Pediatrics_5_course.doc

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Зміст

Pediatrics 5 course
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For more likely to develop diabetes:
+ school-age children
- children of aged 3-5 years
- children of first year

Diabetes is the result:
+ autoimmune destruction of beta-cells
- monoviremia
- hyperplasia of pancreas
- hypothyroidism

By the early signs of insulin deficiency include:
+ postprandial hyperglycemia
- hyperglycemia an empty stomach

Lack of insulin causes:
+ gluconeogenesis
- using of glucose
- synthesis of glycogen
- absence of gluconeogenesis

Enter signs anabolic insulin in the liver, muscle and adipose tissue:
+ lipogenesis
- glycogenolysis
- gluconeogenesis
- lipolysis
- ketogenesis

By contrinsular hormones include:
+ glucagon
- calcitonin
- antidiuretic hormone

Enter the correct position:
+ epinephrine reduces the synthesis of insulin
- contrinsular hormones promote glucose utilization and elimination
- glycosuria occurs at lower levels of antidiuretic hormone glucagon and

Glycosuria develops in plasma glucose levels:
+ > 10.2 mmol / l
- > 7.8 mmol / l
- < 20.5 mmol / l

Hyperglycemia results:
+ to hyperosmolarity of plasma and urine
- to hyperosmolarity of plasma and hypoosmolarity of urine

?
To manifest symptoms of diabetes include:
+ polyuria
- obesity

The diagnosis of diabetes is established on the basis of:
+ glycosuria
- hypoglycemia
- dysproteinemia

Specify the symptoms of diabetes:
+ weight loss
- bad appetite
- fructosuria
- eczema

Enter signs "impaired glucose tolerance":
+ no fasting hyperglycemia
- fasting hyperglycemia
- glycosuria
- normal rate of glucose 2 hours after a meal

Add a child in need of insulin in the early stages of diabetes:
+0.5 U / kg / day
-0.75-0.8 IU / kg / day
-0.75-1 IU / kg / day
-0.1-0.2 IU / kg / day

Add value day and night doses of insulin in diabetes:
+2: 1
-1: 2
-1: 3
-3: 1

Enter daily need for insulin in diabetes unfolded:
+ 0.75-1.0 IU / kg
-0.5-0.75 U / kg
-0.1-0.5 U / kg
-1.5-2.0 U / kg

Add a short-acting insulin:
+ humorap
-humofan
-insulin Lente

Specify the average insulin action:
-humorap
-ultralente
-SU-insulin
+ insulin Lente

What applies to long-acting insulins:
+ ultralente
-humorap
-insulin Lente

Determine the mode of insulin:
+ mode corresponds to the physiological insulin secretion
-insulin administered 30 minutes after each meal
-mode insulin determined the need for it

Greatest high hyperglycemia characteristic of:
+ hyperosmolar coma
- cetoacidotic coma
- lactateacidotic coma
- hyperglycemic coma

? 
Seizures are most characteristic of:
- hyperosmolar coma
- cetoacidotic coma
- lactateacidotic coma
+ hypoglycemic coma

? 
Affiliation ketone bodies in urine +++ characteristic:
- hyperosmolar coma
+ cetoacidotic coma
- lactateacidotic coma
- hypoglycemic coma

? 
Gradual onset and development characteristic of coma:
- hyperosmolar coma
+ cetoacidotic coma
- lactateacidotic coma
- hypoglycemic coma

? 
Elevated levels of serum K is characteristic of:
- hyperosmolar coma
+ cetoacidotic coma
- lactateacidotic coma
- hypoglycemic coma

? 
Cells of bone marrow stroma are:
+ fibroblast
- myelocyte
- granulocyte

? 
Cells of parenchyma of bone marrow are:
+ myeloblast
- fibroblast
- osteoblast

? 
What is the product of differentiation of megakaryocytic line of hematology:
+ thrombocyte
- erythrocyte
- monocyte
- plasmocyte

? 
Precursor element of granulocyte line is:
+ myeloblast
- lymphoblast
- monoblast
- osteoblast

? 
Precursor element of monocyte line is:
- plasmoblast
- myeloblast
+ monoblast
- normoblast

? 
Plasmatic factors of blood coagulation include:
+ fibrinogen
- thrombocytic thromboplastin

