth. A stomach is normal. Sexual development corresponds to 1 year. Ps is 84 per minute; blood pressure is 85/60 mm Hg. Cardiac tones is weakened. What is the preliminary diagnosis?.

- A. Congenital hypothyroidism.
- B. Down disease.
- C. Pituitary nanism.
- D. Rachitis.
- E. Chronic pyelonephritis.

317. In examination of 14 years old girl the nodal struma of III degree is found out. On scintigramm the "hot" unit revealed. Levels of T3 and T4 in a blood are increased.

What treatment will you recommend to the patient?

- A. Thyrostatic preparations
- B. Preparations of inorganic iodine
- C. Radio-active iodine
- D. Surgical treatment
- E. Supervision

318. In boy of 15 years old the attacks of seizures in masseters and hands with prevalence of flexors tone are observed. Seizures are painful and symmetric. In examination there are positive signs of Hvosstek and Trussot.

What is your diagnosis?

- A. Epilepsy
- B. Hypoparathyroidism
- C. Hyperparathyroidism
- D. Tetanus
- E. Spasmophilia

319.. Patient C., 14 years old, enlargement of a thyroid gland is marked during 3 months, gland is unpainful and mobile. On scenogramme there is some non-uniformity of structure admitted.

What is it possible to suspect on the basis of resulted data?

- A. Diffuse toxiferous struma
- B. Cancer of a thyroid gland
- C. Autoimmune thyroiditis
- D. Subacute thyroiditis
- E. Fibrous thyroiditis

320. For 2 degree of obesity excess of weight makes

- A) 30-50 %;
- B) 60 %;
- C) 10-15 %;
- D) 15-20 %;

E) 20-25 %.

321. Risk factors of paratrophy development are everything, except for:

- A) Nutritional;
- B) Constitutional;
- C) A hypokinesia;
- D) Endocrine diseases of mother;
- E) A long antibiotic therapy.

322. Child of 4 years old. During last 4 months asthenia, dermal hemorrhages admitted. Nasal bleedings, paleness, hyperthermia. In the routine blood analysis : haemoglobin - 45 g/L, erythrocytes -  $1,2 \times 10^9$  /L, a color index - 0,9, leucocytes  $1,5 \times 10^9$  /L, relating to stab neutrophile - 1 %, segmented - 25 %, eosinocytes - 1 %, lymphocytes - 5 %, monocytes - 4 %, blood sedimentation rate 50 mm / h, thrombocytes -  $40 \times 10^9$ /L. What is the preliminary diagnosis?

- A. Aplastic anemia
- B. Iron deficiency anemia
- C. B12 - deficiency anemia maculae
- D. Hemolytic anemia
- E. Acute leukosis

323. After transferred respiratory infection in the boy yellowness of skin and paleness is marked. In father of child the yellowness of skin periodically takes place as well. Objectively: flaccidity, liver + 2,5cm, lien + 5cm, disembiogenetical stygmas. A feces and urine of usual color. In the routhin analysis of blood: erythrocytes  $1,7 \times 10^9$ /L, haemoglobin - 40 g/L, reticulocytes - 0,01 %, a blood sedimentation rate 30 mm / h, total bilirubin - 60mmol/L, indirect - 50. osmotic resistance of erythrocytes - 0,7 % - 0,3 %. What is the the diagnosis:

- A. Hereditary spherocytosis, hemolytic anemia of Minkovsky - Schoffer type , hemolytic crisis.
- B. Chronic persistent hepatitis
- C. Virus hepatitis
- D. Thalassemia
- E. Asquired autoimmune hemocatheretic anemia

324. For what endocrine disease the increasing of body weight is not typical ?



- A) I Cushing syndrome
- B) Hypothyroidism.
- C) Hypogonadism.
- D) Hyperinsulinism.
- E) Typically for all listed

325. For 1 degree of obesity excess of body weight makes:

- A) 14-25 %;
- B) 5-10 %;
- C) 15-30 %;
- D) 10-15 %;
- E) 10-23 %.

326. 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 cm<sup>3</sup> and his penis is 6 cm in length. 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

327. A 10-year-old obese boy has central fat distribution, arrested growth, hypertension, plethora, purple striae, and osteoporosis. Appropriate initial management of this young man is

- a. Measurement of evening cortisol levels
- b. MRI of the adrenals
- c. Bilateral inferior petrosal blood sampling
- d. MRI of the brain and pituitary
- e. Adrenal scintigraphy with radiocholesterol

328. An otherwise healthy 7-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 his age. Which of the following disorders of growth is likely?

- a. Achondroplasia
- b. Pituitary nanism
- c. Hypothyroidism
- d. Cortisol deficiency
- e. Marfan syndrome

329. Bone age will be advanced in short stature caused by which of the following?

- a. Environmental deprivation syndrome
- b. Hypopituitarism
- c. Hypothyroidism
- d. Congenital adrenal hyperplasia
- e. Chronic administration of glucocorticoids in high doses

330. An adolescent with type I diabetes has a dramatically elevated glycosylated hemoglobin (hemoglobin A1C ) level, indicating poor control of his diabetes over at least the preceding

- a. 8 h
- b. 1 week
- c. 1 month
- d. 2 months
- e. 6 months

331. 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

332. What is more likely in electrolytes disorders (mmol/l) for 4-month-old boy with salt-losing 21-hydroxylase deficiency?

