

TESTS IN PEDIATRICS

1. *Anatomico-physiological skin peculiarities in children of early age predispose to:*

- a) getting minor skin injuries;
- b) inflammation;
- c) dermatitis, diaper rash;
- d) edematization;
- e) all listed above.

2. *Skin elasticity is determined by:*

- a) the dorsal surface of the hand;
- b) the internal surface of the thigh;
- c) the internal surface of the shoulder;
- d) the external surface of the thigh;
- e) the external surface of the shoulder.

3. *The peculiarity of fatty tissue in newborns is:*

- a) the presence of brown adipose tissue;
- b) the presence of adipose tissue in the thoracic and abdominal cavity;
- c) the ratio of subcutaneous fatty tissues to body weight is less than that in adults;
- d) the presence of adipose tissue in the retroperitoneum;
- e) all listed above.

4. *The thickness of subcutaneous fatty tissue is recommended to determine:*

- a) at the angle of shoulder-blade;
- b) by the external surface of the thigh;
- c) by the dorsal surface of the hand, foot;
- d) along the edge of the oblique abdominal muscle;
- e) by the internal surface of the thigh.

5. *Soft tissue turgor is determined:*

- a) by the anterior abdominal wall;
- b) by the internal surface of the thigh;
- c) at the edge of sternum;
- d) by the internal surface of the shoulder;
- e) along the edge of the oblique abdominal muscle.

6. *In a newborn baby, muscle tone is determined:*

- a) by using a dynamometer;
- b) by the hand traction method;
- c) by the return reaction;
- d) by means of leg muscles palpation;

e) by means of hand muscles palpation.

7. Teething in children of the first year of life starts at the age of:

- a) 8 months;
- b) 10 months;
- c) 6 months;
- d) 4 months;
- e) 11 months.

8. A child starts holding a toy from the age of:

- a) 4 months;
- b) 5 months;
- c) 6 months;
- d) 7 months;
- e) 2 months.

9. Physiological spinal curvature is formed:

- a) by the time of birth;
- b) by the end of the first year of life;
- c) by the age of 3;
- d) at the age of 6;
- e) by 2 months.

10. The main organ of lymphoid system in children of the early age is:

- a) the spleen;
- b) the thymus gland;
- c) the lymph nodes;
- d) the pharyngeal lymphoid ring;
- e) the liver.

11. In healthy children of older age you can palpate:

- a) more than 3 groups of lymph nodes;
- b) 5 groups of lymph nodes;
- c) no more than 3 groups of lymph nodes;
- d) lymph nodes are not palpated;
- e) more than 5 groups of lymph nodes.

12. A child starts smiling by the age of:

- a) 2 months;
- b) 1 month;
- c) 1,5 months;
- d) 3 months;
- e) 8 months.

13. A child starts crawling by the age of:

- a) 10 months;
- b) 7 months;
- c) 8 months;
- d) 9 months;
- e) 4 months.

14. The average body weight of a year-old child is:

- a) 9 kg;
- b) 10 kg;
- c) 13 kg;
- d) 14 kg;
- e) 8.5 kg.

15. The average height of a year-old child is:

- a) 70 cm;
- b) 77 cm;
- c) 83 cm;
- d) 85 cm;
- e) 75 cm.

16. The average body weight of a 5 year-old child is:

- a) 15 kg;
- b) 20 kg;
- c) 25 kg;
- d) 30 kg;
- e) 25.5 kg.

17. Sexual development of girls is evaluated from the age of:

- a) 12 years old;
- b) 10 years old;
- c) 8 years old;
- d) 6 years old;
- e) 9 years old.

18. Sexual development of boys is evaluated from the age of:

- a) 7 years old;
- b) 9 years old;
- c) 8 years old;
- d) 10 years old;
- e) 11 years old.

19. Respiration rate in 5-6-year-old children is:

- a) 35 per minute;
- b) 25 per minute;

- c) 15 per minute;
- d) 40 per minute;
- e) no correct answer.

20. *Respiration rate in newborns is:*

- a) 15-20 per minute;
- b) 25-35 per minute;
- c) 40-60 per minute;
- d) 60-70 per minute;
- e) 20-25 per minute.

21. *In case of larynx stenosis, dyspnea has:*

- a) inspiratory character;
- b) expiratory character;
- c) mixed character;
- d) there is no correct answer;
- e) all listed.

22. *Expiratory dyspnea is the sign of:*

- a) larynx stenosis;
- b) obstructive bronchitis;
- c) tracheitis;
- d) acute bronchitis;
- e) all listed.

23. *Small bubbling rales in the lungs on auscultation are observed in:*

- a) laryngotracheitis;
- b) bronchiolitis;
- c) bronchitis;
- d) tracheitis;
- e) all listed

24. *«Barking» cough is observed in case of:*

- a) bronchitis;
- b) laryngotracheitis;
- c) obstructive bronchitis;
- d) pneumonia;
- e) all listed.

25. *The heart rate (beats per minute) in newborns is:*

- a) 100-110;
- b) 110-120;
- c) 120-140;
- d) 140-150;
- e) 115-120.

