Олена Костянтинівна Редько
Зміст
3. Педіатрічний профіль

An 8 year old child has low-grade fever, arthritis, colicky abdominal pain and a purpuric rash localized on the lower extremities. Laboratory studies reveal a guaiac-positive stool, urinalysis with red blood cell (RBC) casts and mild proteinuria, and a normal platelet count. The most likely diagnosis is:

- Henoch-Schonlein's vasculitis
- Systemic lupus erythematosus (SLE)
- Rocky Mountain spotted fever
- Idiopathic thrombocytopenic purpura
- Poststreptococcal glomerulonephritis

A young man has painful indurations in the peripapillary regions of both mammary glands. The most reasonable action will be:

+ To leave these indurations untouched
- To remove them
- To cut and drain them
- To take an aspirate for bacterial inoculation and cytology
- To administer steroids locally

A 9 year old girl with a history of intermittent wheezing for several years is brought to the pediatrician. The child has been taking no medications for some time. Physical examination reveals agitation and perioral cyanosis. Intercostal and suprasternal retractions are present. The breath sounds are quiet, and wheezing is audible bilaterally. The child is admitted to the hospital. Appropriate interventions might include all of the following EXCEPT:

+ Prescribe nebulized cromolyn sodium
- Prescribe intravenous aminophylline
- Administer supplemental oxygen
- Prescribe intravenous corticosteroids
- Prescribe nebulized metaproterenol

Routine examination of an otherwise healthy child with a history of bronchial asthma reveals AP of 140/90 mm Hg. The most likely cause of the hypertension is:

+ Renal disease
- Theophylline toxicity
- Chronic lung disease
- Coarctation of the aorta
- Obesity

Patient with thyreotoxicosis is in the 2 beds hospital ward of therapeutic department. The area of the ward is 18 m², height 3 m, ventilation rate 2,5/hr. Air temperature - 20°C, relative humidity - 45%, air movement velocity - 0,3 m/s, light coefficient - 1/5, noise level - 30 dB. Do hygienic evaluation of the conditions meet the standards?

+ Discomfortable microclimate
- Non-effective ventilation
- Poor lighting
- High level of noise
- All conditions meet the requirements

The child is 11 m.o. He suffers from nervous-arthritic diathesis. The increased synthesis of what acid is pathogenic at nervous-arthritic diathesis?

+ Uric acid
- Acetic acid
- Phosphoric acid
- Hydrochloric acid
- Sulfuric acid

A 10-year-old child complains of fever (temperature is 39°C), frequent painful urination (pollakiuria). Urine test: proteinuria (0,066 g/L), leukocyturia (entirely within eyeshot), bacteriuria (105 colony forming units/mL). What is the most probable diagnosis?

+ Acute pyelonephritis
- Acute glomerulonephritis
A 8-year-old boy has suffered from tonsilitis. In 2 weeks he started complaining of migratory joint pain, edema of joints, restriction of movements, fever. On examination, an acute rheumatic heart disease, activity of the III-rd degree, primary rheumocarditis, polyarthritis; acute course of disease, cardiovascular failure IIA. What medication is to be prescribed?
+Prednisone
+Cefazolin
+Delagil
+Diprazinum
+Erythromycin

The 10 y.o. boy has complains on headache, weakness, fever 40°C, vomiting, expressed dyspnea, pale skin with flush on right cheek, lag of right hemithorax respiratory movement, dullness on percussion over low lobe of right lung, weakness of vesicular respiration in this zone. The abdomen is painless and soft at palpation. Which disease lead to these symptoms and signs?
+Pneumonia croupousa
+Intestinal infection
+Acute appendicitis
+Acute cholecystitis
+Flu

A patient with acute respiratory viral infection (3rd day of disease) complains of pain in lumbar region, nausea, dysuria, oliguria. Urinalysis - hematuria (100-200 RBC in eyeshot spot), specific gravity - 1002. The blood creatinin level is 0,18 millimole/l, potassium level - 6,4 millimole/l. Make the diagnosis:
+Acute interstitial nephritis
+Acute renal failure
+Acute glomerylonephritis
+Acute cystitis
+Acute renal colic

A neonate was born from the 1st gestation on term. The jaundice was revealed on the 2nd day of life, then it became more acute. The adynamia, vomiting and hepatomegaly were observed. Indirect bilirubin level was 275μmol/L, direct bilirubin level - 5μmol/L, Hb - 150 g/l. Mother's blood group - 0(I), Rh⁺, child’s blood group- A(II), Rh⁺. What is the most probable diagnosis?
+Hemolytic disease of the neonate (ABO incompatibility), icteric type
+Jaundice due to conjugation disorder
+Hepatitis
+Physiological jaundice
+Hemolytic disease of the neonate (Rh – incompatibility)

A baby boy was born in time, it was his mother's 1st pregnancy. The jaundice was revealed on the 2nd day of life, then it progressed. The adynamia, vomiting and hepatomegaly were presented. The indirect bilirubin level was 275 mcmol/L, the direct bilirubin level - 5 mcmol/L, Hb- 150 g/L. Mother's blood group - 0(I), Rh⁺, child’s blood group - A(II), Rh⁺. Make a diagnosis.
+Hemolytic disease of newborn (ABO incompatibility), icteric type
+Jaundice due to conjugation disorder
+Hepatitis
+Physiological jaundice
+Hemolytic disease of newborn (Rh - incompatibility)

A 3 month old infant suffering from acute segmental pneumonia has dyspnea (respiration rate - 80 per minute), paradoxical breathing, tachycardia, total cyanosis. Respiration and pulse - ratio is 1:2. The heart dullness under normal size. Such signs characterise:
+Respiratory failure of III degree
+Respiratory failure of I degree
The 7 m.o. infant is suffering from acute pneumonia which was complicated by cardiovascular insufficiency and respiratory failure of II degree. The accompanied diagnosis is malnutrition of II degree. Choose the best variant of therapy:
+ Ampiox and Amicacin
- Macropen and Penicillin
- Penicillin and Ampiox
- Gentamycin and Macropen
- Ampiox and Polymixin

A 3 year old child has been suffering from fever, cough, coryza, conjunctivitis for 4 days. He has been taking sulfadimethoxine. Today it has fever up to 39°C and maculopapular rash on its face. Except of rash the child's skin has no changes. What is your diagnosis?
+ Measles
- Allergic rash
- Rubella
- Scarlet fever
- Pseudotuberculosis

A 2 year old girl has been ill for 3 days. Today she has low grade fever, severe catarrhal presentations, slight maculopapular rash on her buttocks and enlarged occipital lymph nodes. What is your diagnosis?
+ Rubella
- Measles
- Adenoviral infection
- Pseudotuberculosis

A 3 year old boy fell ill abruptly: fever up to 39°C, weakness, vomiting. Haemorrhagic rash of various size appeared on his lower limbs within 5 hours. Meningococcemia with infective - toxic shock of the 1 degree was diagnosed. What medications should be administered?
+ Chloramphenicol succinate and prednisone
- Penicillin and prednisone
- Penicillin and immunoglobulin
- Chloramphenicol succinate and interferon
- Ampicillin and immunoglobulin

A 7 year old girl has mild form of varicella. Headache, weakness, vertigo, tremor of her limbs, ataxia, then mental confusion appeared on the 5th day of illness. Meningeal signs are negative. Cerebrospinal fluid examination is normal. How can you explain these signs?
+ Encephalitis
- Meningitis
- Meningoencephalitis
- Myelitis
- Neurotoxic syndrome

A 7 y.o. girl fell ill abruptly: fever, headache, severe sore throat, vomiting. Minute bright red rash appear in her reddened skin in 3 hours. It is more intensive in axillae and groin. Mucous membrane of oropharynx is hyperemic. Greyish patches is on the tonsills. Submaxillary lymph nodes are enlarged and painful. What is your diagnosis?
+ Scarlet fever
- Measles
- Rubella
- Pseudotuberculosis
- Enteroviral infection

