CONTROL AND MEASUREMENT INSTRUMENTS

Interim Assessment Program Questions

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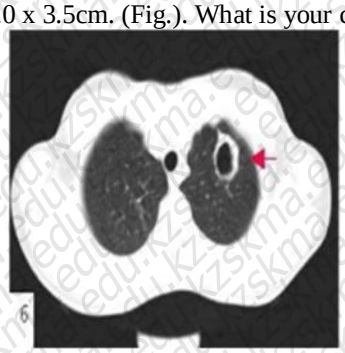
<question>A 6-year-old child was diagnosed with echinococcus of the lower lobe of the left lung. Cyst size 5.0×4.0cm. Upon further examination, during ultrasound of the abdominal organs, a cyst of 5.0cm x 5.0 cm was found in the projection of the 8th segment of the liver. Your choice of treatment.
<variant> Administration of albendazole at a dosage of 15 mg / kg for 3 months, step-by-step surgical treatment of the affected lung and liver
<variant> Single-stage echinococcectomy
<variant> Echinococcal cyst drainage under ultrasound control
<variant> Resection of the middle lobe of the right lung
<variant> Laparoscopy. Liver echinococcectomy
<question>The child is 6 years old, diagnosed with echinococcus of the upper lobe of the left lung. On CT, the cyst size is 4.0 x 3.5cm. (Fig.). What is your choice of treatment?



<variant> Administration of albendazole at a dosage of 15 mg / kg during one month.
<variant> Resection of the upper lobe of the left lung
<variant> Echinococcal cyst drainage under ultrasound control
<variant> Thoracoscopic echinococcectomy
<variant> Resection of 3 segments of the left lung
<question>The most common pathogen of acute hematogenous osteomyelitis in children is:
<variant>Staphylococcus
<variant>E. coli
<variant>Streptococcus
<variant>Association of microbes
<variant>viruses
<question>In children, epiphyseal osteomyelitis often occurs at the age of:
<variant>up to 1 year
<variant>newborn
<variant>up to 3 years
<variant>older than 3 years
<variant>pubertal
<question>The normal value of intraosseous pressure in children is:
<variant>60-100 PmmHg
<variant>up to 50 PmmHg
<variant>100-150 PmmHg
<variant>150-200 PmmHg
<variant>over 200 PmmHg
<question>One of the clinical forms of acute hematogenic osteomyelitis according to Krasnobaev-Vengerovsky:
<variant>local-focal
<variant>purulent
<variant>allergic
<variant>destructive
<variant>hemorrhagic
<question>One of the clinical forms of acute hematogenous osteomyelitis in Krasnobaeva-Vengerovskiy:
<variant>septikopiemicheskoy
<variant>destructive
<variant>allergic
<variant>purulent
<variant>hemorrhagic
<question>One of the clinical forms of acute hematogenic osteomyelitis according to Krasnobaev-Vengerovsky:
<variant>toxic

<variant>destructive
<variant>purulent
<variant>allergic
<variant>hemorrhagic
<question>One of the generally accepted theories of the pathogenesis of acute hematogenous osteomyelitis in children:
<variant>derizhanov's allergic theory
<variant>Ivanov's toxic theory
<variant>Krasnobaev's stagnant theory
<variant>Ashof's infectious theory
<variant>destructive theory of Hungarian
<question>The most common causative agent of AHO in children is:
<variant>staphylococcus
<variant>colon bacillus
<variant>streptococcus
<variant>the association of microbes
<variant>viruses
<question>Age of often founding of epiphyseal osteomyelitis is :
<variant>up to 1 year
<variant>newborn
<variant>up to 3 years old
<variant>older than 3 years
<variant>puberty
<question>The most common localization of acute hematogenous osteomyelitis in children is:
<variant>femur
<variant>collarbone
<variant>humerus
<variant>fibula
<variant>bones of the forearm
<question>The most important provoking factor in occurrence of acute hematogenous osteomyelitis in children:
<variant>presence of a" dormant " infection center
<variant>heredity
<variant>feeding features
<variant>behavior features
<variant>ecology
<question>In acute hematogenous osteomyelitis, the inflammatory process begins in:
<variant>marrow
<variant>bone plates
<variant>connective tissue-based
<variant>cartilaginous epiphyseal plate
<variant>the sprout area
<question>In acute hematogenous osteomyelitis, the inflammatory process of newborns often begins in:
<variant>epiphysis
<variant>metaphysis
<variant>diaphysis
<variant>apophysis
<variant>articular cartilage
<question>The surgery indicated acute hematogenous osteomyelitis:
<variant>in the first hours after receipt
<variant>in the first minutes after receipt
<variant>during the first day
<variant>wait-and-see tactics are allowed for three days
<variant>12 hours from the time of admission
<question>The incidence of acute destructive pneumonia is often observed at the age of:
<variant>up to 3 years old
<variant>5-7 years old
<variant>3-5 years
<variant>7-9 years old
<variant>older than 10 years
<question>One of the external causes of megaduodenum is:
<variant>annular pancreas

<variant>stenosis of the duodenum
<variant>atresia of the duodenum
<variant>inversion of the middle intestine
<variant>membrane of the lumen of the duodenal ulcer
<question>The x-ray of atresia of the duodenum is characterized by:
<variant>two fluid levels in the upper half of the abdominal cavity
<variant>dumb belly
<variant>multiple bowl kloybera
<variant>enlargement of the liver
<variant>one level of fluid in the lower half of the abdominal cavity
<question>Ledd's syndrome is characterized by:
<variant>congenital inversion of the middle intestine in combination with a high location of the caecum, which is fixed by cords to the parietal peritoneum
<variant>membranous obstruction of the duodenum
<variant>abnormal location of the caecum and annular pancreas
<variant>stenosis of duodenal ulcer
<variant>tumour of the abdominal cavity with inversion of the middle intestine
<question>Operation Ledda is characterized by:
<variant>the dissection of embryonic cords and stabilization of the mesentery
<variant>plasticity of the esophagus
<variant>removing the spleen
<variant>a bowel resection
<variant>excision of the membrane in the lumen of the intestine
<question>Low intestinal obstruction includes:
<variant>small bowel atresia
<variant>pylorostenosis
<variant>annular pancreas
<variant>atresia of the duodenum
<variant>stenosis of duodeum
<question>Clinical symptoms of small bowel atresia are:
<variant>from 2 days of life
<variant>at 3 weeks of age
<variant>by the beginning of 2 weeks
<variant>by the end of the 1st month of life
<variant>since birth
<question>One of the symptoms of ileal atresia is:
<variant>lack of meconium
<variant>the discharge of meconium with blood
<variant>fervescence
<variant>vomit fountain
<variant>increased appetite
<question>Meconial obstruction is understood as:
<variant>blockage of the intestinal lumen with thick primordial feces
<variant>worm infestation
<variant>inversion of the middle intestine
<variant>intestinal intussusception
<variant>atresia of the duodenum
<question>When meconial obstruction is observed:
<variant>bloating all over your stomach
<variant>no changes
<variant>decline of all parts of the abdomen
<variant>swelling of the epigastric area only
<variant>symptom of "hourglass"
<question>The origin of cryptorchidism is explained by:
<variant>mechanical obstruction and hormonal insufficiency:
<variant>teratogenic theory
<variant>endocrine theory
<variant>violation of embryogenesis
<variant>violation of the innervation of the testis
<question>The causes of cryptorchidism are:

<variant>fibrous adhesions along the inguinal canal
<variant>lengthening of the seminal artery
<variant>underdevelopment of the scrotum
<variant>absence of A Gunter's string
<variant>underdevelopment of the vaginal process of the peritoneum
<question>According to the localization of the testicle, the following forms of cryptorchidism are distinguished:
<variant>invaginal
<variant>pubic
<variant>scrotal
<variant>femoral
<variant>perineal
<question>False cryptorchidism is caused by:
<variant>increased cremaster reflex
<variant>congenital underdevelopment of the testicles
<variant>underdevelopment of the inguinal canal
<variant>obliteration of the vaginal process of the peritoneum
<variant>reduced absorption capacity of the vaginal process of the peritoneu
<question>The main symptom of cryptorchidism is:
<variant>no testicle in the scrotum
<variant>expansion of the external opening of the inguinal canal
<variant>enlargement of the entire scrotum
<variant>varicose veins of the testis
<variant>increasing the size of the testicle
<question>Differential diagnosis of cryptorchidism is NOT carried out with:
<variant>orchoepididymitis
<variant>anorchia
<variant>monarchism
<variant>false cryptorchidism
<variant>the ectopia of the testicle
<question>Cryptorchidism is often combined with:
<variant>inguinal hernia
<variant>polyorchism
<variant>ureterocele
<variant>megacolon
<variant>epispadia
<question>To diagnose cryptorchidism in difficult cases, we recommend:
<variant>laparoscopy
<variant>emergency urography
<variant>radioisotope nephroscintigraphy
<variant>radiography
<variant>retrograde pyelography
<question>A common complication of cryptorchidism is
<variant>violation of spermatogenesis
<variant>acute dropsy of the ovary and spermatic cord
<variant>pinching of the testicle in the sac of hernia
<variant>the twisting of the testicle
<variant>malignization
<question>Surgical treatment of cryptorchidism is indicated at the age of:
<variant>2-4 years old
<variant>0-1 years
<variant>6-10 years old
<variant>10-14 years old
<variant>over 15 years old
<question>The most radical method of surgical treatment for cryptorchidism is
<variant>Keighley-Tareka-Herzen
<variant>Ivanisevica
<variant>Paloma
<variant>Sokolov
<variant>The schüller
<question>In cryptorchidism, single stage orchidopexy is indicated for:

<variant>long vascular leg of the testicle
<variant>abdominal shape
<variant>false cryptorchidism
<variant>bilaterel cryptorchidism
<variant>unilateral cryptorchidism
<question>In cryptorchidism, two-stage orchidopexy is indicated:
<variant>with a short vascular leg of the testicle
<variant>only for 2-sided forms
<variant>for children under 1 year old
<variant>for children over 12-14 years old
<variant>for false cryptorchidism
<question>Testicular ectopia means:
<variant>deviation of the testicle from the route
<variant>testicular retention in the inguinal canal
<variant>absence of obliteration in the vaginal process of the peritoneum
<variant>underdevelopment of both testicles
<variant>the absence of one testicle
<question>Anorchism means:
<variant>congenital absence of both testicles
<variant>congenital absence of one testicle
<variant>deviation of the testicle from the route
<variant>the delay of the testis in the way
<variant>non-closure of the vaginal process of the peritoneum
<question>Monarchism means:
<variant>congenital absence of one testicle
<variant>congenital absence of both testicles
<variant>testicular retention in the inguinal canal
<variant>non-closure of the vaginal process of the peritoneum
<variant>deviation of the testicle from the path
<question>Synorhism is characterized by:
<variant>congenital fusion of both testicles
<variant>congenital absence of both testicles
<variant>congenital absence of one testicle
<variant>presence of a third extra testicle
<variant>congenital underdevelopment of the testicle
<question>The term "varicocele" means:
<variant>dilation of the spermatic cord veins
<variant>accumulation of serous fluid in the vaginal process cavity
<variant>localization of the testicle in the inguinal canal
<variant>congenital absence of one testicle
<variant>deviation of the testicle from the path to the scrotum
<question>The etiological factor of varicocele is:
<variant>violation of blood outflow through the venous system of the testicle
<variant>abnormal development of the inguinal canal
<variant>hypoplasia of the testicle
<variant>compression of the superior vena cava
<variant>anorchism
<question>The right testicular vein flows into:
<variant>inferior vena cava
<variant>the right renal vein
<variant>iliac vein
<variant>lower hemorrhoid vein
<variant>cremaster vein
<question>The left testicular vein flows into:
<variant>left renal vein
<variant>inferior vena cava
<variant>iliac vein
<variant>lower hemorrhoid vein
<variant>cremaster vein
<question>Varicocele is more common:

<variant>left
<variant>on the right
<variant>the same on both sides
<variant>behind
<variant>at the front
<question>Varicocele is more often observed at the age of:
<variant>12-14 years old
<variant>1-3 years old
<variant>4-6 years old
<variant>6-8 years old
<variant>over 15 years old
<question>With varicocele, surgical treatment is indicated :
<variant>in the II-III degree
<variant>to the I degree
<variant>in the IV-V degree
<variant>regardless of the degree
<variant>operation is not shown
<question>For varicocele, the most radical method of surgery is:
<variant>Ivanisevich operation
<variant>Lopatkin operation
<variant>Paloma operation
<variant>Sokolova-Ombredanne operation
<variant>Yakovenko operation
<question>With varicocele, the main purpose of the operation is:
<variant>elimination of retrograde blood flow
<variant>increased blood flow in the testicle
<variant>the provision of collateral outflow
<variant>plastic inguinal canal
<variant>ligation and intersection of the peritoneal vaginal process
<question>The spleen decreases in size:
<variant>after bleeding
<variant>for hypertension
<variant>for hyperthermia
<variant>after vomiting
<variant>when you change the position of the body
<question>A complication of portal hypertension syndrome is:
<variant>bleeding from veins in the esophagus
<variant>hematuria
<variant>gastroesophageal reflux
<variant>pyuria
<variant>bacteriuria
<question>To stop esophageal-gastric bleeding in portal hypertension, it is recommended:
<variant>Blackmore probe
<variant>intubation of the intestine
<variant>bladder catheterization
<variant>elevated position of the head end
<variant>elevated position of the foot end
<question>Blood test changes in hypersplenism :
<variant>leukopenia
<variant>lymphocytosis
<variant>leukocytosis
<variant>uremia
<variant>eosinophilia
<question>Meckel's diverticulum is located on the opposite side of the mesentery:
<variant>ileum
<variant>12-duodenal ulcer
<variant>of the transverse colon
<variant>caecum
<variant>ascending colon
<question>Meckel's diverticula DOES not occur:

<variant>ruptured spleen
<variant>intestinal obstruction
<variant>intussusception of the intestine
<variant>diverticulitis, perforation
<variant>bleeding
<question>Diagnose Meckel's diverticula:
<variant>for laparoscopy
<variant>Gregoire breakdown
<variant>for the CT
<variant>biochemical analysis
<variant>radiologically
<question>Treatment of Meckel's diverticula consists in:
<variant>radical operations
<variant>palliative operations
<variant>conservative events
<variant>vitamin and hormone therapy
<variant>the physiotherapy
<question>Clinical picture of acute appendicitis with the development of destruction of the vermiform process
<variant>there is a light interval
<variant>you receive frequent, liquid stool
<variant>increased abdominal pain
<variant>vomiting appears
<variant>general condition is getting worse
<question>Acute appendicitis is most common in age:
<variant>middle school
<variant>neonatal period
<variant>infant age
<variant>kindergarten period
<variant>primary school
<question>A child under 3 years of age with abdominal pain syndrome should be examined in the ... department.
<variant>surgical
<variant>resuscitation
<variant>infectious
<variant>somatic
<variant>nephrological
<question>During sleep in young children with acute appendicitis, the following symptoms are detected:
<variant>hand repulsion
<variant>Rovsing
<variant>Sitkovsky
<variant>heart rate and temperature differences
<variant>overhanging of the anterior wall of the rectum
<question>A disease with which acute appendicitis is differentiated in preschool girls:
<variant>pneumonia
<variant>the pilorospazme
<variant>pylorostenosis
<variant>polyp of the rectum
<variant>premenstrual pain
<question>The examination of a child under 3 year with acute appendicitis does NOT include:
<variant>proctosigmoidoscope
<variant>thermometry
<variant>determination of leukocytosis
<variant>rectal examination
<variant>palpation of the abdomen during sleep
<question>A child with acute appendicitis is marked ... abdominal pains
<variant>constant
<variant>colicy
<variant>colicky
<variant>irradiating
<variant>zoster
<question>A child with acute appendicitis has vomiting:

<variant>stomach contents
<variant>bile
<variant>green
<variant>fece
<variant>blood
<question>Diagnostic measure to differentiate acute infectious hepatitis from acute appendicitis:
<variant>biochemical blood analysis
<variant>thermometry
<variant>auscultation
<variant>percussion
<variant>general blood test
<question>Diagnostic procedure that allows to differentiate urinary tract disease from acute appendicitis:
<variant>plain radiography of abdominal cavity
<variant>cystoscopy
<variant>cystography
<variant>retrograde pyelography
<variant>proctosigmoidoscope
<question>Diagnostic procedure that allows to differentiate a stomach ulcer from acute appendicitis:
<variant>fibrogastroscopy
<variant>stomach probing
<variant>analysis of gastric juice
<variant>computer tomography
<variant>overview radiography of the abdominal cavity
<question>Diagnostic technique for differentiating intestinal infection from acute appendicitis... .
<variant>coprological examination of feces
<variant>cystoscopy
<variant>finger examination of the rectum
<variant>thermometry
<variant>proctosigmoidoscope
<question>Diseases THAT do not differentiate acute appendicitis in children are:
<variant>GI atresia
<variant>helminthic invasion
<variant>gastric ulcer and duodenal ulcer
<variant>cholecystitis
<variant>pneumonia
<question>A child with a preliminary diagnosis of acute appendicitis is prescribed medication sleep in order to detect the symptom:
<variant>hand repulsion
<variant>Ortner
<variant>Pasternatsky
<variant>Kocher
<variant>Kerniga
<question>Surgeon's tactics for appendicular abscess:
<variant>opening and draining the abscess
<variant>sanation of abdominal cavity
<variant>intestinal stoma overlay
<variant>revision of the small intestine
<variant>applying the compressor to the abdominal wall
<question>Surgeon's tactics for appendicular infiltration in older children:
<variant>conservative treatment
<variant>appendectomy
<variant>bowel resection
<variant>lavage of the abdominal cavity
<variant>opening the infiltrate
<question>Surgeon's tactics for appendicular infiltration in children under 3 years of age:
<variant>conservative therapy
<variant>lavage of the abdominal cavity
<variant>laparotomy, opening and drainage of infiltration
<variant>intubation of the intestine
<variant>bowel resection

<question>The cause of abdominal bleeding after appendectomy is:
<variant>failure of the mesentery ligature of the process
<variant>puncture of the intestinal wall
<variant>loosely bandaged stump of the process
<variant>typhlitis
<variant>pritihli
<question>Pediatrician's action for acute abdominal pain in a schoolboy:
<variant>calling an ambulance
<variant>calls the surgeon to school
<variant>examine the patient in the clinic
<variant>calls parents
<variant>lets the child go home
<question>Diplococcal peritonitis is most common at the age of:
<variant>5-9 years old
<variant>up to 5 years old
<variant>up to 3 years old
<variant>10-14 years old
<variant>over 14 years old
<question>In children of school age, the most common ... peritonitis.
<variant>appendicular
<variant>diplococcal
<variant>specific
<variant>hormonal
<variant>cholic
<question>The nature of the exudate is NOT distinguished ... peritonitis.
<variant>putrefactive
<variant>purulent
<variant>serous
<variant>chylous
<variant>hemorrhagic
<question>Incision of the abdominal wall in general peritonitis in children is shown:
<variant>middle
<variant>by Volkovich
<variant>transrectal
<variant>according to Fedorov
<variant>by Rio Branco
<question>The cause of peritonitis in newborns is:
<variant>umbilical sepsis
<variant>non-closure of the yolk duct
<variant>necrotic phlegmon
<variant>non-closure of urachus
<variant>mastitis in newborns
<question>With necrotic phlegmon, newborns are primarily affected:
<variant>subcutaneous tissue
<variant>sweat glands
<variant>sebaceous glands
<variant>dermis
<variant>epidermis
<question>The most characteristic local clinical sign in necrotic phlegmon of newborns is:
<variant>rapidly spreading skin hyperemia with darkening and sinking in the center of the affected area
<variant>hyperemia of the skin with clear "geographical" borders
<variant>cone-shaped infiltrates with a purulent-necrotic rod in the center
<variant>hyperemia of the skin with swelling and fluctuation in the center
<variant>skin seal that rises above the surface
<question>One of the most likely routes of infection in necrotic phlegmon is:
<variant>macerated skin
<variant>gastrointestinal mucosa
<variant>blunt trauma
<variant>the mucous membrane of the oral cavity
<variant>gastric mucosa