26. After the baby birth, an intense work is performed by:

- a) the right ventricle;
- b) the left ventricle;
- c) both ventricles perform the same load;
- d) the right atrium;
- e) all listed.

27. Anatomically, the heart of a newborn baby is located:

- a) lower than in adults;
- b) higher than in children of older age;
- c) in the same position as in children of older age;
- d) higher than in adults;
- e) all listed.

28. Fast heart rate in newborns is associated with:

- a) the influence of vagus nerve;
- b) the influence of sympathetic innervation;
- c) the influence of the vagus nerve and sympathetic innervation;
- d) the decrease in environment temperature;
- e) the increase of neuroreflex excitability.

29. Arterial pressure in a one-year old child is:

- a) 80/55 mm Hg;
- b) 90/60 mm Hg;
- c) 100/65 mm Hg;
- d) 110/70 mm Hg;
- e) 100/90 mm. Art.

30. Arterial pressure in a 5-year old child is:

- a) 120/70 mm Hg;
- b) 110/70 mm Hg;
- c) 100/60 mm Hg;
- d) 80/50 mm Hg;
- e) 115/80 mm Hg.

31. On auscultation functional murmur is characterized by:

- a) instability;
- b) low intensity;
- c) a decrease on physical activity;
- d) systolic character;
- e) all listed.

32. In children of early age, the liver is involved in:

- a) protein, fat, carbohydrate metabolism;

- b) protein, fat, carbohydrate, water metabolism;
- c) protein, fat, carbohydrate, water, vitamin metabolism;
- d) protein and mineral metabolism;
- e) all listed.

33. Increased salivation in 4-6-month old babies is caused by:

- a) increased saliva production;
- b) absence of swallowing ability;
- c) irritation of the trigeminal nerve because of erupting teeth;
- d) the salivary glands start active functioning;
- e) all listed.

34. In infants, total calcium blood level is considered normal:

- a) 2.2-2.8 mmol/l;
- b) 1.29-2.26 mmol/l;
- c) 3,4-4,15 mmol/l;
- d) 2.26-2.5 mmol/l;
- e) 2.87-3.4 mmol/l.

35. In infants, phosphorus blood level is considered normal:

- a) 2.5-2.87 mmol/l;
- b) 1.2-1.8 mmol/l;
- c) 0.65-1.62 mmol/l;
- d) 1.29-1.64 mmol/l;
- e) 2.26-2.5 mmol/l.

36. Microbial-inflammatory process in the kidneys is predisposed by:

- a) hypotonic ureters;
- b) high position of the bladder;
- c) large size of the kidneys;
- d) there is no correct answer;
- e) all listed.

37. In the oral cavity following breaks down:

- a) glycogen, amyllum;
- b) glycogen, disaccharides;
- c) proteins;
- d) fats;
- e) proteins, fats.

38. In newborns the number of urination is:

- a) 6-8;
- b) 10-12;
- c) 20-25;
- d) 4-5;

e) 9-11.

39. In infants, sodium blood level is considered normal:

- a) 110-115 mmol/l;
- b) 120-125 mmol/l;
- c) 135-145 mmol/l;
- d) 122-129 mmol/l;
- e) 120-130 mmol/l.

40. Polyuria is an increase of daily urine amount by:

- a) 20%;
- b) 50%;
- c) 75%;
- d) 100%;
- e) 40%.

41. Oliguria is a decrease of daily urine volume by:

- a) 75%;
- b) 50%;
- c) 25%;
- d) 100%;
- e) 30%.

42. Daily diuresis in one-year old child is:

- a) 300 ml;
- b) 600 ml;
- c) 1 liter;
- d) 0.5 liters;
- e) 400 ml.

43. The first crossing in the leukocyte formula is noted:

- a) on the 1st day of life;
- b) on the 5th day of life;
- c) at the age of 5 months;
- d) at the age of five;
- e) on the 10th day of life.

44. The second crossing in the leukocyte formula is noted:

- a) at the age of two;
- b) at the age of three;
- c) at the age of five;
- d) at the age of seven;
- e) at the age of ten.

45. In children under 6 years old the liver is:

- a) not palpated;
- b) palpated 2 cm below the edge of the costal arch;
- c) palpated 3.5 cm below the edge of the costal arch;
- d) palpated 4 cm below the edge of the costal arch;
- e) palpated 3 cm below the edge of the costal arch.

46. In anemia, children of the first year of life have hemoglobin level:

- a) less than 110 g/l;
- b) less than 120 g/l;
- c) less than 100 g/l;
- d) less than 130 g/l;
- e) less than 115 g/l.

47. Blood color index in children of older age is:

- a) 0.80-0.85;
- b) 0.85-1.05;
- c) 0.95-1.05;
- d) 1.05-1.10;
- e) 0.50-0.80.

48. What hormones are involved in the growth and development of child skeleton system:

- a) thyroid hormones;
- b) chondrotropic hormone;
- c) reproductive hormones;
- d) calcitonin;
- e) all listed.

49. Natural breastfeeding is :

- a) feeding by putting a baby to his mother's breast;
- b) feeding by expressed breast milk;
- c) feeding by donor human milk;
- d) foster feeding;
- e) all listed.