An 8-year-old boy fell ill acutely: he presents with fever, weakness, headache, abdominal pain, recurrent vomiting, then diarrhea and tenesmus. Stools occur 12 times daily, are scanty, contain a lot of mucus, pus, streaks of blood. His sigmoid gut is tender and
hardened. What is your diagnosis?
+ Dysentery
- Salmonellosis
- Cholera
- Staphylococcal gastroenteritis
- Escherichiosis

The child has complains of the “night” and “hungry” abdominal pains. At fibroscopy in area a bulb of a duodenum the ulcerative defect of 4 mms diameter is found, the floor is obtected with a fibrin, (H.p +). Administer the optimum schemes of treatment:
+ Omeprasole - Trichoplum - Claritromicin
- De-nol
- Maalox - Ranitidin
- Vicalinum - Ranitidin
- Trichoplum

A woman delivered a child. It was her fifth pregnancy but the first delivery. Mother's blood group is A(II)Rh-, newborn’s - A(II)Rh+. The level of indirect bilirubin in umbilical blood was 58 micromole/l, haemoglobin - 140 g/l, RBC- 3,8*10^{12}/l. In 2 hours the level of indirect bilirubin turned 82 micromole/l. The hemolytic disease of newborn (icteric-anemic type, Rh-incompatibility) was diagnosed. Choose the therapeutic tactics:
+ Replacement blood transfusion (conservative therapy)
- Conservative therapy
- Blood transfusion (conservative therapy)
- Symptomatic therapy
- Antibiotics

A mother with an infant visited the pediatrician for expertise advice. Her baby was born with body weight 3,2 kg and body length 50 cm. He is 1 year old now. How many teeth the baby should have?
+ 8
-10
-12
-20
-6

A mother consulted a pediatrician about her son. Her son was born with body mass of 3 kg and length of 48 cm. He's 1 year old now. What is the required normal mass?
+10,5 kg
-9,0 kg
-11,0 kg
-12,0 kg
-15,0 kg

6 m.o. infant was born with body's mass 3 kg and length 50 cm. He is given natural feeding. How many times per day the infant should be fed?
+5
- 7
- 6
- 8
- 4

Infant is 6,5 months now and is given natural feeding since birth. Body mass was 3,5 kg, with length 52 cm at birth. How many times per day the supplement (up feeding) should be given?
+2
- 3
- 1
- 0
- 4

A 2 month old healthy infant with good appetite is given artificial feeding since he turned 1 month old. When is it recommended to start the corrective feeding (fruit juice)?
An infant was born with body mass 3 kg and body length 50 cm. Now he is 3 years old. His brother is 7 years old, suffers from rheumatic fever. Mother asked the doctor for a cardiac check up of the 3-year-old son. Where is the left relative heart border located?
+1 cm left from the left medioclavicular line
-1 cm right from the left medioclavicular line
Along the left medioclavicular line
-1 cm left from he left parasternal line
-1 cm right from the left parasternal line

A boy of 7 y.o. had an attack of asthma and distant whistling rales after playing with a dog. In the medical hystory: atopic dermatitis caused by eating eggs, chicken, beef. What group of allergens is the reason of the development of bronchial astma attacks?
+Epidermal
- Dust
- Pollen
- Itch mite
- Chemical

A 14-year-old boy has rheumatism. Over the last 2 years he has had 3 rheumatic attacks. What course of rheumatism does the patient have?
+Prolonged
-Acute
-Subacute
-Latent
-Persistent-recurrunt

The patient with aquired heart failure has diastolic pressure of 0 mm Hg. What heart failure does the child have?
+Aortal insufficiency
-Mitral stenosis
-Aortal stenosis
-Mitral insufficiency
-Rheumatism

A 12 year old child has the ulcer disease of stomach. What is the etiology of this disease?
+Intestinal bacillus
-Helicobacter pylory
-Salmonella
-Lambliosis
-Influenza

A nine year old child is at a hospital with acute glomerulonephritis. Clinical and laboratory examinations show acute condition. What nutrients must not be limited during the acute period of glomerulonephritis?
+Carbohydrates
-Salt
-Liquid
-Proteins
-Fats

An 18-month-old child was taken to a hospital on the 4-th day of the disease. The disease began acutely with temperature 39, weakness, cough, breathlessness. He is pale, cyanotic, has had febrile temperature for over 3 days. There are crepitative fine bubbling rales on auscultation. Percussion sound is shortened in the right infrascapular region. X-ray picture shows non-homogeneous segment infiltration 8-10 mm on the right, the intensification of lung pattern. Your diagnosis:
+Segmentary pneumonia
-Grippe
A 9-year-old girl has attacks of abdominal pain after fried food. No fever. She has pain in Cera point. The liver is not enlarged. Portion B (duodenal probe) - 50 ml. What is your diagnosis?
+ Biliary tracts dyskinesia, hypotonic type
- Hepatocirrhosis
- Acute colitis
- Chronic duodenum
- Peptic ulcer

A baby was born at 36 weeks of gestation. Delivery was normal, by natural way. The baby has a large cephalohematoma. The results of blood count are: Hb- 120 g/l, Er- 3,5*10^{12}/l, total serum bilirubin - 123 mmol/l, direct bilirubin - 11 mmol/l, indirect - 112 mmol/l. What are causes of hyperbilirubinemia in this case?
+ Erythrocyte hemolysis
- Intravascular hemolysis
- Disturbance of the conjugative function of liver
- Bile condensing
- Mechanical obstruction of the bile outflow

A 4-month-old girl with blond hair and blue eyes has "mousy" odor of sweat and urine, delayed psychomotoric development. The most typical laboratory data for this disorder is:
+ Positive urine ferric chloride test
- High level of oxyproline in urine
- High level of glycosaminoglycans in urine
- High concentration of chlorides in sweat
- Low level of thyroid gland hormones in blood

A neonate is 5 days old. What vaccination dose of BCG vaccine (in mg) is necessary for vaccination of this child?
+ 0,05 mg
- 0,025 mg
- 0,075 mg
- 0,1 mg
- 0,2 mg

A 7 y.o. boy with chronic sinusitis and recurrent pulmonary infections has chest X-ray demonstrating a right-sided cardiac silhouette. What is the most likely diagnosis?
+ Kartagener syndrome
- Cystic fibrosis (mucoviscidosis)
- Bronchiolitis obliterans
- Laryngotracheomalacia
- $\alpha$-antitrypsin deficiency

A 2,9-kg term male infant is born to a mother who developed polyhydramnios at 34 weeks' gestation. At birth, the Apgar scores were 9 and 9. The infant develops choking and cyanosis with the first feed. In addition, is unable to place a nasogastric tube. What is the most likely diagnosis?
+ Esophageal atresia
- Choanal atresia
- Laryngomalacia
- Tracheal atresia
- Respiratory distress syndrome

A 4 year old girl was playing with her toys and suddenly she got an attack of cough, dyspnea. Objectively: respiration rate - 45/min, heart rate - 130/min. Percussion revealed dullness of percutory sound on the right in the lower parts. Auscultation revealed diminished breath sounds with bronchial resonance on the right. X-ray picture showed shadowing of the lower part of lungs on the right. Blood analysis revealed no signs of inflammation. The child was diagnosed with foreign body in the right bronchus. What
complication caused such clinical presentations?
+ Atelectasis
- Emphysema
- Pneumothorax
- Bronchitis
- Pneumonia

Full term newborn has developed jaundice at 10 hours of age. Hemolytic disease of newborn due to Rh-incompatibility was diagnosed. 2 hours later the infant has indirect serum bilirubin level increasing up to 14 mmol/L. What is most appropriate for treatment of hyperbilirubinemia in this infant?
+ Exchange blood transfusion
- Phototherapy
- Phenobarbital
- Intestinal sorbents
- Infusion therapy

A man, 42 years old, died in a road accident after the hemorrhage on the spot, because of acute hemorrhagic anemia. What minimum percent of the whole blood volume could result in death by acute hemorrhage?
+ 25-30%
- 6-9%
- 10-14%
- 15-20%
- 35-50%