<question>The most likely pathway of infection in necrotic phlegmon is:
<variant>navel wound
<variant>the intestinal mucosa
<variant>follicle
<variant>the mucous membrane of the oral cavity
<variant>gastric mucosa
<question>A feature of the course of necrotic phlegmon in children is:
<variant>predominance of necrotic process
<variant>the predominance of festering decay
<variant>infiltration of the lymph nodes
<variant>high body temperature
<variant>accelerated erythrocyte sedimentation rate
<question>On phlegmon of newborns is shown:
<variant>incisions-incisions with healthy tissue capture
<variant>puncture and infiltration of the lesion with novocaine solution
<variant>incisions-incisions in the area of hyperemia
<variant>puncture of the focus and local administration of antibiotics
<variant>wide opening of the hearth
<question>Characteristic localization of newborn phlegmon is:
<variant>lumbosacral region
<variant>face
<variant>stomach
<variant>lower extremity
<variant>brush
<question>Pylorostenosis is ... .
<variant>thickening and narrowing of the pyloric section of the stomach
<variant>blockage of the intestinal lumen with viscous meconium
<variant>obstruction of the 12 duodenum
<variant>Hirschsprung's disease
<variant>Werlhof's disease
<question>The first signs of pylorostenosis occur at the age of:
<variant>from 2 weeks to 1 month
<variant>up to 1 year
<variant>up to 2 years old
<variant>4 months
<variant>first hours after birth
<question>Diagnosis of pylorostenosis is clarified:
<variant>endoscopically
<variant>laboratory analysis
<variant>palpation
<variant>the auscultation
<variant>ultrasound examination
<question>Pyloric stenosis requires surgical treatment by:
<variant>Fred-Ramsted
<variant>Kader
<variant>Ledda
<variant>Duhamel
<variant>Bairov
<question>Congenital pylorostenosis begins to manifest:
<variant>from the end of 2 to the beginning of 3 weeks
<variant>from the first week of life
<variant>by 1-3 months
<variant>by 4-6 months
<variant>after one year
<question>For conservative treatment of hydrocele is used:
<variant>puncture
<variant>physiotherapy
<variant>the use of human chorionic gonadotropin
<variant>wearing a jockstrap
<variant>warm bath

<question>To determine the area of the burned surface in children, use the scheme:
<variant>Landa-Broder
<variant>Postnikova
<variant>Weidenfeld
<variant>Bercow
<variant>Kralovicova
<question>Symptoms of grade I burn:
<variant>hyperemia, edema, soreness
<variant>pallor, edema
<variant>hyperemia, edema
<variant>hyperemia, edema, blisters filled with clear liquid
<variant>pallor, swelling, blisters filled with clear liquid
<question>Symptoms of grade II burn:
<variant>hyperemia, edema, soreness, blisters filled with clear liquid
<variant>hyperemia, edema
<variant>pallor, swelling, blisters filled with clear liquid
<variant>hyperemia, edema
<variant>hyperemia, blisters filled with cloudy liquid
<question>Symptoms of grade III burn:
<variant>paleness, edema, coagulation of the entire papillary layer
<variant>hyperemia, blisters filled with cloudy liquid
<variant>hyperemia, edema, blisters filled with clear liquid
<variant>pallor, swelling, blisters filled with clear liquid
<variant>charring of the tissue
<question>Symptoms of grade IV burn:
<variant>necrosis, charring of tissues
<variant>necrosis of epithelium, edema
<variant>hyperemia, edema
<variant>pallor, swelling, soreness
<variant>hyperemia, edema, blisters filled with clear liquid
<question>For burns, first aid is provided:
<variant>in applying a sterile dressing
<variant>in the imposition furatsilinovoy ointment
<variant>in the treatment of brilliant green
<variant>in the treatment of wounds with fat
<variant>in the treatment of the wound with alcohol
<question>Osteochondropathy of the femoral head is called:
<variant>Legg-Calve-Pertesa
<variant>Cineca
<variant>Keller 1
<variant>Keller 2
<variant>Osgood-Schlatter
<question>Osteochondropathy of the tibial tuberosity is called:
<variant>Osgood-Schlatter
<variant>Cineca
<variant>Keller 2
<variant>Koenig's
<variant>Shintca
<question>Osgood-Schlatter disease is:
<variant>painful swelling in the area of tuberosity of the tibia
<variant>hyperemia in the area of tuberosity of the tibia
<variant>increase in local temperature in the area of tibial tuberosity
<variant>limp on a bad leg
<variant>leg fatigue
<question>Osteochondropathy of the navicular bone of the foot is called:
<variant>Keller 1
<variant>Keller 2
<variant>Morgana
<variant>Lorenz's
<variant>Sprengel's

<question>Osteochondropathy of the vertebral body is called:
<variant>Calve
<variant>Shoermanna Mau
<variant>Spitz
<variant>Degas
<variant>Since
<question>Frostbite blisters appear after damage:
<variant>in 2-5 days
<variant>in 1-2 hours
<variant>in 10-15 minutes
<variant>in 1-2 days
<variant>at the end of the first week
<question>A 1.5 month old child has anxiety when extending the left leg during swaddling for 2 days. When examined, the left leg is brought to the stomach, the foot hangs down. There are no active movements. Passive movements are painful in the hip joint. Body temperature 37.5 C. Preliminary diagnosis:
<variant>epiphyseal osteomyelitis of the left femur
<variant>bruised left foot
<variant>fracture the bones of the foot
<variant>left femur fracture
<variant>phlegmon of the right hip
<question>A 1.5 month old child has anxiety when extending the left leg during swaddling for 2 days. When examined, the left leg is brought to the stomach, the foot hangs down. There are no active movements. Passive movements are painful in the hip joint. Body temperature 37.5 C. Locally-increase in the volume of the joint. Further rational tactics of the surgeon:
<variant>diagnostic joint puncture
<variant>appointment of antibacterial therapy, observation
<variant>drainage of the joint
<variant>osteoperforation
<variant>osteopenia and measurement of intraosseous pressure
<question>A 1.5 month old child has anxiety when extending the left leg during swaddling for 2 days. When examined, the left leg is brought to the stomach, the foot hangs down. There are no active movements. Passive movements are painful in the hip joint. Body temperature 37.5 C. When the joint is punctured, pus is obtained.The kind of immobilization:
<variant>traction in the Shed or the Vilensky discharge tire
<variant>superimposed plaster longuet to the upper third of the thigh
<variant>imposition of a circular plaster bandage to the upper third of the thigh
<variant>free swaddling
<variant>the imposition of a plaster bandage hip
<question>The child 28 days stopped moving the right handle, it hangs down along the trunk. Passive movements when dressing a child are painful. Objectively - edema of soft tissues, local increase in body temperature in the shoulder joint.Your preliminary diagnosis:
<variant>epiphyseal osteomyelitis of the right humerus
<variant>phlegmon of the right shoulder
<variant>axillary lymphadenitis
<variant>fracture of the right humerus
<variant>dislocation of the right shoulder joint
<question>Child D. age 10 days delivered to the emergency room of the hospital. On examination, a large painful focus of hyperemia was found in the area of the left scapula. Complaints from parents about the temperature rise and the child's anxiety. Preliminary diagnosis:
<variant>phlegmon of newborns
<variant>erysipelas
<variant>exudative dermatitis
<variant>carbuncle
<variant>Quincke's edema
<question>Child D. age of 10 days was delivered to the surgical emergency room. On examination, a large painful focus of hyperemia was found in the area of the left scapula. Complaints from parents about the temperature rise and the child's anxiety. Medical tactics:
<variant>notch with the capture of the borders of healthy skin
<variant>cross section
<variant>opening and draining
<variant>physiotherapy
<variant>early necrectomy

<question>A 6 years old- child went to the hospital for 3 days from the beginning of the disease with complaints of fever, chills,headache, soreness in the scapula. During examination, a tumor-like formation is locally determined, with a hyperemic eroded surface, local hyperthermia, while the discharge of purulent discharge from several fistula holes is noted. In blood tests: er-3.5, Hb-125g/l, leukocyte – 20, ESR-18mm/h. Surgeon's tactics:
<variant>is widely opened with a cruciform incision
<variant>the imposition of cuts in a staggered manner
<variant>autopsy a linear slit
<variant>the imposition of a closed drainage
<variant>applying a hypertonic bandage
<question>Child P. 14 years-went to the hospital 1 day before the onset of the disease with complaints of spilled swelling, hyperemia, hyperthermia, soreness of the entire right buttock area. There are fluctuations in the center. In blood tests: er-3.5, Hb-125 g/l, lake – 15.2, ESR-10 mm/h. Your diagnosis:
<variant>phlegmon
<variant>boil
<variant>infected wound
<variant>paraproctitis
<variant>carbuncle
<question>A 6-month-old child with a background of complete well-being had attacks of sharp anxiety, refusal to eat, and the child is twitching its legs. The chair was normal the day before. Ill for 8 hours. The suspicion of intestinal intussusception. In the per rectum examination, the discharge in the form of "raspberry jelly" is a child surgeon's tactic:
<variant>performing pneumatic compression
<variant>operational
<variant>spreading barium under the screen
<variant>enema
<variant>laparoscopy
<question>A 6-month-old child with a background of complete well-being had attacks of sharp anxiety, refusal to eat, and the child is twitching its legs. The chair was normal the day before. Rectal examination revealed a selection of the type of "raspberry jelly". Your diagnosis:
<variant>intussusception of the intestine
<variant>dysentery
<variant>koprostaz
<variant>a hemorrhagic vasculitis
<variant>polyp of the rectum
<question>A 2-year-old boy was taken to the emergency Department a day after the onset of the disease with suspected acute appendicitis. The disease began acutely with an increase in body temperature to 38.6 C, runny nose, cough. Expressed shortness of breath. Breathing is harsh, and there are occasional wet wheezes. The tongue is wet. Heart rate 106 per minute. The child resists examination, cries, strains the stomach.To exclude or confirm acute appendicitis, it is advisable to start with ... .
<variant>palpation of the abdomen while asleep
<variant>general blood test
<variant>overview radiography of abdominal organs
<variant>abdominal ultrasound
<variant>rectal finger examination
<question>The child is 14 days old due to the lack of stool during the last 2 days., appeared bloating. The child does not eat well, regurgitates. The parents were not able to make a cleansing enema, as they did not find an anal opening. When examining the girl, the external genitals are formed correctly. The perineum is stained with fecal matter.To clarify the diagnosis, it is advisable to conduct a study:
<variant>irrigation through a fistula
<variant>fibrogastroscopy
<variant>photo x-rays
<variant>fibrocolonoscopy
<variant>tomography
<question>A 7-year-old child had severe abdominal pain and repeated vomiting with bile. There was no chair for 2 days. From anamnesis it is known that, at the age of 3 years, an appendectomy was performed.Preliminary diagnosis:
<variant>adhesive disease
<variant>volvulus
<variant>coprostasis
<variant>atony of the intestine
<variant>gastritis

<question>A 7-year-old child had severe abdominal pain and repeated vomiting with bile. There was no chair for 2 days. From anamnesis it is known that, at the age of 3 years, an appendectomy was performed. Suspected adhesive intestinal obstruction. Surgeon's tactics:
<variant>performing urgent surgery after preparation
<variant>performing the operation as planned
<variant>to continue to hold conservative smoothing
<variant>perform a fibrocolonoscopy
<variant>monitoring in dynamics
<question>There is a 2-year-old child with bilateral pneumonia in the pediatric department. Despite the treatment, the child increases bloating, vomiting with a mixture of bile, shortness breath. There was no stool for 1.5 days. On examination, the abdomen is swollen and soft. Intestinal peristalsis is sluggish. Your diagnosis:
<variant>dynamic intestinal obstruction
<variant>strangulation intestinal obstruction
<variant>obturation intestinal obstruction
<variant>congenital intestinal obstruction
<variant>mixed intestinal obstruction
<question>In a 2-year-old child with bilateral pneumonia, despite the treatment, bloating, vomiting with bile, shortness of breath increases. There was no stool for 1.5 days. On examination, the abdomen is swollen and soft. Intestinal peristalsis is sluggish. The suspicion of dynamic intestinal obstruction.Surgeon's tactics:
<variant>conservative treatment
<variant>performing an urgent operation
<variant>operative, after conservative treatment
<variant>observation
<variant>surgical treatment after observation
<question>A 6-year-old child complained of a tendency to constipation during the last year and the discharge of scarlet blood at the end of the act of defecation in the last 2 days.Preliminary diagnosis:
<variant>polyp of the rectum
<variant>colon cancer
<variant>tuberculosis of the intestine
<variant>dysentery
<variant>intussusception
<question>A child of 6 years old, complained of a tendency to constipation during the last year and the discharge of scarlet blood at the end of the act of defecation in the last 2 days. A suspected polyp of the rectum.Surgeon's tactics:
<variant>polyp removal
<variant>cryodestruction
<variant>radiotherapy
<variant>hormonal therapy
<variant>chemotherapy
<question>An 8-year-old boy was brought to the clinic. Fell on his back from a height. Complains of bursting pain in the right lumbar region, frequent urge to urinate. The skin is pale. Pulse 120 in min. AD-80/60 mm Hg. the Abdomen is soft, there are no symptoms of irritation of the peritoneum, in the lumbar region on the right there is a large swelling. In the blood analysis, HB-110g/l, red blood cells -3.2, in the urine analysis, red blood cells up to 50-60 in the field of view. Preliminary diagnosis:
<variant>closed right kidney injury
<variant>closed abdominal injury
<variant>closed fracture of 12 ribs on the right
<variant>urogenital the right lumbar region
<variant>soft tissue injury of the lumbar region
<question>An 8-year-old boy was brought to the clinic. Fell on his back from a height. Complains of bursting pain in the right lumbar region, frequent urge to urinate. The skin is pale. Pulse 120 V min AD -80 / 50 mm Hg. the Abdomen is soft, there are no symptoms of peritoneal irritation, and a large swelling is detected in the lumbar region on the right. In the blood analysis, HB-110 g / l, red blood cells -3.2, in the urine analysis, red blood cells up to 50-60 in the field of view. Urgent diagnosis is:
<variant>ultrasound of the kidneys
<variant>laparoscope
<variant>retrograde pyelography
<variant>excretory urography
<variant>renal angiography
<question>Patient 7 years old, received 1 day after the disease. The disease started suddenly, pain in the epigastrium, then localized to the right side of the abdomen. Body temperature 38C, tachycardia. The abdomen is not swollen, participates in

the act of breathing, throughout the whole is smooth and slightly painful with deep palpation, the symptoms of peritoneal irritation are doubtful. Preliminary diagnosis:
<variant>acute appendicitis
<variant>gastric ulcer and 12 duodenal ulcer
<variant>acute pancreatitis
<variant>acute gastritis
<variant>acute diverticulitis
<question>11-year-old girl. Acute pain in the lower abdomen, above the right womb. Pain radiates to the right labia and rectum. The child has frequent and painful urination, as well as frequent liquid stool with an admixture of mucus and blood. Rectal examination reveals a painful overhang and infiltration on the right. Your diagnosis:
<variant>pelvic appendicitis
<variant>intussusception of the intestine
<variant>cystitis
<variant>dysentery
<variant>right ovarian cyst
<question>The patient is 12 years old. Ill for 7 days. Abdominal pain, vomiting, hectic temperature. The condition is serious. Asymmetry of the abdomen due to bulging of the right half. Palpation reveals a sharp painful formation with fluctuation, a Positive symptom of shchetkin-Blumberg. In the blood, high leukocytosis and a shift in the formula to the left. Preliminary diagnosis and tactics of the surgeon:
<variant>appendicular abscess, opening the abscess
<variant>intestinal intussusception, laparotomy
<variant>appendicular infiltrate, conservative treatment
<variant>swelling of the abdominal cavity, removal of the tumor
<variant>metagenic, conservative treatment
<question>A 10-year-old child has severe abdominal pain, nausea, and vomiting.In history - nosebleeds. Palpation of the abdomen reveals soreness in the right half and a slight tension of the abdominal muscles on the right. There was a stool with blood on it. Preliminary diagnosis and tactics of the doctor:
<variant>Schonlein-Genoch disease, hormone prescribing
<variant>bowel polyp-polypectomy
<variant>acute appendicitis-appendectomy
<variant>acute diverticulitis-diverticulectomy
<variant>intussusception of the intestines –desinvagination
<question>A 14-year-old child was taken to a surgical hospital. From the anamnesis, epigastric pain and belching were bothered during the week. Two hours before admission to the hospital, there were "dagger" abdominal pain, vomiting of food eaten. The child's condition is serious. His expression is pained. Forced position on the left side with bent lower limbs. The tongue is dry, covered with a coating. The abdomen does not participate in breathing, when palpation is tense, sharply painful, symptoms of peritoneal irritation are expressed. Pulse 120 per minute. T=37.5 S.Preliminary diagnosis:
<variant>gastric ulcer perforation
<variant>poisoning
<variant>acute cholecystitis
<variant>acute gastritis
<variant>acute pancreatitis
<question>The child is 1 year old. There is a restriction of movement in the right upper limb, and the examination determines soreness, local edema in the right clavicle. Treatment is indicated:
<variant>Deso bandage
<variant>coxit-plaster dressing
<variant>eight-shaped plaster bandage
<variant>Kuzminki –Karpenko bandage
<variant>closed reposition under local anesthesia
<question>In the first hours after birth, the child appeared to vomit profusely with bile. After feeding, vomiting increases. There was lethargy adinamiya exicosis, for a day the child lost weight 256 gr. the stomach is soft, swollen in the epigastric area, after vomiting, the bloating decreases. The lower abdomen is sunken. On the overview R-gram of the abdominal organs, two horizontal liquid levels are clearly visible, and there is no gas in the intestines.Your diagnosis:
<variant>atresia of the duodenum below the fater's nipple
<variant>Hirschsprung's disease
<variant>pylorostenosis
<variant>atresia of the sigmoid colon
<variant>atresia of the duodenum above the fater's nipple
<question>A 6-month-old girl was examined and revealed a painful herniated protrusion in the right groin area 45 minutes after the disease. Indicated treatment:

<variant>emergency hernia surgery
<variant>conservative reduction of hernia
<variant>elective surgery hernia repair
<variant>herniotomy according to the dispensary schedule
<variant>diagnostic laparoscopy
<question>A 1-year-old child was admitted to the emergency surgery department. According to the mothers talk, her child suffers from constipation from birth and stomach is enlarged in volume. Cleansing enemas are ineffective. Shown:
<variant>irrigography
<variant>overview radiography of the abdominal cavity
<variant>biopsy of the wall of the small intestine
<variant>ultrasound of the abdominal cavity
<variant>coprogram
<question>Child at the age of 1 month, parents complaints about vomiting fountain, anxiety. Examining the abdomen there is a bulge in the epigastric region. The palpation is determined by the symptom of "hourglass" and a seal in the projection of the pyloric section of the stomach. Preliminary diagnosis:
<variant>pyloric stenosis
<variant>the pilorospasme
<variant>adrenogenital syndrome
<variant>Debre-Fibiger syndrome
<variant>duodenal stenosis
<question>Child 1.5 months old, complaints from the words of the parents to the vomiting like a fountain, concern. Examining the abdomen in the epigastric region, there is a bulge. When palpation is determined by the symptom of "hourglass" and a seal in the projection of the pyloric section of the stomach. Optimal surgeon's tactics:
<variant>Freda-Ramsted operation
<variant>conservative treatment
<variant>Ross's operation
<variant>Winkleman operation
<variant>Cohen operation
<question>The child is 3 years old, complaints of weakness, frequent regurgitation, lack of independent stool from the moment of birth, only after an enema. On examination, the abdomen is enlarged in volume. When pressing on the anterior abdominal wall, finger depressions remain (a symptom of "clay"). Preliminary diagnosis:
<variant>Hirschsprung's disease
<variant>anorectal defects
<variant>dolichosigma
<variant>chronic constipation
<variant>intestinal obstruction
<question>In a 4-year-old girl, palpation shows spilled soreness and tension of the anterior abdominal wall muscles in all parts of the abdominal cavity. Symptoms of peritonism are more pronounced in the lower abdomen, a positive symptom of Blumberg. There is hyperemia of the outer urogenitale. Preliminary diagnosis:
<variant>pelvioperitonit
<variant>acute appendicitis
<variant>torsion of the ovarian cyst
<variant>appendicular infiltrate
<variant>appendicular peritonitis
<question>A preventive examination of a child in kindergarten revealed a bulge in the area of the umbilical ring. Which disappears in a quiet state. But appears when straining and screaming. The umbilical ring is enlarged in size. Select the necessary survey plan:
<variant>inspection and palpation of the umbilical ring
<variant>orthostatic test
<variant>ultrasound of the abdominal cavity
<variant>inspection and palpation of the scrotum
<variant>dopplerography
<question>A preventive examination of a child in kindergarten revealed a bulge in the area of the umbilical ring. Which disappears in a quiet state. But appears when straining and screaming. The umbilical ring is enlarged in size. Preliminary diagnosis:
<variant>umbilical hernia
<variant>hernia of the white line of the abdomen
<variant>hernia of the umbilical cord
<variant>inguinal hernia
<variant>ventral hernia

