Ministry of Health of the Republic of Belarus
Education Institution
"Gomel State Medical University"

Department of Pediatrics with the course of the Faculty of Advanced Training and Retraining

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METHODOLOGICAL GUIDELINES

for a practical exercise
by a teacher with students
4th year of the Faculty of foreign students,
trainees in speciality 1-790101 in the discipline of pediatrics

Topic: Systemic connective tissue diseases.

Time: 6 hours

Approved at the meeting of the Department of Pediatrics with the Course of the Faculty of Advanced Training and Retraining
(protocol №. 8 of the 14th of June 2022)

2022

LEARNING AND EDUCATIONAL OBJECTIVES, TASKS, MOTIVATION FOR LEARNING THE TOPIC

Learning objective:

- to form students' basic professional competence while studying the discipline of Pediatrics according to the curriculum
- to form students' scientific knowledge of allergic diseases in children and their prospects of use in professional activity; skills and abilities necessary for work with patients of different age, knowledge of clinical manifestations of diseases, treatment and diagnostic measures, bases of rehabilitation and prophylaxis.

Educational objective:

- to foster students' sense of professional responsibility of a future medical worker;
- formation of professionally significant and socially-psychological qualities of the doctor's personality in the system of doctor-nurse-patient relations;
- formation of students' responsible attitude to their future professional activity;
- formation of academic and work discipline, discussion of disciplinary issues (attendance at lectures and practical classes, unexcused absences, tardiness, arrears on missed classes).

Objectives:

As a result of the study session, the student will

know:

- basic concepts of cardio-rheumatologic pathology, anatomical and physiological features of the cardiovascular system in children of different ages;
- etiology, pathogenesis of connective tissue diseases;
- Clinical manifestations of juvenile rheumatoid arthritis, dermatomyositis, periarteritis nodosa, systemic lupus erythematosus;
- principles of treatment of patients with connective tissue diseases;
- mechanism of action, side effects of glucocorticoids.

be able to:

- interview the patient, collect the anamnesis, perform objective examination and identify the main symptoms of the disease;
- gather the patient's anamnesis thoroughly;
- identify in the anamnesis the factors that are important in the formation of diffuse connective tissue diseases;
- make differential diagnosis of clinical syndromes in different types of connective tissue lesions;
- draw up an examination plan for a patient with connective tissue lesions;
- interpret the results of laboratory and instrumental methods of examination.

possess:

- methods of objective (palpation, percussion, auscultation) and additional (measuring, laboratory, instrumental, histological, immunological, etc.) examination
- communicate with patients of different ages and their parents, medical staff.

Motivation for learning the topic:

The knowledge and skills gained during the study of the discipline of paediatrics allow motivating the students to improve theoretical and practical knowledge to carry out early diagnosis, treatment and complex rehabilitation measures for children with systemic connective tissue diseases, tactics of emergency care.

MATERIAL EQUIPMENT

Tables on the theme of the lesson, medical records of inpatients, set of hemograms, biochemical blood tests, urine tests, electrocardiogram, daily ECG monitoring, CMAD, ultrasound findings of the heart, internal organs, kidneys adrenal gland, thyroid, kidney, joints, lymph nodes, set of X-ray films, tonometers phonendoscopes, scales, stadiometer, centimeter tape; a bank of assignments for independent work; a selection of thematic patients in the inpatient departments.

CONTROL QUESTIONS FROM RELATED DISCIPLINES

1. "Normal Physiology".

- Immunogram of a healthy child.

2. "Pathological Physiology":

- Mechanisms of immunological responses.
- Pathophysiological mechanisms of development of basic clinical syndromes.
- Pathomorphological changes in various organs in diffuse connective tissue diseases.

3. "Internal diseases".

- Mechanisms of pharmacological action of drugs used in basic therapy.

CONTROL QUESTIONS ON THE TOPIC OF THE CLASS

1. Current understanding of the etiopathogenesis of connective tissue diseases in children.
2. Juvenile idiopathic arthritis: classification, clinic, diagnostic criteria for juvenile rheumatoid arthritis
3. Current principles of treatment of juvenile idiopathic arthritis.
4. Systemic lupus erythematosus, periarteritis nodosa, dermatomyositis, systemic scleroderma in children. Differential diagnostic criteria. Treatment.
5. Methods of application and complications of corticosteroid therapy.