(adrenogenital syndrome)

- a. Na<sup>+</sup> 118, K<sup>+</sup> 7.5
- b. Na<sup>+</sup> 125, K<sup>+</sup> 3.0
- c. Na<sup>+</sup> 134, K<sup>+</sup> 6.0
- d. Na<sup>+</sup> 144, K<sup>+</sup> 2.9
- e. Na<sup>+</sup> 155, K<sup>+</sup> 5.5

333. What is more likely in electrolytes disorders (mmol/l) for 4-year-old boy with hyperaldosteronism?

- a. Na<sup>+</sup> 118, K<sup>+</sup> 7.5
- b. Na<sup>+</sup> 125, K<sup>+</sup> 3.0
- c. Na<sup>+</sup> 134, K<sup>+</sup> 6.0
- d. Na<sup>+</sup> 144, K<sup>+</sup> 2.9
- e. Na<sup>+</sup> 155, K<sup>+</sup> 5.5

334. The first sign of pubertal development in an 11-year-old girl

- a. Ovulation
- b. Development of pubic hair
- c. Acne
- d. Development of breast buds
- e. Thickening of the vaginal mucosa

335. You are called to a delivery of a term infant, about to be born via cesarean section to a mother with multiple medical problems including a 1-month history of a seizure disorder, for which she takes magnesium sulfas; rheumatic heart disease, for which she must take penicillin daily for life; hypertension, for which she takes propranolol; acid reflux, for which she takes aluminum hydroxide; and a deep venous thrombosis in her left calf diagnosed two days ago, for which she was started on a heparin infusion. The obstetrician is concerned about the possible effects of the mother's multiple medications on the newborn infant. You correctly note that the one medication most likely to cause harm in this newborn infant at delivery is

- a. Propranolol
- b. Penicillin
- c. Aluminum hydroxide
- d. Magnesium sulfas
- e. Heparin

336. At the time of delivery, a woman is noted to have a large volume of amniotic fluid. At 6 h of age, her baby begins regurgitating small amounts of mucus and bile-stained fluid. The most likely diagnosis of this infant's disorder is

- a. Gastric duplication
- b. Pyloric stenosis
- c. Esophageal atresia
- d. Duodenal atresia
- e. Midgut volvulus

337. You are called to the normal newborn nursery to see a baby who was noted to be mildly jaundiced and has a total serum bilirubin concentration of 120 mmol/L at 48 h of age. The baby is a 3500-g boy who was born at term to a 27-year-old O-positive, Coombs-test-negative primigravida 2 h after membranes ruptured. There were no prenatal complications, and the mother had regular prenatal care. Breast-feeding has been well tolerated, and the baby's vitals have been normal. The most appropriate additional diagnostic studies to evaluate the cause of this infant's jaundice are

- a. Direct serum bilirubin, complete blood count, liver ultrasound, liver transaminases
- b. Direct serum bilirubin, complete blood count, red blood cell glucose-6-phosphate dehydrogenase levels (G6PD), baby blood type
- c. Complete blood count, direct serum bilirubin, baby blood type and Coombs, peripheral smear
- d. Blood cultures, liver transaminases, red blood cell osmotic fragility, direct serum bilirubin
- e. Abdominal radiograph, urine bilirubin, complete blood count, direct serum bilirubin

338. Since you are a new intern, you ordered all of the diagnostic studies you could think of instead of just the ones your senior resident told you were most appropriate. The nurse calls to inform you that the infant's studies are back. Both the mother and baby have O-positive blood. The baby's direct serum bilirubin is 10 mmol/l, with a repeat total serum bilirubin of 38 mmol/l. Urine bilirubin is positive. The mother's white count is  $13 \times 10^9/l$  with a differential of 50% polymorphonuclear cells, 45% lymphocytes, and 5% monocytes. The child's hemoglobin is 200 g/l, and the platelet count is  $278 \times 10^9/l$ . Reticulocyte count is 1.5%. The peripheral smear does not show fragments or abnormal cell shapes. Blood cultures are pending in the laboratory. Liver enzymes and liver ultrasound are normal. G6PD levels and osmotic fragility testing are normal. The most likely diagnosis in this infant is

- a. Rh or ABO hemolytic disease
- b. Physiologic jaundice
- c. Sepsis
- d. Congenital spherocytic anemia
- e. Biliary atresia

339. A 26-year-old gravida 3 woman has a history of gestational diabetes and a delivery of two previous infants at term that were greater than 4000 grams, each of whom had severe hypoglycemia. Which of the following maneuvers is least likely to reduce the chance of the next child's having hypoglycemia?