<question>A child of 2 months complains from the words of his mother of vomiting "fountain", when examined, the swelling of the epigastrium is determined. When palpation-a symptom of "hourglass". Suggest a survey scheme:
<variant>ultrasound
<variant>FGDS
<variant>MRI
<variant>colonoscopia
<variant>CT
<question>Parents of a 2-year-old child have contacted you with complaints that the child has stopped moving the right hand, it hangs along the trunk passive and active movements are painful. The above complaints appeared when the child was changing clothes.Your diagnosis:
<variant>subluxation of the head of the right radius
<variant>acute hematogenous osteomyelitis of the humerus
<variant>closed fracture upper 1\3 of the right humerus
<variant>closed fracture lower 1\3 of the right clavicle
<variant>rheumatoid arthritis
<question>A newborn baby is admitted to the emergency surgery Department on the 7th day of life. Sluggish, moaning. The skin is pale gray, acrocyanosis. Breathing is rapid and shallow. Heart tones are deaf. Pay attention to sudden swelling, tension and tenderness of the abdomen. The subcutaneous venous network is expanded. Peristalsis is not listened to. Percussion – the disappearance of hepatic dullness. Preliminary diagnosis:
<variant>peritonitis
<variant>acute pancreatitis
<variant>acute appendicitis
<variant>acute violation of cerebral circulation
<variant>swelling of the abdominal cavity
<question>A newborn baby is admitted to the emergency surgery department on the 7th day of life. Listless, moaning. The skin is pale gray, acrocyanosis. Breathing is rapid and shallow. Heart tones are deaf. Pay attention to sudden swelling, tension and tenderness of the abdomen. The subcutaneous venous network is expanded. Peristalsis is not listened to. Percussion – the disappearance of hepatic dullness. To confirm the diagnosis of "Peritonitis", you must do the next:
<variant>overview radiography of the abdominal cavity
<variant>diagnostic laparoscopy
<variant>overview chest x-ray
<variant>irrigography
<variant>CT of the abdomen
<question>A newborn baby is admitted to the emergency surgery department on the 7th day of life. Listless, moaning. The skin is pale gray, acrocyanosis. Breathing is rapid and shallow. Heart tones are deaf. Pay attention to sudden swelling, tension and tenderness of the abdomen. The subcutaneous venous network is expanded. Peristalsis is not listened to. Percussion – the disappearance of hepatic dullness. Surgeon's tactics:
<variant>emergency surgery after 2-3 hours of preparation
<variant>emergency operation within 1 hour
<variant>emergency surgery within 5 hours after preoperative preparation
<variant>need 24h conservative treatment in intensive care, after surgery
<variant>expectant management
<question>A 10-year-old girl has a hectic temperature, frequent stools with mucus and tenesmus, pain when urinating, and rectal examination of a tumor-like formation anterior to the rectum. Surgeon's tactics:
<variant>emergency laparotomy, the child has an abscess of Douglas cavity
<variant>emergency laparotomy, the child has ovarian apoplexy
<variant>emergency laparotomy, the child has appendicular infiltrate subacute form
<variant>emergency laparotomy, the child has appendicular infiltrate in the lysis stage
<variant>emergency laparotomy, the child's peptic ulcer-perforated enterocolitis
<question>A child aged 2 months arrives 16 hours after the disease. According to my mother, complaints of anxiety, the presence of a tumor-like formation in the right inguinal region. General condition of moderate severity. Body temperature is within normal limits. Locally examination : in the inguinal region on the right, a tumor-like formation along the course of the seminal cord, measuring 1. 0x1.5 cm, descends into the scrotum, when palpated, sharply painful, of a soft-elastic consistency and not straightening into the abdominal cavity. Your diagnosis:
<variant>strangulated inguinal hernia on the right
<variant>acutely developed dropsy of the spermatic cord on the right
<variant>pinched communicating dropsy of the spermatic cord on the right
<variant>the twisting of the spermatic cord on the right
<variant>inguinal lymphadenitis on the right

<question>A newborn baby was delivered from the maternity home, body weight 2600 g.there is foamy discharge from the mouth, anxiety, attacks of cyanosis. On radiography of the esophagus, the upper segment of the esophagus blindly ends, there are gases in the stomach and intestines. Preliminary diagnosis:
<variant>atresia of the esophagus
<variant>atresia of the duodenum
<variant>atresia of jejunum
<variant>atresia of the rectum
<variant>anal atresia
<question>Newborn - age 2 days. The condition is serious. Nasolabial triangle cyanosis, shortness of breath, vomiting with bile. On examination, the asymmetry of the chest is the swelling of the left half of the chest. Breathing is weakened, intestinal noises are listened to, percussion is dulled. The abdomen is sunken scaphoid.Your diagnosis:
<variant>false congenital diaphragmatic hernia
<variant>sequestration of the lung
<variant>congenital tracheoesophageal fistula
<variant>atresia of the esophagus
<variant>true diaphragmatic hernia
<question>In a newborn after the fall of the umbilical cord from the first days, there is a discharge of intestinal contents from the navel. The navel is infiltrated, hyperemic. The child is poorly gaining weight, is exhausted, and is lagging behind in physical development. The General condition is getting worse every day.Your diagnosis:
<variant>complete fistula of the navel
<variant>umbilical hernia
<variant>hernia of the umbilical cord
<variant>Mekchel diverticulum
<variant>phlegmonous omphalitis
<question>The boy is 9 years old. He was treated in the surgical department from acute hematogenic osteomyelitis of the left femur. After 2 months, the middle third of the hip shows mobility and deformity. Complication developed during treatment:
<variant>pathological fracture and formation of a false joint
<variant>ankylosis and shortening of the thigh
<variant>ankylosis and the formation of a false joint
<variant>a hip dislocation and the formation of a false joint
<variant>arthrosis and shortening of the hip
<question>Parents complained about that child's testicles absence in the scrotum. The child is 2 years old. Examination : external genitals are formed correctly, but the testicles in the scrotum are not detected. The cremaster reflex is preserved. Both testicles are palpated in the area of the outer inguinal rings and easily descend into the scrotum. Preliminary diagnosis:
<variant>false cryptorchidism
<variant>orchoepididymitis
<variant>anarchism
<variant>monarchism
<variant>ectopia of the testicle
<question>Parents complained about that child's testicles absence in the scrotum. The child is 2 years old. Examination : external genitals are formed correctly, but the testicles in the scrotum are not detected. The cremaster reflex is preserved. Both testicles are palpated in the area of the outer inguinal rings and easily descend into the scrotum. Suspicion of "false cryptorchidism".Tactics of a pediatric surgeon:
<variant>observation
<variant>hormonal treatment
<variant>operation
<variant>physioprocedure
<variant>massage groin area
<question>A child of 11 years old complains of an enlarged left half of the scrotum and a feeling of heaviness in it. When viewed in the left half of the scrotum, the expanded veins of the cluster plexus are palpated, their filling increases with tension. Testicles in the scrotum.Preliminary diagnosis:
<variant>varicocele
<variant>testicular infarction
<variant>orhiepididimit
<variant>cryptorchidism
<variant>hydrocele
<question>An 11-year-old child complains of an enlarged left half of the scrotum and a feeling of heaviness in it. When viewed in the left half of the scrotum, the expanded veins of the cluster plexus are palpated, their filling increases with tension. Testicles in the scrotum. The diagnosis is "left Varicocele".Surgical access:

<variant>oblique incision in the left iliac region
<variant>pararectal section
<variant>transverse incision at the level of the Antero-superior iliac spine
<variant>percutaneous access
<variant>oblique incision in the groin
<question>An 11-year-old child complains of an enlarged left half of the scrotum and a feeling of heaviness in it. When viewed in the left half of the scrotum, the expanded veins of the cluster plexus are palpated, their filling increases with tension. Testicles in the scrotum. The diagnosis is "left Varicocele".Surgeon's tactics:
<variant>ivanisevich – Yerokhin operation
<variant>monitoring in dynamics
<variant>conservative therapy
<variant>sclerotic therapy
<variant>testicularly venous anastomosis
<question>The boy was born with cleavage of the foreskin. The child urinates in a thin stream with straining. The external opening of the urethra was found in the area of the coronal furrow, dotted.Preliminary diagnosis:
<variant>hypospadias
<variant>bladder exstrophy
<variant>epispadia
<variant>atresia of urethra
<variant>hypoplasia of the urethra
<question>The boy was born with cleavage of the foreskin. The child urinates in a thin stream with straining. The external opening of the urethra was found in the area of the coronal furrow, dotted. The diagnosis is " Hypospadias»Surgeon's tactics:
<variant>meatotomy
<variant>endoscopic electrosection
<variant>V-shaped urethral plastic surgery
<variant>bougienage
<variant>plastic operationto the urethral wall with local tissues
<question>The boy was born 4 months ago with an increase in the left half of the scrotum. Palpation is determined by a tumor-like formation of elastic consistency with smooth contours, painless,5x3. 5 cm in size, not set in the abdominal cavity. By the evening, the formation increases somewhat in size. The outer inguinal ring is not expanded. Preliminary diagnosis:
<variant>communicating dropsy of the testicle
<variant>cryptorchidism
<variant>cyst of the spermatic cord
<variant>hydrocele
<variant>ectopia of the testicle
<question>The boy was born 4 months ago with an increase in the left half of the scrotum. When palpation is determined by a tumor-like formation of elastic consistency with smooth contours, painless,5x3. 5 cm in size, not set in the abdominal cavity. By the evening, the formation increases somewhat in size. The outer inguinal ring is not expanded. Diagnosis:"Communicating dropsy of the testicle". Tactics of a pediatric surgeon:
<variant>monitoring in dynamics
<variant>operative treatment in the scheduled order
<variant>puncture of the membranes with the evacuation of the liquid
<variant>repeated punctures with the introduction of hydrocortisone
<variant>the appointment of hormonal drugs
<question>In a 3-month-old girl, there was an expansion of the umbilical ring with a protrusion of a painless, elastic formation with a size 1,5x1,5 cm, easily set into the abdominal cavity. Preliminary diagnosis:
<variant>umbilical hernia
<variant>hernia of the white line of the abdomen
<variant>hernia of the umbilical cord
<variant>simple omphalitis
<variant>phlegmonous omphalitis
<question>In a 3-month-old girl, there was an extension of the umbilical ring with a protrusion of a painless, elastic consistency formation with a size 1, 5x1, 5 cm, easily set into the abdominal cavity. The diagnosis is "Umbilical hernia". Tactics of a pediatric surgeon:
<variant>band-aid, massage
<variant>operative treatment in the scheduled order
<variant>sclerotic therapy
<variant>operative treatment on an emergency basis

<variant>the appointment of hormonal drugs
<question>In a 6-year-old girl, a preventive examination revealed a painless protrusion of 0,5x0,5 cm along the median line 3 cm above the umbilical ring, which is easily set into the abdominal cavity. In this case, the aponeurosis defect is determined along the median line with dimensions of 0,5x0,5 cm. Your diagnosis:
<variant>hernia of the white line of the abdomen
<variant>umbilical hernia
<variant>hernia of the umbilical cord
<variant>simple omphalitis
<variant>phlegmonous omphalitis
<question>In a 6-year-old girl, a preventive examination revealed a painless protrusion of 0,5x0,5 cm along the median line 3 cm above the umbilical ring, which is easily set into the abdominal cavity. In this case, the aponeurosis defect is determined along the median line with dimensions of 0,5x0,5 cm. Diagnosis: "hernia of the white line of the abdomen". Tactics of a pediatric surgeon:
<variant>scheduled surgical treatment
<variant>band-aid, massage, physical therapy
<variant>sclerotic therapy
<variant>operative treatment on an emergency basis
<variant>drug therapy
<question>In a month-old boy from birth, an increase in the right half of the scrotum was detected due to a tumor-like formation of a soft-elastic consistency, painless, easily set into the abdominal cavity with a rumble, but when the child is restless, it appears again. The right inguinal ring is enlarged. Preliminary diagnosis:
<variant>inguinal-scrotal hernia
<variant>unrecoverable inguinal hernia
<variant>strangulated inguinal hernia
<variant>inguinal lymphadenitis
<variant>hydrocele
<question>The boy is 1 month old., from birth, an increase in the right half of the scrotum was detected due to a tumor-like formation of a soft-elastic consistency, painless, easily set into the abdominal cavity with a rumble, but when the child is restless, it appears again. The right inguinal ring is enlarged. Tactics of a pediatric surgeon:
<variant>scheduled surgical treatment
<variant>monitoring in dynamics
<variant>urgent operation
<variant>massage, physical therapy
<variant>antibacterial therapy
<question>A one-month-old child in utero at the 32nd week of pregnancy was diagnosed with an expansion of the calyx-pelvic system of both kidneys up to 14 mm in size during fetal ultrasound. After birth, this diagnosis was confirmed. The urine test is normal. Preliminary diagnosis:
<variant>hydronephrosis
<variant>Wilms' tumor
<variant>solitary cyst of the kidney
<variant>pyelonephritis
<variant>cyst of the mesentery
<question>A one-month-old child in utero at the 32nd week of pregnancy was diagnosed with an expansion of the calyx-pelvic system of both kidneys up to 14 mm in size during fetal ultrasound. The urine test is normal. Research to clarify the diagnosis:
<variant>infusion urography
<variant>antegrade pyelography
<variant>cystoscopy
<variant>laboratory examination
<variant>cystography
<question>A 2.5-year-old girl from 5 months is constantly being treated for recurrent pyelonephritis. Excretory urography revealed bilateral expansion of the calico-pelvic system, and enlarged ureters are visible. Preliminary diagnosis:
<variant>double-sided ureterohydronephrosis
<variant>polycystic both kidneys
<variant>double-sided pyelonephritis
<variant>Wilms' tumor
<variant>hydrocelectomy kidney
<question>Girl, 2.5 years old, with 5 months. constantly treated for recurrent pyelonephritis. Ultrasound revealed bilateral expansion of the calico-pelvic system, and enlarged ureters are visible. Research to clarify the diagnosis:
<variant>infusion urography

<variant>angiography
<variant>radiography
<variant>cystography
<variant>retrograde pyelography
<question>In a 6-month-old boy suffering from chronic pyelonephritis, cystography revealed the presence of expanded convoluted ureters and enlarged pelvis on both sides. The diagnosis was made: "Vesicoureteral reflux of IV-V degree, urethrohydronephrosis". Tactics of a pediatric surgeon:
<variant>operational
<variant>conservative
<variant>monitoring in dynamics
<variant>physiotherapy
<variant>drainage of the kidney
<question>A 6-year-old girl complains of constant dull pain in the right side of her stomach. For 2 years, the patient has piuria. The patient's condition is satisfactory. No pathology was detected during physical examination. In the urine analysis-protein, leukocyturia. No pathology was detected during cystoscopy. On the excretory urogram: significant expansion of the right pelvis and cups, narrowing of the pelvic-ureteral segment. Tactics of a pediatric surgeon:
<variant>pelvic-ureteral segment plastic surgery
<variant>conservative treatment
<variant>antibacterial therapy
<variant>urostatics
<variant>nephrectomy
<question>When examining a newborn boy in a maternity home, an incorrect formation of external urogenitals was detected in the form of splitting of the dorsal wall of the urethra. The head is flattened, there is a displacement of the external opening of the urethra to the coronal furrow. Urination is free. The mother's pregnancy was accompanied by toxicosis. Preliminary diagnosis:
<variant>epispadia
<variant>hermaphroditism
<variant>hypospadias, stem form
<variant>hypospadias, perineal form
<variant>bladder exstrophy
<question>A 4-year-old boy, examination revealed a sharp edema of the foreskin and a bluish-purple color of the penis head, which is located near the coronal furrow, does not cover the head of the penis. Urination is sharply difficult and painful, the child can not urinate independently. Preliminary diagnosis:
<variant>paraphimosis
<variant>inflammation of hydatid twink
<variant>balanoposthitis
<variant>scar phimosis
<variant>orchiepididymitis
<question>Boy 5 years old, revealed: the foreskin is swollen and hyperemic, an attempt to move the foreskin and open the head fails, purulent discharge is released. The opening of the foreskin is narrow. Urination is painful, a thin trickle. Preliminary diagnosis:
<variant>acute balanopostit
<variant>phimosis
<variant>cryptorchidism
<variant>paraphimosis
<variant>hypospadias, head shape
<question>This pathology was detected in a maternity hospital, on the anterior abdominal wall in the projection of the bladder, a section of the mucous membrane of the posterior wall of the bladder is determined with the opening mouths of the ureters from which urine constantly flows. The mucosa is edematous, hyperemic, and the skin around it is macerated. Preliminary diagnosis:
<variant>bladder exstrophy
<variant>infravesical obstruction
<variant>obstructive megaureter
<variant>vesico-umbilical fistula
<variant>diverticulum of the bladder
<question>When examining a 2.5-year-old boy, a tumor-like formation is detected in the left half of the scrotum, soft-elastic consistency, painless, when pressed and horizontal position decreases in volume. Offer optimal scheme of treatment:
<variant>operation according to the method of Ross
<variant>operation on Ru-Krasnobaev
<variant>ivanisevich-Yerokhin operation

<variant>ligation of the testicular vein
<variant>Haynes-Andersen-Kuchera operation
<question>Child 3 years old, examination determines narrowing of the opening of the foreskin, urination is impaired, it is impossible to withdraw the head of the penis. During urination, the child worries, pushes, and the urine comes out in a thin stream. Preliminary diagnosis:
<variant>phimosis
<variant>partimos
<variant>balanoposthitis
<variant>epispadia
<variant>hypospadias, head shape
<question>When examined in a 13-year-old boy, the left half shows dilated and twisted veins through the skin of the scrotum (a symptom of "earthworms in a bag") is enlarged. In a horizontal position, the veins fall off. Your diagnosis:
<variant>grade II varicocele
<variant>grade I varicocele
<variant>inguinal-scrotal hernia
<variant>cyst shells of eggs
<variant>grade III varicocele
<question>A 4-year-old child was admitted with a foreign body in the upper respiratory tract. Patient's position during transportation:
<variant>Strictly sitting
<variant>Lying on your stomach
<variant>Half-turned
<variant>Lying on your back
<variant>In the Trendelenburg position
<question>A 2-year-old child's condition suddenly worsened, there was pronounced respiratory failure, a paroxysmal barking cough, and a clearly audible clapping sound when breathing. The mother attributes the sudden deterioration to the aspiration of a foreign body. Name the likely location of the foreign body:
<variant>trachea
<variant>larynx
<variant>esophagus
<variant>main bronchus
<variant>lobe bronchi
<question>Primary surgical treatment of wounds in children differs from adults:
<variant>economical excision of the wound edges
<variant>wide excision of the wound edges
<variant>applying an ointment dressing
<variant>the edges of the wound do not excise
<variant>washing the wound with an aseptic solution
<question>With extensive femoral hematoma, it is shown:
<variant>puncture
<variant>autopsy
<variant>applying a bandage
<variant>applying dry heat
<variant>applying a cold compress
<question>Characteristic radiological signs for hydronephrosis are:
<variant>extension of the calyx-pelvis system
<variant>deformed and distended cups
<variant>amputation of part of the cups
<variant>the loss of kidney function
<variant>intrarenal type of pelvis
<question>Signs that give reason to suspect hydronephrosis are:
1) constant gross hematuria
2) persistent urinary system infection
3) palpable tumor in the kidney area
4) dysuria
5) nicturia
<variant>2; 3
<variant>1; 2
<variant>3; 4
<variant>4; 5

<variant>1; 5
<question>In hydronephrosis, a radical type of surgery is:
<variant>pelvic-ureteral segment plastic surgery
<variant>nephrostomy
<variant>nephrolithotomy
<variant>pelotonia
<variant>ureteroneostomy
<question>The method of choosing radical surgery for hydronephrosis is:
<variant>Haynes-Andersen-Kuchera operation
<variant>operation Politano-Leadbetter
<variant>Cohen operation
<variant>Folley operation
<variant>operation Bonnin
<question>For hydronephrosis, the treatment method is:
<variant>operational
<variant>conservative
<variant>combined
<variant>in childhood, surgery is performed for congenital hydronephrosis
<variant>purchased forms are operated on over 15 years old
<question>The main method of diagnosing hydronephrosis is:
<variant>excretory urography
<variant>angiography
<variant>profilometry the urethra
<variant>cystography
<variant>retrograde pyelography
<question>On the urogram for hydronephrosis characteristic is:
<variant>extension of the calyx-pelvis system
<variant>scarring of the renal parenchyma
<variant>heraklitos
<variant>deformation of the cups
<variant>expansion of the ureter
<question>Vesicoureteral reflux is characterized by:
<variant>reverse outflow of urine from the bladder to the upper urinary tract
<variant>narrowing of the mouth of the ureters and impaired evacuation of urine
<variant>presence of ureterocele in the mouth of the ureter
<variant>neuromuscular dysplasia of the urinary tract
<variant>intravesicularly obstructa
<question>Vesicoureteral reflux is ... disease:
<variant>polyetiological
<variant>congenital
<variant>acquired
<variant>secondary
<variant>primary
<question> The cause of abdominal bleeding after appendectomy is:
<variant>failure of the mesentery ligature of the process
<variant>puncture of the intestinal wall
<variant>poorly bandaged stump of the Appendix
<variant>typhlitis
<variant>perityphlitis
<question>Pediatrician's action for acute abdominal pain in a schoolboy:
<variant>calls an ambulance
<variant>calls the surgeon to school
<variant>examine the patient in the clinic
<variant>calls parents
<variant>lets the child go home
<question>The most common ... peritonitis In school children.
<variant>appendicular
<variant>diplococcal
<variant>specific
<variant>hormonal