50. Complementary feeding is:

- a) meat mash;
- b) vegetable mash;
- c) porridge;
- d) fruit mash;
- e) all listed.

51. The first complementary feeding of a child should be introduced:

- a) at 1-2 months;

- b) at 2-3 months;
- c) at 4-6 months;
- d) at 7-8 months;
- e) at 9-10 months.

52. Advantages of natural breastfeeding:

- a) mother's milk is sterile, always at the optimal temperature;
- b) mother's milk contains enough water;
- c) mother's milk contains biologically active substances, enzymes;
- d) breast milk provides with lactobacteria in the intestinal biocenosis;
- e) all listed.

53. Mistakes while introducing complementary feeding are:

- a) new food product should be introduced in the amount equal to one feeding;
- b) new food product should be introduced gradually by increasing the amount;
- c) complementary feeding should be given before breastfeeding;
- d) complementary feeding must be homogeneous;
- e) complementary feeding should be given with a spoon

54. daily food volume for a year-old child is:

- a) not more than 1 liter;
- b) 1/5 of the required body weight;
- c) 1/6 of the required body weight
- d) 1/7 of the required body weight;
- e) all listed

55. Compared to the cow milk, mature breast milk contains more:

- a) proteins;
- b) carbohydrates;
- c) fats;
- d) calcium;
- e) phosphorus.

56. The bacteriological system of breast milk is represented by:

- a) immunoglobulin A;
- b) lactoferrin;
- c) lysozyme;
- d) complement;
- e) all listed

57. Carbohydrates of breast milk are mainly represented by:

- a) α -lactose;
- b) β -lactose;
- c) glucose;
- d) oligosaccharide;

e) galactose.

58. A healthy child aged 6 months should be fed:

- a) 4 times a day every 6 hours;
- b) 5 times a day every 4 hours;
- c) 6 times a day every 3.5 hours;
- d) 7 times a day every 3 hours;
- e) on request.

59. Breast milk includes:

- a) taurine;
- b) carnitine;
- c) Ig A;
- d) lactoferrin;
- e) all listed.

60. The ratio of the daily amount of breast milk (mixture) given to a 7-months-old baby by its body weight is:

- a) 1/8;
- b) 1/4;
- c) 1/10;
- d) 1/5;
- e) 1/7.

61. The composition of colostrum differs from mature milk by a large content of:

- a) proteins;
- b) immunoglobulins;
- c) hormones;
- d) calcium;
- e) all listed.

62. Probable signs of insufficient lactation aren't the following:

- a) the child's anxiety when feeding;
- b) the necessity of frequent applying to the breast;
- c) a sparse rare stool;
- d) the presence of sucking movements in the absence of swallowing ones;
- e) increased appetite.

63. Rickets is:

- a) an infectious disease;
- b) a chromosomal disease;
- c) a metabolism disease;
- d) an autoimmune disease;
- e) all listed.

64. Rickets is a disease of:

- a) newborn period;
- b) early childhood;
- c) pubertal period;
- d) school age;
- e) all listed.

65. Which of the signs is not typical for rickets:

- a) curvature of tubular bones;
- b) shortening of limbs;
- c) hypotension;
- d) enlargement of parenchymal organs (liver and spleen);
- e) all listed.

66. Regulators of phosphorus-calcium metabolism are:

- a) calcitonin;
- b) androgens;
- c) estrogens;
- d) parathyroid hormone;
- e) all listed.

67. In rickets, the following changes in the bone system are possible:

- a) craniotabes;
- b) «Rachitic rosary»;
- c) Rachitic «bracelets»;
- d) O-, X-shaped curvatures of the lower extremities;
- e) all listed.

68. The following clinical manifestations are typical for rickets I:

- a) increased sweating;
- b) presence of diaper rash;
- c) baldness of the occiput;
- d) sleep disturbance;
- e) all listed.

69. The following clinical manifestations are typical for rickets II:

- a) chest deformation;
- b) muscle hypotension;
- c) the frontal and parietal tubers of the skull are visualized;
- d) baldness of the occiput;
- e) all listed.

70. The typical features of rickets III are:

- a) O-, X-shaped curvatures of the lower limbs;

- b) muscle hypotension;
- c) enlargement of the liver and spleen;
- d) iron deficiency anemia;
- e) all listed.

71. The following laboratory findings are important for rickets diagnostics:

- a) a decrease of phosphorus and calcium concentration, an increase of alkaline phosphatase in blood serum;
- b) a decrease of phosphorus and alkaline phosphatase concentration in blood serum;
- c) a decrease of phosphorus concentration and an increase of calcium concentration in blood serum;
- d) a decrease of phosphorus and calcium concentration in blood serum;
- e) all listed.

72. The prophylactic dose of vitamin D is:

- a) 500-1000 iu daily;
- b) 1500-2000 iu daily;
- c) 2000 iu every other day;
- d) 5000 iu once a week;
- e) 3000-3500 IU daily.

73. The duration of rickets treatment with vitamin D is:

- a) 7-10 days;
- b) 30-45 days;
- c) 6 months;
- d) 1 year;
- e) 2 months.