A 6 week old child is admitted because of tachypnea. Birth had been uneventful, although conjunctivitis developed on the third day of life and lasted for about 2 weeks. Physical examination reveals tachypnea, bilateral inspiratory crackles and single expiratory wheezing. Bilateral pneumonia is evident on chest X-ray. The child is afebrile and has no history of fever. White blood cell count is 15*10^9/l, with 28% of eosinophils. The most likely cause of this child's symptoms is:
+ Clamydia trachomanis
- Pneumocystis carinii
- Mycoplasma pneumoniae
- Visceral larva migrans
- Varicella

A 6 y.o. asthmatic child was taken to the emergency hospital because of severe coughing and wheezing for the last 24 hours. Physical examination reveals that the child is excitable, has intercostal and suprasternal retractions, expiratory wheezing throughout all lung fields, RR- 60/min. Initial treatment may include the prescription of:
+ Subcutaneous epinephrine
- Parenteral phenobarbital
- Intravenous fluids in the first 2 h to compensate water deficiency
- N-acetyl cysteine and cromolyn by inhalation
- Parenteral gentamycin

A full term infant was born after a normal pregnancy, delivery, however, was complicated by marginal placental detachment. At 12 hours of age the child, although appearing to be in good health, passes a bloody meconium stool. For determining the cause of the bleeding, which of the following diagnostic procedures should be performed first?
+ Barium enema
- An Apt test
- Gastric lavage with normal saline
- An upper gastrointestinal series
- Platelet count, prothrombin time, and partial thromboplastin time

In the 43rd week of gestation a long, thin infant was delivered. He is apneic, limp, pale, and covered with "pea soup" amniotic fluid. The first step in the resuscitation of this infant at delivery should be:
+ Suction of the trachea under direct vision
- Artificial ventilation with bag and mask
A newborn infant has mild cyanosis, diaphoresis, poor peripheral pulse, hepatomegaly and cardiomegaly. Respiratory rate is 60 breaths per minute, and heart rate is 230 beats per minute. The child most likely has congestive heart failure caused by:
+ Paroxysmal atrial tachycardia
- A ventricular septal defect and transposition of the great vessels
- Atrial flutter and partial atrioventricular block
- Hypoplastic left heart syndrome
- A large atrial septal defect and valvular pulmonary stenosis

A 6-year-old boy was brought to the emergency room with a 3-hour history of fever up to 39.5°C and sore throat. The child looks alert, anxious and has a mild inspiratory stridor. You should immediately:
+ Prepare to establish an airway
- Obtain an arterial blood gas and start an IV line
- Order a chest x-ray and lateral view of the neck
- Examine the throat and obtain a culture
- Admit the child and place him in a mist tent

A 7 d.o. boy is admitted to the hospital for evaluation of vomiting and dehydration. Physical examination is otherwise normal except for minimal hyperpigmentation of the nipples. Serum sodium and potassium concentrations are 120 meq/L and 9 meq/L respectively. The most likely diagnosis is:
+ Congenital adrenal hyperplasia
- Pyloric stenosis
- Secondary hypothyroidism
- Panhypopituitarism
- Hyperaldosteronism

A 7 y.o. boy has crampy abdominal pain and a rash on the back of his legs and buttocks as well as on the extensor surfaces of his forearms. Laboratory analysis reveals proteinuria and microhematuria. He is most likely to be affected by:
+ Anaphylactoid purpura
- Systemic lupus erythematosus
- Poststreptococcal glomerulonephritis
- Polyarteritis nodosa
- Dermatomyositis

A 5-year-old boy was progressively getting worse compared to the previous 2 months. A chest x-ray has shown right middle lobe collapse. A tuberculin skin test was strongly positive. What is the most characteristic finding in primary tuberculosis?
+ Hilar or paratracheal lymph node enlargement
- Atelectasis with obstructive pneumonia
- Cavity formation
- Miliary tuberculosis
- Hematogenous dissemination leading to extrapulmonary tuberculosis

A girl is 12 y.o. Yesterday she was overcooled. Now she is complaining on pain in suprapubic area, frequent painful urination by small portions, temperature is 37.8°C. Pasternatsky symptom is negative. Urine analysis: protein - 0.033 g/L, WBC - 20-25 in f/vis, RBC - 1-2 in f/vis. What diagnosis is the most probable?
+ Acute cystitis
- Dysmetabolic nephropathy
- Acute glomerulonephritis
- Acute pyelonephritis
- Urolithiasis

The girl of 11 y.o. She is ill for 1 month. She has "butterfly"-type rash on face (spots and papules), pain and swelling of small joints on arms and legs, signs of stomatitis (small-sized ulcers in mouth). CBC: Hb - 80 g/L, RBC - 2.9*10^12/L, WBC - 15*10^9/L, ESR - 40
mm/hour. Urinalysis: protein– 0,33 g/L. What is the most probable diagnosis?
+Systemic lupus erythematosus
-juvenile rheumatoid arthritis, systemic type
-Periarteritis nodosa
-Acute rheumatic fever
-Dermatomyositis
?
An infant aged 1 year on the third day of common cold at night developed inspiratory stridor, hoarse voice and barking cough. Physical examination revealed suprasternal and intercostal chest retractions. There is a bluish skin discoloration moistly seen over the upper lip. The respiratory rate is 52 per min and pulse- 122 bpm. The body temperature is 37,5°C. What disease does the infant have?
+Acute infectious croup due to viral laryngotracheitis
-Acute laryngitis
-Bronchopneumonia without complications
-Acute bronchiolitis with respiratory distress
-Acute epiglottitis
?
A newborn aged 3 days with hyperbilirubinemia (428 mkmol/L) developed following disorders. From beginning there were severe jaundice with poor suckling, hypotonia and hypodynamia. Little bit later periodical excitement, neonatal convulsions and neonatal primitive reflexes loss are noted. Now physical examination reveals convergent squint, rotatory nystagmus and setting sun eye sign. How to explain this condition?
+Encephalopathy due to hyperbilirubinemia
-Skull injury
-Brain tumour
-Hydrocephalus
-Spastic cerebral palsy
?
A 3-year-old child has been admitted to a hospital because of ostealgia and body temperature rise up to 39°C. Objectively: the patient is in grave condition, unable to stand for ostealgia, there is apparent intoxication, lymph nodes are enlarged up to 1,5 cm. Liver can be palpated 3 cm below the costal margin, spleen - 2 cm below the costal margin.
In blood: RBCs - 3,0*10¹²/l, Hb- 87 g/l, colour index - 0,9, thrombocytes - 190*10⁹/l, WBCs - 3,2*10⁹/l, eosinophils - 1, stab neutrophils - 1, segmented neutrophils - 0, lymphocytes - 87, monocytes - 2, ESR - 36 mm/h. What examination should be conducted in order to specify the diagnosis?
+Sternal puncture
-Ultrasound
-Lymph node puncture
-Lymph node biopsy
-Computer tomography
?
Apgar test done on a newborn girl at 1st and 5th minute after birth gave the result of 7-8 scores. During the delivery there was a short-term difficulty with extraction of shoulder girdle. After birth the child had the proximal extremity dysfunction and the arm couldn't be raised from the side. The shoulder was turned inwards, the elbow was flexed, there was also forearm pronation, obstetric palsy of brachial plexus. What is the clinical diagnosis?
+Duchenne-Erb palsy
-Trauma of thoracic spine
-Right hand osteomyelitis
-Intracranial haemorrhage
-Trauma of right hand soft tissues
?
Examination of a 9-month-old girl revealed skin pallor, cyanosis during excitement. Percussion revealed transverse dilatation of cardiac borders. Auscultation revealed continuous systolic murmur on the left from the breastbone in the 3-4 intercostal space. This murmur is conducted above the whole cardiac region to the back. What congenital cardiac pathology can be suspected?
+Defect of interventricular septum
-Defect of interatrial septum
-Coarctation of aorta
-Fallot's tetrad
-Pulmonary artery stenosis
1. A worker was temporarily off work because of illness for 16 days, was under out-patient treatment. The doctor in charge issued a sick-list first for 5 days, then prolonged it for 10 days. Who can further prolong the sick-list of this patient?
   + The doctor in charge of the case together with the head of department
   - Working ability expertise committee
   - The doctor in charge of the case with the permission of the head of department
   - Deputy head physician on the working ability expertise
   - The head of department