<variant>bile
<question>When necrotic phlegmon of newborns is primarily affected:
<variant>subcutaneous tissue
<variant>sweat glands
<variant>sebaceous glands
<variant>derma
<variant>epidermis
<question>The most characteristic local clinical sign in neonatal necrotic phlegmon is:
<variant>rapidly spreading hyperemia of the skin with darkening and sinking in the center of the affected area
<variant>hyperemia of the skin with clear "geographical" borders
<variant>cone-shaped infiltrates with a purulent-necrotic rod in the center
<variant>hyperemia of the skin with swelling and fluctuation in the center
<variant>skin seal that rises above the surface
<question>One of the most likely routes of infection in necrotic phlegmon is:
<variant>macerated skin
<variant>gastrointestinal mucosa
<variant>blunt force trauma
<variant>oral mucosa
<variant>gastric mucosa
<question>A feature of the course of necrotic phlegmon in children is:
<variant>predominance of the necrotic process
<variant>predominance of purulent decay
<variant>lymph node infiltration
<variant>high body temperature
<variant>accelerated ESR
<question>With phlegmon of newborns, it is shown:
<variant>incisions-incisions with capture of healthy tissue
<variant>puncture and infiltration of the lesion with novocaine solution
<variant>incisions-notches in the area of hyperemia
<variant>puncture of the lesion and local administration of antibiotics
<variant>wide opening of the hearth
<question>A characteristic localization of neonatal phlegmon is:
<variant>lumbosacral region
<variant>face
<variant>belly
<variant>lower limb
<variant>brush
<question>Pylorostenosis is ... .
<variant>thickening and narrowing of the pyloric part of the stomach
<variant>blockage of the intestinal lumen with viscous meconium
<variant>12 duodenal obstruction
<variant>Hirschsprung's disease
<variant>Werlhof's disease
<question>The first signs of pylorostenosis occur at the age of:
<variant>from 2 weeks to 1 month
<variant>up to 1 year
<variant>up to 2 years old
<variant>4 months
<variant>first hours after birth
<question>Pylorostenosis requires surgical treatment for:
<variant>to Fred-Ramstedt
<variant>Kader
<variant>Leddu
<variant>Duhamel
<variant>Bairov
<question>Congenital pylorostenosis begins to manifest:
<variant>from the end of 2 to the beginning of 3 weeks
<variant>from the first week of life
<variant>by 1-3 months
<variant>by 4-6 months

<variant>after one year
<question>Osteochondropathy of the femoral head is called a disease:
<variant>Legg-calve-Perthes
<variant>of Kinback
<variant>Keller's1
<variant>Keller 2
<variant>Osgood-Schlatter
<question>Osteochondropathy tuberosity of the tibia is called a disease:
<variant>Osgood-Schlatter
<variant>of Kinback
<variant>Keller 2
<variant>Koenig
<variant>of Since
<question>Clinically, Osgood-Schlatter disease is observed:
<variant>painful swelling in the area of tibial tuberosity
<variant>hyperemia in the area of tibial tuberosity
<variant>increase in local temperature in the area of tibial tuberosity
<variant>limp on a bad leg
<variant>leg fatigue
<question>A child 1.5-month has anxiety when extending the left leg during swaddling for 2 days. When examined, the left leg is brought to the stomach, the foot hangs down. There are no active movements. Passive movements are painful in the hip joint. Body temperature 37.5 C. Preliminary diagnosis:
<variant>epiphyseal osteomyelitis of the left femur
<variant>bruised left foot
<variant>broken foot bones
<variant>left femur fracture
<variant>right hip phlegmon
<question>A child 1.5-month has anxiety when extending the left leg during swaddling for 2 days. When examined, the left leg is brought to the stomach, the foot hangs down. There are no active movements. Passive movements are painful in the hip joint. Body temperature 37.5 C. Local-increase in the volume of the joint. Further rational tactics of the surgeon:
<variant>diagnostic joint puncture
<variant>appointment of antibacterial therapy, observation
<variant>joint drainage
<variant>osteoperforation
<variant>osteopuncture and measurement of intraosseous pressure
<question>A child 1.5-month has anxiety when extending the left leg during swaddling for 2 days. When examined, the left leg is brought to the stomach, the foot hangs down. There are no active movements. Passive movements are painful in the hip joint. Body temperature 37.5 C. When the joint was punctured, pus was obtained. Type of immobilization:
<variant>Shedd traction or Vilensky exhaust tire
<variant>plaster splint applied to the upper third of the thigh
<variant>by applying a circular plaster cast to the upper third of the thigh
<variant>free swaddling
<variant>applying a hip cast
<question>The child of 28 days stopped moving the right handle, it hangs down along the trunk. Passive movements when changing a child's clothes are painful. Objectively-soft tissue edema, local increase in body temperature in the area of the shoulder joint.Your preliminary diagnosis:
<variant>epiphyseal osteomyelitis of the right humerus
<variant>right shoulder phlegmon
<variant>axillary lymphadenitis
<variant>right humerus fracture
<variant>dislocation of the right shoulder joint
<question>Child D. 10 days ,delivered to the emergency room of the hospital. On examination, a large painful focus of hyperemia was found in the area of the left scapula. Complaints from parents about fever and anxiety of the child. Preliminary diagnosis:
<variant>phlegmon of newborns
<variant>erysipelas
<variant>exudative dermatitis
<variant>carbuncle
<variant>Quincke's edema

<question>Child D. 10 days ,delivered to the emergency room of the hospital. On examination, a large painful focus of hyperemia was found in the area of the left scapula. Complaints from parents about fever and anxiety of the child. Medical tactics:
<variant>notches that capture the borders of healthy skin
<variant>cross section
<variant>opening and draining
<variant>physiotherapy
<variant>early necrectomy
<question>Child G. 6 years,went to the hospital for 3 days from the onset of the disease with complaints of fever, chills,headache, soreness in the scapula. On examination, a tumor-like formation is locally determined, with a hyperemic eroded surface, local hyperthermia, and the discharge of purulent discharge from several fistulas is noted. In blood tests: er-3,5, Hb-125g/l, leukocyte-20, ESR-18mm/h. Surgeon's tactics:
<variant>is widely opened with a cross-section
<variant>staggered notching
<variant>opening with a linear section
<variant>closed drainage overlay
<variant>applying a hypertonic bandage
<question>Child P. 14 years-went to the hospital for 1 day from the beginning of the disease with complaints of spilled swelling, hyperemia, hyperthermia, soreness of the entire right buttock area. There are fluctuations in the center. In blood tests: er-3,5, Hb-125 g / l, leuc-15,2, ESR-10 mm/h. Your diagnosis:
<variant>phlegmon
<variant>boil
<variant>infected wound
<variant>abscess
<variant>carbuncle
<question>A child 6-month, against the background of complete well-being, had bouts of sharp anxiety, refusal to eat, and the child was twitching his legs. The chair was normal the day before. Ill for 8 hours. The suspicion of intestinal intussusception. In the per Rectum finger examination, the "raspberry jelly" discharge is A tactic of a pediatric surgeon:
<variant>performing pneumatic compression
<variant>operational
<variant>spreading barium under the screen
<variant>cleansing enema
<variant>laparoscopy
<question>A 6 child -month, against the background of complete well-being, had bouts of sharp anxiety, refusal to eat, and the child was twitching his legs. The chair was normal the day before. Rectal examination revealed the "raspberry jelly" type of discharge. Your diagnosis:
<variant>intestinal intussusception
<variant>dysentery
<variant>coprostasis
<variant>hemorrhagic vasculitis
<variant>rectal polyp
<question>A girl 13-year, ill for 3 days, had abdominal pain, fever, vomiting. When examined, the child is pale and lethargic. The body temperature of 37.9 C. The abdomen is not swollen, and palpation in the right iliac region determines a painful motionless formation of 6x6 cm in size. The shchetkin-Blumberg symptom is weakly positive. Leukocytosis 16.2. your diagnosis:
<variant>appendicular infiltrate
<variant>coprostasis
<variant>mesentery cyst twist
<variant>kidney dystopia
<variant>intestinal intussusception
<question>A girl 13-year, ill for 3 days, had abdominal pain, fever, vomiting. When examined, the child is pale and lethargic. The body temperature of 37.9 C. The abdomen is not swollen, and palpation in the right iliac region determines a painful motionless formation of 6x6 cm in size. The shchetkin-Blumberg symptom is weakly positive. Leukocytosis 16.2. your diagnosis. Suspected appendicular infiltrate.Surgeon's tactics:
<variant>Conservative therapy
<variant>Observation in dynamics
<variant>Laparotomy, autopsy, and infiltrate drainage
<variant>Appendectomy
<variant>Bypass anastomosis

<question>A boy 2-year, was taken to the emergency Department a day after the onset of the disease with suspected acute appendicitis. The disease began acutely with an increase in body temperature to 38.6 C, runny nose, cough. Pronounced shortness of breath. Breathing is hard, and occasional wet wheezes are heard. Tongue is wet. Heart rate 106 per minute. The child resists examination, cries, strains the stomach.To exclude or confirm acute appendicitis, it is advisable to start with ... .
<variant>palpation of the abdomen during sleep
<variant>General blood test
<variant>overview radiography of abdominal organs
<variant>abdominal ultrasound
<variant>rectal finger examination
<question>A child 14-day, developed bloating due to lack of stool during the last 2 days. The child does not eat well, regurgitates. The parents were not able to make a cleansing enema, as they did not find an anal opening. When the girl is examined, the external genitals are formed correctly. The perineum is covered with fecal matter.To clarify the diagnosis, it is advisable to conduct a study:
<variant>irrigation through a fistula
<variant>fibrogastroscopy
<variant>fluorography
<variant>fibrocolonoscopy
<variant>tomography
<question>A child 7-year, had severe paroxysmal abdominal pain, repeated vomiting with an admixture of bile. There was no chair for 2 days. It is known from the medical history that appendectomy was performed at the age of 3 years.Preliminary diagnosis:
<variant>adhesive disease
<variant>inversion of the intestines
<variant>coprostasis
<variant>intestinal atony
<variant>gastritis
<question>A child 7-year, had severe paroxysmal abdominal pain, repeated vomiting with an admixture of bile. There was no chair for 2 days. It is known from the medical history that appendectomy was performed at the age of 3 years. Suspected adhesive intestinal obstruction.Surgeon's tactics:
<variant>Performing an urgent operation after preparation
<variant>Performing the operation as planned
<variant>Continue carrying out conservative crackdown
<variant>Perform a fibrocolonoscopy
<variant>Observation in dynamics
<question>A child 2-year, with bilateral pneumonia is in the somatic Department. Despite the treatment, the child develops bloating, vomiting with an admixture of bile, shortness of breath. There was no stool for 1.5 days. On examination, the abdomen is swollen and soft. Intestinal peristalsis is sluggish. Your diagnosis:
<variant>dynamic intestinal obstruction
<variant>strangulation intestinal obstruction
<variant>obstructive intestinal obstruction
<variant>congenital intestinal obstruction
<variant>mixed intestinal obstruction
<question>A child 2-year, with bilateral pneumonia, despite the treatment, increases bloating, vomiting with an admixture of bile, shortness of breath. There was no stool for 1.5 days. On examination, the abdomen is swollen and soft. Intestinal peristalsis is sluggish. The suspicion of dynamic intestinal obstruction.Surgeon's tactics:
<variant>conservative treatment
<variant>performing an urgent operation
<variant>operative, after conservative treatment
<variant>observation
<variant>surgical treatment after follow-up
<question>A child 6-year, complained of a tendency to constipation during the last year and the discharge of scarlet blood at the end of the act of defecation in the last 2 days.Preliminary diagnosis:
<variant>rectal polyp
<variant>colon cancer
<variant>intestinal tuberculosis
<variant>dysentery
<variant>intestinal intussusception
<question>A child 6-year complained of a tendency to constipation during the last year and the discharge of scarlet blood at the end of the act of defecation in the last 2 days.Research to clarify the diagnosis:

<variant>colonoscopy, finger rectal examination
<variant>overview radiography of the abdominal cavity, esophagoscopy
<variant>contrast radiography of the esophagus and stomach
<variant>fibrogastroduodenoscopy, ultrasound
<variant>esophagoscopy, laparoscopy
<question>A child 6-year complained of a tendency to constipation during the last year and red blood discharge at the end of the defecation act in the last 2 days. A suspected polyp of the rectum.Surgeon's tactics:
<variant>polyp removal
<variant>cryodestruction
<variant>radiotherapy
<variant>hormone therapy
<variant>chemotherapy
<question>A child 12-year, complained of acute pain in the right half of the scrotum, which appeared 2 hours ago. During the inspection of the external sex organs are formed correctly. The right testicle is pulled up to the root of the scrotum, with palpation sharply painful, inactive. The skin of the scrotum is hyperemic. Preliminary diagnosis:
<variant>testicular torsion
<variant>dropsy of the testicular membranes
<variant>cryptorchidism
<variant>testicular cross ectopia
<variant>traumatic testicular injury
<question>A boy 8-year, was taken to the clinic. Fell on his back from a height. Complains of bursting pains in the right lumbar region, frequent urge to urinate. The skin is pale. Pulse 120 V min. blood PRESSURE-80/60 mm Hg. the Abdomen is soft, there are no symptoms of peritoneal irritation, and a large swelling is detected in the lumbar region on the right. In the blood test, HB-110g/l, erythrocytes -3.2, in the urine analysis, erythrocytes cells up to 50-60 in the field of view. Preliminary diagnosis:
<variant>closed right kidney injury
<variant>closed abdominal injury
<variant>closed fracture of 12 ribs on the right
<variant>urogematoma of the right lumbar region
<variant>soft tissue injury in the lumbar region
<question>A boy 8-year, was taken to the clinic. Fell on his back from a height. Complains of bursting pains in the right lumbar region, frequent urge to urinate. The skin is pale. Pulse 120 V min. blood PRESSURE-80/60 mm Hg. the Abdomen is soft, there are no symptoms of peritoneal irritation, and a large swelling is detected in the lumbar region on the right. In the blood test, HB-110g/l, erythrocytes -3.2, in the urine analysis, erythrocytes cells up to 50-60 in the field of view. A study carried out urgently:
<variant>kidney ultrasound
<variant>laparoscopy
<variant>retrograde pyelography
<variant>excretory urography
<variant>renal angiography
<question>The patient is 7 years old, was admitted 1 day after the disease. The disease started suddenly, pain in the epigastrium, then localized in the right half of the abdomen. Body temperature 38C, tachycardia. The abdomen is not swollen, participates in the act of breathing, is smooth throughout and slightly painful with deep palpation, the symptoms of peritoneal irritation are doubtful. Preliminary diagnosis:
<variant>acute appendicitis
<variant>peptic ulcer of the stomach and duodenum 12
<variant>acute pancreatitis
<variant>acute gastritis
<variant>acute diverticulitis
<question>Girl 11 years old. Acute pain in the lower abdomen, above the right womb. Pain radiates to the right labia and rectum. The child has frequent and painful urination, as well as frequent loose stools with an admixture of mucus and blood. Rectal examination reveals a painful overhang and infiltrate on the right. Your diagnosis:
<variant>pelvic appendicitis
<variant>intestinal intussusception
<variant>cystitis
<variant>dysentery
<variant>right ovarian cyst
<question>Больной 12 лет. Болен 7 дней. Боли в животе, рвота, гектическая температура. Состояние тяжелое. Асимметрия живота за счет выбухания правой половины. Пальпаторно выявляется резкая болезненное

образование с флюктуацией, Положителен симптом Щеткина-Блюмберга. В крови высокий лейкоцитоз и сдвиг формуле влево. Предварительный диагноз и тактика хирурга:
<variant>аппендикулярный абсцесс, вскрытие абсцесса
<variant>инвагинация кишечника, лапаротомия
<variant>аппендикулярный инфильтрат, консервативное лечение
<variant>опухоль брюшной полости, удаление опухоли
<variant>мезоаденит, консервативное лечение
<question>A child 10-year, has severe abdominal pain, nausea, and vomiting. A history of nosebleeds. Palpation of the abdomen reveals soreness in the right half and slight tension of the abdominal muscles on the right. There was a stool with blood on it. A preliminary diagnosis and differential diagnosis:
<variant>Schonlein-Genoch disease, hormone prescribing
<variant>intestinal polyp-polypectomy
<variant>acute appendicitis-appendectomy
<variant>acute diverticulitis-diverticulectomy
<variant>intussusception -intussusception
<question>A 14-year-old child was taken to a surgical hospital. From the anamnesis, it is known that during the week, epigastric pain and belching bothered. Two hours before admission to the hospital, there were "dagger" abdominal pain, vomiting of food eaten. The child's condition is serious. His expression is pained. Forced position on the left side with the lower limbs bent. The tongue is dry, covered with a coating. The abdomen does not participate in breathing, palpation is tense, sharply painful, and symptoms of peritoneal irritation are expressed. Pulse 120 per minute. T=37.5 S.Preliminary diagnosis:
<variant>gastric ulcer perforation
<variant>poisoning
<variant>acute cholecystitis
<variant>acute gastritis
<variant>acute pancreatitis
<question>The child is 1 year old. There is a restriction of movement in the right upper limb, when examined, soreness is determined, local edema in the right clavicle area. Treatment is indicated:
<variant>Dezo bandage
<variant>coxit plaster cast
<variant>vozmiobraznaya plaster cast
<variant>armband by Kuzminsky-Karpenko
<variant>closed reposition under local anesthesia
<question>In the first hours after birth, the child appeared to vomit profusely with bile. After feeding, vomiting increases. There was lethargy adinamiya exicosis, for a day the child lost weight 256 g. the Stomach is soft, swollen in the epigastric region, after vomiting, the swelling decreases. The lower abdomen is sunken. On the overview R-gram of the abdominal organs, two horizontal levels of fluid are clearly visible, and there is no gas in the intestine.Your diagnosis:
<variant>atresia of the duodenum 12 below the fater's nipple
<variant>Hirschsprung's disease
<variant>pylorostenosis
<variant>sigmoid atresia
<variant>atresia of the duodenum 12 above the fater's nipple
<question>A girl 6-month, was found to have a painful hernia protrusion in the right groin area 45 minutes after the disease. Treatment shown:
<variant>emergency hernia surgery
<variant>conservative hernia repair
<variant>elective hernia surgery
<variant>herniotomy according to the dispensary schedule
<variant>diagnostic laparoscopy
<question>A 1-year-old child was admitted to the emergency surgery Department. According to the mother, the child suffers from constipation from birth, the child's stomach is enlarged. Cleansing enemas are ineffective. Shown:
<variant>irrigation
<variant>overview radiography of the abdominal cavity
<variant>small bowel wall biopsy
<variant>abdominal ultrasound
<variant>coprogram
<question>A child at the age of 1 month, complaints from parents about vomiting fountain, anxiety. When examining the abdomen in the epigastric region, there is a bulge. When palpation is determined by the "hourglass" symptom and compaction in the projection of the pyloric part of the stomach. Preliminary diagnosis:
<variant>pylorostenosis

<variant>pylorospasm
<variant>adrenogenital syndrome
<variant>Debre-Fibiger syndrome
<variant>duodenal stenosis
<question>Child 1.5 months, complaints from the words of the parents on the vomiting a fountain of concern. When examining the abdomen in the epigastric region, there is a bulge. When palpation is determined by the "hourglass" symptom and compaction in the projection of the pyloric part of the stomach. Optimal tactics of the surgeon:
<variant>Fred-Ramstede operation
<variant>conservative treatment
<variant>Ross operation
<variant>Winkleman operation
<variant>Cohen operation
<question>The child is 3 years old, complains of weakness, frequent regurgitation, lack of independent stool from the moment of birth, only after an enema. On examination, the abdomen is enlarged in volume. When pressing on the anterior abdominal wall, finger depressions remain (a symptom of "clay"). Preliminary diagnosis:
<variant>Hirschsprung's disease
<variant>anorectal defects
<variant>dolichosigma
<variant>chronic constipation
<variant>intestinal obstruction
<question> Girl 4-year, palpation shows diffuse soreness and tension of the muscles of the anterior abdominal wall in all parts of the abdominal cavity. Symptoms of peritonism are more pronounced in the lower abdomen, a positive symptom of shchetkin-Blumberg. There is hyperemia of the outer urogenitale. Preliminary diagnosis:
<variant>pelvioperitonitis
<variant>acute appendicitis
<variant>ovarian cyst twist
<variant>appendicular infiltrate
<variant>appendicular peritonitis
<question>During a preventive examination, a child in kindergarten was found to have a bulge in the area of the umbilical ring. Which disappears in a calm state. But it appears when straining and shouting. The umbilical ring is enlarged in size. Select the necessary survey plan:
<variant>examination and palpation of the umbilical ring
<variant>orthostatic samples
<variant>abdominal ultrasound
<variant>scrotal examination and palpation
<variant>dopplerography
<question>When examining a child in kindergarten, a bulge in the area of the umbilical ring was revealed. Which disappears in a calm state. But it appears when straining and shouting. The umbilical ring is enlarged in size. Preliminary diagnosis:
<variant>umbilical hernia
<variant>hernia of the white line of the abdomen
<variant>umbilical cord hernia
<variant>inguinal hernia
<variant>ventral hernia
<question>A child of 2 months complains from the words of his mother about vomiting "fountain", when examined, the swelling of the epigastrium is determined. On palpation, a symptom of "hourglass". Suggest the scheme of examination:
<variant>ultrasound
<variant>FGDs
<variant>MRI
<variant>colonoscopy
<variant>CT
<question>You were contacted by the parents of a 2-year-old child with complaints that the child stopped moving the right handle, it hangs down along the body passive and active movements are painful. The above complaints appeared when the child was changing clothes.Your diagnosis:
<variant>subluxation of the head of the right radius
<variant>acute hematogenic osteomyelitis of the humerus
<variant>closed fracture b / 3 of the right humerus
<variant>closed fracture C / 3 of the right clavicle
<variant>rheumatoid arthritis