? 
What complains are typical for leukemia debut of children?
+ asthenic complains
- complains on lymphadenopathy
- complains on nasal hemorrhages
- complains on ache at left hypochondrium
Diagnosis of leukemia is rightful if blast content at bone marrow is:
+ >25%
- >5%
- >15%
- >50%

Direct signs of acute leukemia at children are:
+ presence of blast cells in blood
- leukemic gap
- pancytopenia
- acceleration of ESR

What cytostatic preparations are used for treatment of acute leukemia of children?
+ vincristin, rubomycin, L-asparaginase, cytozar
- imuran, asatyoprine, fluorouracil
- natulane, novembichine

Main syndrome of acute leukemia is:
+ anemic
- hyperthermic
- hypoglycemic
- aplastic

What diagnosis of leukemia is not correct?
+ chronic lymphoblast leukemia
- chronic myeloblast leukemia
- acute lymphoblast leukemia
- acute myeloblast leukemia

Typical symptoms triad of hemolytic anemia of Minkovskiy-Shoffar is:
+ skin paleness, jaundice, splenomegaly
- skin hemorrhage, nasal bleeding, splenomegaly
- skin paleness, jaundice, conjugated hyperbilirubinemia

What laboratory changes in case of congenital microspherocytic anemia are:
+ anemia, reticulocytosis, normoblasts appearance, increase of unconjugated bilirubin
- anemia, increase of rate of conjugated bilirubin, urobilinuria
- anemia, leukocytosis, ESR increase, increase of rate of conjugated bilirubin

Point the features of erythrocyte morphology in case of Minkovskiy-Shoffar disease:
+ microspherocytosis
- macrospherocytosis
- ovalocytosis
- target- alike erythrocytes

Splenectomy effect in case of Minkovskiy-Shoffar disease is:
+ save of microspherocytes in the bloodstream
- elimination of defected erythrocytes
- deceleration of susceptibility to intercurrent diseases

Absolute indications for splenectomy in case of Minkovskiy-Shoffar disease are:
+ aplastic crisis
- absence of effect of glucocorticoid usage
- decrease of osmotic stability of erythrocytes

Complication of Minkovskiy-Shoffar disease is:
+ calculous cholecystitis
- hemorrhage to cerebrum
- thrombosis of pulmonary artery

Differential signs of jaundice in case of Minkovskiy-Shoffar disease are:
+ unconjugated hyperbilirubinemia, absence of bile pigments in urine, urobilinuria
- unconjugated hyperbilirubinemia, presence of bile pigments in urine, urobilinuria
For Minkovskiy-Shoffar disease is typical:
+ decrease of minimal osmotic erythrocyte resistance
- osmotic erythrocyte resistance is normal
- decrease of maximal osmotic erythrocyte resistance

Morphologic characteristic of erythrocytes in case of Minkovskiy-Shoffar disease is:
+ deceleration of medium diameter of erythrocytes
- corpuscular volume is decreased
- erythrocyte size is normal

Congenital spherocytosis is cause by:
+ increase of erythrocytes lysis, that have membrane defect
- enzymatic anomaly of erythrocytes
- violations of hemoglobin structure
- violations of hemoglobin synthesis

Point typical clinical syndromes of acute leukosis:
+ hyperplastic
- hemolytic
- icteric
- hypoplastic

Point main qualitative differences of hemoglobin of fetus:
+ precedence of fetal hemoglobin
- precedence of Hb A

Point humoral stimulators of leukopoiesis:
+ colony-stimulating factor
- lactoferrine
- prostaglandins
- burst-forming factor

Point humoral stimulators of erythropoiesis:
+ erythropoietin
- thrombopoietin
- prostaglandins
- lactoferrin

Point humoral stimulators for T-lymphopoiesis:
+ T-growth factor
- erythropoietin
- lactoferrin
- burst-forming factor

Point quantitative features of red blood of newborn:
+ accelerated holding of hemoglobin
- normal holding of erythrocytes
- decreased holding of erythrocytes
- normal holding of hemoglobin

Point qualitative features of red blood of newborn, except:
+ adult hemoglobin precedence
- macrocytosis
- poikilocytosis
- anisocytosis
- presence of immature forms of erythrocytes
- increase of rate of reticulocytes
- high level of fetal hemoglobin