- a. Careful control of the maternal blood glucose levels during pregnancy
- b. Maternal intravenous loading with 10% glucose beginning 2 to 4 h prior to the expected time of delivery
- c. Careful glucose monitoring of the infant
- d. Early feedings of the infant
- e. Maintenance of the infant in a neutral thermal environment

340. A term, 4200-g female infant is delivered via cesarean section because of cephalopelvic disproportion. The amniotic fluid was clear, and the infant cried almost immediately after birth. Within the first 15 min of life, however, the infant's respiratory rate increased to 80 breaths per min, and she began to have intermittent grunting respirations. The infant was transferred to the level 2 nursery and was noted to have an oxygen saturation of 94%. The chest radiograph showed fluid in the fissure, overaeration, and prominent pulmonary vascular markings. The most likely diagnosis in this infant is

- a. Diaphragmatic hernia
- b. Meconium aspiration
- c. Pneumonia
- d. Idiopathic respiratory distress syndrome
- e. Transient tachypnea of the newborn

341 The infant presented with hepatosplenomegaly, anemia, persistent rhinitis, and a maculopapular rash. The most likely diagnosis for this child is

- a. Toxoplasmosis
- b. Glycogen storage disease
- c. Congenital hypothyroidism
- d. Congenital syphilis
- e. Cytomegalovirus disease

342. A well-appearing, 3200-g black infant is noted to have fifth finger polydactyly. The extra digit has no skeletal duplications and is attached to the rest of the hand by a threadlike soft tissue pedicle). Appropriate treatment for this condition includes

- a. Chromosomal analysis
- b. Excision of extra digit
- c. Skeletal survey for other skeletal abnormalities
- d. Echocardiogram
- e. Renal ultrasound

343. An infant born at 35 weeks' gestation to a mother with no prenatal care from social undeprived family is noted to be jittery and irritable, and is having difficulty feeding. You note coarse tremors on examination. The nurses report a high-pitched cry and note several episodes of diarrhea and emesis. You suspect the infant is withdrawing from

- a. Alcohol
- b. Marijuana
- c. Heroin
- d. Cocaine
- e. Tobacco

344. A previously healthy full-term infant has several episodes of duskiess and apnea during the second day of life. Diagnostic considerations should include which of the following?

- a. Hemolytic anemia
- b. Congenital heart disease
- c. Idiopathic apnea
- d. Harlequin syndrome
- e. Hyperglycemia

345. A woman gives birth to twins at 38 weeks' gestation. The first twin weighs 2800 g (6 lb, 3 oz) and has a hematocrit of 70%; the second twin weighs 2100 g (4 lb, 10 oz) and has a hematocrit of 40%. Which of the following statements is correct?

- a. The second twin is at risk for developing respiratory distress, cyanosis, and congestive heart failure
- b. The first twin is more likely to have hyperbilirubinemia and convulsions
- c. The second twin is at risk for renal vein thrombosis

- d. The second twin probably has hydramnios of the amniotic sac
- e. The second twin is likely to be pale, tachycardic, and hypotensive

346. Parents bring a 5-day-old infant to your office. The mother is O negative and was Coombs positive at delivery. The term child weighed 3055 g at birth and had a baseline hemoglobin (180 g/l) and a total serum bilirubin (30 mmol/l). He passed a black tarlike stool within the first 24 h of life. He was discharged at 30 h of life with a stable axillary temperature of 36.5°C (97.7°F). Today the infant's weight is 3000 g, his axillary temperature is 35°C (95°F), and he is jaundiced to the chest. Parents report frequent yellow, seedy stool. You redraw labs and find his hemoglobin is now 160 g/L, and his total serum bilirubin is 130 mmol/L. The change in which of the following parameters is of most concern?

- a. Hemoglobin
- b. Temperature
- c. Body weight
- d. Bilirubin
- e. Stool

347. A couple expecting their first infant in a few weeks scheduled an appointment in your pediatric clinic to get a head start on child care issues (a prenatal visit). You ask about the pregnancy course, and the mother notes that she was recently told she had oligohydramnios. At delivery of this infant, you plan to evaluate for which of the following conditions?

- a. Anencephaly
- b. Trisomy 18
- c. Renal agenesis
- d. Duodenal atresia
- e. Tracheoesophageal fistula

348. A newborn infant becomes markedly jaundiced on the second day of life, and a faint petechial eruption first noted at birth is now a generalized purpuric rash. Hematologic studies for hemolytic diseases are negative. Acute management should include which of the following steps?

- a. Liver ultrasound
- b. Isolation of the infant from pregnant hospital personnel
- c. Urine drug screen on the infant
- d. Discharge with an early follow-up visit in 2 days to recheck bilirubin
- e. Thyroid hormone assay

349. An infant born an hour ago to a mother with severe pregnancy induced hypertension was floppy at birth and required bag-mask ventilation for several minutes. The infant is now in distress and seemingly agitated, with tachypnea, tachycardia, and hypoxia. Perfusion is poor. Diminished breath sounds are noted on the left side of her chest, and her heart sounds are displaced to the right. What is the best initial step in management?