<question>A newborn child is admitted to the emergency surgery Department on the 7th day of life. Listless, moaning. The skin is pale gray, acrocyanosis. Breathing is rapid and shallow. Heart tones are muffled. Pay attention to sharp bloating, tension and pain in the abdomen. The subcutaneous venous network is expanded. Peristalsis is not listened to. Percussion-disappearance of hepatic dullness. Preliminary diagnosis:
<variant>peritonitis
<variant>acute pancreatitis
<variant>acute appendicitis
<variant>onmc
<variant>abdominal tumor
<question>A newborn child is admitted to the emergency surgery Department on the 7th day of life. Listless, moaning. The skin is pale gray, acrocyanosis. Breathing is rapid and shallow. Heart tones are muffled. Pay attention to sharp bloating, tension and pain in the abdomen. The subcutaneous venous network is expanded. Peristalsis is not listened to. Percussion-disappearance of hepatic dullness. Preliminary diagnosis:
<variant>peritonitis
<variant>acute pancreatitis
<variant>acute appendicitis
<variant>acute disorder of brain blood circulation
<variant>abdominal tumor
<question>A newborn child is admitted to the emergency surgery Department on the 7th day of life. Listless, moaning. The skin is pale gray, acrocyanosis. Breathing is rapid and shallow. Heart tones are muffled. Pay attention to sharp bloating, tension and pain in the abdomen. The subcutaneous venous network is expanded. Peristalsis is not listened to. Percussion-disappearance of hepatic dullness. To confirm the diagnosis of "Peritonitis", you must do the following:
<variant>overview radiography of the abdominal cavity
<variant>diagnostic laparoscopy
<variant>overview chest x-ray
<variant>irrigography
<variant>abdominal CT scan
<question>A newborn child is admitted to the emergency surgery Department on the 7th day of life. Listless, moaning. The skin is pale gray, acrocyanosis. Breathing is rapid and shallow. Heart tones are muffled. Pay attention to sharp bloating, tension and pain in the abdomen. The subcutaneous venous network is expanded. Peristalsis is not listened to. Percussion-disappearance of hepatic dullness. Surgeon's tactics:
<variant>emergency operation after 2-3 hours of preparation
<variant>emergency operation within 1 hour
<variant>emergency surgery within 5 hours after preoperative preparation
<variant>it is necessary to treat conservatively in the intensive care unit for 24 hours, after surgery
<variant>wait-and-see tactics
<question>A 10-year-old girl has a hectic temperature, frequent stools with mucus and tenesmus, pain when urinating, and a rectal examination of a tumor-like formation anterior to the rectum. Surgeon's tactics:
<variant>emergency laparotomy, baby Douglas has an abscess
<variant>emergency laparotomy, the child has ovarian apoplexy
<variant>emergency laparotomy, the child has appendicular infiltrate subacute form
<variant>emergency laparotomy, the child has appendicular infiltrate in the lysis stage
<variant>emergency laparotomy, the child has ulcerative-perforated enterocolitis
<question>A newborn at the 3rd week of life has vomiting in the form of a "fountain", dry skin, sinking of the Fontanelle, weight loss. The abdomen is swollen in the epigastrium, enhanced peristalsis in the form of an "hourglass". During the operation, at the time of dissection of the pylorus, the mucous membrane is damaged. Surgeon's tactics:
<variant>suturing the wound, incision on the opposite side
<variant>suturing the mucosa with 1-2 stitches
<variant>complete wound suturing, intubation via gastrostomy
<variant>complete suturing of the wound
<variant>resection of the damaged area and suturing the wound
<question>A child aged 2 months arrives 16 hours after the disease. According to my mother, complaints of anxiety, the presence of a tumor-like formation in the right inguinal region. General condition of moderate severity. Body temperature is within normal limits. Locally, when examined in the inguinal region on the right, a tumor-like formation along the spermatic cord is detected, measuring 1. 0x1.5 cm, descending into the scrotum, with palpation sharply painful, of a soft-elastic consistency and not directed to the abdominal cavity. Your diagnosis:
<variant>strangulated inguinal hernia on the right
<variant>acute dropsy of the right spermatic cord
<variant>pinched communicating dropsy of the spermatic cord on the right
<variant>twisting the spermatic cord on the right

<variant>right inguinal lymphadenitis
<question>A child aged 2 months arrives 16 hours after the disease. According to my mother, complaints of anxiety, the presence of a tumor-like formation in the right inguinal region. General condition of moderate severity. Body temperature is within normal limits. Locally, when examined in the inguinal region on the right, a tumor-like formation along the spermatic cord is detected, measuring 1. 0x1.5 cm, descending into the scrotum, with palpation sharply painful, of a soft-elastic consistency and not directed to the abdominal cavity. Surgeon's tactics:
<variant>Operation hernia repair with inguinal canal plastic surgery by Martynov
<variant>treatment is conservative, as there is no need for surgical treatment
<variant>Operation hernia repair with plastic inguinal canal by Ru-Krasnobaev
<variant>Operation hernia repair with plastic inguinal canal by Duhamel
<question>A child aged 7 years arrives 2 days after the disease with complaints of pain, enlargement of the left half of the scrotum. According to the child, he denies the injury. General condition of moderate severity. Well-being is moderately disturbed. Body temperature is subfebrile. Locally, the scrotum is asymmetrical, swollen, and hyperemic. When palpation is determined by the fluid in the membranes of the testicle and appendage, palpated formation with a diameter of 0.5-1.0 cm, there is a sharp pain. Your diagnosis:
<variant>edematous scrotum syndrome, Morgagni hydatid necrosis
<variant>edematous scrotum syndrome, intracranial torsion
<variant>traumatic testicular injury
<variant>acute epididymitis
<variant>acute spermatic cord cyst
<question>A newborn baby was delivered from the maternity hospital, body weight 2600 g.there is a foamy discharge from the mouth, anxiety, attacks of cyanosis. On radiography of the esophagus, the upper segment of the esophagus ends blindly, there are gases in the stomach and intestines. Preliminary diagnosis:
<variant>esophageal atresia
<variant>duodenal atresia
<variant>jejunal atresia
<variant>rectal atresia
<variant>anal atresia
<question>Newborn - age 2 days. The condition is serious. Cyanosis of the nasolabial triangle, shortness of breath, vomiting with bile. On examination, the asymmetry of the chest is a bulging of the left half of the chest. Breathing is weakened, intestinal noises are listened to, and percussion is blunted. The abdomen is sunken scaphoid.Your diagnosis:
<variant>false congenital diaphragmatic hernia
<variant>lung sequestration
<variant>congenital tracheoesophageal fistula
<variant>esophageal atresia
<variant>true diaphragmatic hernia
<question>In a newborn, after the fall of the umbilical cord from the first days, there is a discharge of intestinal contents from the navel. The navel is infiltrated, hyperemic. The child does not gain weight well, is exhausted, and lags behind in physical development. The General condition is getting worse every day.Your diagnosis:
<variant>full navel fistula
<variant>umbilical hernia
<variant>umbilical cord hernia
<variant>Meckel's diverticulum
<variant>phlegmonous omphalitis
<question>A 9-year-old boy. He was treated in the surgical Department for acute hematogenic osteomyelitis of the left femur. After 2 months in the middle third of the thigh there is mobility, deformity. Complication that developed during treatment:
<variant>pathological fracture and false joint formation
<variant>ankylosis and hip shortening
<variant>ankylosis and false joint formation
<variant>hip dislocation and false joint formation
<variant>osteoarthritis and hip shortening
<question>Parents complained about the lack of testicles in the scrotum. The child is 2 years old.On examination, the external genitals are formed correctly, but the testicles in the scrotum are not detected. The cremaster reflex is preserved. Both testicles are palpated in the area of the external inguinal rings and are easily relegated to the scrotum. Preliminary diagnosis:
<variant>false cryptorchidism
<variant>orchoepididimitite
<variant>anarchism
<variant>monarchism

<variant>testicular ectopia
<question>Parents complained about the lack of testicles in the scrotum. The child is 2 years old.On examination, the external genitals are formed correctly, but the testicles in the scrotum are not detected. The cremaster reflex is preserved. Both testicles are palpated in the area of the external inguinal rings and are easily relegated to the scrotum. Suspicion of "false cryptorchidism".Tactics of a pediatric surgeon:
<variant>observation
<variant>hormone treatment
<variant>operation
<variant>physiotherapy
<variant>groin massage
<question>An 11-year-old child has complaints of enlargement of the left half of the scrotum and a feeling of heaviness in it. When viewed in the left half of the scrotum, dilated veins of the cluster plexus are palpated, their filling increases with tension. Testicles in the scrotum.Preliminary diagnosis:
<variant>varicocele
<variant>testicular infarction
<variant>orchioepididymite
<variant>cryptorchidism
<variant>testicular dropsy
<question>An 11-year-old child complains of an increase in the left half of the scrotum and a feeling of heaviness in it. When viewed in the left half of the scrotum, dilated veins of the cluster plexus are palpated, their filling increases with tension. Testicles in the scrotum. The diagnosis was "Varicocele on the left".Surgical approach:
<variant>oblique incision in the left iliac region
<variant>pararectal section
<variant>transverse incision at the level of the Antero-superior iliac spine
<variant>per-scrotal access
<variant>oblique incision in the groin area
<question>An 11-year-old child complains of an enlarged left half of the scrotum and a feeling of heaviness in it. When viewed in the left half of the scrotum, dilated veins of the cluster plexus are palpated, their filling increases with tension. Testicles in the scrotum. The diagnosis was "Varicocele on the left".Surgeon's tactics:
<variant>ivanisevich – Erokhin operation
<variant>dynamic observation
<variant>conservative therapy
<variant>sclerosing therapy
<variant>testiculosaphenic venous anastomosis
<question>A 1-month-old girl, 2 days ago, her parents found a painless tumor-like formation in the right inguinal region, 1.5 x 1 cm in size, rounded shape, which does not set in the abdominal cavity. The child's condition is satisfactory.Your diagnosis:
<variant>Nucke cyst
<variant>permanent inguinal hernia
<variant>pinched inguinal hernia
<variant>inguinal lymphadenitis
<variant>inguinal phlegmon
<question>The boy was born with cleavage of the foreskin. The child urinates in a thin stream with straining. The external opening of the urethra was found in the area of the coronal sulcus, dotted.Preliminary diagnosis:
<variant>hypospadias
<variant>bladder exstrophy
<variant>epispadium
<variant>urethral atresia
<variant>urethral hypoplasia
<question>The boy was born with cleavage of the foreskin. The child urinates in a thin stream with straining. The external opening of the urethra was found in the area of the coronal sulcus, dotted. The diagnosis is " Hypospadias»Surgeon's tactics:
<variant>meatotomy
<variant>endoscopic electrosection
<variant>V-shaped urethral plastic surgery
<variant>booging
<variant>plasty of the urethral wall with local tissues
<question>The boy was born 4 months old and had an enlarged left half of the scrotum. During palpation, a tumor-like formation of elastic consistency with smooth contours is determined, painless,5x3. 5 cm in size, and does not set into the

abdominal cavity. By evening, the formation increases slightly in size. The outer inguinal ring is not expanded. Preliminary diagnosis:
<variant>communicating dropsy of the testicle
<variant>cryptorchidism
<variant>spermatic cord cyst
<variant>dropsy of the testicular membranes
<variant>testicular ectopia
<question>The boy was born 4 months old and had an enlarged left half of the scrotum. During palpation, a tumor-like formation of elastic consistency with smooth contours is determined, painless,5x3. 5 cm in size, and does not set into the abdominal cavity. By evening, the formation increases slightly in size. The outer inguinal ring is not expanded. Diagnosis:"Communicating dropsy of the testicle".Tactics of a pediatric surgeon:
<variant>dynamic observation
<variant>scheduled surgical treatment
<variant>puncture of membranes with fluid evacuation
<variant>repeated punctures with hydrocortisone
<variant>prescribing hormonal medications
<question>A 3-month-old girl had an extension of the umbilical ring with a protrusion of a painless, elastic consistency of the formation with dimensions of 1, 5x1, 5 cm, easily set into the abdominal cavity.Preliminary diagnosis:
<variant>umbilical hernia
<variant>hernia of the white line of the abdomen
<variant>umbilical cord hernia
<variant>simple omphalitis
<variant>phlegmonous omphalitis
<question>A 3-month-old girl had an extension of the umbilical ring with a protrusion of a painless, elastic formation of the size of 1, 5x1, 5 cm, easily inserted into the abdominal cavity. The diagnosis was made: "Umbilical hernia»Tactics of a pediatric surgeon:
<variant>band-aid, massage
<variant>scheduled surgical treatment
<variant>sclerosing therapy
<variant>emergency surgical treatment
<variant>prescribing hormonal medications
<question>In a 6-year-old girl, a preventive examination revealed a painless protrusion of 0.5x0. 5 cm along the median line 3 cm above the umbilical ring,which can be easily inserted into the abdominal cavity. In this case, the aponeurosis defect is determined along the median line with dimensions of 0,5x0,5 cm. Your diagnosis:
<variant>hernia of the white line of the abdomen
<variant>umbilical hernia
<variant>umbilical cord hernia
<variant>simple omphalitis
<variant>phlegmonous omphalitis
<question>In a 6-year-old girl, a preventive examination revealed a painless protrusion of 0.5x0. 5 cm along the median line 3 cm above the umbilical ring,which can be easily inserted into the abdominal cavity. In this case, the aponeurosis defect is determined along the median line with dimensions of 0,5x0,5 cm. Your diagnosis:
<variant>hernia of the white line of the abdomen
<variant>umbilical hernia
<variant>umbilical cord hernia
<variant>simple omphalitis
<variant>phlegmonous omphalitis
<question>A month-old boy from birth was found to have an increase in the right half of the scrotum due to a tumor-like formation of a soft-elastic consistency, painless, easily set in the abdominal cavity with rumbling, but when the child is restless, it appears again. The right inguinal ring is dilated. Preliminary diagnosis:
<variant>inguinal-scrotal hernia
<variant>permanent inguinal hernia
<variant>pinched inguinal hernia
<variant>inguinal lymphadenitis
<variant>dropsy of the testicular membranes
<question>The boy is 1 month old., from birth, an increase in the right half of the scrotum was detected due to a tumor-like formation of a soft-elastic consistency, painless, easily set in the abdominal cavity with rumbling, but when the child is restless, it appears again. The right inguinal ring is dilated.Tactics of a pediatric surgeon:
<variant>scheduled surgical treatment
<variant>dynamic observation

<variant>urgent operation
<variant>massage, physical therapy
<variant>antibacterial therapy
<question>A month-old child in utero at the 32nd week of pregnancy was diagnosed with an expansion of the calico-pelvic system of both kidneys up to 14 mm in size during fetal ultrasound. After birth, this diagnosis was confirmed. Urinalysis is normal.Preliminary diagnosis:
<variant>hydronephrosis
<variant>Wilms tumor
<variant>solitary kidney cyst
<variant>pyelonephritis
<variant>mesentery cyst
<question>A month-old child in utero at the 32nd week of pregnancy with fetal ultrasound was diagnosed with an expansion of the calico-pelvic system of both kidneys up to 14 mm in size. Urinalysis is normal.Research to clarify the diagnosis:
<variant>infusion urography
<variant>antegrade pyelography
<variant>cystoscopy
<variant>laboratory examination
<variant>cystography
<question>A 2.5-year-old girl from 5 months is constantly being treated for recurrent pyelonephritis. Excretory urography revealed bilateral expansion of the calico-pelvic system, and enlarged ureters are visible. Preliminary diagnosis:
<variant>bilateral urethrohydronephrosis
<variant>polycystic kidney disease
<variant>bilateral pyelonephritis
<variant>Wilms tumor
<variant>hydrocelectomy kidney
<question>The girl, 2.5 years old, has been constantly treated for recurrent pyelonephritis since 5 months. Ultrasound revealed bilateral expansion of the calico-pelvic system, and enlarged ureters are visible.Research to clarify the diagnosis:
<variant>infusion urography
<variant>angiography
<variant>overview radiography
<variant>cystography
<variant>retrograde pyelography
<question>In a 6-month-old boy suffering from chronic pyelonephritis, cystography revealed the presence of expanded convoluted ureters and enlarged pelvises on both sides.The diagnosis was made: "Vesicoureteral reflux of IV-V degree, urethrohydronephrosis".Tactics of a pediatric surgeon:
<variant>operational
<variant>conservative
<variant>dynamic observation
<variant>physiotherapy
<variant>kidney drainage
<question>A 6-year-old girl complains of constant dull fights in the right side of her stomach. Within 2 years, the patient has pyuria. The patient's condition is satisfactory. Physical examination revealed no pathology. In the analysis of urine-protein, leukocyturia. Cystoscopy revealed no pathology. On the excretory urogram: significant expansion of the right pelvis and cups, narrowing of the pelvic-ureteral segment. Tactics of a pediatric surgeon:
<variant>pelvic-ureteral segment plastic surgery
<variant>conservative treatment
<variant>antibacterial therapy
<variant>urostatics
<variant>nephrectomy
<question>Examination of a newborn boy in a maternity hospital revealed an incorrect formation of external urogenitals in the form of splitting of the dorsal wall of the urethra. The head is flattened, there is a displacement of the external opening of the urethra to the coronal sulcus. Urination is free. The mother's pregnancy was accompanied by toxicosis. Preliminary diagnosis:
<variant>epispadium
<variant>hermaphroditism
<variant>hypospadias, stem form
<variant>hypospadias, perineal form
<variant>bladder exstrophy

<question>A 4-year-old boy, the examination revealed a sharp edema of the foreskin and a bluish-purple color of the penis head, which is located near the coronal furrow, does not cover the glans of the penis. Urination is very difficult and painful, the child can not urinate on their own. Preliminary diagnosis:
<variant>paraphimosis
<variant>inflammation of the Morgagni hydatid
<variant>balanoposthit
<variant>scar phimosis
<variant>orchoepididymite
<question>A 5-year-old boy, revealed: the foreskin is swollen and hyperemic, an attempt to move the foreskin and open the head fails, a purulent discharge is released. The opening of the foreskin is narrow. Urination is painful, in a thin trickle. Preliminary diagnosis:
<variant>acute balanoposthitis
<variant>phimosis
<variant>cryptorchidism
<variant>paraphimosis
<variant>hypospadias, head shape
<question>This pathology was detected in the maternity hospital, on the anterior abdominal wall in the projection of the bladder, a section of the mucous membrane of the posterior wall of the bladder is determined with the opening mouths of the ureters from which urine constantly flows. The mucosa is swollen, hyperemic, and the skin around it is macerated. Preliminary diagnosis:
<variant>bladder exstrophy
<variant>infravesical obstruction
<variant>obstructive megaureter
<variant>vesico-umbilical fistula
<variant>bladder diverticulum
<question>During the examination, a 2.5-year-old boy was found to have a tumor-like formation in the left half of the scrotum, of a soft-elastic consistency, painless, with pressure and horizontal position, it decreases in volume. Suggest the optimal treatment regimen:
<variant>operation using the Ross method
<variant>operation on Ru-Krasnobaev
<variant>ivanisevich-Erokhin operation
<variant>testicular vein ligation
<variant>Haynes-Andersen-Coachman operation
<question>The child is 3 years old, the examination determines the narrowing of the foreskin opening, urination is disturbed, it is impossible to remove the head of the penis. During urination, the child worries, pushes, the urine comes out in a thin stream. Preliminary diagnosis:
<variant>phimosis
<variant>partimos
<variant>balanoposthitis
<variant>epispadia
<variant>hypospadias, head shape
<question>Examination of 13-year-old boy, the left half shows enlarged and convoluted veins through the skin of the scrotum (a symptom of "earthworms in a bag"). In a horizontal position, the veins fall off. Your diagnosis:
<variant>grade II varicocele
<variant>grade I varicocele
<variant>inguinal-scrotal hernia
<variant>testicular cyst
<variant>grade III varicocele
<question>A 4-year-old child was admitted with a foreign body in the upper respiratory tract. Position of the patient before transportation
<variant>Strictly sitting
<variant>Lying on your stomach
<variant>Half-turn
<variant>Lying on your back
<variant>In the Trendelenburg position
<question>Clinic characteristic of an abscess of the Douglas space... .
<variant>persistent temperature rise
<variant>repeated vomiting
<variant>lack of feces and gas
<variant>abdominal irritation