PROCESS OF THE SESSION

Theoretical Part

Nowadays the diseases of the circulatory system and systemic diseases of the connective tissue are the most actual problems as they determine more than a half of cases of the adult population disability and mortality. It is one of the most important factors of the formation of heavy demographic situation in the country that causes great loss of life and economic damage to the society.

According to WHO, cardiovascular disease is one of the leading causes of morbidity in children.

The group of systemic connective tissue diseases includes a number of nosological forms whose development is based on autoimmune and

immunocomplex reactions, characterized by a systemic type of inflammation of various organs.

The practical justification for grouping these diseases into a group of diffuse connective tissue diseases is the similarity of certain clinical manifestations, especially in the early stage of the disease (fever, polyarthralgia, exanthema, polyserositis, etc.). Common laboratory indicators of inflammatory activity, common group and immunological markers characteristic of each disease and, finally, similar principles of anti-inflammatory and immunosuppressive treatment dictate the need for every paediatrician to know these diseases and to be able to make a correct differential diagnosis.[6]

Practical part.

The students are briefed, attention is paid to the internal regulations, the peculiarities of work in the paediatric department No.2 (profile cardio-rheumatology). The selection of patients is carried out in accordance with the theme of the lesson. During practical work the student must carry out:

- collection of complaints and anamnesis of the disease,
- clinical examination of the child,
- make a preliminary diagnosis and develop a plan of examination,
- Interpret the results of the laboratory and instrumental methods of investigation,
- Formulation of the final clinical diagnosis,
- Formulation of a treatment and rehabilitation plan,
- writing prescriptions for medicines.

Monitoring the learning of the topic

1. Demonstration of case studies with clinical case studies:

- Juvenile idiopathic arthritis,
- systemic lupus erythematosus,
- juvenile scleroderma,
- polyarteritis nodosa.

1. Solution of situational tasks

Task №1.

Child O., 13 years old, was re-admitted to the department for complex therapy.

The medical history showed that the disease began at the age of 3, when after a flu attack the boy began to limp - as it turned out on examination, because of the affected knee joint. The joint was globular in shape, hot to the touch and limited range of motion was noted. Involvement of other joints in pathological process was further noted. The child received non-steroidal anti-inflammatory drugs almost constantly, there were periods of remission lasting up to 10-12 months, but the disease gradually progressed. During periods of exacerbation the child complained of morning stiffness.

On admission the condition was severe, defiguration and swelling of interphalangeal, wrist and elbow joints, limitation of movement in the right hip joint were noted.

No rales in the lungs. Boundaries of the heart: right sternal border, upper one along the third rib, left one cm inside the left midclavicular line. Heart tones were rhythmic, sonorous, no murmurs.

General blood count: Íb - 110 g/l, R - 4.2x1012/l, Lab - 15.0x109/l, B/L - 10%, C - 54%, E - 2%, L - 31%, M - 3%, SLE - 46 mm/hour.

General urinalysis: specific gravity - 1014, protein - 0.06‰, leukoc. - 2-3 in p/z, no red blood cells.

Biochemical blood tests: total protein - 83 g/l, albumin 48%, globulins: alpha 1 - 11%, alpha 2 - 10%, beta - 5%, gamma - 26%, seromucoid - 0.8 (normal - to 0.2), ALT - 32 U/l, ACT - 25 U/l, urea 4.5 mmol/l.

X-ray showed epiphyseal osteoporosis, narrowing of the joint cavity.

Task

1. Formulate and justify the diagnosis.
2. What other investigations should be done on this patient.
3. With which diseases a differential diagnosis should be made at the beginning of the process.
4. Draw up a treatment plan for the child.
5. How to explain the incidence of eye damage in this pathology. Name the symptoms of eye damage in this disease.

Task №. 2.

Zoya D., 5 years old, presented with complaints of pain in knee, wrist, ankle, maxillofemoral joints at rest and during movements, swelling of joints and restriction of movements in them, temperature increase to high figures in the morning hours.

