Зміст
What is the most common microorganism that causes pediatric infectious myocarditis?

- Streptococcus viridans
- Tuberculosis
- Staphylococcus aureus
- E. coli
- Adenovirus

Which of the following answers is the most severe clinical manifestation commonly found in pediatric myocarditis?

- Myocardial infarction
- Heart failure
- Pericarditis
- SLE
- None of the above

An ill-appearing 2-week-old girl is brought to the emergency room. She is pale and dyspneic with a respiratory rate of 80 breaths per min. Heart rate is 195 beats per min, heart sounds are distant, and a gallop is heard. There is cardiomegaly by x-ray. An echocardiogram demonstrates poor ventricular function, dilated ventricles, and dilation of the left atrium. An electrocardiogram shows ventricular depolarization complexes that have low voltage. The diagnosis suggested by this clinical picture is

- Myocarditis
- Endocardial fibroelastosis
- Pericarditis
- Aberrant left coronary artery arising from pulmonary artery
- Glycogen storage disease of the heart

At prophylactic examination of 14-years old boy with asthenic build and thin chest at auscultation systolic murmur is founded. Any complaints are absence. The heart borders are not changed. What is the most likely diagnosis?

- Prolapse of mitral valve
- Myocarditis
- Cardiomyopathy
- Child is health
- Rheumatic fever, mitral stenosis

A 12-year’s old girl entered to the cardiologic department with the signs of carditis. Two a week ago she was ill from the acute tonsillitis. What is the most common etiologic factor that causes carditis in this case?

- Pneumococcus
- Staphylococcus
- Klebsiela
- Streptococcus
- Proteus spp.

A 12-years old boy during 5 days was ill from ARVI. At examination a pediatrician founded expansion of the heart to the left, at auscultation- weakening of I tone on an apex, rhythm of gallop, short systolic murmur. On EKG are extrasystoles, inverted T waves. What is the most likely diagnosis?

- Myocarditis
- Rheumatic fever
- Cardiomyopathy
- Bacterial endocarditis
- Functional extrasystoles

A 10-years-old girl after ARVI complaints on a heart’s pain and shortness of breath at the physical training. At examination: a skin is pale. Left border of the heart is on 1 cm from the middle-clavicle line, weakening of cardiac tones, systolic murmur. HR is 124/min, AP-90/60 of mm Hg. In blood: anemia of I degree, moderate leucocytosis, eosinophilia. EKG: tachycardia, low-voltage QRS complexes, displacement of ST segment. The described symptoms are characterized for:

- Non rheumatic carditis
- Pericarditis
- Bacterial endocarditis
- Endocardial fibroelastosis
- Rheumatic carditis

A 5-years-old child two weeks ago was ill from the acute tonsillitis. Complaints on a bad appetite, interrupted sleep. Examination reveals HR 100/min. How to estimate this index?

- Tachycardia
- Bradicardia
- Normally by the age
- Respiratory arrhythmia
Paroxysmal tachycardia

A 7-years-old boy through 2 days after ARVI had arisen body temperature to 37,5 °С. Complaints on the shortness of breath, pain in heart. At examination skin is pallor, tachycardia, weakening of I tone, short systolic murmur at 3-4 left intercostals space. What is the most probable diagnosis?
- Non rheumatic carditis
- Rheumatic heart disease
- Myocardial dystrophy
- Tetralogy of Fallot
- Cardiomyopathy

A 5-days-old child was born from the first physiological pregnancy, in the second half of which a mother was ill on flu. At examination is marked: the decline of motor activity, pallor of skin, circumoral and circumorbital cyanosis, increasing during feeding. At percussion is founded increase of heart borders in all of sides, at auscultation- tachycardia, HR 170/min, heart tones are weakened. Tachypnea to 60/min. Hepatomegaly. There is cardiomegaly by chest X-ray. On EKG the signs of hypertrophy of myocardium of ventricles are registered, arrhythmias and disturbance of conductivity. What diagnosis is most probable?
- Attack of rheumatic fever
- Non rheumatic myocarditis
- Patent ductus arteriosus
- Constrictive pericarditis
- Bacterial endocarditis

A child with chronic carditis, cardiac insufficiency IIA that is being treated with digoxin has got progressing bradycardia, nausea, vomiting, dizziness, sleep disorders. ECG results: extrasystole, PQ-0,18. What is the most probable cause of this condition?
- Acute enteric infection
- Hypokaliemia
- Atrioventricular heart block of the I degree
- Pulmonary edema
- Cardiac glycosides overdose or intolerance