2. A 13 y.o. patient was treated in dermatological hospital for atopic dermatitis exacerbation. He was discharged in the condition of clinical remission. What recommendations should the doctor give to prevent exacerbations?
   + Use of neutral creams to protect skin
   - Frequent skin washing with detergents
   - Systematic use of local corticosteroids
   - Systematic skin disinfection
   - Avoidance of skin insolation

3. On the 21 day after appearance of vesiculous chickenpox rash a 7-year-old child developed ataxia, nystagmus, intention tremor, muscle hypotonia. Liquor analysis shows insignificant lymphocytic pleocytosis, slightly increased protein rate. What complication is it?
   + Encephalitis
   - Purulent meningitis
   - Pneumonitis
   - Acute nephritis
   - Postherpetic neuralgia

4. An 8 year old boy suffering from haemophilia was undergoing transfusion of packed red cells. Suddenly he got pain behind the breastbone and in the lumbar area, dyspnea, cold sweat. Objectively: pale skin, heart rate - 100/min, AP- 60/40 Hg; oliguria, brown urine. For treatment of this complication the following drug should be administered:
   + Prednisolone
   - Lasix
   - Adrenaline
   - Aminophylline
   - Analgine

5. After objective clinical examination a 12 year old child was diagnosed with mitral valve prolapse. What complementary instrumental method of examination should be applied for the diagnosis confirmation?
   + Echocardiography
   - Roentgenography of chest
   - Phonocardiography
   - ECG
   - Veloergometry

6. A full-term child survived antenatal and intranatal hypoxia, it was born in asphyxia (2-5 points on Apgar score). After birth the child has progressing excitability, there are also vomiting, nystagmus, spasms, strabismus, spontaneous Moro's and Babinsky's reflexes. What localization of intracranial hemorrhage is the most probable?
   + Subarachnoid hemorrhage
   - Small cerebral tissue hemorrhages
   - Subdural hemorrhage
   - Periventricular hemorrhages
   - Hemorrhages into the brain ventricles

7. A 15 y.o. boy was twice attacked by bees, as a result he had severe anaphylactic shock. What is the most effective prophylaxis method?
   + Desensibilisation by means of bee venom extract
   - Prescription of corticosteroids for summer
   - Long-term prophylactic treatment with antihistamines
   - Limitation of outside staying during summer months
A 9-year-old boy has been suffering from bronchoectasis since he was 3. Exacerbations occur quite often, 3-4 times a year. Conservative therapy results in short periods of remission. The disease is progressing, the child has physical retardation. The child's skin is pale, acrocyanotic, he has "watch glass" nail deformation. Bronchography revealed saccular bronchiectases of the lower lobe of his right lung. What is the further treatment tactics?

- Surgical treatment
- Further conservative therapy
- Physiotherapeutic treatment
- Sanatorium-and-spa treatment
- Tempering of the child's organism

A child with tetralogy of Fallot is most likely to exhibit:

- Increased pressure in the right ventricle
- Increased pulmonary blood flow
- Increased pulse pressure
- Normal pressure gradient across the pulmonary valve
- Normal oxygen tension (PaO₂) in the left ventricle

A 2-months-old child after preventive vaccination had a prolonged hemorrhage from the vaccination place and due to those an intramuscular hematoma. During examination of the child a considerable rise of prothrombin consumption and a significant prolongation of the activated partial thromboplastic time were found. What is the most probable diagnosis?

- Hemophilia
- Werlhof's disease
- Henoch-Schoenlein disease
- Hemorrhagic disease of the neonate
- Inborn afibrinogenemia

A 10 y.o. boy with hemophilia has signs of acute respiratory viral infection with fever. What of the mentioned antifebrile medications are contraindicated to this patient?

- Acetylsalicylic acid
- Analgin
- Pipolphen
- Paracetamol
- Panadol extra

A 7-year-old child is sick for 2 weeks with running nose, was taking nasal drops. The boy suffers with alimentary allergy. He applied to doctor due to suppurative and bloody discharges from nose, maceration of ala nasi and upper lip. Rhinoscopy results: there are whitish-greyish areas at nasal septum. Mucous membrane of oropharynx is not changed. What is the most probable disease?

- Diphtheria of the nose
- Adenovirus
- Rhinovirus
- Allergic rhinitis
- Sinusitis (maxillar sinus)

A child is 4 years old, has been ill for 5 days. There are complaints of cough, skin rash, t° 38.2°C, face puffiness, photophobia, conjunctivitis. Objectively: there is bright, maculo-papulous, in some areas confluent rash on the face, neck, upper chest. The pharynx is hyperemic. There are seropurulent discharges from the nose. Auscultation revealed dry rales in lungs. What is the most likely diagnosis?

- Measles
- Adenoviral infection
- Scarlet fever
- Rubella
- Enterovirus exanthema

A 10 month old boy has been ill for 5 days after consumption of unboiled milk. Body temperature is 38-39°C, there is vomiting, liquid stool. The child is pale and inert.
tongue is covered with white deposition. Heart sounds are muffled. Abdomen is swollen, there is borborygmus in the region of ubbilicus, liver is enlarged by 3 cm. Stool is liquid, dark-green, with admixtures of mucus, 5 times a day. What is the most probable diagnosis?
+ Salmonellosis
- Staphylococcal enteric infection
- Escherichiosis
- Acute shigellosis
- Rotaviral infection

A 3 year old child with weight deficiency suffers from permanent moist cough. In history there are some pneumonias with obstruction. On examination: distended chest, dullness on percussion over the lower parts of lungs. On auscultation: a great number of different rales. Level of sweat chloride is 80 millimol/l. What is the most probable diagnosis?
+ Mucoviscidosis (cystic fibrosis)
- Bronchial asthma
- Recurrent bronchitis
- Bronchiectasis
- Pulmonary hypoplasia

A 12 y.o. child with acute glomerulonephritis presented with hypertensive syndrom during first days of the disease. What is the role of angiotesin II in the pathogenesis?
+ Intensifies production and secretion of aldosterone
- Increases heart output
- Inhibits deppressive action of prostaglandins
- Increases erythropoetin production
- Increases renine level

A full-term infant is 3 days old. On the different parts of skin there are erythemas, erosive spots, cracks, areas of epidermis peeling. The infant has scalded skin syndrome. Nikolsky's symptom is positive. General condition of the infant is grave. Anxiety, hyperesthesia, febrile temperature are evident. What is the most probable diagnosis?
+ Exfoliative dermatitis
- Phlegmon of newborn
- Finger's pseudofurunculosis
- Impetigo neonatorum
- Mycotic erythema

District pediatrician examines a healthy carried 1-month-old child. The child is breast-fed. Prophylaxis of what disease will the doctor recommend to do first?
+ Rachitis
- Anemia
- Hypotrophia
- Spasmophilia
- Parathropy

A 7 y.o. boy has been treated in a hospital for a month. At the time of admission he had evident edemata, proteinuria - 7,1 g/L, protein content in the daily urine - 4,2 g. Biochemical blood analysis reveals permanent hypoproteinemia (43,2 g/L), hypercholesterolemia (9,2 mmol/L). What variant of glomerulonephritis is the most probable?
+ Nephrotic
- Nephritic
- Isolated urinary
- Hematuric
- Mixed