From the history, it is known that ACDS vaccination was accompanied by a mild temperature reaction.

At the age of 1 year he had exudative-catarrhal diathesis, from the age of 2 years - frequent acute respiratory diseases, periodically - angina.

The child's mother had been suffering from rheumatism since childhood.

The girl fell ill acutely, 2 weeks after she had follicular angina: temperature increased to 39.5C, pain and swelling of knee joints appeared, pain appeared when opening the mouth in the jaw and temporal joints. After treatment with salicylates there was a slight improvement but the joint syndrome persisted. The improvement was short-lived. A month later she was admitted to the hospital.

Status: pale skin, significant decrease in subcutaneous fat. Enlargement of all groups of peripheral lymph nodes.

Swelling of ankle and wrist joints is pronounced. Knee joints globular in shape, patellas ballooning. Skin temperature above the joints is elevated. Movement in the affected joints is painful and restricted. Atrophy of adjacent muscles.

Heart - borders are not dilated. Tachycardia - 110-120 per 1 min. Gentle systolic murmur at the apex.

The liver protrudes from under the rib arch by 6 cm, the spleen by 2 cm. The physiological functions were not disturbed.

Questions.

1. Formulate a presumptive diagnosis.
2. What are the clinical signs that support the diagnosis?
3. What laboratory tests are needed to confirm the diagnosis?
4. What results can be expected in the intended investigations?

GUIDELINES FOR ORGANISING AND CARRYING OUT COURSEWORK

The time allocated for independent work is used by students for:

- Studying the topics (issues) for independent study;
- problem solving;
- research and creative assignments;
- preparing thematic reports, essays, presentations;
- completing practical assignments;
- designing information and demonstration materials (stands, posters, charts, tables, newspapers, etc.);
- compilation of thematic selection of literary sources, internet sources;
- Duty in health care organisations;
- compiling a review of scientific literature on the issues of the class.
- preparation of lectures, discussions with patients on the prevention of cardiovascular diseases and the formation of a healthy lifestyle;
- compilation of case studies on the topic of the class.

The main methods of organising independent work:

- making a presentation;
- Studying topics and problems that are not covered in the classroom;
- preparation and participation in active forms of learning.

List of SIW tasks:

- study of clinical guidelines (examination and treatment protocols for children) with systemic connective tissue diseases.
- drawing up situational tasks on the topic of the class:

Juvenile idiopathic arthritis,
systemic lupus erythematosus,
Juvenile scleroderma,

- write prescriptions for the main groups of drugs used in cardio-rheumatology:
- Perform a research paper on the topic of the class.

GUIDELINES ON THE ORGANISATION AND IMPLEMENTATION OF THE GSSS

The recommended forms of MSDS organisation are:

1. preparation of reports, abstracts on proposed topics;
2. preparation of multimedia presentations on the proposed topics;
3. peculiarities of the hemogram of children of different ages with systemic connective tissue diseases;
4. solving situational tasks on the topic of the class.

List of GSSS tasks:

1. Prepare a report, abstract, multimedia presentation on the proposed topic:

- Systemic vasculitis.
- Raynaud's syndrome.
- Antiphospholipid syndrome 2.

2. Solution of hemograms on the topic of the class.

- Write a haemogram of a 3-year-old child with juvenile idiopathic arthritis.
- Write a haemogram of a 13-year-old child with juvenile idiopathic arthritis.
- Write hemogram of a 15-year-old child with systemic lupus erythematosus.
- Write a haemogram of a 7-year-old child with haemorrhagic vasculitis.

3. **Solving situational tasks:**

Task №1.

Boy I., 1 year 2 months old, is admitted to the ward with complaints of decreased

Alyosha, 5 years old. Complaints: rash on the skin of the torso and limbs, recurrent abdominal pain. The rash appeared 3 days ago, but parents did not pay attention to it, did not see a doctor, the boy continued to go to school and sports club. Since yesterday his mother noticed that the rash became much more abundant, he slept restlessly at night and woke up because of abdominal pain. He had an acute respiratory infection a fortnight ago and was treated as an outpatient.