A 9-month-old infant accidentally ingests an unknown quantity of digitalis. The most important noncardiac manifestation of toxicity in this infant is:
- Fever
- Dizziness
- Vomiting
- Visual disturbances
- Urticaria

In an infant the major clinical manifestation of digitalis toxicity would be:
- Headache
- Dizziness
- Vomiting
- Visual disturbances
- Anorexia

A 10-year-old boy had a sore throat about two weeks ago but did not tell anyone. Since several children have been diagnosed with viral myocarditis in the area, his mother is worried that he may be at risk as well. You tell her that several criteria must be met to make the diagnosis but that the most common finding is
- Bradicardia
- Erythema marginatum
- Increase of cardiac size
- Systolic murmur on an apex
- Subcutaneous nodules

The first step in management of the child with the Streptococcus myocarditis is:
- Intramuscular or oral penicillin, inpatient admission
- Intravenous immunoglobulin (IVIG) and high-dose aspirin, inpatient admission
- Nonsteroidal anti-inflammatory medication, outpatient follow-up
- Blood cultures, intravenous vancomycin, inpatient admission
- Viral titers, use recombinant interferon, outpatient follow-up

Which of the following ECG change is associated with acute myocarditis?
- Displacement of ST
- All listed
- Inverted T wave
- Low-voltage QRS complexes
- Extrasystoles

All the following are finding at auscultation in children with acute myocarditis EXCEPT:
- Third heart sound
-Weakening I tone
-Tachycardia
-Systolic murmur on an apex
-Amplify I tone

To 5-year-old child with myocarditis, cardiac insufficiency II A is appointed Digoxin. During what time is necessary to enter the dose of satiation, if chosen a method of moderate digitalization?

1. -During days
2. -During day
3. -During days
4. -During days
5. -During days

To 5-year-old child with myocarditis, cardiac insufficiency II B is appointed Digoxin. During what time is necessary to enter the dose of satiation, if chosen a method of long-term digitalization?

1. -During days
2. -During day
3. -During days
4. -During days
5. -During days

All the following statements are true for myocarditis in children EXCEPT:
- Treatment always must include steroid drugs
- Body temperature can be normal
- ECG can be without changes
- The children of any age are ill
- Cardiac pain can absent

Choose the criteria of efficiency of cardiac glycosides:
- Increase of systolic heart volume
- Increase of heart rate
- Improvement of AV-conductivity
- Decrease of diuresis
- All listed

What is the coefficient of elimination of digoxin?
- 7%
- 15%
- 20%
- 40-50%
- 30-35%

The first step in management of the child with the viral myocarditis is:
- Intramuscular or oral penicillin
- High-dose of aspirin orally
- Nonsteroidal anti-inflammatory medication
- Intravenous meropenem
- Use recombinant interferon

Level of what cardiac enzymes increased in blood at children with acute myocarditis?
- ALAT
- LDG
- Alkaline phosphatase
- Amylase
- All listed

Major criteria of reumatic fever are:
- Fever
- AS-O titer
- Arthralgia
- Chorea
- Prolonged PQ interval on ECG

All are major criteria of reumatic fever EXCEPT:
- Arthralgia
- Chorea
- Subcutaneous nodules
- Polyarthritis
- Carditis
A 15-year-old boy is brought by his mother for evaluation of fever. All of the following would suggest the diagnosis of acute rheumatic fever EXCEPT:
- Rapid, involuntary, purposeless movements
- Migratory polyarthritis
- Subcutaneous nodules
- A rash on the trunk and proximal extremities
- Shortened PR interval on ECG

A 17 y.o. patient complains of acute pain in the knee joint and t° 38°C. He was ill with angina 3 weeks ago. Objectively: deformation and swelling of the knee joints with skin hyperemia. Small movement causes an acute pain in the joints. Which diagnose is the most correct?
- Rheumatoid arthritis
- Infectious-allergic polyarthritis
- Systemic lupus erythematoses
- Reactive polyarthritis
- Rheumatism, polyarthritis

A 10 y.o. boy was ill with angina 2 weeks ago, has complaints of joint pain and stiffness of his left knee and right elbow. There was fever (38,5°) and ankle disfunction, enlargement of cardiac dullness by 2 cm, tachycardia, weakness of the 1st sound, gallop rhythm, weak systolic murmur near apex. What diagnosis corresponds with such symptoms?
- Reiter's disease
- Acute rheumatic fever
- Reactive arthritis
- Systemic lupus erythematoses
- Juvenile rheumatoid arthritis