74. The clinical picture of hypervitaminosis D is characterized by:

- a) iron deficiency anemia;
- b) intestinal toxicosis;
- c) respiratory insufficiency;
- d) heart failure;
- e) all listed/

75. Diagnosis of hypervitaminosis D is characterized by:

- a) hypercalcemia, hyperphosphaturia, sulkovich's strong positive test;
- b) sulkovich's negative test;
- c) hypocalcemia;
- d) hypophosphaturia;
- e) hyponatremia.

76. Spasmophilia is manifested:

- a) in the newborn period;

- b) in the first half of infancy;
- c) in the second half of infancy;
- d) at the age of more than 2 years;
- e) all listed/

77. The clinical manifestations of spasmophilia are:

- a) laryngotracheitis;
- b) bronchitis;
- c) excoxicosis with toxicosis;
- d) laryngospasm, eclampsia;
- e) rhinitis, pharyngitis.

78. Treatment of spasmophilia involves using:

- a) vitamin D, calcium drugs;
- b) calcium drugs, vitamin D withdrawal;
- c) iron drugs;
- d) vitamins of group K and U;
- e) all listed.

79. Vitamin D metabolism occurs in:

- a) the liver, kidneys;
- b) the spleen, kidneys;
- c) in the heart;
- d) the intestine;
- e) all listed.

80. There are the following variants of rickets course:

- a) acute, subacute, recurrent;
- b) acute, subacute, recurrent, chronic;
- c) recurrent, chronic;
- d) acute, chronic;
- e) all listed.

81. Antenatal prevention of rickets is carried out in pregnant women having:

- a) 12 weeks of pregnancy;
- b) 20 weeks of pregnancy;
- c) 30 weeks of pregnancy;
- d) 36 weeks of gestation;
- e) 25 weeks of pregnancy.

82. Antagonists of vitamin D are:

- a) ascorbic acid;
- b) retinol;

- c) pyridoxine;
- d) co-trimoxazole;
- e) all listed.

83. Prevention of rickets consists of:

- a) antenatal;
- b) postnatal;
- c) specific;
- d) non-specific;
- e) all listed.

84. The drug of choice for specific postnatal rickets prevention is:

- a) videcholum;
- b) oily solution of ergocalciferol;
- c) aqueous solution of vitamin D;
- d) spirituous solution of ergocalciferol;
- e) all listed.

85. The initial manifestations of rickets are:

- a) excessive sweating;
- b) increased nervous excitability;
- c) slight «compliance» of the edges of the large fontanel;
- d) presence of diaper rash;
- e) all listed.

86. The signs of dehydration are the following:

- a) reduction of body weight;
- b) dry skin and mucous membranes;
- c) decrease of soft tissue turgor;
- d) sunken large fontanel;
- e) all listed.

87. The typical clinical signs of neuro-arthritis diathesis are:

- a) increased nervous excitability;
- b) acetonemic vomiting;
- c) anorexia;
- d) uraturia;
- e) all listed.

88. Choose the dietary characteristics in children with lymphatic diathesis:

- a) restriction of food products rich in purines;
- b) meat restriction;
- c) restriction of easily digestible carbohydrates;
- d) a special diet is not provided;
- e) all listed.

89. The most characteristic signs of spasmophilia are the following:

- a) anxiety;
- b) laryngospasm;
- c) carpopedal spasm;
- d) eclampsia;
- e) all listed.

90. For children with neuro-arthritic diathesis, the following food products should be excluded:

- a) spinach;
- b) thick soup;
- c) parsley;
- d) sorrel;
- e) all listed.

91. Non-typical clinical signs of increased neuro-reflex excitability in spasmophilia are:

- a) anxiety;
- b) increased tendon reflexes;
- c) positive symptoms of Khvostek, Tissaur, Erba, Maslov;
- d) muscle hypotension;
- e) carpo-pedal spasm.

92. Hypotrophy is characterized by:

- a) lagging of body weight from height;
- b) equal lagging of body weight and height;
- c) prevalence of body weight over height;
- d) equally excessive body weight and height;
- e) normal body weight and height.

93. Exogenous causes of hypotrophy include:

- a) alimentary factors;
- b) infectious factors;
- c) toxic factors;
- d) regime disorder, upbringing defects;
- e) all listed.

94. The signs of intrauterine hypotrophy exclude the following:

- a) reduced nutrition;
- b) abundant lanugo on the skin;
- c) skin dystrophic changes;
- d) there is no correct answer;
- e) all listed.

95. Clinical symptoms of hypotrophy III are:

- a) vomiting;
- b) body mass deficiency more than 30%;
- c) anorexia;
- d) «famine» stool;
- e) all listed.

96. For correcting the nutrition in case of paratrophy, it is recommended:

- a) to calculate proteins for actual weight;
- b) to calculate carbohydrates for actual weight;
- c) to calculate fats for actual weight;
- d) there is no correct answer;
- e) all listed.

97. Hypotrophy II is characterized by:

- a) body weight deficiency up to 10%;
- b) body weight deficiency 10-20%;
- c) body weight deficiency 21-30%;
- d) body weight deficiency over 30%;
- e) all listed.