Objectively: state of moderate severity, pronounced abdominal pain, subfebrile temperature, the rash on skin of upper and lower extremities, mainly on extensor surface, in the area of buttocks, on auricles. The rash is prominent above the skin surface, does not disappear on pressing, is symmetrical, there are areas of confluent rash with necrosis in the centre, on the feet. Mucous membranes of the mouth are clean. Joints are not deformed, active and passive movements in full. No pathology in the lungs and heart, pulse 98 per min. BP 110/70, abdomen of usual configuration, involved in the act of breathing, soft on superficial palpation, diffuse painfulness, symptoms of peritoneal irritation negative. The liver and spleen were not enlarged. The stool was black in the morning, clear, urinated regularly.

Blood: R-4.2×1012/l, platelets -245×109/l, Hv-134 g/l, leukocytes-10.8×109/l, P-8%, C-60%, E-4%, L-22%, M-6%, sed rate-32 mm/hour.

Duration of bleeding according to Duke 3 min.

Urinalysis without pathology.

Assignment .

1. Formulate and substantiate a presumptive diagnosis.

2. Name additional symptoms to clarify the diagnosis and explain the methodology for identifying them.

3. Describe the scope of pre-hospital care and the rules of transportation to the destination.

4. Draw up a plan of diagnostic investigations in the hospital, tell about the preparation of the patient for them and the principles of treatment.

5. Emergency treatment technique for arterial bleeding.

Task №2.

Patient R., 6 years old, comes to the hospital as an emergency case with complaints of pain, impaired motion, and swelling of the left knee and ankle joints.

The patient was known to have had an acute respiratory infection 2 weeks ago with conjunctivitis. This morning she was unable to stand on her left leg. On examination at the hospital, the girl is in moderate condition. The child is limping on her left leg, limping. The skin is physiologically coloured and there are no catarrhal signs. There was a moderate increase in the anterior and posterior cervical lymph nodes. Breathing is vesicular, no rales.

Borders of the heart: right - on the right edge of the sternum, upper - on the third rib, left - on the left midclavicular line. Heart tones are rhythmic, sonorous, no murmurs, heart rate 92 per 1 min. The abdomen is soft, painless on palpation, liver and spleen are not enlarged. There is local temperature increase, increase in volume, painfulness and significant limitation of movement in the left knee and ankle joints.

General blood count: Hv - 118 g/l, leukemia.- L - 10.0x109 /l, E - 2%, P/L - 4%, S - 42%, L - 49%, M - 3%, SLE - 20 mm/hr.

General urinalysis: relative density - 1018, protein, glucose - absent, leukocytes - 1-3vp/z, erythrocytes - absent.

Biochemical blood count: total protein - 78 g/l, total bilirubin - 20.0 µmol/l, indirect bilirubin - 18.0 µmol/l, ALT - 32 U/l, ACT - 30 U/l, urea - 4.5 mmol/l.

Assignment .

1. Formulate and justify a preliminary diagnosis.
2. What tests will need to be performed to confirm the diagnosis.
3. Carry out the differential diagnosis.
4. What is the next course of action for the child.

Task №3.

A 13-year-old girl 3. was admitted for examination with complaints of polyarthralgia for the last 4 months, increased fatigue, facial rash, periodic subfebrile fever up to 37.3-37.8°C.

Past medical history: the onset of the disease was associated with an acute respiratory infection with high fever. Already with persisting subfebrile fever, the girl vacationed in the summer in Crimea, after which the complaints increased.

It is known from her life history that before the present disease she grew and developed normally, was ill 2-3 times a year with colds, which were relatively mild.

On admission the condition was of medium severity. The patient was of normal build and had satisfactory nutrition. Her skin was pale. Pale erythematous-desquamatous elements on the face, mainly on the cheeks and bridge of the nose, palm capillaritis. There are joint changes in the form of swelling and moderate pain in the wrist, elbow and ankle joints, with full range of motion. Axillary, posterior cervical and cubital lymph nodes are moderately enlarged. Breathing is vesicular, no rales. The boundaries of relative cardiac tautness: right - on the right edge of the sternum, upper - on the third rib, left - 1 cm inside the left midclavicular line. The heart tones were somewhat muffled, rhythmic, heart rate - 68 bpm, no murmurs. The abdomen is soft, painless, liver and spleen are not enlarged. The stool was regular, urination was not disturbed.