What is medium content of hemoglobin in the newborn blood?
+ 180-240 g/l
- 120-160 g/l
What is medium content of erythrocytes in the newborns blood?
+5,4-7,2х10^12/l
-4,5-5,5х10^12/l
-3,5-4,5х10^12/l
-7,5-8,5х10^12/l

Point medium duration of erythrocytes life in the newborns blood:
+12 days
-30 days
-5 days
-90 days

Point medium duration of erythrocytes life in blood of older children:
+up to 4 month
-5 days
-12 days
-1 month

Point typical features of white blood of newborns:
+shift of leukocytic formula to the left
-leukopenia
-shift of leukocytic formula to the right
-lymphocytosis

What is the leukocytes amount in blood of child before 5 days of life?
+18-20х10^9/l
-4,5-6,5х10^9/l
-8-10х10^9/l
-12-16х10^9/l

Point percentage proportion of lymphocytes in blood at the 5th day of life:
+40-45%
-60-80%
-20-30%
-55-60%

Point age periods of decussation in leukocytic formula:
+5-6 days and 5-6 years
-1-2 months and 3-4 years
-10-12 years and 12-14 years

Amount of what cells is changed at dicussation of leukocytic formula?
+neutrophiles and lymphocytes
-eosinophils
-basophils

What is the medium diameter of erythrocytes normally?
+7-8 mkm
-4-5 mkm
-9-10 mkm
-12-15 mkm

What is the medium thickness of erythrocytes normally?
+1,9-2,1 mkm
-3-4 mkm
-5-6 mkm
-10-12 mkm

What is the medium capacity of erythrocytes normally?
+87 cub. mkm
-100 cub. mkm
What is the medium proportion of diameter and thickness of erythrocytes normally?
+3,4-3,9
-1,9-2,1
-5,5-6,5
-4,1-5,3

For antenatal pneumonia characterized by:
+ hematogenic penetration of the pathogen
-bronchogenic penetration of the pathogen
-aerogenic penetration of the pathogen

For intranatal pneumonia characterized by:
-hematogenic penetration of the pathogen
+ bronchogenic penetration of the pathogen
-aerogenic penetration of the pathogen

Risk factors for pneumonia occurrence of intrapartum not include:
+ penchant for spitting and vomiting
- long anhydrous period
- prematurity
- perinatal injury of CNS
- acute infections during childbirth

Risk factors for pneumonia occurrence of intrauterine not include:
+ repeatedly chiropractic research in labor
- chronic infectious diseases in the mother
- acute infectious diseases during pregnancy

The causative agent of pneumonia antenatal often are:
+ Chlamidia tr.
-Str. agalacticae
-St. aureus
-E. coli
-hryby of Candida

The causative intrapartum pneumonia often are:
-Chlamidia Tr.
-Str. agalacticae
-St. aureus
+ E. coli
-fungus of Candida

The causative agent of pneumonia is often ventilator-associated:
-Mycoplasma pn.
+ Pseudomonas aeruginosa
-Chlamidia tr.
-Str. agalacticae
-St. aureus
-E. coli
-fungus of Candida

In the treatment of Candida pneumonia in infants preferred:
+ deflyukan
- cefotaxime
- kanamycin
- amikacin
- tien

When pneumonia associated with HIV infection is mandatory usage:
+ biseptol
Feature of infusion therapy in acute pneumonia in newborns is to use:
- 5% albumin solution
- solution of reopolyglukine
- 10% albumin solution
- furosemide 4-5 mg / kg 2-3 times a day

Add a daily dose of gentamicin for neonates:
- 5.7 mg / kg
- 50 mg / kg
- 10 mg / kg
- 10 th. IU / kg
- 3-5 mg / kg

Add a daily dose of ampicillin for newborns:
- 100 t. IU / kg
- 10 th. IU / kg
- 500 mg / kg
- 5 mg / kg

Add a dose of erythromycin for newborns:
- 15 mg / kg
- 150 mg / kg
- 10 mg / kg
- 100 mg / kg