98. The first stage of diet therapy for hypotrophy is:

- a) the stage of minimum nutrition;
- b) fasting stage;
- c) intermediate stage;
- d) the stage of maximum nutrition;
- e) all listed.

99. The signs of mother hypogalactia are:

- a) the child's anxiety between feedings;
- b) poor stool and rare urination;
- c) flattened weight curve;
- d) the need for frequent applying to the breast;
- e) all listed.

100. What are the signs of exudative-catarrhal diathesis?

- a) milk crust;
- b) cradle cap;
- c) dry skin;
- d) strophulus;
- e) all listed.

101. Common blood analysis in exudative-catarrhal diathesis is characterized by:

- a) leukocytosis;

- b) eosinophilia;
- c) lymphocytosis;
- d) increase in ESR;
- e) hemoglobin reduction.

102. What are the non-typical signs for lymphohypoplastic diathesis?

- a) polymorphous skin rashes;
- b) an increase in all groups of lymph nodes;
- c) tonsils hyperplasia;
- d) hepatomegaly;
- e) vomiting.

103. What are the non-typical signs for neuro-arthritis:

- a) excessive body weight;
- b) increased nervous excitability;
- c) acetonemic vomiting;
- d) anorexia;
- e) all listed.

104. Common urine analysis in exudative diathesis is characterized by increase in:

- a) leukocytes;
- b) red blood cells;
- c) pavement epithelium;
- d) salts;
- e) protein.

105. In nutrition of children with neuro-arthritis it is necessary to limit:

- a) meat, spinach;
- b) cereals;
- c) vegetable oil;
- d) milk and dairy products;
- e) all listed.

106. Nasopharynx structure features in children of early age predispose to:

- a) frequent sinusitis;
- b) frequent nasal bleeding;
- c) frequent conjunctivitis during rhinitis;
- d) frequent tonsillitis;
- e) frequent bronchitis.

107. Respiration rate of 5-6-year-old children is:

- a) 15 per minute;
- b) 25 per minute;
- c) 35 per minute;

- d) 40 per minute;
- e) 45 per minute.

108. Respiration rate in newborns is:

- a) 15-20 per minute;
- b) 20-25 per minute;
- c) 25-35 per minute;
- d) 40-60 per minute;
- e) 60-70 per minute.

109. In case of larynx stenosis, dyspnea has:

- a) inspirational character;
- b) expiratory character;
- c) mixed character;
- d) respiratory character;
- e) obstructive character.

110. Expiratory dyspnea is observed in case of:

- a) larynx stenosis;
- b) obstructive bronchitis;
- c) tracheitis;
- d) rhinitis;
- e) pleurisy.

111. Small bubbling rales on auscultation are typical for:

- a) laryngotracheitis;
- b) bronchiolitis;
- c) bronchitis;
- d) tracheitis;
- e) pleurisy.

112. «Barking» cough is observed in case of:

- a) bronchitis;
- b) laryngotracheitis;
- c) obstructive bronchitis;
- d) pneumonia;
- e) pharyngitis.

113. Bacterial pneumonia agent in children of older age is often :

- a) streptococcus group A;
- b) Staphylococcus aureus;
- c) pneumococcus;
- d) hemophilic rod;
- e) streptococcus group B.

114. If dyspnea and sibilant rales are observed, the bronchi are affected:

- a) large size;
- b) medium size;
- c) small size;
- d) small and medium size;
- e) all parts of the bronchi.

115. In bronchial asthma pathogenesis, all the mechanisms are observed except:

- a) bronchospasm;
- b) edema;
- c) hypersecretion;
- d) emphysema;
- e) sclerosis of the bronchial tree.

116. The displacement of the mediastinum towards the lesion can be observed in case of:

- a) hemothorax;
- b) pneumothorax;
- c) hydropneumothorax;
- d) lobar emphysema;
- e) atelectasis of the lung.

117. Which kind of investigation is the most correct for diagnostics of respiratory failure?

- a) anamnesis;
- b) physical examination of the patient;
- c) radiographic examination of the chest;
- d) spirographic investigation;
- e) investigation of arterial blood gases (KHS).

118. For aetiotropic diagnostics of a viral infection, the following method is not used:

- a) immunofluorescence;
- b) study of blood serum (DSC, RPGA);
- c) polymerase chain reaction (PCR);
- d) serological;
- e) common blood test.

119. Which of these pathogens is the often cause for developing acute stenosing laryngotracheitis (croup)?

- a) influenza virus;
- b) parainfluenza virus;
- c) respiratory syncytial virus;

- d) diphtheria agent;
- e) haemophilus influenzae.

120. The main indication for diagnostic bronchoscopy in children is:

- a) bronchial asthma;
- b) acute bronchitis;
- c) suspicion of aspiration of a foreign body;
- d) acute pneumonia, complicated by pleurisy;
- e) obstructive bronchitis.

121. In acute pneumonia, the early symptom is:

- a) presence of dry, widespread rales from both sides;
- b) irregular large bubbling rales on both sides;
- c) skin pallor;
- d) percussion sound shortening;
- e) box-note sound.