General blood count: er.- 3.2x1012/l, Hv - 92 g/l, blood clots.- 90x109 /l, leukemia.- 2.5×109/l, E - 2%, P/L - 2%, S - 62%, L - 31%, M - 3%, SLE - 45 mm/hr.

General urinalysis: urine density - 1012, protein - 0.33 µg/l, leukocytes - 3-4 w/w, erythrocytes - 20-25 w/w.

Biochemical blood work: total protein - 63 g/l, albumin - 46%, globulin: alpha 1 - 5%, alpha 2 - 12%, beta - 5%, gamma - 32%, ALT - 32 units/l, ACT - 25 units/l, urea - 4.5 mmol/l, creatinine - 98 mmol/l.

Zimnitsky's test: urine relative density: 1006-1014, daytime diuresis - 320, night-time diuresis - 460.

Endogenous creatinine clearance - 80 ml/min.

Assignment .

Justify and formulate a preliminary diagnosis. 2.

2. What other tests had to be done.

4. Differential diagnosis.

5. Treatment plan.

Task №4.

A child with a reliable diagnosis of systemic lupus erythematosus has a pronounced pathological process in the form of arthritis, polyserositis, nephritis, with edema, arterial hypertension (180/110 mm Hg). Presented condition started two months ago.

Questions.

1. Formulate the diagnosis correctly and completely.
2. Specify the necessary remedies and doses of pathogenetic therapy in this patient.
3. List the possible complications of their use.

Task № 5.

A 12-year-old boy came to the department with complaints of knee joint pain, lameness, morning stiffness, and increased body temperature.

The medical history showed that the child had been ill since he was 5 years old when he had been suffering from flu and had been suffering from knee joint pain. The boy was repeatedly treated in the hospital. During the last 2 years he did not receive any basic therapy.

Condition worsened 3 days ago: body temperature increased and both knee joints became swollen. On admission the condition was serious: body temperature 38˚C. Skin was clean and normal colour. There were no catarrhal signs. Knee joints are enlarged, hot, synovitis in the upper wrist, limitation of active and passive movements, gait disturbance. Stiffness in the morning for 1-2 hours. Breathing in the lungs is vesicular, BP - 20 per minute. Borders of the heart: right border of the right sternum, upper one - along the third rib, left one centimeter inside the left midclavicular line. Heart tones were rhythmic, sonorous, no murmurs. The heart rate was 96 per minute. The abdomen is soft and painless on palpation. The liver is at the edge of the rib cusp. The stools are clear. He urinated regularly, painlessly.

General blood count: Hb - 110 g/l; Rhe - 3.8×1012/l; Lke - 15.0×109/l; p - 4%; s - 64%; e - 2%; l - 27%; m - 3%; SLE - 46 mm/hour.

General urinalysis: specific gravity - 1014, protein - 0.033‰, leukemia. - 2-3 in p/z, no red blood cells.

Biochemical blood tests: total protein - 83 g/l, albumin - 48%, globulins: alpha 1 - 11%; alpha 2 - 10%; beta - 5%; gamma - 26%; seromucoid - 0.6; ALT - 32 U/l; ACT - 45 U/l; urea 4.5 mmol/l; RF - negative; CRP - 20 mg/l;

Radiography of knee joints: epiphyseal osteoporosis, narrowing of the joint gap.

Examination by an ophthalmologist: eye fundus without pathology.

Task:

1. Formulate the diagnosis.
2. What further investigations should be done on the patient.
3. Draw up a treatment plan. Write a prescription for methotrexate.

Task №6.

A 14-year-old girl admitted for examination with complaints of polyarthralgia for the last 3 months, prolonged subfebrile fever, increased fatigue.

Past medical history: the onset of the disease is associated with an acute respiratory infection with high fever. Before the present illness was rarely ill (2-3 times a year). Her condition was moderate. Regular build, satisfactory nutrition. Her skin was pale. Erythematous-desquamatous elements on face, mainly on cheeks and bridge of nose. There are joint changes in the form of swelling and moderate pain in the wrist and ankle joints. Axillary, posterior cervical lymph nodes are moderately enlarged. Vesicular breathing in the lungs. Boundaries of the OST are not dilated. Heart sounds are loud and rhythmic. The abdomen is soft, b/w. The liver and spleen are not enlarged. Her stools are clear. Urine is b/w.