A 3 y.o. girl has had a temperature rise up to 38°С, rhinitis, dry superficial cough, flabbiness, appetite loss. Palpation didn't reveal any changes over her lungs. Percussion sound has a wooden resonance, auscultation revealed puerile breathing, no rales. In blood: leukopenia, lymphocytosis, increased ESR. What is the most probable diagnosis?
+ Acute simple tracheitis
- Acute obstructive bronchitis
- Recurrent bronchitis, acute condition
A 5-year-old girl with the transitory immunodeficiency according to T-system has a clinical picture of a right-sided pneumonia during 2 months. How pneumonia progress can be described?
- Delaying
- Recidivating
- Chronic
- Wavelike
- Acute

A 12 y.o. girl took 2 pills of aspirine and 4 hours later her body temperature raised up to 39-40°C. She complains of general indisposition, dizziness, sudden rash in form of red spots and blisters. Objectively: skin lesions resemble of second-degree burns, here and there with erosive surface or epidermis peeling. Nikolsky's symptom is positive. What is the most probable diagnosis?
- Acute epidermal necrosis
- Pemphigus vulgaris
- Polymorphous exudative erythema
- Bullous dermatitis
- Duhring's disease

A 5-year-old child had an attack of palpitation with nausea, dizziness, generalized fatigue. On ECG: tachycardia with heartbeat rate of 220/min. Ventricle complexes are deformed and widened. P wave is absent. What medication is to be prescribed to provide first aid?
- Lycodain
- Isoptin
- Seduxen
- Novocainamides
- Strophantin

Examination of a 4 month old child revealed some lemon-yellow squamae with fatty crusts on the scalp. What is the most probable diagnosis?
- Gneiss
- Milk crust
- Strophulus
- Pseudofurunculosis
- Infantile eczema

A neonate from gestation with severe gestosis of the second half was born on the 41st week with 2400 g birth weight and 50cm long. On physical examination: skin is flaccid, subcutaneous fatty cellular tissue is thin, muscle hypotonia, new-born period reflexes are decreased. Internal organs are without pathological changes. How would you estimate this child?
- Term infant with pre-natal growth retardation
- Premature infant
- Immature infant
- Postmature infant
- Term infant with normal body weight

A child was taken to a hospital with focal changes in the skin folds. The child was anxious during examination, examination revealed dry skin with solitary papulous elements and ill-defined lichenification zones. Skin eruption was accompanied by strong itch. The child usually feels better in summer, his condition is getting worse in winter. The child has been artificially fed since he was 2 months old. He has a history of exudative diathesis. Grandmother by his mother's side has bronchial asthma. What is the most likely diagnosis?
- Atopic dermatitis
- Contact dermatitis
- Seborrheal eczema
- Strophulus
- Urticaria
A boy, aged 9, was examined: height - 127 cm (-0.36), weight - 28.2 kg (+0.96), chest circumference - 64.9 cm (+0.66), lung vital capacity - 1520 ml (-0.16). What is the complex assessment of the child's physical development?

+ Harmonious
- Disharmonious
- Apparently disharmonious
- Excessive
- Below the average

2 weeks after recovering from angina an 8-year-old boy developed edema of face and lower limbs. Objectively: the patient is in grave condition, AP - 120/80 mm Hg. Urine is of dark brown colour. Oliguria is present. On urine analysis: relative density - 1.015, protein - 1.2 g/l, RBCs are leached and cover the whole vision field, granular casts - 1-2 in the vision field, salts are represented by urates (big number). What is the most likely diagnosis?

+ Acute glomerulonephritis with nephritic syndrome
- Acute glomerulonephritis with nephrotic syndrome
- Acute glomerulonephritis with nephrotic syndrome, hematuria and hypertension
- Acute glomerulonephritis with isolated urinary syndrome
- Nephrolithiasis

A 14 year old child suffers from vegetovascular dystonia of pubertal period. He has got sympathoadrenal attack. What medicine should be used for attack reduction?

+ Obsidan
- No-shpa
- Amystyl
- Aminophylline
- Corglicone

A 4 month old child fell seriously ill: body temperature rose up to 38.5°C, the child became inert and had a single vomiting. 10 hours later there appeared rash over the buttocks and lower limbs in form of petechiae, spots and papules. Some haemorrhagic elements have necrosis in the centre. What is the most probable disease?

+ Meningococcemia
- Rubella
- Influenza
- Haemorrhagic vasculitis
- Scarlet fever

A 5-year-old child had strong headache, vomiting, ataxy, dormancy, discoordination of movements, tremor of the extremities on the 8th day of the disease. It was followed by rise in body temperature, vesiculosis rash mainly on the skin of the body and the hairy part of the head. At the second wave of the fever a diagnosis of encephalitis was given. What disease complicated encephalitis in this case?

+ Chicken pox
- Measles
- German measles
- Enterovirus infection
- Herpetic infection

A 13 year old girl was admitted to the cardiological department because of pain in the muscles and joints. Examination of her face revealed an edematic erythema in form of butterfly in the region of nose bridge and cheeks. What is the most probable diagnosis?

+ Systemic lupus erythematosus
- Rheumatism
- Dermatomyositis
- Rheumatoid arthritis
- Periarteritis nodosa

A 4 y.o. boy was admitted to the hospital with complaints of dyspnea, rapid fatigability. His anamnesis registers frequent respiratory diseases. On percussion: heart borders are dilated to the left and upwards. On auscultation: amplification of the SII above pulmonary artery, a harsh systolodyastolic "machine" murmur is auscultated between the II and the III
rib to the left of breast bone, this murmur is conducted to all other points including back. AP
is 100/20 mm Hg. What is the most probable diagnosis?
+Opened arterial duct
-Interventricular septal defect
-Isolated stenosis of pulmonary arterial orifice
-Interatrial septal defect
-Valvar aortic stenosis
?

A 12 year old girl complains about abrupt weakness, nausea, dizziness, vision impairment. The day before she ate home-made stockfish, beef. Examination revealed skin pallor, a scratch on the left knee, dryness of mucous membranes of oral pharynx, bilateral ptosis, mydriatic pupils. The girl is unable to read a simple text (mist over the eyes). What therapy would be the most adequate in this case?
+Parenteral introduction of polyvalent antibotulinic serum
-Parenteral disintoxication
-Parenteral introduction of antibiotics
-Gastric lavage
-Parenteral introduction of antitetanus serum
?

A child from the first non-complicated pregnancy but complicated labor had cephalhematoma. On the second day there developed changes of neurologic status: nystagmus, Graefe's sign. Urea is yellow, feces- golden-yellow Mother's blood group is A(II)Rh⁻, child-A(II)Rh⁺. On the third day child's Hb is 200 g/L, RBC- 6,1*10¹²/L, bilirubin in blood - 58 mk mol/L due to unconjugated bilirubin, Ht- 0,57. What is the child's jaundice explanation?
+Brain delivery trauma
-Physiologic jaundice
-Hemolytic disease of newborn
-Bile ducts atresia
-Fetal hepatitis
?

A child was delivered severely premature. After the birth the child has RI symptoms, anasarca, fine bubbling moist rales over the lower lobe of the right lung. Multiple skin extravasations, bloody foam from the mouth have occured after the 2 day. On chest X-ray: atelectasis of the lower lobe of the right lung. In blood: Hb-100 g/L, Ht- 0,45. What is the most probable diagnosis?
+Edematous-hemorrhagic syndrome
-Disseminated intravascular clotting syndrome
-Pulmonary edema
-Hyaline membrane disease
-Congenital pneumonia
?

An infant is 2 d.o. It was full-term born with signs of intrauterine infection, that's why it was prescribed antibiotics. Specify, why the gap between antibiotic introductions to the new-born children is longer and dosage is smaller compared to the older children and adults?
+The newborns have a lower level of glomerular filtration
-The newborns have lower concentration of protein and albumins in blood
-The newborns have reduced activity of glucuronil transferase
-The newborns have diminished blood pH
-The newborns have bigger hematocrit
?

A 10-year-old child is sick with chronic viral hepatitis B with marked activity of the process. Total bilirubin - 70μmol/L, direct - 26μmol/L, indirect - 44μmol/L. AST - 6,2 mmol/L, ALT - 4,8 mmol/L. What mechanism underlies the transaminase level increase of this patient?
+Cytolysis of hepatocytes
-Failure of the synthetical function of the liver
-Hypersplenism
-Intrahepatic cholestasis
-Failure of bilirubin conjugation
?