122. There are the following forms of bronchial asthma in children:

- a) atopic (allergic);
- b) infectious;
- c) viral-bacterial;
- d) adult type;
- e) child type.

123. Choose the clinical signs which are typical for bronchial asthma in children:

- a) symptoms during neonatal period;
- b) wheezing, resistant to bronchodilator;
- c) wheezing, associated with food intake or vomiting;
- d) sudden onset of cough and asphyxia;
- e) expiratory dyspnea.

124. Prolonged β -2 agonists include:

- a) salbutamol;
- b) salmeterol;
- c) berodual;
- d) atrovent;
- e) seretide.

125. Choose M- cholinolytic drugs used in the treatment of patients with bronchial asthma:

- a) nedocromil-sodium;
- b) histaglobulin;
- c) ipratropium bromide;
- d) salbutamol;

e) euphylline.

126. In asthmatic status, the following is not prescribed:

- a) intravenous administration of aminophylline;
- b) oxygen therapy;
- c) histamine H1 receptor antagonists;
- d) intravenous glucocorticoids;
- e) oral glucocorticoids.

127. The first aid drug for asthma attacks in children is:

- a) phencarol;
- b) nedocromil-sodium;
- c) salbutamol;
- d) aminophylline;
- e) sodium cromoglycate.

128. Indications for prescribing inhaled glucocorticoids in bronchial asthma are:

- a) mild disease form;
- b) intense recurrence;
- c) moderate or severe course;
- d) paroxysmal night cough;
- e) expiratory dyspnea.

129. Indications for prescribing systemic glucocorticoids in bronchial asthma are:

- a) paroxysmal night cough;
- b) asthmatic status;
- c) absence of effect when using adrenomimetics;
- d) aspirin-sensitive asthma;
- e) combination of asthma with atopic dermatitis.

130. The most common agent of "home-acquired" pneumonia in children aged 1 year and older is:

- a) streptococcus A;
- b) staphylococcus aureus;
- c) pneumococcus;
- d) haemophilus influenzae;
- e) streptococcus B.

131. The right lung consists of:

- a) 8 segments;
- b) 9 segments;
- c) 10 segments;
- d) 1 segment;
- e) 12 segments.

132. Crackling rale is formed in:

- A) the larynx;
- b) the trachea;
- c) the bronchioles;
- d) the pleural cavity;
- e) the alveoli.

133. The displacement of the mediastinal towards the lesion can be observed in case of:

- a) hemothorax;
- b) pneumothorax;
- c) hydropneumothorax;
- d) lobar emphysema;
- e) lung atelectasis.

134. Cystic fibrosis refers to hereditary diseases with the following type of inheritance:

- a) autosomal dominant, y-chromosome linked;
- b) autosomal dominant, x chromosome linked;
- c) autosomal recessive, x chromosome linked;
- d) autosomal recessive;
- e) autosomal dominant.

135. «Protected» penicillins are:

- a) ampicillin;
- b) oxacillin;
- c) amoxicillin;
- d) gentamycin;
- e) amoxiklav.

136. Gastrointestinal diseases can be dependent on:

- A) low enzymatic activity of saliva;
- b) low enzymatic activity of gastric acid;
- c) high permeability of the gastric mucosa;
- d) helminthic infection;
- e) all listed.

137. Chronic inflammatory diseases of the gastrointestinal tract are more often diagnosed at the age of:

- a) 6-8 months;
- b) 1-2 years old;
- c) 7-10 years old;
- d) 11-13 years old;
- e) 14-18 years old.

138. «Aggression» factors in the development of stomach inflammatory diseases include:

- a) mucin, sialic acids;
- b) bile;
- c) prostaglandins;
- d) bicarbonates;
- e) antroduodenal acid brake.

139. Factors contributing to the stomach and duodenum disease include:

- a) misuse of drugs;
- b) endocrine system diseases;
- c) infection chronic nidi;
- d) psycho-emotional stress;
- e) all listed.

140. Methods of *Helicobacter pylori* diagnosis are:

- a) bacterioscopic method;
- b) histological method;
- c) serological method;
- d) respiratory method;
- e) all listed.

141. The main methods for diagnosing stomach and duodenum diseases include:

- a) fiberoastroduodenoscopy with targeted biopsy of the stomach and duodenum mucous membrane;
- b) ultrasound investigation of the abdominal cavity;
- c) glucose tolerance test;
- d) complete blood test;
- e) stool test.

142. Repair components of the gastrointestinal mucous membrane are:

- a) gastropharm;
- b) pentoxyl;
- c) inosine;
- d) solcoseryl;
- e) all listed.

143. Anti-*Helicobacter* quadrotherapy includes:

- a) amoxicillin, alumag, omeprazole, de-nol;
- b) amoxicillin, motilium, omeprazole, de-nol;
- c) amoxicillin, clarithromycin, omeprazole, de-nol;
- d) amoxicillin, alumag, motilium, de-nol;
- e) clarithromycin, alumag, omeprazole, de-nol.

144. Stomach protecting factors are:

- a) mucus barrier;
- b) sufficient blood supply;
- c) active regeneration;
- d) antroduodenal acid brake;
- e) all listed.