The main diagnostic criterion chorioamnionitis are:
- body temperature above 37.8 degr. C
- heart rate of fetus 160
- bad smell of amniotic fluid
- mother’s heart rate more than 100

"Problem" in terms of the formation of antibiotic resistant strains believe everything except:
- netilmicin
- ampicillin
- gentamicin
- ceftriaxone

With proven presence of methicillin-resistant Staphylococcus aureus or Staphylococcus epidermal should be used:
- vancomycin
- fortum
- unazine
- cefuroxime
- maxipim

By antistaphylococcal penicillins to be used in hospital infection in infants include:
- nafcillin
- azlocillin
- oksacillin
- penicillin

Add a dose and route of administration of vancomycin for term infants:
- 40 mg / kg / day intravenously 2 times as slowly
- 20 mg / kg / day intramuscular 2 times
- 100 mg / kg / day intravenously 2 times as slowly
- 15 mg / kg / day intravenously 2 times as slowly
- 50 mg / kg / day intravenously 2 times as slowly

Add a dose and route of administration of vancomycin for preterm infants:
-40 mg / kg / day intravenously 2 times as slowly
-20 mg / kg / day intramuscular 2 times
-100 mg / kg / day intravenously 2 times as slowly
+15 mg / kg / day intravenously 2 times as slowly
-50 mg / kg / day intravenously 2 times as slowly
?

The boy was born at 32 weeks of gestation. 2 hours after birth appeared respiratory disorders. Their taste scale of Silverman - 5 points. In the dynamics of the respiratory disorder progresses, respiratory failure is not lifted after conducting SBCPP(spontaneous breathing under constant positive pressure). X-ray:lung reticular-nodosa mesh, air bronchogram. What causes the syndrome of respiratory disorders?
- segmental atelectasis
- congenital emphysema
- swollen-hemorrhagic syndrome
- bronchopulmonary dysplasia
+ disease hyaline membranes
?

The body weight of a newborn baby - 2000, the gestation of 30 weeks. After 3 hours after birth have shortness of breath, acrocyanosis. Objective: BH - 80 for 1 min, expiratory noises, HR - 186 for 1 min. Percussion: the sound is shortened, heard and crepitus. The doctor suspected RDS. What research is most likely to confirm the diagnosis?
- measurement of HELL
- blood
- biochemical study of blood serum
+ radiography respiratory
- electrocardiography
?

Stimulate surfactant synthesis:
+ cortisol
- albumin
- insulin
- heparin
- theophylline
?

Inhibit the synthesis of surfactant:
+ heparin
- carbohydrates
- theophylline
- cortisol
- thyroxine
?

Products antiselection substances is carried out by:
+ pneumocyte type II
- cells RES
- pneumocyte I type
- baclofen cells
- mesenchymal cells
?

Differentiation light ends:
+ neonatal period
- by 28 weeks of gestation
- at the time of birth
- 38 week of gestation
- by 26 weeks of gestation
?

The main criterion for the effectiveness of oxygen therapy in RDS are:
+ saturation of blood oxygen 91-95%
- partial pressure of oxygen 40-60 mmHg
- the oxygen concentration in inhaling air 60%
- oxygen saturation 81-85%
- oxygen saturation 61-65%
?

Complication of long uncontrolled oxygenotherapy are:
+ bronchopulmonary dysplasia
-haemorrhagic syndrome
-hypertensive syndrome
-toxic shock
-convulsive syndrome

Apply the mixture with the oxygen concentration of 80% during the AVL when RDS is possible for:
+2-3 hours
-6-10 hours
-24 hours
-can be used long-term
-used in the initial resuscitation

Apply the mixture with the oxygen concentration of 60% during the AVL when RDS is possible for:
-2-3 hours
+6-10 hours
-24 hours
-can be used long-term
-used in the initial resuscitation

Apply the mixture with the oxygen concentration of 30% during the AVL when RDS is possible for:
-2-3 hours
-6-10 hours
-24 hours
+can be used long-term
-used in the initial resuscitation

Apply the mixture with the oxygen concentration of 100% during the AVL when RDS is possible for:
-2-3 hours
-6-10 hours
-24 hours
-can be used long-term
+applied when initial resuscitation