- a. Needle aspiration of the chest
- b. Extracorporeal membrane oxygenation
- c. Nebulized epinephrine
- d. Nebulized steroids
- e. Systemic steroids

350. A 3-week-old infant has a 1-week history of a mild cough with thick nasal secretions. In the last 12 h she has developed spasmodic coughing fits during which she becomes cyanotic. When not coughing, she appears tired. She has lost weight since the 2-week visit. The family has not taken her temperature, but she has been feeding less and has not voided in about 16 h. You decide to admit her for observation and rehydration. What is the most appropriate management consideration for this patient?

- a. Systemic steroids
- b. Chest physiotherapy
- c. Emergent intubation
- d. Neurosonography
- e. Respiratory isolation (droplet precautions)

351. 1-day-old healthy infant with a superficial swelling over the right parietotemporal region that does not cross the suture lines.

- a. Intraventricular hemorrhage
- b. Caput succedaneum
- c. Subdural hemorrhage
- d. Subarachnoid hemorrhage
- e. Cephalohematoma

352. During a routine-screening CBC, a 1-year-old is noted to have eosinophilia. Which of the following most commonly causes increased eosinophilia in the peripheral blood smear?

- a. Bacterial infections



- b. Chronic allergic rhinitis
- c. Fungal infections
- d. Helminth infestation
- e. Tuberculosis

353. What is more likely in electrolytes disorders (mmol/l) for 2-year-old girl with nephrogenic diabetes insipidus

- a. Na<sup>+</sup> 118, K<sup>+</sup> 7.5
- b. Na<sup>+</sup> 125, K<sup>+</sup> 3.0
- c. Na<sup>+</sup> 134, K<sup>+</sup> 6.0
- d. Na<sup>+</sup> 144, K<sup>+</sup> 2.9
- e. Na<sup>+</sup> 155, K<sup>+</sup> 5.5

354. A preterm black male infant was found to be jaundiced 12 h after birth. At 36 h of age, his serum bilirubin was 220 mmol/L, hemoglobin concentration was 125 g/L, and reticulocyte count 9%. Many nucleated red cells and some spherocytes were seen in the peripheral blood smear. The differential diagnosis should include which of the following?

- a. Pyruvate kinase deficiency
- b. Hereditary spherocytosis
- c. Sickle cell anemia
- d. Rh incompatibility
- e. Polycythemia

355. On a routine well-child examination, a 1-year-old boy is noted to be pale. He is in the seventy-fifth percentile for weight and the twenty-fifth percentile for length. Results of physical examination are otherwise normal. His hematocrit is 24%. Of the following questions, which is most likely to be helpful in making a diagnosis?

- a. What is the child's usual daily diet?
- b. Did the child receive phototherapy for neonatal jaundice?
- c. Has anyone in the family received a blood transfusion?
- d. Is the child on any medications?
- e. What is the pattern and appearance of his bowel movements?

356 Having performed a complete history and physical examination on the patient of aged 7, you proceed with a diagnostic workup. Initial laboratory results are as follows: hemoglobin 60 g/L; hematocrit 24%; leukocyte count  $11 \times 10^9/L$  with 38% neutrophils, 7% bands, 55% lymphocytes; hypochromia on smear;

platelet count adequate; reticulocyte count 0.5%; sickle cell preparation negative; stool guaiac negative; and mean corpuscular volume (MCV) 65 fl. You would most appropriately recommend

- a. Blood transfusion
- b. Oral ferrous sulfate
- c. Intramuscular iron dextran
- d. An iron-fortified cereal
- e. Calcium EDTA

357. A 10-year-old boy is admitted to the hospital because of bleeding. Pertinent laboratory findings include a platelet count of  $50 \times 10^9/L$ , prothrombin time (PT) of 15 s (control 11.5 s), activated partial thromboplastin time (aPTT) of 51 s (control 36 s), thrombin time (TT) of 13.7 s (control 10.5 s), and factor VIII level of 30% (normal 38 to 178%). The most likely cause of his bleeding is

- a. Immune thrombocytopenic purpura (ITP)
- b. Vitamin K deficiency
- c. Disseminated intravascular coagulation (DIC)
- d. Hemophilia A
- e. Hemophilia B

358. An 8-year-old child being treated with a combination of chemotherapy agents develops very red, inflamed sores in the mouth and esophagus. He has difficulty eating and drinking food and liquids. Which of the following antineoplastic agents is the most likely etiology?

- a. Cephasoline
- b. Prednisone
- c. Methotrexate
- d. Antifungal drugs
- e. Dexametasone

359. An otherwise healthy 17-year-old complains of swollen glands in his neck and groin for the last 6 months and an increasing cough over the previous 2 weeks. He also reports some fevers, especially at night, and possibly some weight loss. On examination, you notice that he has nontender cervical, supraclavicular, axillary, and inguinal nodes, no hepatosplenomegaly, and otherwise looks to be fairly healthy. Which of the following would be the appropriate *next* step?