145. The plan of examining a patient with gastric ulcer doesn't include:

- a) common blood test;
- b) colonoscopy;
- c) stomach secretion study;
- d) EGDS(esophagogastroduodenoscopy) with a Helicobacter pylori test;
- e) feces occult blood test.

146. What medications belong to the group of H-2 receptor antagonists:

- a) sucralfate;
- b) clemastin;
- c) famotidine;
- d) cetirizine;
- e) gastal.

147. Carbohydrates breakdown occurs in the following sections of GIT:

- a) oral cavity, small bowel;
- b) stomach, large bowel;
- c) small bowel, large bowel;
- d) oral cavity, large bowel;
- e) stomach.

148. Protein breakdown occurs in the following sections of GIT:

- a) oral cavity, stomach;
- b) oral cavity, small bowel;
- c) stomach, large bowel;
- d) stomach, small bowel
- e) small bowel, large bowel.

149. Protein breakdown is influenced by:

- a) chymosin;
- b) pepsin;
- c) trypsin;
- d) gastricsin;
- e) all listed.

150. Gastric ulcer can't be complicated by:

- a) bleeding;
- b) perforation;

- c) duodenum bulb deformation;
- d) penetration;
- e) stenosis.

151. Size of a large duodenum bulb ulcer is:

- a) 1.0-1.5 cm;
- b) up to 1.0 cm;
- c) up to 0.5 cm;
- d) 0.5-1.0 cm;
- e) over 1.5 cm.

152. Cystic fibrosis is diagnosed by:

- a) fiberopticgastroduodenoscopy with biopsy;
- b) pilocarpine test;
- c) glucose tolerance test;
- d) lactose tolerant test;
- e) intestinal microflora test.

153. Malabsorption after introducing cereals is typical for:

- a) celiac disease
- b) cystic fibrosis;
- c) lactase insufficiency;
- d) Gilbert's syndrome;
- e) all listed.

154. What disease, accompanied by malabsorption syndrome, is characterized by steatorrhea:

- a) lactase deficiency;
- b) celiac disease;
- c) cystic fibrosis;
- d) cow's milk protein intolerance;
- e) all listed.

155. There are the following forms of cystic fibrosis:

- a) pulmonary;
- b) intestinal;
- c) mixed;
- d) meconium ileus;
- e) all listed.

156. The drug of choice in cystic fibrosis is:

- a) pancreatin;
- b) mezim-forte;
- c) creon;
- d) 3rd generation cephalosporins;

e) lidase.

157. On performing a sweat test for diagnosing cystic fibrosis, the following is used:

- a) magnesia electrophoresis;
- b) pilocarpine electrophoresis;
- c) adrenal inductothermy;
- d) calcium electrophoresis;
- e) all listed.

158. In celiac disease the following sections of GIT are damaged:

- a) esophagus;
- b) stomach;
- c) duodenum;
- d) small bowel;
- e) large bowel.

159. The treatment of celiac disease primarily includes:

- a) hypoallergic diet;
- b) gluten-free diet;
- c) digestive enzymes;
- d) antibiotics;
- e) dairy-free diet.

160. In lactase deficiency, the following sections of GIT are damaged:

- a) esophagus;
- b) stomach;
- c) small bowel;
- d) duodenum;
- e) large bowel.

161. The treatment of lactase deficiency primarily includes:

- a) hypoallergenic diet;
- b) gluten-free diet;
- c) dairy-free diet;
- d) digestive enzymes;
- e) antibiotics.

162. Patients with celiac disease are contraindicated to eat:

- a) bakery;
- b) millet;
- c) oatmeal cookies;
- d) semolina;
- e) all listed.

163. Pyelonephritis affects:

- a) bladder mucous membrane;
- b) circulatory and lymphatic system of the kidneys;
- c) tubules, calyx-pelvic apparatus and interstitial tissue;
- d) calyx-pelvic apparatus;
- e) glomeruli.

164. Acute glomerulonephritis affects:

- a) interstitial tissue of the kidneys;
- b) glomeruli;
- c) tubules, calyx-pelvic apparatus, interstitial tissue;
- d) cortical and cerebral substance of the kidneys;
- e) bladder mucous membrane.

165. The most common cause of acute renal failure in children of early age is:

- a) pyelonephritis;
- b) glomerulonephritis;
- c) hemolytic-uremic syndrome;
- d) poisoning;
- e) urinary tract infection.

166. The most relevant causative agent of pyelonephritis in children is:

- a) staphylococcus;
- b) klebsiella;
- c) chlamydia;
- d) proteus;
- e) escherichia coli.

167. The most common way of urinary system infection in girls is:

- a) ascending;
- b) hematogenous;
- c) lymphogenous;
- d) sexual;
- e) mixed.

168. Which stage does not refer to the stages of acute renal failure:

- a) initial;
- b) oligoanuretic;
- c) restoration of diuresis with polyuria;
- d) regression;
- e) recovery.

169. Fast heart rate in newborns is associated with:

- a) the influence of the vagus nerve;

- b) the influence of sympathetic innervation;
- c) the influence of the vagus nerve and sympathetic innervation;
- d) the decrease of environment temperature;
- e) the increase of neuroreflex excitability.