General blood count: Hb - 100 g/l; Rhe - 4.2×1012/l; Tromb. - The blood count was 90×109/l; L, 1.5×109/l; p, 2%; s, 62%; e, 2%; l, 31%; m, 3%; SLE, 50 mm/hour.

Biochemical blood tests: total protein - 83g/l; seromuclide - 0.8; LLT - 32 U/l; AST - 25 U/l; urea - 4.5 mmol/l; creatinine - 98 mmol/l.

General urine analysis: specific gravity - 1012, protein - 0.339, leukocytes - 3-4 in p / l, red blood cells - 20-25 in p / l.

Task:

1. Justify the preliminary diagnosis.
2. List the diagnostic criteria for this disorder.
3. Analyse the haemogram.

Task №7.

A 10-year-old boy has been re-admitted to the ward. He complained of increased body temperature, morning stiffness and joint pain.

The medical history shows that the disease started at the age of 3 years old with knee joint involvement. Subsequently other joints were involved in the pathological process. The patient had not received basic therapy for 2 years. On admission the patient's condition was severe, defiguration and swelling of interphalangeal and wrist joints, limitation of movements in the right hip joint were noted. Breathing in the lungs is vasicular. Heart sounds are loud and rhythmic.

General blood count: Íb - 110 g/l; R - 4.2×1012/l; L - 15×109/l; p - 4%; s - 44%; e - 2%; l - 47%; m - 3%; SLE - 46 mm/hour.

Biochemical blood tests: total protein - 82g/l; seromuclide - 0.8; LLT - 32 U/L; AST - 50 U/L; urea - 4 mmol/l.

R of the knee joint - epiphyseal osteoporosis, narrowing of the joint gap.

Blood test for CK - 80 UD.

General urine analysis: specific gravity - 1014, protein - 2-3 per p/z, no erythrocytes.

Task:

1. Formulate and substantiate the diagnosis.
2. What specialist consultations are needed for this disease?
3. Draw up a treatment plan. Write a prescription for prednisolone.

Task№ 8.

A 9-year-old girl was admitted to the hospital with complaints of pinkish-purple spots on the posterior surface of the thighs and in the lumbar region. These complaints had been bothering her for several months. On examination the borders of the lesions are indistinct, 3-5 cm in size. To the touch they are edematous, dense in texture and lacking hair growth. It is difficult to fold the skin around the lesions.

Breathing in the lungs is vesicular, BP - 18 per min. Boundaries of the OST percussion are normal. Heart tones are loud, rhythmic, BP - 115/60 mm Hg, heart rate - 84 per min. The abdomen is soft, b/w. The liver and spleen are not enlarged. Stool and urination were normal.

General blood count: BW - 115 g/l; RR - 4.0×1012/l; CP. - 0.86; L - 9×109/l; platelets - 280×109/l; SLE - 18 mm/hour; b - 1%; e - 4%; n - 5%; s - 48%; l - 37%; m - 5%.

Blood chemistry: total protein - 78 g/l, ɣ-glob.,/ - 24%, seroglycoids - 0.3 units, RF - Negative, CRP - Negative, ALT - 28 units/l, AST - 40 units/l.

Urinalysis: specific gravity - 1023, s/yellow, leukocytes - 2-3 in p/l.

Task:

1. Formulate a diagnosis.
2. What additional tests will need to be done?
3. Draw up a treatment plan. Write a prescription for Cuprenil.

3. Test control

1. The most likely aetiological factors causing systemic lupus erythematosus are:
1. viruses;
2. medications;
3. hyperinsolation;
4. injuries;
5. vaccination.
2. a higher risk of developing systemic lupus erythematosus is characteristic of:
1. males;
2. women;
3. individuals with hereditary complement deficiency;
4. individuals with immunoglobulin G deficiency.