A 12-year-old girl applied to doctor with complaints of swelling on the front part of the neck. The doctor diagnosed hyperplasia of the thyroid gland of the second degree, euthyroidism. Ultrasound suspected autoimmune thyroiditis. Blood was taken for titre of
antibodies to thyroglobulin. What titre of antibodies will be diagnostically important?
+ 1:100
- 1:50
- 1:150
- 1:200
- 1:250
?

A 14-year-old girl has been presenting with irritability and tearfulness for about a year. A year ago she was also found to have diffuse enlargement of the thyroid gland (II grade).
This condition was regarded as a pubertal manifestation, the girl didn't undergo any treatment. The girl's irritability gradually gave place to a complete apathy. The girl got puffy face, soft tissues pastosity, bradycardia, constipations. Skin pallor and gland density progressed, the skin got a waxen hue. What disease may be assumed?
+ Autoimmune thyroiditis
- Diffuse toxic goiter
- Thyroid carcinoma
- Subacute thyroiditis
- Juvenile basophilism
?

In the anamnesis of a 2-year-old girl there are recurrent pneumonias with signs of obstruction. There are heterogeneous moist and dry rales, respiration is weakened. Dense, viscous secretion is difficult to hawk. There are "drumsticks", physical retardation. What is the most probable diagnosis?
+ Mucoviscidosis, pulmonary form
- Recidivating bronchitis
- Bronchial asthma
- Congenital pulmonary polycystosis
- Pulmonary tuberculosis
?

A 2 month old full-term child was born with weight 3500 g and was on the mixed feeding. Current weight is 4900 g. Evaluate the current weight of the child:
+ Corresponding to the age
- 150 g less than necessary
- Hypotrophy of the I grade
- Hypotrophy of the II grade
- Paratrophy of the I grade
?

A 2 m.o. breast-fed child suffers from cheek skin hyperemia, sporadic papulous elements on the skin of the chest and back following the apple juice introduction. The child is restless. What is the initial pediatrician's tactics?
+ Clarify mother's diet and exclude obligate allergens
- Refer to prescribe dermatologist
- Administer general ultraviolet irradiation
- Treat with claritine
- Apply ointment with corticosteroids to affected skin areas
?

A 5 month old boy was born prematurely, he didn't suffer from any disease at the infant age and later on. Examination at an outpatient's hospital revealed paleness of skin, sleepiness. Blood count: Hb - 95 g/l, erythrocytes - 3,5*10^{12}/l, reticulocytes - 900,00, colour index - 0,7, osmotic stability of erythrocytes - 0,44-0,33%, serum iron - 4,9 micromole/l. What is the most probable cause of anemia?
+ Iron deficit
- Hemogenesis immaturity
- Infectious process
- Erythrocyte hemolysis
- B_{12} deficit
?

A 7 y.o. child had elevation of temperature to 40°C in anamnesis. For the last 3 months he presents fusiform swelling of fingers, ankle joints and knee joint, pain in the upper part of the sternum and cervical part of the spinal column. What is the most probable diagnosis?
+ Juvenile rheumatic arthritis
- Rheumatism
- Toxic synovitis
- Septic arthritis
An 8 year old girl complains about joint pain, temperature rise up to 38°C, dyspnea. Objectively: the left cardiac border is deviated by 2,5 cm to the left, tachycardia, systolic murmur on the apex and in the V point are present. Blood count: leukocytes - 20,0*10^9/l, ESR - 18 mm/h. What sign gives the most substantial proof for rheumatism diagnosis?

+Carditis
-Arthralgia
-Leukocytosis
-Fever
-Accelerated ESR

A 5 y.o. child with stigmas of dysembryogenesis (small chin, thick lips, opened mouth, hyperthelorismus) has systolic murmur in the second intercostal to the right of the sternum. The murmur passes to the neck and along the sternum left edge. The pulse on the left brachial artery is weakened. BP on the right arm is 110/60 mm Hg, on the left - 100/60 mm Hg. ECG results: hypertrophy of the right ventricle. What defect is the most probable?

+Aortic stenosis
-Defect of interventricular septum
-Defect of interatrial septum
-Coarctation of the aorta
-Open aortic duct

A 1,5 y.o. child fell ill acutely with high temperature 38°C, headache, fatigue. The temperature declined on the fifth day, muscular pain in the right leg occurred in the morning, there were no movements and tendon reflexes, sensitivity was reserved. What is the initial diagnosis?

+Polyomyelitis
-Viral encephalitis
-Polyarthropathy
-Osteomyelitis
-Hip joint arthritis

A 2 m.o. child with birth weight 5100 g has jaundice, hoarse cry, umbilical hernia, physical development lag. Liver is +2 cm enlarged, spleen is not enlarged. In anamnesis: delayed falling-away of umbilical cord rest. In blood: Hb- 120 g/L, erythrocytes - 4,5*10^12/L, ESR- 3 mm/h. Whole serum bilirubin is 28 mcmole/L, indirect - 20 mcmole/L, direct - 8 mcmole/L. What is the most probable diagnosis?

+Congenital hypothyreosis
-Congenital hepatitis
-Hemolitic anemia
-Conjugated jaundice
-Cytomegalovirus infection

A 3 year old child fell acutely ill, body temperature rose up to 39,5°C, the child became inert, there appeared recurrent vomiting, headache. Examination revealed positive meningeal symptoms, after this lumbar puncture was performed. Spinal fluid is turbid, runs out under pressure, protein concentration is 1,8 g/l; Pandy reaction is ++++, sugar concentration is 2,2 millimole/l, chloride concentration - 123 millimole/l, cytosis is 2,35*10^9 (80% of neutrophils, 20% of lymphocytes). What is the most probable diagnosis?

+Purulent meningitis
-Serous viral meningitis
-Serous tuberculous meningitis
-Subarachnoid haemorrhage
-Brain tumour

A 13 y.o. girl complains of having temperature rises up to febrile figures for a month, joint ache, periodical skin rash. Examination revealed steady enhancing of ESR, LE-cells. What is the most probable diagnosis?

+Systematic lupus erythematosus
-Juvenile rheumatoid arthritis
-Systematic scleroderma
-Acute lymphoblast leukemia
-Rheumatics
A child is 1 y.o. Within the last months after the begining of supplemental feeding the child has appetite loss, diarrhea with massive defecation, sometimes vomiting. Objectively: body temperature is normal. Body weight is 7 kg. Evident pallor of skin, leg edemata, enlarged abdomen. Coprogram shows a lot of fatty acids and soaps. The child was diagnosed with celiac disease and prescribed gluten-free diet. What should be excluded from the dietary intake in this case?

- Cereals - wheat, oats
- Milk and dairy produce
- Fruit
- Animal protein
- Digestible carbohydrates

A 8 y.o. boy complains of constant cough along with discharge of greenish sputum, dyspnea during physical activities. At the age of 1 year and 8 months he fell ill for the first time with bilateral pneumonia that had protracted course. Later on there were recurrences of the disease 5-6 times a year, during the remission periods there was constant productive cough. What examination results will be the most important for making a final diagnosis?

- Bronchography
- Roentgenography of thorax organs
- Bacterial inoculation of sputum
- Bronchoscopy
- Spirography

A mother of a 5 y.o. girl consulted a doctor about daughter's involuntary urination at night, nightmares, sleep disorders, slow gaining of body weight. Objectively: malnutrition, intellectual development is good, the girl can read and explains common situations quite adulty. Her skin is very pale, liver is enlarged in size. Her mother suffers from holetithiasis. What type of diathesis is the most probable in the child's case?

- Gouty diathesis
- Urine acid diathesis
- Exudative diathesis
- Allergic diathesis
- Lymphohypoplastic diathesis

A 10 year old girl complains about abdominal pain that is arising and getting worse after eating rough or spicy food. She complains also about sour eructation, heartburn, frequent constipations, headache, irritability. She has been suffering from this for 12 months. Objectively: the girl's diet is adequate. Tongue is moist with white deposit at the root. Abdomen is soft, painful in its epigastric part. What study method will help to make a diagnosis?