The temperature of the air-oxygen mixture during the oxygen therapy in RDS should be:
+31-34 degrees Celsius
-24-26 degrees Celsius
-36-38 degrees Celsius
-36-38 degrees Fahrenheit
-20-24 degrees Celsius

Determining the ratio of lecithin/sphingomyelin in the amniotic fluid is conducted to:
+assessment of fetal lung maturity
-excluding malformations
-determination of the degree post-terming
-confirmation of multiple pregnancy
-determination of the degree of prematurity

In a premature baby born at 34 weeks of gestation, after 4 o'clock After birth see tachypnea, breathing type swings, depression of the sternum, expiratory noise. BH - 80 for 1 min auscultation of the lungs: breathing weakened with irregular occasional wheezing. On the X-ray of lungs: air bronchogram and nodose-reticular mesh. What is the most likely diagnosis?

-syndrome of massive aspiration meconium plug
+RDS(disease of hyaline membranes)
-birth trauma
-atelectasis of the lungs
-pneumonia of newborn

The baby was born the second of premature births weighing 1800 with on course Apgar scale of 7 points on a scale Silverman - 3 points. After 2 hours After birth the child's condition deteriorated. The child began to moan, have shortness of breath, perioral and acrocyanosis. Exhale difficult to understand.
Percussion: light over tympanitis, auscultatory - broken crepitus. Tachycardia. What is the most likely diagnosis?
- aspiration pneumonia
- broncholate dysplasia
+ respiratory distress syndrome
- perinatal CNS damage
- intrauterine pneumonia
?

The baby was born the third of births with a weight of 1200 g per gestational period. During pregnancy with anemia, the threat of termination. A few hours after birth were diagnosed with respiratory distress syndrome. What is the most optimal treatment?
- oxygenotherapy
- intravenous glucose infusion
- intravenous saline infusion
+ inhaled surfactant
- antibiotic therapy
?

In a child aged 2 days, born at 32 weeks gestation, weighing 1700, there are changes in the respiratory system, which appeared in 8 h after birth. The mother is the third pregnancy, second births, abortions were not. The first child died from RDS. Objective: score on a scale of Silverman - 6 points, breathing with a broken rhythm, apnea, loud breath, nodding during breathing, decreased muscle tone. Breathing moderately weakened, many rales on both sides. On radiographs of the chest: nodose-reticulosa grid. What causes the syndrome of respiratory disorders in a child?
- swollen-hemorrhagic syndrome
- intrauterine pneumonia
- diaphragmatic hernia
+ respiratory distress syndrome
- atelectasis of the lungs
?

The baby was born at the gestational period of the 34th week in a serious condition. Presenters were symptoms of breathing disorders: sonorous long exhalation, the participation of additional muscles in breathing, the presence of crepitus against the hard breathing. Assessment on a scale of Silverman at birth - 0 points, 3 PM - 6 points with available clinical data. What diagnostic method will allow you to set the type of pneumopathy the child?
- immunological research
- the clinical analysis of blood
- proteinogram
+ x-ray examination of the chest
- determination of gas composition of blood
?

The baby was born extremely prematurely born. After the birth of her grow symptoms of respiratory distress, General swelling, trebuchet moist rales over the lower lobes of the right lung. With 2 days added multiple extravasation, bloody foam from his mouth. On the radiograph: atelectasis of the lower lobe of the right lung. In blood: HB - 100 g/l, NT - 45%. Sparkling diagnosis is most likely?
- disease of hyaline membranes
+ swollen-hemorrhagic syndrome
- syndrome of disseminated intra-vascular coagulation
- congenital pneumonia
- pulmonary edema
?

Prematurity is a newborn, gestational age at birth is:
+ less than 37 weeks
- less than 38 weeks
- less than 36 weeks
- less than 40 weeks
- more than 38 weeks
?