- a. Urine tests

- b. Complete blood count and differential
- c. Trial of antituberculous drugs
- d. Chest radiograph
- e. Cat-scratch titers

360. The premature child who has been born with serious birth trauma of CNS in the age of 25 days has an anxiety, periodically there are short-term apnea, causeless anxiety, sleep disturbances. What period of birth trauma takes place?

- A. Acute
- B. Subacute
- C. Late regenerative
- D. Chronic
- E. Relapsing

361. Boy, aged 14, takes 10 U of insulin before breakfast and 6 U before dinner. During the lunchtime has eaten a little, in 30 minutes after dinner has lost consciousness, cramps, paleness, serious humidity of skin and jaws masticatory spasm have appeared. Cardiac tones are muffled, tachycardia up to 105 per minute, arterial hypotonia. What it is necessary to enter first of all ?

- A intravenously by jet to enter 40 % glucose solution
- B Subcutaneously 0,1 % epinephrine solution of an epinephrine
- C Glucocorticoids intravenously
- D 10 % Sodium chloridum intravenously
- E it is intravenous by drops the 5% glucose solution

362. The child who has been born with serious birth trauma of CNS in the age of 5 months has an anxiety, moderate developmental retardation, periodically there is disturbances of microcirculation, marbling of skin, motorial disorders. What syndrome of birth trauma takes place?

- A. vegetative - visceral
- B asthenoneurotic
- C. hydrocephalic
- D. depression of CNS.
- E. hyperexcitability

363. Child C., 10 years old, arrived in clinic due to progressing muscular delicacy, decrease of body weight, giddinesses, syncopal states, hypersensibility to sunburn. On the basis of clinical and anamnestic data the preliminary diagnosis of Addison disease established. What test is the most informative for confirmation of this diagnosis?

- F Detecting of sodium / potassium quotient.
- G Robinson -Power - Kepler water test.
- H Torn eosinopenic test.
- I Detecting of glycemc curve after the glucose loading.
- J Test with synthetic ACTH (sinoceten-depot).

364. Child, aged 8 , hospitalized with complaints on thirst and polyuria. During 5 years is sick of diabetes. In an anamnesis the diabetic coma three times before developed. A level of glucose in blood is 15,6 mmol/l and In the urine is 5 %.. By ophthalmologist the retinoangiopathy is revealed. The basic condition for the diabetic angiopathy prevention are follow:

- A. Using of angioprotectors.
- B. Using only the human insulins.
- C. Increasing of frequency rate of insulin injections
- D. Indemnification of carbohydrate metabolism as maximum as possible .
- E. Dietetics + dosed exercise stresses.

365. In the child T., on the basis of clinical and paraclinic data due to the following changes the congenital toxoplasmosis has been diagnosed with manifestations of congenital hydrocephalus, iridocyclitis, hepatitis, carditis, the raised serumal anti-TOXO Ig G and IgM concentrations. Because of serious anemia in the age of 7 day the transfusion of packed red cells was carried out. Specify the way of infection transmission?

- A. Breast milk
- B. Hemotransfusion
- C. Transplacental
- D. Airborne
- E. Passage through the parturient ways

366. A baby boy was born in time, it was his mother's 1st pregnancy. The jaundice was revealed on the 2nd day of life, then it 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 - O(I), Rh<sup>+</sup>, child's blood group - A(II), Rh<sup>+</sup>. 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

367. Girl aged 4, with developmental lag. In examination the short neck, low hair line on the head, **shortening** and tortuosity of hands fifth fingers are marked. Intelligence **is unchanged**. The karyotype contains 45 chromosomes (45, XO). What is the most probable diagnosis?

- A. Pituitary **nanism**
- B. Turner syndrome
- C. Congenital **hypothyroidism**
- D. Klinefelter syndrome
- E. Down syndrome

368. In the girl of 4 years old with developmental retardation in examination the short neck, low hair growth on the head behind, shortening and tortuosity of fifth fingers are marked. The intelligence is unchanged. The karyotype contains 45 chromosomes (45, XO). What is the most probable diagnosis?

- A. Turner syndrome
- B. Pituitary nanism
- C. Congenital hypothyroidism
- D. Klinefelter syndrome
- E. Down syndrome

369. The five years' old child one year ago was operated because of congenital heart disease. What method of sanatorium treatment is expedient for prescribing in this case?

- A. Carbonic baths.
- B. Sulphidic baths.
- C. Radon baths.
- D. Pelloidotherapy.
- E. All answers true.

370. Patient G., 14 years old, has increased body height, mmms are enlarged, secondary sexual signs are weak, penis has normal dimensions, testicles are flabby and small. At research of In ejaculate investigation the azoospermism is found out .What this disease caused by?

- A. Chromosomal anomaly XXY
- B. Chromosomal anomaly XYY
- C. Chromosomal anomaly XXO
- D. Superfluous production of honadothropins
- E. Tumour of epiphysis

371. The acromegalia is diagnosed for the patient of 13 years old. What other signs are characteristic for this disease?

- A. Giantism.
- B. Obesity.
- C. Infantilism.
- D. Premature sexual development.
- E. All answers are true.