- Esophagogastroduodenoscopy
- Intragastral pH-metry
- Fractional examination of gastric juice
- Contrast roentgenoscopy
- Biochemical blood analysis

A 40 h.o. child age has hyperosthesia, CNS depression, dyspepsia. Sepsis is suspected. What should the differential diagnosis be made with?

- Hypoglycemia
- Hypocalcemia
- Hyperbilirubinemia
- Hyperkaliemia
- Hypomagnesemia

A 1,5 y.o. child fell seriously ill: chill, body temperature rise up to 40.1°C, then rapid dropping to 36.2°C, skin is covered with voluminous hemorrhagic rash and purple cyanotic spots. Extremities are cold, face features are sharpened. Diagnosis: meningococcosis, fulminant form, infection-toxic shock. What antibiotic must be used at the pre-admission stage?

- Soluble Levomycetine succinate
- Penicillin
- Lincomycin
- Gentamycin
- Sulfamonometoxin
A 10 year old boy suffers from chronic viral hepatitis type B with maximal activity. What laboratory test can give the most precise characteristic of cytolysis degree?

+ Transaminase test  
- Weltman's coagulation test  
- Takata-Ara test  
- Prothrombin test  
- Test for whole protein

A 6 y.o child complains of thirst, polyuria, increased appetite for 2 months with weight loss for 3 kg. There has been nocturnal enuresis during last week. On examination: hyperglycemia 14 mol/L. The diagnosis is diabetis mellitus I type. What is the genesis of this disease?

+ Autoimmune  
- Viral  
- Bacterial  
- Neurogenic  
- Virus-bacterial

A 10 y.o. child who is at oligoanuretic stage of acute renal insufficiency has got sensations of pricking in the mucous membrane of oral cavity and tongue, extremities numbness, reduced reflexes, respiratory disturbance, arrhythmia. What are these symptoms caused by?

+ Hyperkaliemia  
- Hyponatremia  
- Hyperazotemia  
- Acidosis  
- Alkalosis

Examination of a 12 year old child revealed diffuse thyroid enlargement of the II degree. Heart auscultation revealed dullness of heart sounds, heart rate was 64/min. The child has frequent constipations, anemia. Concentration of thyreoglobulin antibodies is increased. What disease might have caused such symptoms?

+ Autoimmune thyroiditis  
- Diffuse toxic goiter  
- Thyroid carcinoma  
- Thyroid hyperplasia  
- Endemic goiter

A 13 y.o. teenager who suffers from hemophilia A was taken to the hospital after a fight at school. His diagnosis is right-sided hemarthros of knee joint, retroperitoneal hematoma. What should be primarily prescribed?

+ Fresh frozen plasma  
- Aminocapronic acid  
- Washed thrombocytes  
- Placental albumin  
- Dry plasma

A 3 m.o. child fell seriously ill, body temperature rised up to 37,8°C, there is semicough. On the 3-rd day the cough grew worse, dyspnea appeared. On percussion: tympanic sound above lungs, on auscultation: a lot of fine moist and wheezing rales during expiration. What is the most probable diagnosis?

+ Acute respiratory viral infection, bronchiolitis  
- Acute respiratory viral infection, bronchopneumonia  
- Acute respiratory viral infection, bronchitis  
- Acute respiratory viral infection, bronchitis with asthmatic component  
- Acute respiratory viral infection, focal pneumonia

A mother of a newborn child suffers from chronic pyelonephritis. She had acute respiratory viral disease before the labor. Labor in time, with prolonged period without waters. A child had erythematosus eruption on the 2 day, then there were seropurulent vesicles for about 1cm large. Nikolsky's symptom is positive. Erosions have occured after vesicle rupture. The child is flabby. The temperature is subfebrile. What is the most probable diagnosis?

+ Newborn pemphigus  
- Vesiculopustulosis
Mother of a newborn child suffers from chronoc pyelonephritis. She survived acute respiratory viral infection directly before labour. Delivery was at term, the period before discharge of waters was prolonged. On the 2-nd day the child got erythematos rash, later on - vesicles about 1 cm large with seropurulent content. Nikolsky's symptom is positive. Dissection of vesicles results in erosions. The child is inert, body temperature is subfebrile. What is the most probable diagnosis?

+ Impetigo neonatorum
- Vesicular pustulosis
- Pseudofurunculosis
- Sepsis
- Ritter's dermatitis

A child was born at 34 weeks of gestation in bad condition. The cardinal symptoms show respiratory disorders: sound prolonged expiration, additional muscles taking part in breathing, crepitation rales on the background of the rough breath sounds. Assesment according to Silverman's scale was 0, in 3 hours - 6 with presence of clinical data. What diagnostic method can determine pneumopathy's type in the child?

+ Chest X-ray
- Blood test
- Blood gases
- Proteinogram
- Immunologic investigation

A 9 year old boy has been suffering from diabetes mellitus for a year. He gets insulin injections (humulin R, NPH), the dose makes up 0,4 units per 1 kg of body weight a day. Insulin is untroduced subcutaneously (into the shoulder) by means of a syringe. What measures should be taken in order to prevent lipodystrophy?

+ To change point of introduction
- To limit fats in the boy's diet
- To reduce insulin dose
- To apply periodically other types of insulin
- To administer antioxidants

During intramuscular DTP vaccination in clinic, a 3 m.o. child developed signs of laryngospasm, paleness of skin, cyanosis of lips, "cock cry", stop of respiration, tension of the whole body with overturned backward head. Allergological history of the child is not complicated. What is the most probable diagnosis?

+ Spasmophilia, tonic spasms
- Anaphylactic shock, clonic spasms
- Meningoencephalitic reaction, clonic and tonic spasms
- Cerebral haemorrhage, tonic spasms
- Meningism, clonic and tonic spasms

A child was born with body weight 3250 g and body length 52 cm. At the age of 1,5 month the actual weight is sufficient (4350 g), psychophysical development corresponds with the age. The child is breast-fed, occasionally there are regurgitations. What is the cause of regurgitations?

+ Aerophagia
- Pylorostenosis
- Pylorospasm
- Acute gastroenteritis
- Esophageal atresia

A 10-year-old girl consulted a doctor about thirst, frequent urination, weight loss. She has been observing these symptoms for about a month. Objectively: no pathology of internal organs was revealed. What laboratory analysis should be carried out in the first place?

+ Blood glucose analysis on an empty stomach
- Glucose in urine test on the base of daily diuresis
- Acetone in urine test
- Glucose tolerance test
A 2 y.o. boy was admitted to the hospital with weight loss, unstable feces, anorexia, following the semolina’s introduction (since 5 months). The child is adynamic, flabby, his skin is pale and dry, subcutaneous fat layer is emaciated. Distended and tensed abdomen, tympanitis on percussion of the upper part of abdomen, splashing sounds, feces are foamy, of light color, foul. On coproclytogram: a lot of neutral fat. What is the most probable cause of the disease?
+ Celiakia (celiac disease)
- Mucoviscidosis (cystic fibrosis)
- Intestinal dysbacteriosis
- Chronic enteritis
- Disaccharidase insufficiency

A child with chronic cardialtis, cardial insufficiency IIА 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?
+ Cardiac glucosides overdose or intolerance
- Pulmonary edema
- Atrioventricular heart block of the I degree
- Acute enteric infection
- Hypokaliemia

A child is 1 day old. During delivery there had been problems with extraction of shoulders. Body weight is 4300,0. Right arm hangs down along the body, hand is pronated, movement in the arm is absent. "Scarf" symptom is positive. What is the most probable diagnosis?
+ Total right-sided obstetric paralysis
- Proximal right-sided obstetric paralysis
- Distal right-sided obstetric paralysis
- Hemiparesis
- Tetraparesis