<variant>pain when urinating
<question>The causes of peritonitis in children DO not include...
<variant>full umbilical fistula
<variant>stomach ulcer
<variant>necrotic enterocolitis
<variant>acute appendicitis
<variant>Meckel's diverticulum
<question>In peritonitis, a violation of hemostasis DOES not apply... .
<variant>alkalosis
<variant>acidosis
<variant>hypovolemia
<variant>water and salt exchange
<variant>violation of the acid-base balance
<question>The causes of peritonitis in newborns DO not apply…
<variant>urachus non-infection
<variant>necrotic enterocolitis
<variant>intestinal perforation
<variant>appendicitis
<variant>sepsis
<question>In appendicular peritonitis, differential diagnosis is NOT performed with...,
<variant>Grishprung's disease
<variant>pneumonia
<variant>cholecystitis
<variant>enterocolite
<variant>acute intestinal obstruction
<question>To clarify the level of atresia of the anus is carried out x-rays:
<variant>method Vangelina
<variant>in vertical position
<variant>in horizontal position
<variant>with the introduction of barium mixture by mouth
<variant>with intravenous urotrast
<question>Signs NOT related to diplococcal peritonitis...
<variant>acute abdominal pain
<variant>temperature rise
<variant>leukocytosis
<variant>intestinal paresis
<variant>peritoneal irritation
<question>The main symptoms that ARE not related to peritonitis in newborns...
<variant>cough
<variant>scrotal edema
<variant>plank belly
<variant>shchetkin-Blumberg symptom
<variant>edema of the anterior sternum wall
<question>With peritonitis in newborns, differential diagnosis is NOT performed with...
<variant>pylorostenosis
<variant>pneumonia
<variant>head injury
<variant>intestinal obstruction
<variant>septic enterocolitis
<question>On the overview R-gram of the abdominal cavity, prepiloric atresia is characterized by:
<variant>one level of liquid with a gas bubble
<variant>two liquid levels with a gas bubble
<variant>Cloiber bowls
<variant>mute belly
<variant>bowel displacement to the right half of the abdominal cavity
<question>Low intestinal obstruction includes:
<variant>small bowel atresia
<variant>pylorostenosis
<variant>ring-shaped pancreas
<variant>duodenal atresia

<variant>duodenal stenosis
<question>Clinical symptoms of small bowel atresia are:
<variant>from 2 days of life
<variant>at 3 weeks of age
<variant>by the beginning of 2 weeks
<variant>by the end of the 1st month of life
<variant>since birth
<question>One of the symptoms of ileum atresia is:
<variant>no meconium
<variant>meconium discharge with blood
<variant>increased body temperature
<variant>fountain vomiting
<variant>increased appetite
<question>When atresia of the small intestine is not noted:
<variant>increase in body weight
<variant>the baby is restless, refuses to breastfeed
<variant>the child is sluggish, adynamic
<variant>increase in intoxication phenomena
<variant>rapid deterioration
<question>In atresia of the small intestine from the abdomen, there is:
<variant>even bloating
<variant>painful stomach
<variant>swelling in the epigastric region
<variant>retracted belly
<variant>dramatic reduction in the size of the abdomen after vomiting
<question>The cause of congenital pylorostenosis in children is:
<variant>vicious pylorus innervation
<variant>feeding disorders
<variant>immaturity of the intestinal tube
<variant>acute gastritis
<variant>stomach ulcer
<question>It is characterized by constant pain, vomiting and tumor formations in the lumbar region...
<variant>for closed hydronephrosis
<variant>congenital hydronephrosis
<variant>local hydronephrosis
<variant>pre-acquired hydronephrosis
<variant>for open hydronephrosis
<question>Differential diagnosis of hydronephrosis is NOT performed with...
<variant>omentum cyst
<variant>vesicoureteral reflux
<variant>echinococcosis
<variant>Williams tumor
<variant>ureterohydronephrosis
<question>Vesicoureteral reflux occurs as a result of impaired ... function of the ureteral orifices.
<variant>evacuation closure function of the ureter
<variant>ureteral evacuation function
<variant>closure function of the ureter
<variant>filtration
<variant>absorptive
<question>The most informative method for diagnosing vesicoureteral reflux is:
<variant>miction cystography
<variant>angiography of renal vessels
<variant>retrograde pyelography
<variant>excretory urography
<variant>tomography
<question>There are the following types of reflux:
<variant>active and passive
<variant>catarrhal and phlegmonous
<variant>innate and acquired
<variant>acute and chronic

<variant>primary and secondary
<question>Retrograde reflux of contrast in the bladder is consistent... reflux.
<variant>passive
<variant>secondary
<variant>innate
<variant>active
<variant>primary
<question>Retrograde contrast rejection during voiding cystography is consistent ... reflux.
<variant>active
<variant>primary
<variant>passive
<variant>secondary
<variant>congenital
<question>Retrograde contrast casting in both miction and bladder filling is typical for ... reflux's.
<variant>mixed form
<variant>active
<variant>passive
<variant>secondary and purchased
<variant>primary and innate
<question>Ureterolithotomy is indicated in the presence of stones in:
<variant>ureter
<variant>kidney
<variant>pelvis
<variant>bladder
<variant>urethra
<question>Cystolithotomy is indicated in the presence of stones in:
<variant>bladder
<variant>kidney
<variant>pelvis
<variant>ureter
<variant>urethra
<question>Nephrolithotomy is indicated for the presence of stones in:
<variant>kidney
<variant>pelvis
<variant>ureter
<variant>bladder
<variant>urethra
<question>An informative and simple method for diagnosing urolithiasis is considered to be:
<variant>overview radiography of the abdominal cavity
<variant>cystoscopy
<variant>laparoscopy
<variant>clinical and laboratory methods
<variant>palpation, percussion
<question>The most informative method for diagnosing R-negative stones is:
<variant>computed tomography
<variant>radiography
<variant>cystography
<variant>angiography
<variant>chromatotherapy
<question>Predisposing factors for the formation of stones of the urinary system include:
<variant>abnormalities and diseases of the urinary tract
<variant>chronic gastroduodenitis
<variant>hyperkalemia
<variant>avitaminosis
<variant>chronic pyelonephritis
<question>Stones that repeat the shape of the calyx-pelvic system are called:
<variant>coralloid
<variant>calcic
<variant>locking
<variant>single

<variant>solitary
<question>The clinical symptom that is NOT typical for urolithiasis is:
<variant>nicturia
<variant>pain
<variant>disuria
<variant>hematuria
<variant>pyuria
<question>The cause of renal colic is:
<variant>fragment stones
<variant>large stones
<variant>multiple fixed stones
<variant>fixed stones
<variant>coral rocks
<question>Pain in case of urolithiasis often radiates to:
<variant>groin area
<variant>left iliac region
<variant>right iliac region
<variant>around the navel
<variant>the right upper quadrant
<question>Conservative treatment for intestinal intussusception is indicated:
<variant>if the disease lasts up to 12 hours
<variant>in children of the first year of life
<variant>for children over 1 year old
<variant>if the disease lasts up to 48 hours
<variant>if the disease lasts up to 24 hours
<question>For conservative spreading of invaginate is more often used:
<variant>pumping air into the colon
<variant>warm bath
<variant>siphon enema
<variant>warm on your stomach
<variant>introduction of antispasmodic agents
<question>Indications for surgical treatment of intestinal intussusception are:
<variant>the duration of the disease is more than 12 hours
<variant>child's age 1 year
<variant>the age over 12
<variant>the duration of the disease is up to 6 hours
<variant>the age of 3 years
<question>Intestinal intussusception is most common at the age of:
<variant>from 3 months to 1 year
<variant>3 to 5 years old
<variant>1 to 3 years old
<variant>5 to 8 years old
<variant>up to 2 months
<question>The most common type of intestinal intussusception in children is:
<variant>thin-column
<variant>blind-rim
<variant>rectosigmoid
<variant>thick-colonic
<variant>thin-intestinal
<question>A feature of purulent infection in children is:
<variant>tendency to generalize
<variant>tendency to limit
<variant>bradycardia
<variant>tachycardia
<variant>accelerated erythrocyte sedimentation rate (ESR)
<question>A feature of purulent infection in children is:
<variant>rapid development of intoxication
<variant>accelerated ESR
<variant>tachycardia
<variant>bradycardia

<variant>tendency to limit
<question>The localization of abdominal pain, in the right iliac region, the navel and the left hypochondrium in a child, the outcome of acute respiratory infection indicates:
<variant>the mezadenita
<variant>acute appendicitis
<variant>pancreatitis
<variant>tuberculosis of the peritoneum
<variant>enterocolitis
<question>Goal of surgical treatment for complete umbilical fistula... .
<variant>remove the fistula
<variant>closure of the fistula
<variant>removal of the intestine
<variant>elimination of enterostoma
<variant>removal of gastrostoma
<question>In case of pelvic location of the appendix, the decisive study in the diagnosis of appendicitis is:
<variant>rectal finger examination
<variant>proctosigmoidoscope
<variant>irrigation
<variant>cystoscopy
<variant>bone x-ray
<question>The causes of true cryptorchidism are:
<variant>connective tissue septum in the inguinal canal
<variant>varicose veins of the spermatic cord
<variant>violation of the process of obliteration of the vaginal process of the peritoneum
<variant>increased cremaster reflex
<variant>increased absorption capacity of the peritoneal vaginal process
<question>Immobilization in uncomplicated compression fractures of the thoracic spine is achieved:
<variant>extension on the inclined Board
<variant>drawing a Glisson loop
<variant>plaster corset
<variant>bed rest on the Board
<variant>immobilization is not required
<question>The diagnosis of a compression fracture of the spine is established on the basis of:
<variant>x-ray examination
<variant>clinics
<variant>electro-encephalography (EEG)
<variant>ultrasonography (US)
<variant>spinal tap
<question>For bronchography use:
<variant>verografin
<variant>biligno st
<variant>propyliodone
<variant>sergozin
<variant>barium
<question>In case of hydrocele conservatively lead to:
<variant>2 years
<variant>6 months
<variant>3 years
<variant>7 years old
<variant>14 years old
<question>Anti-shock event held in fractures of the pelvis:
<variant>blockade by Shkolnikov – Selivanova
<variant>blockade on the Auger
<variant>local anesthesia
<variant>paranephral block
<variant>blockade of the sacral plexus
<question>Method of immobilization in case of rupture of the pubic joint:
<variant>position in the " hammock"
<variant>skeletal traction
<variant>position on " Volkovich"

<variant>koksetau the imposition of a plaster bandage
<variant>applying a pelvic band
<question>Indication for thoracoplasty in funnel-shaped chest deformity is:
<variant>2-3 degree deformation
<variant>1 degree deformation
<variant>cosmetic defect
<variant>the compensated stage of the disease
<variant>with a delay in physical development
<question>The main method of treating chest deformity:
<variant>operational
<variant>conservative
<variant>medicamental
<variant>radiation
<variant>endoscopic
<question>Polydactyly is called:
<variant>increasing the number of fingers
<variant>the increase in the volume of the fingers
<variant>no fingers
<variant>the decrease in the number of fingers
<variant>fusion of all fingers
<question>Syndactyly is called:
<variant>fusion of the fingers
<variant>brush splice
<variant>the increase in the volume of the fingers
<variant>splitting the brush
<variant>the decrease in the number of fingers
<question>The most rational method of treatment for hip fractures in newborns:
<variant>traction by Shed
<variant>Krede-Kefer method
<variant>skeletal traction
<variant>Spitz method
<variant>plaster bandage
<question>The most common complication in the treatment of traumatic dislocation of the femoral head:
<variant>aseptic necrosis of the head
<variant>contracture of the limbs
<variant>shortening the limb
<variant>"coxa vara"
<variant>ankylosis of the hip joint
<question>In favor of intestinal colic, the following differential diagnostic signs indicate:
1)absence of leukocytosis
2)tension of the anterior abdominal wall muscles
3)the lack of tension in the muscles of the abdominal wall
4)the disappearance of pain after a cleansing enema
5)increased pain after a cleansing enema
<variant>1;3;4
<variant>1;2;5
<variant>3;4;5
<variant>2;3;4
<variant>1;4;5
<question>Surgery for spilled peritonitis is performed:
<variant>after preoperative preparation in 2-3 hours
<variant>after preoperative preparation in 4-5 hours
<variant>after preoperative preparation in 6-12 hours
<variant>emergency, without preoperative preparation
<variant>after preoperative preparation in 24 hours
<question>Conservative treatment in the outpatient setting is indicated for:
<variant>simple omphalitis
<variant>purulent omphalitis
<variant>phlegmon of the navel
<variant>gangrene of the navel

<variant>uremic omphalitis
<question>In the necrotic form of omphalitis, it is shown:
<variant>multiple incisions in the area of hyperemia
<variant>radical excision of the navel
<variant>incision along the navel
<variant>radial sections
<variant>single incision in the area of necrosis
<question>One of the clinical forms of omphalitis is:
<variant>simple
<variant>chylous
<variant>bullous
<variant>hemorrhagic
<variant>exudative
<question>Pseudopodoces is the inflammation of the:
<variant>sweat glands
<variant>sebaceous gland
<variant>epidermis's
<variant>dermises
<variant>subcutaneous tissue
<question>The local clinical sign characteristic of pseudoformicaleo is:
<variant>seal skin in the form of "grains"
<variant>limited tumor-like formations with hyperemia of the skin and fluctuation in the center
<variant>hyperemia of the skin with geographical edges
<variant>hyperemia of the skin without clear lines
<variant>cone-shaped infiltrates with a purulent-necrotic rod in the center
<question>Treatment of pseudoformicaleo is:
<variant>autopsy of all inflammatory lesions and parenteral introduction of antibiotics
<variant>excision of pseudoparenchyma within healthy tissues
<variant>enteral administration of antibiotics
<variant>radial sections in the hyperemia area
<variant>applying a dressing with ointment and antibiotics parenterally
<question>The method of choice for treatment of necrotic phlegmon of newborns is:
<variant>applying multiple notches in a staggered manner with the capture of healthy tissue
<variant>puncture and flushing of the cavity with antibiotics
<variant>incision in the center of hyperemia
<variant>cross section
<variant>wet bandages with antiseptics
<question>A feature of the course of necrotic phlegmon in children is:
<variant>rapid spread of the process
<variant>accelerated erythrocyte sedimentation rate
<variant>high temperature
<variant>infiltration of the lymph nodes
<variant>the predominance of festering decay
<question>The most common form of esophageal atresia is with:
<variant>the upper end blind and lower tracheoesophageal fistula
<variant>the bottom blind end and top tracheoesophageal fistula
<variant>the upper and lower tracheoesophageal fistula
<variant>blind upper and lower ends
<variant>by type of " cord"
<question>A characteristic sign of esophageal atresia is:
<variant>foamy discharge from the mouth
<variant>wet wheezing in the lungs from the first hours of life
<variant>vomiting from birth
<variant>sunken navicular belly
<variant>fervescence
<question>To confirm the diagnosis of esophageal atresia in the hospital, it is needed to perform:
<variant>attempt to probe the stomach
<variant>US
<variant>the esophagoscopy
<variant>contrast study of the stomach

<variant>EEG
<question>Before transporting a newborn with esophageal atresia to the department of pediatric surgery, the first thing to do is:
<variant>install a probe for aspiration of the contents of the mouth and pharynx
<variant>introduction of antibiotics
<variant>introduction of menadione
<variant>to carry out oxygen therapy
<variant>UHF to the chest
<question>Dif diagnosis of acute appendicitis in girls is carried out with ... .
<variant>ovarian apoplexy
<variant>brucellosis
<variant>rheumatism
<variant>myocarditis
<variant>meningoencephalitis
<question>The cause of pyloric stenosis:
<variant>hypertrophy pylorus
<variant>constipations
<variant>losing weight
<variant>repeated vomiting
<variant>insomnia
<question>For the contrast radiological examination of pyloric stenosis when used ....
<variant>barium sulfate
<variant>urografin
<variant>verografin
<variant>iodolipolum
<variant>cardiotrastum
<question>Chronic constipation occurs in ... .
<variant>Hirschsprung's disease
<variant>dysbacteriosis
<variant>dyskinesias of the biliary duct
<variant>ascariasis
<variant>adhesions of the intestine
<question>Phases of osteomyelitis:
1)Intramedullary
2)Extramedullary
3)Easy
4)Average
5)Heavy
<variant>1,2
<variant>2,3
<variant>3,4
<variant>4,5
<variant>3,5
<question>In osteochondropathy, the duration of treatment is....
<variant>2-3 years
<variant>3-6 months
<variant>3-6 years old
<variant>1-2 years
<variant>4-7 months
<question>Osgood–Schlatter disease ooccurs inboys at the age of... .
<variant>12-13yo
<variant>5-10 yo
<variant>4-10 yo
<variant>2-5 yo
<variant>1-2 years
<question>Characteristic sign of osteomyelitis... .
1)severe pain
2)subfebrile temperature
3)gradual start
4)sharp start

5)increasing the temperature
6)rare bone pain
7)swelling,redness
<variant>1,4,5,7
<variant>1,2,3,4
<variant>2,3,4,5
<variant>2,3,6,7
<variant>1,2,3,7
<question>Meguodenum is...
<variant>increasing the size of the duodenum
<variant>Hirschsprung's disease
<variant>reduction of duodenum
<variant>mechanically ileus
<variant>atresia of the colon
<question>Signs of congenital pylorostenosis...
<variant>vomiting without taking bile at the end of 2 or at the beginning of 3 weeks of life
<variant>vomiting immediately after birth
<variant>vomiting without bile of the first day of life
<variant>vomiting without disturbing the water-salt balance
<variant>vomit mixed with bile
<question>The position of children on the General radiograph for intestinal obstruction... .
<variant>vertical
<variant>in the prone position
<variant>on the right side
<variant>on the left side
<variant>head down
<question>Vomiting in pylorostenosis consists of...
<variant>sour milk
<variant>from saliva
<variant>from bile
<variant>from the blood
<variant>from feces
<question>Clinic pyloric stenosis...
<variant>vomiting fountain
<variant>oliguria
<variant>jaundice
<variant>constipations
<variant>abdominal distention
<question>In children with appendicitis, check the... system.
<variant>digestive system
<variant>respiratory
<variant>skin
<variant>musculoskeletal
<variant>cardiovascular
<question>Surgical access in the treatment of Douglas space abscesses is performed through ... .
<variant>rectum
<variant>abdominal wall
<variant>crotch
<variant>vagina
<variant>right iliac region
<question>A characteristic sign of esophageal atresia...
1) respiratory disorders
2) foamy discharge from the mouth
3) vomiting from birth
4) bloating
5) increase in body temperature
<variant>1,2
<variant>2.3
<variant>3.4
<variant>4.5

<variant>3.5
<question>One of the main diagnostic methods for newborns with esophageal atresia is …
<variant>Elephant Test (Esophageal atresia)
<variant>Abdominal US
<variant>Irrigation
<variant>Colonoscopy
<variant>Chest x-ray
<question>Postoperative complication of esophageal atresia...
<variant>esophageal stenosis
<variant>gastro esophageal reflux
<variant>dysphagia
<variant>recurrence of the fistula
<variant>aspiration pneumonia
<question>Inguinal hernia formation in children is associated with..
<variant>violation of the circumference of the vaginal process of the abdominal cavity
<variant>weakness of the front wall
<variant>narrowing of the hernial ring
<variant>cough
<variant>expansion of the hernial canal
<question>Complication of inguinal hernia...
<variant>infringement
<variant>suppuration
<variant>atrophy
<variant>bleeding
<variant>fistula formation
<question>The main symptom of inguinal hernia...
<variant>symptom of intestinal rumbling
<variant>blunting on percussion
<variant>enlargement of the scrotum
<variant>transmission during diaphanoscopy
<variant>redness of the skin in the scrotum
<question>Inguinal hernias can occur:
1)direct
2)oblique
3)false
4)true
5)testicular
<variant>1;2
<variant>3;4
<variant>3;5
<variant>2;4
<variant>4;5
<question>Signs of inguinal hernia infringement...
1)soreness
2)dulling of percussion
3)vomiting
4)worry
5)increasing the temperature
<variant>1;3;4
<variant>1;4;5
<variant>3;4;5
<variant>2;3;4
<variant>1;3;5
<question>One of the operational methods employed in inguinal hernia repair...
<variant>method of Duhamel
<variant>method of Fred-Ramsted
<variant>method of Rosso
<variant>method of Ivanisevich
<variant>method of Doletsky
<question>Surgical treatment for inguinal hernia infringement in girls is performed...