372. In newborn child for sixth day of life in lower half of stomach near the belly-button, and on extremities on background of erythematic spots the single bubbles 0,5 - 1 cm in diameter with serous and purulent content have appeared. The general condition of the child is unchanged. Establish the diagnosis.

- A Syphilitic pemphigus
- B Pemphigus of newborn, malignant type
- C Pemphigus of newborn, simple type
- D Pseuofurunculosis of Figner
- E Exfoliative dermatitis of Ritter

373. What from clinical manifestations are characteristic for primary chronic adrenal failure?

- A.High arterial blood pressure, signs of acute cholecystitis.
- B. Hypotony, dyspepsy.
- S.Bronchospasm, spastic colitis.
- D. Hepatomegalia, splenomegaly.
- E Positive Pasternatski sign, disuria .

374. Child was born with weight 3700 g, estimated on Apgar score by 8-10 points. For 5 day of life child discharged home. For 8 day of life on skin vesiculopustular eruption in places of body crimps has appeared . The general sate of child is unchanged. Hemogramme without any features. Formulate the diagnosis:

- A. Congenital lues
- B. Epidermic pemphigus of newborns. Favorable type.
- C. Exfoliative dermatitis of Ritter
- D. Intrauterine infection. Rubella
- E. Vesiculopustulosis

375. Injection of what preparations are result in diminishing of arterial blood pressure in case of pheochromocytoma?

- A. Papaverin.
- B. Euphillinum.
- C. Cofein.
- D. Reserpinum.
- E. Tropafen.

376. The child in age of 5 months was hospitalized. Chid's mother shows complaints to paleness and skin yellowness of child and ferverescence up to 37,3 0C. The child was born from I pregnancy and I delivery. Mother's blood type is B (III) Rh (+), child's is 0 (I) Rh (+). Child's mother is healthy but father have a reticulocytosis. Objectively: state of child is serious, icterus and paleness of skin, anxiety. Stomach enlarged, liver enlarged by 3 cm and lien is by 5 cm under edge of costal arch. Urine is dark, stool unchanged. What is the most probable diagnosis?

- A. Congenital hemolytic anemia
- B. Hemolytic disease of newborns
- C. Hepatitis
- D. Leukosis
- E. Kriegler -Najaar syndrome

377. Patient, 13 y.o., the strumectomy one year ago has been made, was taken with complaints on delicacy and flaccidity. Decreasing in studying progress , memory impairment were admitted. In examination the dryness of skin, fragile and dim hair, bradycardia, predilection to constipations are marked. For what disease these signs are characteristic?

- A. Hypothyroidism.
- B. Adenoma of thyroid gland.
- C. Diffuse toxic struma.
- D. Subacute thyroiditis.
- E. Fibrose struma of Riedel .

378. For the newborns RDS of any parentage is typically everything except for:

- A. Hypothermia
- B. Unemotional cry or its absence
- C. Hyperreflexia
- D. Essential losses of initial body weight
- E. Regurgitation

379. In the patient of 10 years old the delicacy, fatigability, decreasing of progress in school, dry and cold skin, fragility of hair and nails are marked. During the further investigation the hypothyroidism was diagnosed. What therapy is necessary to prescribe for this patient?

- A. Mercazolilum.
- B. Prednisolonum.
- C. Thyroxine.
- D. DOCSA.
- E. Hidrocortisonum.

380. Newborn girl was born with weight 2400 g and length 50 cm. Gestational age is 40 weeks. In examination: the layer of subcutaneous fatty is absent on trunk and on extremities. What pathology is it possible to think of ?

- A. Congenital dysmorphism
- V. Prematurity
- S. Intrauterine infection
- D. Intrauterine hypotrophy
- E. Birth trauma

381. In the child of 10 months old, is feeding with the cow milk constantly, the serious systolic apex murmur, moderate cardiomegaly, pastose skin, Crocq's disease are marked. In ultrasound the heart disease is not revealed. Laboratory data: Hb 38 g/l, C.I.- 0,7, total albumin - 50 g/l, serumal iron 2 mcM /l. What therapy first of all must be prescribed?

- A. Fractional transfusion of packed red cells.
- B. Urgent blood transfusion .



- C Enteral introduction of iron preparations.
- D Cardiac glycosides by the fast saturation regimen.
- E Transfusion of colloids (Albuminum).

382. What are the most informative criteria of gestational age estimation after birth of child?

- A. Locating of umbilical ring.
- B. Interrelation between the child's body weight and height .
- C. The sum of points after Dubovitz score.
- D. Child's weight.
- E. Presence of nail plates.

383. Patient L., without consciousness. Mother reports he suffers of diabetes during 12 years. 2 weeks ago was ill of lacunar angina. Skin is dry. Respiration is frequent. The smell of an acetone in exhaled air is absent. Blood pressure is 80/40 mm Hg. What coma most likely takes place in the patient?

- A. Hyperosmolaric
- B. Hyperlactatacidemic
- C. Hypoglycemic
- D. Ketoacidic.
- E. Alcoholic.