170. ECG of children of early age is characterized by:

- a) axis deviation to the right;
- b) axis deviation to the left;
- c) horizontal axis position;
- d) axis deviation upwards;
- e) all listed.

171. The most common CHD is:

- a) atrial septal defect;
- b) aorta coarctation;
- c) great vessels transposition;
- d) left heart hypoplasia;
- e) AV communication.

172. The signs of atrial septal defect are:

- a) ECG dextrogram;
- b) left ventricle overload;
- c) right ventricle overload;
- d) right atrium overload;
- e) all listed.

173. The most typical index for Fallot's tetralogy is:

- a) decrease in the number of erythrocytes, hemoglobin;
- b) heart shadow shape of a «wooden shoe» on the X-ray;
- c) axis deviation to the left;
- d) axis deviation to the right;
- e) sphere-shaped heart on the X-ray.

174. Fallot's tetralogy is not characterized by the following sign:

- a) myocardial hypertrophy of the right ventricle;
- b) ventricular septal defect;
- c) hypoxic-cyanotic attacks;
- d) enrichment of the pulmonary pattern on the X-ray
- e) erythrocythemia.

175. Heart rate per 1 minute in a healthy a year-old child is :

- a) 120-140;
- b) 120;
- c) 100;
- d) 85;

e) 78.

176. Heart rate per 1 minute in a healthy 5-year-old child is:

- a) 120-140;
- b) 120;
- c) 100;
- d) 85;
- e) 78.

177. In VSD (ventricular septal defect) murmur is well auscultated in the:

- a) the apex of the heart;
- b) secondary aortic area (Erb's point);
- c) second intercostal space to the right of the sternum;
- d) second intercostal space to the left of the sternum;
- e) base of the xiphoid process.

178. A patient with an open arterial duct doesn't have the following sign:

- a) physical development lag;
- b) skin pallor;
- c) systolic blood pressure reduction;
- d) systolic-diastolic murmur;
- e) frequent respiratory diseases.

179. Fallot's tetralogy doesn't include the following defect:

- a) ASD (atrial septal defect);
- b) VSD (ventricular septal defect);
- c) pulmonary artery stenosis;
- d) right ventricle hypotrophy;
- e) aortic dextraposition.

180. Aortic insufficiency occurs in:

- a) rheumatism;
- b) congenital bicuspid aortic valve;
- c) Marfan syndrome;
- d) syphilitic arthritis;
- e) all listed.

181. Rheumatic arthritis in children is not characterized by:

- a) large joints disease;
- b) volatile character of arthritis;
- c) involvement of several joints;
- d) small joints disease;
- e) rapid course on the treatment background.

182. In subacute course of acute rheumatic fever the duration of the attack is:

- a) 2-3 months;
- b) 3-6 months;
- c) 6-12 months;
- d) more than 1 year;
- e) 1 month.

183. The clinical signs of carditis are all listed, except for:

- a) heart border dialation;
- b) systolic murmur;
- c) muffled heart sounds;
- d) tachycardia;
- e) bradycardia.

184. The secondary prevention of rheumatic fever in a school-aged patient includes:

- a) year-round use of non-steroid anti-inflammatory drugs;
- b) year-round use of aminoquinoline drugs;
- c) monthly administration of bicillin-5 for 1.5 million units;
- d) monthly administration of bicillin-5 for 750 000 units, once in 2 weeks;
- e) seasonal administration of bicillin.

185. On secondary prevention contraindication of administering bicillin to patients with acute rheumatic fever is:

- a) lack of activity within a year after the attack;
- b) absence of pathological changes on heart ultrasound examination;
- c) individual intolerance to penicillin drugs;
- d) latent course of rheumatism;
- e) heart failure.

186. In case of intolerance to penicillin antibiotics the patients with acute rheumatic fever are prescribed:

- a) cephalosparins;
- b) macrolides;
- c) lincomycin;
- d) gentamycin;
- e) tetracycline.

187. While treating acute rheumatic fever the reasons for prescribing hormonal drugs are:

- a) recurrent rheumatic carditis;
- b) heart failure;
- c) high disease activity;
- d) heartbeat violation;
- e) all listed.

188. The clinical signs of aorta coarctation are all listed except for:

- a) difference in physical development of the upper and lower half of the body;
- b) presence of pedal pulse
- c) increased blood pressure in upper limbs;
- d) systolic murmur in the interscapular area;
- e) pressure decrease in lower limbs.

189. The most typical changes in the peripheral blood test for systemic lupus erythematosus are all listed except:

- a) leukopenia;
- b) leukocytosis;
- c) increase in ESR;
- d) lymphopenia;
- e) hemolytic anemia.

190. The most characteristic skin changes in SLE are:

- a) «butterfly»-shaped erythema on the face;
- b) auricular erythema;
- c) urticaria rash;
- d) bullous rash;
- e) Papular rash.

191. The factors provoking the development of JRA are:

- a) hyperinsolation;
- b) hypothermia;
- c) viral infections;
- d) all listed;
- e) vaccination.