A 10 y.o. child has average indices of body length and her chest circumference exceeds average indices, body weight index is heightened due to lipopexia. Functional characteristics of physical development are below average. Physical development of this child can be estimated as:
+ Disharmonic
- Average
- Below average
- Harmonic
- Deeply disharmonic

An 11-yearold girl was taken by an acute disease: she got pain in the lumbar region, nausea, vomiting, frequent urination, body temperature 39°C. Objectively: the abdomen is soft, painful on palpation in the lumbar region. Common urine analysis revealed considerable leukocyturia, bacteriuria. The urine contained colibacilli. What is the most likely diagnosis?
+ Acute pyelonephritis
- Acute appendicitis
- Chronic glomerulonephritis
- Acute vulvovaginitis
- Acute glomerulonephritis

A 3 year old boy has petechial eruption. Examination revealed no other pathological changes. Thrombocyte number is 20*10⁹g/l; haemoglobin and leukocyte concentration is normal. What is the most probable diagnosis?
+ Immune thrombocytopenic purpura
- Schönlein-Henoch disease
- Disseminated intravascular coagulopathy
- Acute lymphoblastic leukemia
- Systemic lupus erythematosus

A 4-year-old boy in 2 weeks after the tonsillitis had edema, headache, vomiting three times per day. On physical exam: rise of blood pressure, urine is of meat slops color. What is the most probable diagnosis?
+ Glomerulonephritis
-Pyelonephritis
-Interstitial nephritis
-Cystitis
-Urethritis

A newborn child has purulent discharges from the umbilical wound, skin around the umbilicus is swollen. Objectively: the child's skin is pale, of yellow-greyish colour, generalized hemorrhagic rash. Body temperature is of hectic nature. What is the most probable diagnosis?

+Sepsis
-Hemorrhagic disease of newborn
-Hemolytic disease of newborn
-Thrombocytopenia
-Omphalitis

A 7 y.o. boy was admitted to the hospital. He complains of unpleasant sensations in the heart region, pain in the epigastrium, dizziness, vomiting. Objectively: evident paleness of skin, dyspnea, jugular pulse. Heart borders are within the normal range. Heart sounds are clear, HR 170/min, small pulse. AP 90/50 mm Hg. EKG showed: paroxysm of ventricular tachycardia. The paroxysm can be suppressed by:

+Lidocain
-Morphine
-Enalapril
-Nifedipine
-Strophanthine

A child is 2 m.o. Inguinofemoral folds contain acutely inflamed foci with distinct borders in form of spots that are slightly above the surrounding areas due to skin edema. The rash has appeared during the week. Vesiculation and wetting are absent. What is the most probable diagnosis?

+Napkin-area dermatitis
-Infantile eczema
-Dermatophytosis
-Psoriasis
-Complicated course of scabies

15 minutes after the second vaccination with diphteria and tetanus toxoids and pertussis vaccine a 4 month old boy manifested symptoms of Quincke's edema. What medication should be applied for emergency aid?

+Prednisolone
-Heparin
-Adrenalin
-Furosemide
-Seduxen

An 8 y.o. boy was ill with B hepatitis one year ago. In the last 2 months he has complaints of undue fatiguability, sleep disorder, appetite loss, nausea, especially in the mornings. Skin isn't icterious, liver and spleen are 1 cm below the costal margins, painless. Alanine aminotransferase activity is 2,2 mcmol/L. How can this condition be estimated?

+Development of chronic hepatitis
-Recurrance of viral hepatitis type B
-Biliary dyskinesia
-Residual effects of old viral hepatitis type B
-Development of liver cirrhosis

On the third day of life an infant's skin got icteric colouring. The child was born with body weight of 3,200 kg, body length of 52 cm. The child is active. There is puerile respiration above the lungs. Respiratory rate is 36/min, heart sounds are rhythmic, heart rate is 130/min. Abdomen is soft, liver comes out from the edge of costal arch by 2 cm, spleen is not palpable. Feces are in form of meconium. What is the most probable diagnosis?

+Physiologic jaundice
-Hemolytic disease of newborn
-Neonatal sepsis
-Minkowsky-Shauffard disease
-Biliary tracts atresia
A 1.5-year-old child was taken by an acute disease: body temperature up to 39°C, frequent vomiting up to 5 times. Nervous system tests revealed positive Kernig's and Brudzinski's signs. The given symptoms relate to:

+ Meningeal signs
- Discoordination syndrome
- Motor disorder syndrome
- Encephalic syndrome
- Infectious toxicosis signs

A pediatrician had a conversation with a mother of a 7-month-old breast-fed boy and found out that the child was fed 7 times a day. How many times should the child of such age be fed?

+ 5 times
- 3 times
- 4 times
- 6 times
- 7 times

A 3 month old child has occiput alopecia, anxious sleep, excessive sweating. What disease might be suspected?

+ Rachitis
- Spasmophilia
- Anemia
- Phosphate diabetes
- Chondrodystrophy

A 2.5 m.o. child has got muscle hypotony, sweating, occipital alopecia. Along with massage and therapeutic exercises the child was prescribed vitamin D. What dosage and frequency are correct?

+ 3000 IU every day
- 500 IU every day
- 1000 IU every day
- 500 IU every other day
- 1000 IU every other day

On the 15-th day after a minor trauma of the right foot a patient felt malaise, fatigability, irritability, headache, high body temperature, feeling of compression, tension and muscular twitching of his right crus. What disease can it be?

+ Tetanus
- Anaerobic gas gangrene
- Erysipelas
- Acute thrombophlebitis
- Thromboembolism of popliteal artery

A 10-year-old girl was admitted to a hospital with carditis presentations. It is known from the anamnesis that two weeks ago she had exacerbation of chronic tonsillitis. What is the most likely etiological factor in this case?

+ Streptococcus
- Staphylococcus
- Pneumococcus
- Klebsiella
- Proteus

A full-term infant has respiratory rate of 26/min, heart rate of 90/min, blue skin, muscle hypotonia. During catheter suction of mucus and amniotic fluid from the nose and mouth the child reacted with a grimace. Low reflexes. Auscultation revealed weakened vesicular respiration above lungs. Heart sounds are loud. After 5 minutes the respiration became rhythmic, at the rate of 38/min, heart rate of 120/min. What is the most likely diagnosis?

+ Asphyxia
- Inborn pneumonia
- Birth trauma
- Bronchopulmonary dysplasia
- Respiratory distress syndrome
A 9 year old boy had acute respiratory viral infection. After it there appeared polydipsia, polyuria, weakness, nausea. Examination revealed the following symptoms: mental confusion, dry skin, soft eyeballs, Kussmaul's respiration, acetone smell from the mouth, muffled heart sounds, soft and painless abdomen. Blood sugar was 19 millimole/l. What acute condition is it?

- Ketoacidotic coma
- Hyperosmolar coma
- Cerebral coma
- Hepatic coma
- Acute renal insufficiency

Head circumference of a 1-month-old boy with signs of excitement is 37 cm, prefontanel is 2x2 cm large. After feeding the child regurgitates small portions of milk; stool is normal in its volume and composition. Muscle tone is within norm. What is the most likely diagnosis?

- Pylorospasm
- Meningitis
- Pylorostenosis
- Microcephaly
- Craniostenosis

On the second day after preventive vaccination a 2-year-old boy presented with abdominal pain without clear localization, body temperature rose up to 38°C. On the third day the child got red papular haemorrhagic eruption on the extensor surfaces of limbs and around the joints. Knee joints were edemantic and slightly painful. Examination of other organs and systems revealed no pathological changes. What is the most likely diagnosis?

- Haemorrhagic vasculitis
- Thrombocytopenic purpura
- Meningococcemia
- Urticaria
- DIC syndrome

On the 6th day of life a child got multiple vesicles filled with seropurulent fluid in the region of occiput, neck and buttocks. General condition of the child is normal. What disease should be suspected?

- Vesiculopustulosis
- Impetigo neonatorum
- Miliaria
- Impetigo
- Epidermolysis bullosa