384. In a fracture clinic 12 years old boy who after playing football has got trauma of leg is delivered. Complains of acute pain in right knee joint. The child is sick of Christmas disease. What start preparation is more expedient for acute management in this case?

- A. Vicasolum
- B Dicynonum
- C Cryoplama
- D Cryoprecipitate
- E Platelet concentrate

385. Positive Apt test is testifying for presence in the liquid investigated:

- A. Haemoglobin F (blood of newborn)
- B. Indirect bilirubin
- C. Direct bilirubin
- D. Hemoglobin A (maternal blood)
- E. Meconium

386. Boy G., 12 years old is suffering of hemophilia A has delivered in hospital concerning to renal bleeding. What preparation is necessary for entering to the child for cupping of this state?

- A. Crioprecipitate of VIII factor
- B Chilled plasma
- C Vicasolum
- D  $\epsilon$  Acidum aminocapronicum
- E Dicynonum

387. In warn newborn child the rhesus conflict hemolytic disease of newborns is diagnosed . Bilirubin data are critical.Child's blood type is B (III), mother's is A (II). The replace blood transfusion is indicated. What selection of a donor blood is necessary in this case?

- A.Blood type B (III), Rh factor is positive
- B.Blood type A (II), Rh factor is negative
- C. Blood type B (III), Rh factor is negative
- D. Blood type A (II), Rh factor is positive
- E.Blood type 0 (I). Rh factor is positive

388. In newborn child the cramps and tetany have developed in the first day of life . Ca concentration is 6,2 g/l (N - 8,5-10,5). What from following diagnoses are the least probable?

- A. Acute hypoxia of fetus.
- B. Big amount of intaked phosphorus
- C. Diabetes in mother
- D. Hyperparathyroidism in mother
- E. Prematurity

389. Newborn child, gestational age is 36 weeks, weight in birth is 2400 g, body height is 51 cm. The child is excited, the tremor of extremities, does not suck, expressed dispnea and hepatosplenomegaly. By the end of first day of life there is icterus of skin and mucous, for the second day the skin eruption has appeared , the vesicules in the area of thorax. What is your preliminary diagnosis?

- A. Biliar atresia
- B.Hemolytic disease
- C.Physiologic icterus of newborns
- D. Perinatal hypoxic CNS disorders.
- E.Intrauterine infection

390. In the girl of 10 years old, complaints to irritability, sweating, pains in the area of heart, headache..Enlargement of a thyroid gland. In examination the III degrees nodal struma is found out. Skin is wet, hot by touch, tachycardia 104 b. per minute. On a scanning image the hot node reveals. Level of thyroid hormones is high.

- A. Diffuse toxic struma.
- B. Autoimmune thyroiditis.
- C. A cancer of a thyroid gland.
- D. Toxic adenoma.
- E. Ridel fibrosal struma.

391. A 13-year-old asymptomatic girl with enlarged thyroid gland up to 3 degree from non endemic region. She states that the findings demonstrated began more than a year ago. The most likely diagnosis is

- a. Iodine deficiency
- b. Congenital hypothyroidism
- c. Graves disease
- d. Exogenous ingestion of synthroid
- e. Lymphocytic (Hashimoto) thyroiditis

392. A 13-year-old asymptomatic girl with enlarged thyroid gland up to 3 degree from non endemic region. She states that the findings demonstrated began more than a year ago. Treatment for the patient in the previous question includes

- a. Iodine
- b. Synthroid (L-Thyroxin)
- c. PTU (propylthiouracil)
- d. Psychiatry consult
- e. Surgical removal of thyroid

393. A 13-year-old boy is 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

394. A 12-year-old girl has a mass in her neck. Physical examination reveals a thyroid nodule, but the rest of the gland is not palpable. A technetium scan reveals a

“cold” nodule. The child appears to be euthyroid. Which of the following diagnoses is the *least* likely?

- a. Simple adenoma
- b. Follicular carcinoma
- c. Papillary carcinoma
- d. Cyst
- e. Dysgenetic thyroid gland

395. What is more likely in electrolytes disorders (mmol/l) for 11-year-old boy with central diabetes insipidus secondary to an automobile accident?

- a. Na<sup>+</sup> 118, K<sup>+</sup> 7.5
- b. Na<sup>+</sup> 125, K<sup>+</sup> 3.0
- c. Na<sup>+</sup> 134, K<sup>+</sup> 6.0
- d. Na<sup>+</sup> 144, K<sup>+</sup> 2.9
- e. Na<sup>+</sup> 155, K<sup>+</sup> 5.5

396. A 1-day-old infant who was born by a difficult forceps delivery is alert and active. She does not move her left arm, however, which she keeps internally rotated by her side with the forearm extended and pronated; she also does not move it during a Moro reflex. The rest of her physical examination is normal. This clinical picture most likely indicates

- a. Fracture of the left clavicle
- b. Fracture of the left humerus
- c. Left-sided Erb-Duchenne paralysis
- d. Left-sided Klumpke paralysis
- e. Spinal injury with left hemiparesis