Term is considered a newborn, gestational age at birth is:
- 36-38 weeks
- 38-40 weeks
+ 37-41 week
- 35-36 weeks
- 40-42 weeks
Overdue is a child, gestational age at birth is:
- more than 40 weeks
- more than 38 weeks
+ more than 42 weeks
- more than 37 weeks
- less than 40 weeks

Transient hypoglycemia is diagnosed in newborns when the level of blood glucose:
- less than 5.2 mmol/l
- less than 3.2 mmol/l
+ less than 2.2 mmol/l
- less than 6.2 mmol/l
- less than 4.2 mmol/l

The normal concentration of calcium in blood serum in children is:
+ 2.5 to 2.7 mmol/l
- 2.8-3.5 mmol/l
- 0.8-2.2 mmol/l
- 3.5-4.2 mmol/L.
- 4.2 to 4.5 mmol/l

The normal concentration of magnesium in the blood serum in children is:
+ 0.7 to 0.9 mmol/l
- 0.2-0.6 mmol/l
- 0.3 to 0.5 mmol/L.
- 1.7-2 mmol/l
- 2.9-3.2 mmol/l

Normal level of bilirubin concentrations in umbilical cord blood is considered:
+ 26-34 µmol/l
- 30-50 µmol/l
- 25 µmol/l
- 24-28 µmol/l
- 48-60 µmol/l

The yellow color of the skin when transitory of jaundice in full-term newborns appears when the concentration of indirect bilirubin reaches:
- 30 µmol/l
+ 50 µmol/l
- 40 µmol/l
- 85 µmol/l
- 60 µmol/l

The yellow color of the skin when transitory jaundice in preterm infants appears when the concentration of indirect bilirubin reaches:
- 30 µmol/l
- 50 µmol/l
- 70 µmol/l
+ 85 µmol/l
- 60 µmol/l

Hypocalcaemia in newborn is diagnosed when the level of calcium serum:
- less than 2.2 mmol/l
- less than 2.0 mmol/L.
+ less than about 1.75 mmol/l
- less than 3.2 mmol/l
- less than 4.2 mmol/l

The hypomagnesemia of newborn is diagnosed when the level of calcium serum:
- less of 0.65 mmol/l
- less than 0.7 mmol/l
+ less of 0.62 mmol/l
less than 0.8 mmol/l
- less than 0.9 mmol/l
?

To transient loss of initial body weight in newborns can bring all the factors, except:
- dehydration
- the mother hypogalactia
- hypothermia
- hyperthermia
+ restructuring in connection with hypoxemia in childbirth
?

In premature newborn less common:
 transient jaundice
- uric acid heart attack
- hypothermia
- hypoglycemia
+ sexual crisis
?

Transient jaundice is less common at all, except:
+ premature
- children, early attached to the breast
- newborns with sexual crisis
- in children from mothers with diabetes
- in overmature children
?

The pathogenesis of transient hyperbilirubinemia associated with:
- increased formation of bilirubin
- reduced functional capacity of the liver
+ all the answers correct
?

Transient dysbiosis occurs:
+ all newborns
- in premature newborns
- newborns who were separated from their mothers
- in overmature children
- immature infants
?

To the transient characteristics of renal function in newborns include all except:
- transient oliguria
+ transient anuria
- transient proteinuria
- uric acid heart attack
- transient hematuria
?

For the transitional circulation is characterized by all except:
- increased pressure in the pulmonary circulation
- functioning of the ductus arteriosus
+ transient increase contractility of the right ventricle
- functioning of the oval holes
- persisted fetal communication
?

For physiological hyperbilirubinemia is not typical:
- appears after 36 hours of life
- occurs due to the indirect fraction
- does not require assignment of phototherapy
+ is accompanied by lethargy and loss of appetite
- gradually disappears within the first week of life
?

For pathological hyperbilirubinemia is characterized by:
- appears after 36 hours of life
+ appears in the first 24 hours of life
- does not require assignment of phototherapy
- general the state is not broken

Laboratory criteria for the syndrome polycythemia consider:
+ hemoglobin more than 220 g/l, hematocrit more of 0.65, the red blood cells more than 5,5x10^12/l
- hypotension (less than 50 mm RT. Art.)
- hemoglobin less than 150 g/l, hematocrit lower than 0.4, the red blood cells less than 4,5x10^12/l
- hemoglobin more than 160 g/l, hematocrit above 0,45, erythrocytes 3,5x10^12/l
- leukocytosis

Diagnostic criteria of renal failure in the newborn are:
+ oligo - or anuria (urine output less than 15 ml/kg per day)
- polyuria
- oligo - or anuria (urine output less than 25 ml/kg per day)
- azotemia (urea more than 4 mmol/l, creatinine > 50 µmol/l)
- proteinuria