3. Drugs that provoke the development of SLE can include:
1. corinfar;
2. panangin;
3. prednisolone;
4. sulfonamides;
5. penicillin.
4. Laboratory criteria for the diagnosis of SLE include:
1. reduced complement titer;
2. increased levels of rheumatoid factor;
3. detection of a large number of LE cells;
4. increased level of ASL-O;
5. increased level of antibodies to DNA.
5. Which antibodies play the main role in pathogenesis of systemic lupus erythematosus?
1. antibodies to RNA polymerase;
2. antibodies to native DNA;
3. antiplatelet antibodies;
4. antinuclear antibodies.
6. The most characteristic changes in the peripheral blood count in systemic lupus erythematosus are:
1. leukopenia;
2. leukocytosis;
3. increased sedimentation rate;
4. lymphopenia;
5. lymphocytosis;
6. haemolytic anaemia.
7. The most characteristic skin changes in SLE are:
1. erythema on the face in the form of a "butterfly";
2. erythema anulare;
3. urtic rash;
4. bullous rash.
8. When the lungs are affected, SLE patients most often show:
1. pleurisy;
2. bronchitis;
3. pneumonia;
4. pneumonitis.
9. Cardiac involvement in SLE is characterized by the predominant development of:
1. myocarditis;
2. pericarditis;
3. endocarditis.
10. Joint syndrome in systemic lupus erythematosus is characterized by:
1. morning stiffness;
2. ankylosis;
3. deformities due to involvement of periarticular tissues (tendovaginitis.).

11. The drugs of choice in the treatment of SLE are:
1. non-steroidal anti-inflammatory drugs;
2. cytostatics;
3. gold medications;
4. corticosteroids.
12. Factors predisposing to the development of JRA are:
1. Down's disease;
2. signs of connective tissue dysplasia;
3. the presence of HLA DR4 antigens.
13. Factors provoking the development of JRA are:
1. hyperinsolation;
2. hypothermia;
3. viral infections;
4. vaccination;
5. all of the above.
14. Still's syndrome in Jura is characterised by:
1. isolated joint syndrome;
2. joint syndrome and eye involvement;
3. joint syndrome with internal organ involvement.
15. Wissler-Fanconi subsepsis is characterized by:
1. fever;
2. polymorphic rash; 3;
3. polyarthritis;
4. lymphoadenopathy;
5. hepatolienal syndrome.
16. The main differences between the joint syndrome in rheumatism and the joint syndrome in JRA are:
1. morning stiffness;
2. volatile pain;
3. involvement of small joints;
4. arthritis lasting up to 2 weeks;
5. arthritis lasting more than 2 weeks.
17. The drug of choice for basal therapy in Jura patients is:
1. auronofin;
2. methotrexate; 3;
3. azothiaprine;
4. indomethacin.
18. Early signs of dermatomyositis include:
1. renal amyloidosis;
2. para-orbital erythema and oedema;
3. myocarditis;
4. muscle weakness.
19. Early signs of systemic scleroderma include:
1. muscle weakness;
2. joint syndrome;

3. Raynaud's syndrome;
4. dense swelling of the skin.
20. The main drugs for the treatment of dermatomyositis are:
1. non-steroidal anti-inflammatory drugs;
2. antibiotics;
3. cytostatics;
4. corticosteroids.
21. Kawasaki disease is characterized by:
1. fever for more than 5 days;
2. bilateral catarrhal conjunctivitis;
3. changes of lips, oral mucosa;
4. erythema of the palms and soles, peeling of the fingers;
5. polymorphic exanthema;
6. non-pulmonary cervical lymphadenitis;
7. coronary and endocarditis;
8. all of the above.
Answers: 1-1,2,3,5; 2-2,3; 3-1,4,5; 4-1,3,5; 5-2; 6-1,3,4,6; 7-1; 8-1,4; 9-2; 10-3; 11-4; 12-2,3; 13-5; 14-3; 15-1,2,4,5; 16-2,4; 17-2; 18-2,4; 19-2,3,4; 20-4; 21-8.

Forms of GSSSperformance monitoring:
1. checking and evaluating the abstract on a given topic;
2. checking and evaluating the correctness of solutions, haemograms, situational tasks;
3. test control.

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