About rheumatic fever, what statements is wrong:
- Chorea can be develop with other major criteria
- Chorea is self-limited
- Carditis is the most serious manifestation
- Arthritis is polyarticular and migratory in nature
- Joint involvement is the least presenting picture

All of the following are included in the revised Jones Major criteria EXCEPT:
- New murmur (carditis)
- Migrating polyarthritis
- Chorea
- Maculopapular rash
- Subcutaneous nodules

A 7 year old girl presents with a tender and swollen right knee as well as a more recently appearing swollen left wrist. She also has a fever. This patient fulfills which of the following modified Jones criteria?
- 1 Major 1 minor
- 1 Major 2 minors
- 2 Majors
- 2 Minors
- 1 Major only

A 16-years-old child presents with fever, irritability, poor feeding, tachycardia, weakness of the 1st sound, gallop rhythm, deformation and swelling of the knee joints. The throat culture demonstrates gram-positive cocci. The most likely pathogen is
- Listeria monocytogenes
- Group A streptococcus
- Group B streptococcus
- Streptococcus pneumoniae
- Staphylococcus aureus

The group A b-hemolitic streptococcus may trigger an attack of acute rheumatic fever when it:
- Spreads via the blood stream
- Causes a preceding upper respiratory infection
- Lodges in the myocardium
- Invades the joints
- Enters through a skin infection

A 10-year-old Bangladesh refugee presents with joint pain. Which of the following findings would make the diagnosis of acute rheumatic fever very likely?
- An elevated antistreptolysin-O titer
- A combination of carditis and migratory polyarthritis
- Enlargement of the heart
- A history of low-grade fever and limb pain
- All listed
Acute rheumatic fever may cause which of the following disorders EXCEPT?
- Mitral valve abnormalities
- Involuntary (choreiform) movements
- Myocarditis
- Chronic joint disease
- Subcutaneous nodules

A 17 y.o. girl is ill with rheumatic disease with composite mitral disease with prevalence of the stenosis of left venous foramen. Complains of palpitation, fatigability, progressing dyspnea, attacks of dyspnea and hemoptysis. Now she cannot be engaged even in the easy activities. What tactics is the most expedient?
- Conduction of current bicilino-prophilaxis
- Prescription of anticoagulants
- Prescription of venous vasodilataators
- Prescription of diuretics
- Mitral comissurotomia

Patient present with carditis and rheumatic fever is given penicillin as prophylactic for:
- One month during acute attack
- For 25 years old
- One year
- Five years
- Six month during acute attack

Patient present with carditis and evidence of residual heart damage on the base of rheumatic fever is given penicillin as prophylactic for:
- One month during acute attack
- For 25 years old
- One year
- Five years
- For life

Salicylates are directed primarily at what symptom in acute rheumatic fever?
- Rash
- Fever
- Arthritis
- Chorea
- Carditis

Corticosteroids are directed primarily at what symptom in acute rheumatic fever?
- Rash
- Fever
- Arthritis
- Chorea
- Severe Carditis

What of the following manifestations of acute rheumatic fever is not relieved by salicylate or steroid therapy?
- Carditis
- Abdominal pain
- Arthritis
- Chorea
- Fever

Subcutaneous nodules in rheumatic fever occur in:
- 10 %
- 30 %
- 100 %
- 2-5 %
- 15-25 %

The most common heart defect in children with acute rheumatic fever is:
- Mitral insufficiency
- Mitral stenosis
- Aortal stenosis
- Aortal insufficiency
- Stenosis of tricuspid valve

Which of the following is the most important procedure in the laboratory diagnosis of acute rheumatic fever?
- Blood count
- Urine analysis
Choose the usual dose of aspirin in 10 y.o. boy with acute rheumatic fever:
- 50 mg/kg/daily divided qid PO for 4 wk
- 500 mg/kg/daily divided qid PO for 8 wk
- 5 mg/kg/daily once a day PO for 2 wk
- 15 mg/kg/daily twice a day PO for 3 wk
- 50 mg/kg/daily once a day i.m. for 2 wk

Choose the correct dose of prednisolone in child with congestive heart failure as a result of severe rheumocarditis:
- 5 mg/kg/d
- 1-2 mg/kg/d
- 10 mg/kg/d
- 100 mg/kg/d
- 50 mg/kg/d