397. A full-term newborn infant is having episodes of cyanosis and apnea, which are worse when he is attempting to feed, but he seems better when he is crying. The most important next step to quickly establish the diagnosis is

- a. Echocardiogram
- b. Ventilation perfusion scan
- c. Passage of catheter into nose
- d. Hemoglobin electrophoresis
- e. Bronchoscopic evaluation of palate and larynx

398. A 19-year-old primiparous woman develops toxemia in her last trimester of pregnancy and during the course of her labor is treated with magnesium sulfate. At 38 weeks' gestation, she delivers a 2100-g infant with Apgar scores of 1 at 1 min and at 5 at 5 min. Laboratory studies at 18 h of age reveal a hematocrit of 79%, platelet

count of  $300,000 \times 10^9/l$ , glucose 3,8 mmol/l, magnesium 1.5 mmol/l,(normal- 0,7-1.0), and calcium 1.5 mmol/l. Soon after, this the infant has a generalized convulsion. The most likely cause of the infant's seizure is

- a. Polycythemia
- b. Hypoglycemia
- c. Hypocalcemia
- d. Hypermagnesemia
- e. Thrombocytopenia

399. What is the meaning of genetic sex?

- A. Secondary sexual signs
- B. Structure of external genitals.
- C. Structure of internal genitals.
- D. Presence of sexual chromosomes (XX or XY)
- E. All above mentioned.

400. At 43 weeks' gestation, a long, thin infant is delivered. The infant is apneic, limp, pale, and covered with "pea soup" amniotic fluid. The first step in the resuscitation of this infant at delivery should be

- a. Suction of the trachea under direct vision
- b. Artificial ventilation with bag and mask
- c. Artificial ventilation with endotracheal tube
- d. Administration of 100% oxygen by mask
- e. Catheterization of the umbilical vein

Answers to test tasks:

1.a 2.a 3.c 4.c 5.d 6.a 7.e 8.d 9.c 10.c 11.e 12.d 13.b 14.c 15.b 16.a 17.e  
18.b 19.c 20.c 21.a 22.c 23.a 24.c 25.e 26.d 27.c 28.b 29.e 30.a 31.e 32.a  
33.d 34.b 35.c 36.c 37.a 38.a 39.e 40.c 41.b 42.a 43.c 44.c 45.b 46.c 47.a  
48.d 49.c 50.b 51.d 52.a 53.c 54.e 55.b 56.a 57.a 58.a 59.a 60.a 61.a 62.d  
63.a 64.c 65.a 66.a 67.a 68.a 69.b 70.d 71.d 72.b 73.a 74.c 75.a 76.a 77.b  
78.a 79.c 80.a 81.a 82.b 83.a 84.e 85.c 86.e 87.a 88.d 89.d 90.a 91.a 92.d  
93.a 94.c 95.d 96.e 97.e 98.d 99.e 100.b 101.a 102.e 103.a 104.d 105.a 106.b  
107.a 108.d 109.d 110.b 111.a 112.b 113.a 114.b 115.c 116.a 117.d 118.d  
119.c 120.d 121.e 122.e 123.a 124.a 125.a 126.a 127.c 128.b 129.d 130.b  
131.d 132.a 133.a 134.b 135.e 136.b 137.d 138.e 139.d 140.c 141.a 142.a  
143.a 144.d 145.b 146.a 147.c 148.e 149.b 150.d 151.c 152.b 153.e 154.a  
155.b 156.d 157.a 158.e 159.a 160.c 161.b 162.a 163.c 164.c 165.d 166.c  
167.d 168.d 169.d 170.d 171.b 172.c 173.a 174.c 175.a 176.b 177.b 178.a  
179.b 180.b 181.a 182.b 183.a 184.a 185.d 186.c 187.c 188.a 189.a 190.a

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227.b 228.d 229.b 230.e 231.a 232.a 233.a 234.a 235.a 236.b 237.c 238.a  
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275.b 276.b 277.e 278.b 279.b 280.e 281.e 282.a 283.c 284.b 285.d 286.c  
287.a 288.d 289.e 290.e 291.e 292.a 293.e 294.c 295.c 296.b 297.a 298.a  
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347.c 348.b 349.a 350.e 351.e 352.d 353.e 354.b 355.a 356.a 357.c 358.c  
359.d 360.a 361.a 362.a 363.c 364.d 365.c 366.a 367.b 368.a 369.a 370.a  
371.a 372.c 373.b 374.e 375.e 376.a 377.a 378.c 379.c 380.d 381.a 382.c  
383.a 384.c 385.d 386.a 387.c 388.a 389.e 390.d 391.e 392.b 393.a 394.e  
395.e 396.c 397.c 398.c 399.d 400.a

Навчальне видання

Леженко Геннадій Олександрович

Резниченко Юрій Григорович

Пашкова Олена Єгорівна

Каменщик Андрій Володимирович

Врублевська Світлана Володимирівна

Лебединець Олександра Миколаївна

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