Which of the following is not included in the concept of “sexual crisis”?
+ uric acid heart attack
- breast engorgement
- desquamative vulvovaginitis
- bleeding from the vagina

What position relative to the physiological neonatal jaundice is wrong:
+ hyperbilirubinemia has direct
- often develops on the third day, and disappears on seventh day
- does not require treatment
- hyperbilirubinemia has indirect
- no anemia

The exchange of gases (oxygen and carbon dioxide) between the fetus and mother is:
+ between the two liquids
- between gas and liquid
- on the basis of active transport
- between the two gases
- on the basis of passive transport

Proteins and amino acids delivered to the fetus through the placenta by:
+ active transport
- diffusion
- osmosis
- passive transport
- facilitated diffusion

Growth hormone deficiency and loss of function of tropic hormones not characteristic:
+ selective option deficiency of growth hormone
- organic option deficiency of growth hormone
- idiopathic option deficiency of growth hormone
- panhypopituitarism

Growth hormone deficiency and loss of function of tropic hormones characteristic of:
- selective option deficiency of growth hormone
- psychological dwarfism
+ idiopathic growth hormone deficiency variant
- Turner’s syndrome

Production of growth hormone is not broken at:
+ primordial dwarfism
- selective growth delay
- idiopathic growth delay
- psychological dwarfism
For the full version of idiopathic growth deficiency are not typical next symptoms:
+ increased intracranial pressure
- proportional growth deficit
- there is no growth jump
- bony age behind chronological
- hypothyroidism
?
For selective deficiency of growth hormone is not typical:
+ hypocortisism
- proportional growth deficit
- height in girls without treatment is 125 cm
- bony age behind chronological
?
For an isolated deficiency of growth is not typical:
+ sexual abuse of growth
- area of growth closed
- bony age behind chronological
- height in girls without treatment is 125 cm
?
Exogenous-constitutional obesity develops:
+ at an early age
- in older age
?
For exogenous-constitutional obesity is characterized by:
+ even distribution of subcutaneous fat
- uneven distribution of body fat
- cyanotic, marble skin
- folliculosis on the outside of the thigh, shoulders, buttocks
- pink striae
?
For diencephalic (hypothalamus) obesity is characterized by:
+ uneven distribution of body fat
- steady distribution of subcutaneous fat
- pink, clean skin
?
Progression of exocrine-constitutional characteristic of obesity:
+ girls puberty
- girls
- boys puberty
- boys
?
The lack of growth hormone shows his level:
+ below 7 IU / l
- below 10 IU / l
- below 5 IU / l
- above 15 IU / l
?
In conducting the test catecholamine levels of growth hormone than 7 IU / l. This indicates:
+ selective deficiency of growth hormone
- particle deficiency of growth hormone
- Laron`s dwarfism
- full deficiency of growth hormone
?
For the treatment of pituitary dwarfism norditropin by subcutaneous injection administered at a dose:
+ 2.3 IU / m^2 body surface 6-7 times a week
- 0.2-0.3 IU / m^2 body surface 6-7 times a week
- 2-3 IU / m^2 body surface 3-4 times a week
- 0.007-0.1 IU / m^2 body surface 6-7 times a week
?
Destructive changes in the hypothalamus or pituitary gland to lead to endocrine-dependent delay variations in growth:
+ 90% of cases
Genetic defects of growth hormone or somatoliberin lead to a delay in growth: 
+ 10% of cases
-30% of cases
-50% of cases
-70% of cases
-90% of cases
?
The normal value of STH is:
- below 5 ng / ml
- below 10 ng / ml
+ above 15 ng / ml
?
Most reliable criterion for obesity WHO
+ BMI
- weight - height index
- measuring waist and hips perimeter
- measuring subcutaneous fat folds
?
Leptin resistance with excess leptin characteristic of:
+ exogenous-constitutional obesity
- hypothalamic obesity
?
Increase of hormones which is important in the pathogenesis of obesity:
+ estrogen
- thyroxine
- progesterone
- STH
- AHTH
?
What is excess body weight is characteristic of I st. obesity:
+ 10-30%
-30-50%
-50-100%
-more 100%
-5%