<variant>emergency
<variant>within 6-7h
<variant>within 7-8h
<variant>within 8-12h
<variant>after 12 hours
<question>Optimal age for surgical treatment of congenital inguinal hernia ... .
<variant>6-12months
<variant>10-12 years old
<variant>1-4 months
<variant>12-14 years old
<variant>after diagnosis clarification
<question>In the treatment of umbilical hernia in children, take into account...
<variant>patient's age
<variant>General condition of the child
<variant>gender of the newborn
<variant>the sizes of the umbilical ring
<variant>dimensions of the umbilical hernia
<question>The causes of chronic constipation in children...
<variant>Hirschsprung's disease
<variant>gastroenteritis
<variant>dysentery
<variant>Meckel's diverticulum
<variant>enzymopathy
<question>Complication of intussusception...
<variant>necrosis of the intestine
<variant>pneumonia
<variant>detoxification
<variant>dysbacteriosis
<variant>diverticulitis
<question>The boundary between high and low intestinal obstruction is:
<variant>the initial division of the jejunum
<variant>ileocecal anastomosis
<variant>pylorus
<variant>joint between the stomach and esophagus
<variant>rectosigmoid part of the colon
<question>For high congenital intestinal obstruction, the characteristic clinical sign is:
<variant>vomiting since birth
<variant>abdominal distention
<variant>increasing symptoms of exicosis
<variant>bowel movement delay by meconium
<variant>pasty the abdominal wall
<question>A child with a high congenital intestinal obstruction in the maternity hospital before its transportation must:
<variant>inserting a probe into the stomach
<variant>the appointment of menadione
<variant>prescription of antibiotics
<variant>to do a cleansing enema
<variant>perform infusion therapy
<question>For low congenital intestinal obstruction, the characteristic clinical and radiological sign is:
<variant>sharp the bloating and the presence of Kloiber's cups
<variant>vomiting meconium from the end of 2 days and a mute stomach
<variant>inverted stomach and a lot of Kloibe's cups
<variant>pain in the abdomen and from 1 to 3 Kloiber's cups
<variant>increasing symptoms of exicosis and a mute stomach
<question>Intestinal atresia is understood as:
<variant>complete closure of the intestinal lumen
<variant>narrowing the gap
<variant>exit of the middle intestine from the abdominal cavity
<variant>blockage of the intestinal lumen with viscous meconium
<variant>intussusception
<question>Intestinal stenosis is understood as:

<variant>organic narrowing of the intestine
<variant>complete closure of the intestinal lumen
<variant>exit of the middle intestine from the abdominal cavity
<variant>blockage of the intestinal lumen with viscous meconium
<variant>intussusception
<question>Congenital intestinal obstruction at the level of the obstacles is divided into:
<variant>low, high
<variant>medium, low
<variant>initial, cranial
<variant>thoracic, abdominal
<variant>end, end
<question>Congenital intestinal obstruction is distinguished by the clinical course:
<variant>sharp
<variant>stable
<variant>unstable
<variant>specific
<variant>nonspecific
<question>Clinic of atresia of the 12 duodenum is manifested in:
<variant>1-2 days of life
<variant>Day 3-5 of life
<variant>6-7 day of life
<variant>after 1 month of life
<variant>gradually over the course of a year
<question>One of the symptoms characteristic of prepilorichеskom atresia of the stomach:
<variant>regurgitation and vomiting
<variant>bowel movement with blood
<variant>loss of consciousness
<variant>increase in body temperature to 39 degrees
<variant>enlargement of the liver and spleen
<question>On the review R-gram of the abdominal cavity, prepiloric atresia is characterized by:
<variant>one level of liquid with a gas bubble
<variant>two levels of liquid with a gas bubble
<variant>Kloiber's cups
<variant>dumb belly
<variant>bowel displacement in the right half of the abdominal cavity
<question>Low intestinal obstruction includes:
<variant>small bowel atresia
<variant>pylorostenosis
<variant>annular pancreas
<variant>atresia of the duodenum
<variant>stenosis of duodenum
<question>Clinical symptoms of small bowel atresia are:
<variant>from 2 days of life
<variant>at 3 weeks of age
<variant>by the beginning of 2 weeks
<variant>by the end of the 1st month of life
<variant>since birth
<question>One of the symptoms of ileal atresia is:
<variant>lack of meconium
<variant>the discharge of meconium with blood
<variant>fervescence
<variant>vomit fountain
<variant>increased appetite
<question>Atresia of the small intestine is NOT noted:
<variant>increase in body weight
<variant>the baby is restless, refuses to breastfeed
<variant>the child is sluggish, adynamic
<variant>the increasing phenomena of intoxication
<variant>rapid deterioration
<question>Atresia of the small intestine from the abdomen is observed:

<variant>uniform bloating
<variant>painful stomach
<variant>swelling in the epigastric region
<variant>retracted belly
<variant>sharp reduction in the size of the stomach after vomiting
<question>The cause of congenital pylorostenosis in children is:
<variant>vicious innervation of the pilorus
<variant>feeding disorders
<variant>immaturity of the intestinal tube
<variant>acute gastritis
<variant>gastric ulcer
<question>In congenital pyloric stenosis is the most informative:
1)x-ray examination of the stomach with barium
2)barium enema
3)palpation of the abdomen under anesthesia
4)fibrogastroscopy
5)computed tomography
<variant>1; 3; 4
<variant>2; 4; 5
<variant>3; 4; 5
<variant>2; 3; 4
<variant>1; 2; 5
<question>The height of rectal atresia is determined by:
<variant>radiography of the abdominal cavity and pelvis in the upside down position
<variant>radiography of the abdominal cavity and pelvis in an upright position
<variant>contrast radiological examination of the gastrointestinal tract
<variant>palpation of the abdomen under anesthesia
<variant>laparoscopy
<question>Correction of anorectal malformation in the first days of life is shown:
<variant>when you complete atresia
<variant>when atresia with compensated form of the fistula
<variant>in premature babies
<variant>atresia with an external broad fistula
<variant>when combining atresia with defects of other organs and systems
<question>Anorectal defects have an etiology:
<variant>innate
<variant>traumatic
<variant>infectious-allergic
<variant>alimentary
<variant>neuro-reflex
<question>Fistulas with a normally formed anus are observed in:
<variant>urinary system in boys
<variant>sacral area
<variant>the thigh area
<variant>to the urinary system in girls
<variant>groin
<question>Anorectal atresia can occur:
<variant>high
<variant>perineal
<variant>vestibular
<variant>chronic
<variant>acute
<question>Fistulas in rectal atresia are observed in:
<variant>urinary system in boys
<variant>sexual system in boys
<variant>intestine
<variant>colon
<variant>retroperitoneal space
<question>Congenital narrowing in anorectal malformations is more common in the area of:
<variant>rectum

<variant>the splenic angle
<variant>ileocecal angle
<variant>liver angle
<variant>of the transverse colon
<question>Atresia without fistulas are classified into:
<variant>anal canal and rectum
<variant>abdominal
<variant>ventral
<variant>inguinal
<variant>femoral
<question>Atresia of the anus should be diagnosed:
<variant>immediately after birth
<variant>by 1 year
<variant>by 1 month
<variant>to puberty
<variant>by 3-5 month
<question>Atresia of the anus is diagnosed:
<variant>during the inspection
<variant>for fibrogastroscopy
<variant>for fluorography
<variant>fibrocolonoscopy
<variant>computer tomography
<question>One of the symptoms of rectal atresia is:
<variant>lack of meconium
<variant>foamy discharge from the mouth and nose
<variant>repeated vomiting of blood
<variant>jaundice
<variant>convulsion
<question>Anorectal atresia without fistula in late diagnosis leads to:
<variant>low intestinal obstruction
<variant>high intestinal obstruction
<variant>aspiration pneumonia
<variant>cramps
<variant>acute urinary retention
<question>Signs of congenital pylorostenosis...
<variant>vomiting without taking bile at the end of 2 or at the beginning of 3 weeks of life
<variant>vomiting immediately after birth
<variant>vomiting without bile of the first day of life
<variant>vomiting without disturbing the water-salt balance
<variant>vomit mixed with bile
<question>In case of atresia of the anus, it is most rational to conduct radiography:
<variant>15-16 hours after birth
<variant>in the first hour after birth
<variant>at the age of 3
<variant>if complications occur
<variant>in the absence of a colonoscope
<question>To determine the level of atresia of the small intestine, use:
<variant>radiography
<variant>immunological research
<variant>bacteriological examination
<variant>angiography
<variant>tomography
<question>In case of rectal atresia, fistulas can open in:
<variant>bladder
<variant>ureters
<variant>small cups
<variant>pelvis
<variant>large cup
<question>Vital indication for surgical treatment of atresia of the anus is:
<variant>atresia without fistulas

<variant>vomiting with bile
<variant>severe jaundice
<variant>hyperleukocytosis
<variant>birth trauma
<question>Fistulas in the urinary system with atresia of the anus are accompanied by:
<variant>excretion of feces and gas in the urine
<variant>hyperbilirubinemia
<variant>hyperleukocytosis
<variant>eosinophilia
<variant>uremia
<question>Anorectal defects are often combined with:
<variant>vices of the urinary system
<variant>congenital hip dislocation
<variant>clubfoot
<variant>malformations of the spine
<variant>vices of the lungs
<question>Depending on the anatomical variants of the fistula, anorectal malformation occurs:
<variant>compensated, subcompensated, decompensated
<variant>with acute and chronic kidney failure
<variant>acute, subacute, chronically recurrent
<variant>benign, malignant
<variant>light, medium, heavy
<question>For the diagnosis of fistula in the urinary system with atresia of the anus, produce:
<variant>urethrocystography
<variant>Ultrasound
<variant>excretory urography
<variant>infusion urography
<variant>analysis of urine by Zimnitskiy
<question>A symptom of congenital narrowing of the anus is:
<variant>chronic constipation
<variant>blood in the bowl movement
<variant>uncontrollable vomiting
<variant>painful urination
<variant>feces with pus
<question>The method of choice for diagnosing congenital rectal narrowing is:
<variant>irrigation
<variant>radioisotope research
<variant>Ultrasound
<variant>laparoscopy
<variant>computer tomography
<question>In case of a narrow fistula, atresia of the anus is to be operated:
<variant>immediately after birth
<variant>between 3 months and 3 years old
<variant>puberty
<variant>as planned older than 1 year
<variant>if the fistula is not infected for a long time
<question>Atresia of the anus with fistulas in the urinary system is complicated:
<variant>rising infection of the upper part of the urinary tract
<variant>polyp of the bladder
<variant>diverticulum of the bladder
<variant>neuromuscular dysplasia of the ureter
<variant>vesicoureteral reflux
<question>In case of a narrow fistula, atresia of the anus occurs:
<variant>megacolon
<variant>inversion of the bowel
<variant>incontinence
<variant>intestinal bleeding
<variant>paraproctitis
<question>Phased rational tactics for the fistulous form of atresia of the anus is:
<variant>colostomy, radical surgery, bujing

<variant>radical surgery, probing of the fistula, a colostomy
<variant>the colostomy, probing of the fistula, a radical surgery
<variant>radical surgery, a colostomy, probing
<variant>probing, the operation of radical
<question>In case of low rectal atresia, surgery is used:
<variant>perineal proctoplasty
<variant>Stone-Benson
<variant>Dieffenbach
<variant>anoplasty
<variant>abdominal-perineal proctoplasty
<question>In case of high rectal atresia, surgery is used:
<variant>abdominal-perineal proctoplasty
<variant>anoplasty
<variant>Boogie with fistulas
<variant>perineal proctoplasty
<variant>Duhamel
<question>A complication after radical surgery for atresia of the anus is:
<variant>incontinence
<variant>non-specific colitis
<variant>Crohn disease
<variant>cystitis
<variant>intussusception of the intestine
<question>In the first days of life, correction of anorectal malformation is shown:
1)in case of complete atresia
2)in case of atresia with external fistulas
3)in case when atresia is combined with defects of other organs and systems
4)in premature babies
5)atresia with internal fistulas in the urinary tract
<variant>1; 5
<variant>2; 4
<variant>3; 5
<variant>1; 3
<variant>1; 4
<question>Internal abdominal hernia by anatomical structure can be:
<variant>true, false
<variant>unformed
<variant>formed
<variant>Podnimalas
<variant>interstitial
<question>Internal abdominal hernia occurs due to:
<variant>malformation of the abdominal organs
<variant>violations of the formation of the intestinal wall
<variant>- K, SL deficits
<variant>bowel rotation disorders
<variant>cystic fibrosis of the pancreas
<question>Internal abdominal hernias are treated with:
<variant>radical method of surgery
<variant>physiotherapy
<variant>palliative methods of operations
<variant>hyperbaric oxygenation
<variant>conservatively
<question>Features of herniation in the case of inguinal hernia infringement are:
1)the hernial SAC is opened before opening the inguinal canal to eliminate the infringement
2)the hernial SAC is opened after opening the inguinal canal and eliminating the infringement
3)the viability of only the loop pinched in the hernia SAC is evaluated
4)the viability of both the adductor and adductor loops is evaluated, for which they are extracted from the abdominal cavity
5)aponeurotic plastic surgery of the anterior wall of the inguinal canal is performed
<variant>1; 4; 5
<variant>2; 3; 5
<variant>1; 3; 5

<variant>3; 4; 5
<variant>1; 3; 4
<question>Hernia of the white line of the abdomen in children is characterized by:
1)defect of aponeurosis of the white line of the abdomen
2)non-reducing painful swelling along the midline of the abdomen, above the navel
3)bowel movement disorder
4)bloating
5)pain in the epigastrium, which increases when the abdominal muscles are strained
<variant>1; 2; 5
<variant>2; 4; 5
<variant>1; 3; 4
<variant>2; 3; 5
<variant>1; 3; 5
<question>False diaphragmatic hernias include:
1)front
2)a defect in the diaphragm
3)diaphragm seal
4)esophageal opening
5)Franco-pericardial
<variant>2; 5
<variant>1; 4
<variant>1; 3
<variant>4; 5
<variant>3; 4
<question>Types of diaphragmatic hernias, manifested mainly by respiratory disorders:
1)front
2)true hernias of the diaphragm proper
3)limited bulges of the diaphragm dome
4)significant relaxation of the diaphragm dome
5)hernia of the esophageal opening
<variant>2; 4
<variant>2; 5
<variant>1; 4
<variant>3; 5
<variant>1; 3
<question>A type of diaphragmatic hernia, manifested mainly by dysphagic disorders:
<variant>esophageal opening
<variant>front
<variant>rear
<variant>dome of the diaphragm
<variant>Franco-pericardial
<question>For the diagnosis of diaphragmatic hernias, the most informative are:
1) endoscopic examination of the stomach and colon
2) overview chest x-ray
3) the chest CT scan
4) computed tomography of the chest and abdomen
5) contrast study of the gastrointestinal tract
<variant>2; 5
<variant>3; 5
<variant>2; 3
<variant>1; 4
<variant>3; 4
<question>More often, asphyxiating infringement is caused by diaphragmatic hernias ... .
<variant>of the diaphragm itself and about
<variant>front
<variant>limited bulging of the diaphragm dome
<variant>esophageal hernia
<variant>Franco-pericardial
<question>Type of diaphragmatic hernia to be observed:
<variant>limited bulging of the diaphragm dome

<variant>front Department
<variant>Bochdalek foramen
<variant>relaxation of the diaphragm dome
<variant>esophageal opening
<question>The cause of inguinal hernia in children is:
<variant>violation of obliteration of the vaginal process of the peritoneum
<variant>weakness of the anterior abdominal wall muscles
<variant>increase in intra-abdominal pressure
<variant>chronic constipation
<variant>cough
<question>A characteristic feature of complicated intussusception is:
<variant>asymmetric bloating
<variant>bowel movement and gas delay
<variant>bloody bowel movement
<variant>sunken belly
<variant>vomiting of food eaten
<question>The cause of recurrent intussusception is more often:
<variant>Meckel's diverticulum
<variant>dyspepsia
<variant>enteritis
<variant>colitis
<variant>atresia
<question>In the diagnosis of intussusception, the most informative are:
1) overview radiography of the abdominal cavity
2) pneumorrhagia
3) study of the barium passage through the intestines
4) bimanual palpation of the abdomen under anesthesia
5) General blood test
<variant>2;4
<variant>1;3
<variant>3;4
<variant>1;5
<variant>2;5
<question>After surgery, the adhesive obstruction should be considered late at the time after:
<variant>one month
<variant>two weeks
<variant>three months
<variant>one year
<variant>discharge from the hospital
<question>Principles of surgical treatment of early simple and delayed, as well as late adhesive obstruction consist of:
<variant>in the dissection of adhesions
<variant>suspended enterostomy
<variant>terminal enterostomy
<variant>applying an unnatural anus
<variant>sanation of abdominal cavity
<question>In children, intestinal anastomosis is preferred in cases of intestinal resection:
<variant>end to end
<variant>end-to-side
<variant>side to side
<variant>side in the end
<variant>magnetic anastomosis
<question>The main reason for the formation of stones of the urinary system in children is considered to be:
<variant>violation of the colloid-crystalloid balance
<variant>violation of protein metabolism
<variant>violation of water-salt balance
<variant>congenital tubulopathy
<variant>electrolyte imbalance
<question>A reliable symptom of urolithiasis is:
<variant>detaching concretions
<variant>disuria

<variant>gross hematuria
<variant>microhematuria
<variant>attacks of renal colic
<question>For relief of renal colic, there is no need to prescribe:
<variant>emergency nephrostomy
<variant>the Loren-Epstein blockade
<variant>warm bath
<variant>antispasmodic
<variant>anesthetic
<question>Pyelolithotomy shown in the presence of stones in:
<variant>pelvis
<variant>ureter
<variant>buds
<variant>bladder
<variant>urethra
<question>When urolithiasis initially occurs:
<variant>pain
<variant>hematuria
<variant>pyuria
<variant>dysuria
<variant>rise in temperature
<question>For relief of renal colic is NOT used:
<variant>cold bath
<variant>anesthetic
<variant>antispasmodic
<variant>blockage of the spermatic cord or round ligament of the uterus
<variant>the Lorin-Epstein blockade
<question>The causes of vesico-ureteric reflux are:
1) chronic cystitis
2) extravasal ectopia of the ureteral mouth
3) failure of the vesicoureteral junction
4) obstruction in the pielo-ureteral joint
5) infravesical obstruction
<variant>1; 3; 5
<variant>2; 3; 4
<variant>3; 4; 5
<variant>1; 3; 4
<variant>1; 2; 4
<question>To establish the diagnosis of vesicoureteral reflux in the second degree allows you to:
<variant>meccinna cystourethrography
<variant>cystoscopy
<variant>uroflometry
<variant>cystometry
<variant>excretory urography
<question>Surgical treatment of vesicoureteral reflux consists of:
<variant>transplanting the ureters into the bladder with the creation of a long submucous part of it
<variant>nephrectomies
<variant>pyelostomy
<variant>narrowing of the ureter mouth
<variant>cystostomy
<question>The main function of the ureterovesical segment of the ureter is:
<variant>tow-short circuit
<variant>tow truck
<variant>short circuit
<variant>filtration
<variant>absorptive
<question>In the hospital to prove the diagnosis of esophageal atresia you need…
1) the sensing of the stomach
2) ultrasound
3) overview x-ray of the chest

4) contrast radiography
5) performing esophagoscopy
<variant>1,3
<variant>2,3
<variant>1,2
<variant>1,5
<variant>2,5
<question>The Department where intestinal intussusception is more common...
<variant>cecum-colon powszechna
<variant>intestine
<variant>colon
<variant>rectum
<variant>sigmoid colon
<question>Urinary stones are classified by their chemical composition,but they are NOT ...
<variant>nitrates
<variant>phosphates
<variant>urates
<variant>oxalates
<variant>cystine
<question>Most of the observed symptoms for kidney stones ... .
<variant>hematuria
<variant>soreness
<variant>fervescence
<variant>pyuria
<variant>dysuria
<question>The main characteristic feature of urolithiasis... .
<variant>attacks of renal colic
<variant>extracting the stone
<variant>dysuria
<variant>microhematuria
<variant>gross hematuria
<question>Cause of urinary retention...
<variant>stones
<variant>ureterocele
<variant>hypospadias
<variant>urinary reflux
<variant>epispadia
<question>Vesicoureteral reflux is more common...
<variant>in a newborn
<variant>up to 1 year
<variant>1-3 years old
<variant>4-11 years old
<variant>between 12-15 years old
<question>The type of vesicoureteral reflux does NOT occur...
<variant>catarrhal and phlegmonous
<variant>innate and acquired
<variant>acute and chronic
<variant>active and passive
<variant>primary and secondary
<question>Complex method used for vesicoureteral reflux...
<variant>excretory urography
<variant>urodynamic research
<variant>clinical laboratory research
<variant>radioisotope research
<variant>magnetic resonance imaging
<question>The surgical method for vesicoureteral reflux is ...
<variant>placing the distal part under the bladder mucosa
<variant>nephroectomy
<variant>pyelostomy
<variant>the expansion of the bladder

<variant>cystostomy
<question>The most informative method for diagnosing vesicoureteral reflux
<variant>cystography
<variant>retrograde pyelography
<variant>angiography of kidney
<variant>tomography
<variant>excretory urography
<question>Complex method used for the diagnosis of hydronephrosis
<variant>excretory urography
<variant>urodynamic research
<variant>clinical and laboratory research
<variant>radioisotope study
<variant>cystoscopy
<question>... does NOT apply to manifestations of clinical and pathomorphological forms of hydronephrosis.
<variant>Fervescence
<variant>Renal hypertension
<variant>Increase in hydronephrotic transformation
<variant>Ischuria
<variant>Palakaria
<question>In case of hydronephrosis in the urine is not observed...
<variant>nycturia
<variant>pyuria
<variant>gipoazotemia
<variant>microhematuria
<variant>gross hematuria
<question>For the examination of hydronephrosis in children, it is NOT used...
<variant>urethral augmentation
<variant>Ultrasound
<variant>excretory urography
<variant>neprezentare
<variant>clinical laboratory research
<question>Indicator for infusion urography:
<variant>hypostenuria
<variant>gipermenorea
<variant>bilateral hydronephrosis
<variant>children after 1st year
<variant>single-sided hydronephrosis
<question>Characterized by constant pain, vomiting and tumor formations in the lumbar region when...
<variant>with closed hydronephrosis
<variant>congenital hydronephrosis
<variant>local hydronephrosis
<variant>pre-acquired hydronephrosis
<variant>with open hydronephrosis
<question>Differential diagnosis of hydronephrosis is NOT carried out with...
<variant>cyst of the omentum
<variant>vesicoureteral reflux
<variant>echinococcosis
<variant>Williams tumor
<variant>the ureterohydronephrosis
<question>The postoperative complication of hydronephrosis is...
<variant>anastomosis stenosis
<variant>pyelonephritis
<variant>anuria
<variant>pollakuria
<variant>magoria
<question>Operation ... is the main method for hydronephrosis in children.
<variant>Hines
<variant>Foley
<variant>Bonin
<variant>Ivanisevica

<variant>Martynov
<question>A widely used research method for detecting kidney disease is ...
<variant>excretory urography
<variant>Nichiporenko method
<variant>chromatotherapy
<variant>cystography
<variant>radioisotope study
<question>Posterior urethral valves are detected in case of...
1)cystoscopy
2)urethroscopy
3)excretory urography
4)ultrasound of the bladder
5)ultrasound of the kidneys
<variant>1,2
<variant>2.3
<variant>3.4
<variant>4.5
<variant>3.5
<question>During the determination of the functional state of the kidneys is NOT used...
<variant>retrograde pyelography
<variant>chromatotherapy
<variant>excretory urography
<variant>radioisotropic radiography
<variant>radioisotopnaya neurointegrative
<question>Excretory urography is the most effective method for diagnosis of …
<variant>hydronephrosis's
<variant>urinary retention
<variant>vesicoureteral reflux
<variant>incontinence
<variant>neurogenic bladder
<question>Cause of tumour in the abdominal cavity...
<variant>malformations of the urinary system
<variant>birth injuries
<variant>inflammatory process
<variant>defects in the development of the digestive system
<variant>bowel cancer
<question>In children ... lymphadenitis are very common.
<variant>submandibular
<variant>axillary
<variant>inguinal
<variant>cervical
<variant>in the elbow joint
<question>Differential diagnosis of lymphadenitis is NOT performed with...
<variant>hemangioma
<variant>tuberculosis
<variant>lymphogranulomatosis
<variant>lymphoma
<variant>scratching the cat
<question>Surgical treatment of hypospadias is performed at the age of...
<variant>9 months-1 year
<variant>6-7 months
<variant>0-6 months
<variant>10-12 years old
<variant>12-14 years old
<question>Specify the signs characteristic of total epispadias:
1)deformity of the genitals
2)urinary incontinence
3)absence of the lower urethral wall
4)stenosis of meatus
5)absence of the upper wall of the urethra

<variant>1,2,5
<variant>2,3,4
<variant>1,3,4
<variant>3,4,5
<variant>1,3,5
<question>Surgical treatment of bladder exstrophy is performed at the age of...
<variant>after birth on 2-3 days
<variant>1-3
<variant>4-5
<variant>6-8
<variant>9-14
<question>The wound can be sutured without cutting the edges if the it is located....
<variant>on the face
<variant>on his arm
<variant>in the scalp
<variant>on their feet
<variant>on the back
<question>Unvaccinated children in cases of open injuries are given...
<variant>tetanus serum
<variant>tetanus toxoid
<variant>anti-gangrene serum
<variant>gamma globulins
<variant>antibacterial serum
<question>In case of skin injuries, vaccinated children are given…
<variant>tetanus toxoid
<variant>antibacterial serum
<variant>gamma globulins
<variant>anti-gangrene serum
<variant>serum against tetanus
<question>The features of primary surgical treatment of wounds in children, as opposed to adults, include...
<variant>economical trimming of the wound edge
<variant>partial trimming of the wound edge
<variant>cut the wound
<variant>to introduce into the wound a fatty medication
<variant>washing the wound with an antiseptic solution
<question>One of the healing phases of the wound...
<variant>regeneration
<variant>compensation
<variant>decompensation
<variant>thermal
<variant>intaxication
<question>One of the healing phases of the wound....
<variant>reorganization
<variant>compensation
<variant>decompensation
<variant>thermal
<variant>intoxicating
<question>One of the healing phases of the wound....
<variant>inflammation
<variant>compensation
<variant>decompensation
<variant>thermal
<variant>intoxicating
<question>In the classification of wounds is missing ...
<variant>redness
<variant>cut wound
<variant>shattered wound
<variant>shock wound
<variant>infected wound
<question>In the classification of wounds is missing ...

<variant>pale
<variant>bitten
<variant>pierced
<variant>aseptic
<variant>purulent
<question>The typical symptom in case of bleeding ulcers from Meckel's diverticulum is ... .
<variant>abundant blood in the feces
<variant>melena
<variant>vomit mixed with blood
<variant>pain
<variant>the enlargement of the abdomen
<question>Symptom in case of stomach ulcers bleeding is...
<variant>vomit mixed with blood
<variant>pains
<variant>the blood in the stool
<variant>microsta coughing blood
<variant>pain in the perineum
<question>Meckel's diverticulum complication does NOT apply ...
<variant>obturation obstruction
<variant>strangulation obstruction
<variant>bleeding
<variant>inflammation
<variant>ulceration formation
<question>Complications of stomach ulcers do NOT apply...
<variant>pylorospasm
<variant>bleeding
<variant>perforation
<variant>inflammation
<variant>penetration
<question>Vomiting with an admixture of blood is not observed in case of...
<variant>achalasia of the esophagus
<variant>chalasia of the esophagus
<variant>radiatorius
<variant>diverticulum of the esophagus
<variant>chemical burn of the esophagus
<question>Splenectomy is not performed by...
<variant>hemophilia
<variant>Vergof's disease
<variant>Gaucher's disease
<variant>congenital hemolytic anemia
<variant>portal hypertension
<question>... does NOT cause gastrointestinal bleeding.
<variant>Adhesions
<variant>Intussusception of the intestine
<variant>Ulcerative enterocolitis
<variant>Acute dysentery
<variant>Rectal polyps
<question>Intestinal bleeding is NOT observed in...
<variant>intestinal lymphangioma
<variant>diverticulitis
<variant>cracks in the rectum
<variant>hemangioma of the intestine
<variant>polyp of the rectum
<question>The most common bleeding in the gastrointestinal tract...
<variant>venous
<variant>arterial
<variant>capillary
<variant>parenchymatous
<variant>mixed
<question>In case of complications of stomach ulcers are NOT observed...

<variant>meningial symptoms
<variant>stomach discomfort
<variant>hematemesis
<variant>melena
<variant>AD reduction
<question>Melena is observed at...
<variant>Meckel's diverticule
<variant>hemangioma of the rectum
<variant>hemorrhoids
<variant>fissures of the rectum
<variant>the polyp of the rectum
<question>For the diagnosis of bleeding gastric ulcers used ...
<variant>oesophagogastroduodenoscopy (EGDSEGDSS
<variant>MRI
<variant>CT
<variant>x-ray
<variant>usd
<question>A 10-year-old child was delivered by an ambulance. He was hit by a car 20 minutes ago. The child is conscious, but answers questions inadequately, the skin is pale, the pulse on the periphery is threadlike AD-70/40 mm Hg. Treatment measures after diagnosis begin with:
<variant>prescribing painkillers, heart medications
<variant>blood transfusions and blood substitutes
<variant>determination of blood group and RH supplies
<variant>catheterization of the bladder, accounting for diuresis
<variant>venesection of the peripheral or Central vein
<question>Emergency doctor called to a 6 years old child. On examination, the condition is severe, agitated, consciousness is disturbed, the skin is hyperemic, the pupils are sharply dilated, the reaction to light is not determined, there are attacks of tonic-clonic convulsions with impaired respiratory function with the development of cyanosis. Pulse 158 beats per 1 min. AD-85/40 mmri. St., temperature 38, from the anamnesis it turned out that the day before during a walk the child ate grass (henbane). What is the MOST probably preliminary diagnosis?
<variant>acute poisoning
<variant>allergic shock
<variant>brain edema
<variant>traumatic brain injury
<variant>convulsive syndrome
<question>A 3-year-old boy was taken to the hospital's emergency room. The child is sluggish, inhibited, does not answer questions. The skin is cyanotic, the pupils are narrowed, anisocoria, and the corneal reflex is absent. It is noted hypersalivation. Breathing is noisy, rare, pulse 130 per minute. AD - 60/40 mm Hg, tendon reflexes are sharply weakened. From the anamnesis, it was found out that the child played with pills that the grandmother is treated for insomnia. What event SHOULD be held?
<variant>tracheal intubation, gastric lavage, activated charcoal, saline laxative, forced diuresis, oxygenation, blood substitutes, plasma
<variant>forced diuresis, diuretics, artificial ventilation, raising the circulating blood volume
<variant>IV blood substitutes, plasma, tracheal intubation, stomach wash, respiratory failure control
<variant>oxygen therapy, artificial ventilation of the lungs, the blood substitutes, plasma
<variant>enter a gastric tube, then activated carbon, laxatives, oxygen therapy, blood substitutes, plasma
<question>The doctor on duty transferred a 6-month-old patient with a diagnosis of bilateral bronchopneumonia to the intensive care unit. In the midst of the therapy, the child's temperature increased to 39.0 g., chills. The patient is agitated, consciousness is confused, tonic-clonic convulsions with impaired respiratory function are noted. Cyanosis of nasolabial triangle, acrocyanosis. Pulse 153 beats per minute, weak filling. What is the complication occurred in a child?
<variant>pyrogenic reaction to the infusion
<variant>brain edema
<variant>hyperthermic syndrome
<variant>convulsive syndrome
<variant>septic condition
<question>Emergency doctor called for a 6 years old child. Durning examination, the condition is severe, agitated, consciousness is disturbed, the skin is hyperemic, the pupils are sharply dilated, the reaction to light is not determined, there are attacks of tonic-clonic convulsions with impaired respiratory function with the development of cyanosis. Pulse 158 beats per 1 min. AD-85/40 mm Hg.What treatment SHOULD the child receive?
<variant>anticonvulsant therapy

<variant>desensitizing agents
<variant>detoxification therapy
<variant>atropine antidotes
<variant>decongestants
<question>The child during an emergency operation for acute appendicitis during masked ether anesthesia had vomiting movements, then vomiting. What is the MOST appropriate management strategy for the patient?
<variant>clean the oral cavity, insert the air duct, insert the gastric probe, if the effect of the measures is positive, deepen the anesthesia, continue the operation
<variant>continue the operation despite vomiting
<variant>swab, electric pump to clean the mouth from vomit, insert the air duct
<variant>insert a gastric tube, deepen the anesthesia, clear the oral cavity
<variant>insert the air duct, to introduce a gastric probe, to deepen anesthesia
<question>The boy 2 months and 5 hours after the operation of excision of a hemangioma on the back of the size of 1x2 cm, the body temperature increased to 39.8. the Skin is pale, the boy is adynamic. What sequence of tactical actions is MOST appropriate?
<variant>physical cooling, antipyretics, lytic mixture, the hydration of the body
<variant>rubbing of the skin, antipyretics
<variant>antipyretics, infusion therapy, diuretics
<variant>lytic mixture, the cooling of the child, infusion therapy
<variant>I / V glucose 10% 50 ml / kg, diuretics, lytic mixture
<question>Child, 4 years old. Shortness of breath, cyanosis, tachycardia, reduction of partial oxygen tension to 60-70 mm Hg, on the x – ray-on both sides of the "snow storm", increased infiltration of lung tissue. The MOST typical complication of oxygen therapy is:
<variant>atelectases
<variant>pulmonary embolism
<variant>obstruction of the bronchi secret
<variant>pneumonia
<variant>pleurisies
<question>During transportation from the incident place in an ambulance, a 6-year-old boy with a limb injury developed a sharp pallor of the skin, dilated pupils, and a pulse on the radial artery is not detected. Sequence of events:
<variant>closed heart massage, simultaneously venesection and venepuncture, pumping of reopoliglyukin, blood
<variant>painkillers and blockage of the fracture site, immobilization
<variant>novocaine blockage of the fracture site
<variant>limb immobilization, I / V reopoliglyukin, blood, painkillers
<variant>analgesic, novocaine block in / in polyglucin, analgesic, immobilization
<question>Child, 5 years old. After being poisoned with drugs, he is unconscious. Gastric lavage is necessary. Why is it necessary to wash the stomach only after intubation of the trachea?
<variant>aspiration may occur
<variant>possible occurrence of pathological bronchospasm
<variant>possible occurrence of pathological laryngospasm
<variant>in the Trendelenburg position it is safe
<variant>in the position Fowler is safe
<question>In the I stage of DIC-syndrome, the following is found:
<variant>shortening blood clotting time
<variant>lengthening of the clotting time of blood
<variant>blood clotting does not change significantly
<variant>bleeding from injection sites
<variant>nosebleed
<question>The main criterion for the effectiveness of the "mouth to mouth" method is:
<variant>chest expansion when air is blown in
<variant>the appearance of the pulse
<variant>constriction of the pupils
<variant>the AD
<variant>the decrease in blood pressure
<question>In cases of poisoning with ethyl alcohol to occur:
<variant>metabolic acidosis
<variant>respiratory acidosis
<variant>mixed disorders of acid-base balance
<variant>respiratory alkalosis
<variant>metabolic alkalosis

<question>The length of the gastric tube corresponds to:
<variant>from the wings of the nose to the xiphoid process
<variant>from the incisor teeth to the navel
<variant>5 cm / kg of child's body weight
<variant>from the incisor teeth to the symphysis
<variant>from the incisor teeth to the jugular notch
<question>During heart massage in newborns, the sternum shifts to a depth of:
<variant>1-2 cm
<variant>1/3 distance from sternum to spine
<variant>1/2 distance from sternum to spine
<variant>2/3 distance of the sternum from the spine
<variant>2-3 cm
<question>The final diagnosis of cardiac arrest is based on ... .
<variant>ECG
<variant>lack of pulse in the carotid arteries
<variant>wide pupils
<variant>EEG
<variant>absence of mind
<question>During resuscitation, to prevent brain edema, it should be done:
<variant>cooling head, inject GHB, albumin, start artificial lung ventilation (ALV)
<variant>intravenous glucose, respiratory stimulants
<variant>prescribe dopamine, cardiac glycosides; camphor
<variant>enter lasix, aspirin, frozen plasma
<variant>make bloodletting, mustard plasters
<question>12-year-old victim recovered from cold river water 15 minutes after drowning without signs of life. What measures should be taken:
<variant>to release respiratory tract from water, to create drain position, to initiate CPR
<variant>transport the injured girl to the nearest medical facility for resuscitation
<variant>without wasting time on removing water from the respiratory tract, start cardiopulmonary resuscitation
<variant>do not perform resuscitation measures
<variant>call an ambulance"
<question>A 3-year-old child was admitted from the operating room of the ENT Department to the intensive care unit, where a extraneous body of the larynx was removed. The child's condition is severe, cyanosis is expressed, inspiratory shortness of breath. The skin is cyanotic, and auxiliary muscles participate in the act of breathing. Arterial and venous pressure is increased, the pulse is rapid. In the lungs, weakened vesicular breathing, dry wheezing. Voice hoarse. What diagnosis can be made:
<variant>laryngeal edema
<variant>atelectasis
<variant>bronchospasm
<variant>pulmonary edema
<variant>left ventricular failure
<question>Paradoxical breathing is most often observed in:
<variant>Pneumothorax
<variant>Atelectasis
<variant>Pneumonias
<variant>Laryngospasm
<variant>Controlled ventilation
<question>The critical limit of circulating blood volume(CBV) deficiency in young children is:
<variant>5%
<variant>20%
<variant>40%
<variant>25%
<variant>30%
<question>An 8-year-old boy was taken to the hospital's emergency Department in a serious condition with complaints of visual hallucinations, dry mouth, increased body temperature, and difficulty breathing. The child is agitated, breathing is hoatic, the face is hyperemic, the mucous membranes and skin are dry, the pupils are sharply dilated, do not respond to light, the pulse is 140 in 1 min.AD-60/40 mm Hg. From the anamnesis, it was found out that the boy ate gray-brown seeds similar to poppies. Treatment measures begin with:
<variant>gastric lavage
<variant>appointment of saline, laxative

<variant>forced diuresis
<variant>enema
<variant>introduction of activated carbon
<question>To perform tracheal intubation, must:
<variant>laryngoscope, endotracheal tubes, adapters, connectors
<variant>esophagoscope, mouth expander, scissors
<variant>endotracheal tubes, scissors, laryngoscope
<variant>connectors, esophagoscope, bronchoscope
<variant>bronchoscope, adapters, scissors
<question>The cause of acute respiratory failure in children is:
<variant>foreign body of the respiratory tract
<variant>Raynaud's disease
<variant>funnel-shaped chest
<variant>cleft lip
<variant>ARI
<question>Concentration of sodium ions in plasma:
<variant>135-145 mmol / l
<variant>130-135 mmol / l
<variant>23-30 mmol / l
<variant>130-142 mmol / l
<variant>135-150 mmol / l
<question>The lower frequency and severity of bone fractures in children compared to adults is explained by ... .
<variant>with less body weight, richness of the child's skeleton with cartilage tissue, well-developed periosteal bone case
<variant>greater bone mineralization, richness of the child's skeleton with cartilage tissue
<variant>greater mobility and carelessness of children, less body weight
<variant>greater fineness of bone, more bone mineralization
<variant>greater mobility and carelessness of children, greater bone fineness, well-developed periosteal bone case
<question>Children are characterized by the following fractures ... .
<variant>slipped capital femoral epiphysis and osteophytosis
<variant>comminuted
<variant>with the angular displacement
<variant>with a large width offset
<variant>hip neck
<question>Suspected fracture of the forearm bones requires instrumental examination:
<variant>radiography of forearm bones in two projections
<variant>Ultrasound
<variant>radioisotope research
<variant>MRI, CT
<variant>Arthroscopy
<question>With deep degrees of frostbite of the limb, first aid consists of ... .
<variant>applying a thermal insulation bandage
<variant>immersion in warm water
<variant>rubbing with snow, wool
<variant>after rubbing, apply an oil-balsamic dressing
<variant>case novocaine block
<question>The most manageable types of child injuries:
<variant>street transport, organized sports
<variant>domestic, street, transport
<variant>street yard, organized sports
<variant>school, household
<variant>unorganized sports, street sports
<question>Careful elimination in children is subject to ... displacement of bone fragments.
<variant>angular
<variant>in width
<variant>in length
<variant>comminuted
<variant>oblique
<question>Careful elimination in children is subject to ... displacement of bone fragments.
<variant>intra-articular
<variant>in width

<variant>in length
<variant>comminuted
<variant>oblique
<question>For bone fractures in children, the preferred treatment is ... .
<variant>skeletal and band-aid traction
<variant>intramedullary osteosynthesis
<variant>compression osteosynthesis
<variant>open setting
<variant>apparatom the Ilizarov
<question>Burn shock refers to ... a type of shock.
<variant>hypovolemic
<variant>painful
<variant>toxic
<variant>septic
<variant>ketoacidotic
<question>The main component of burn shock therapy in children is ... .
<variant>infusion therapy aimed at compensating for pathological fluid loss
<variant>prescription of painkillers
<variant>introduction of antihistamines and inhibitors of proteolysis
<variant>the appointment of large doses of antibacterial drugs
<variant>prescription of steroid hormones
<question>On the x-ray in the middle third of the forearm, there is an angular deformity of both bones with a defect in the cortical layer, which is characteristic of ... .
<variant>green twig type fracture
<variant>epiphyses of the bones of the forearm
<variant>subperiosteal fracture of the radius
<variant>fracture of the bones of the forearm in a typical place
<variant>juvenile epiphyseolysis
<question>The radiograph shows a deformity of the cortical layer of the bone in the area of the radius metaphysis. The axis of the bone is correct, which is typical for ... .
<variant>subcostal radius fracture
<variant>green twig type fracture
<variant>fracture of the bones of the forearm in a typical place
<variant>separation of the head of the radius
<variant>juvenile epiphyseolysis
<question>On the x-ray of the lower third of the forearm, there is a displacement of the metaepiphyses of both bones by half the diameter of the bone, which is typical for... .
<variant>fractured forearm bones in a typical location
<variant>epiphyses of the bones of the forearm
<variant>green twig type fracture
<variant>separation of the head of the radius
<variant>diaphyseal fracture of both forearm bones
<question>First pre-hospital aid for suspected forearm bone fractures requires:
<variant>immobilization with fixation of two joints
<variant>local novocaine blockade
<variant>Desault's bandage
<variant>immobilization with fixation of three joints
<variant>local novocaine blockade, Desault's bandage
<question>Local pain in case of palpating the spinous processes of the vertebrae after injury is the main symptom in... .
<variant>compression fracture of the vertebral body
<variant>back injury
<variant>traumatic brain injury
<variant>scoliosis
<variant>the trauma to the kidney.
<question>In case of back injury, the following examination is indicated:
<variant>Radiography of the spine in two projections.
<variant>US
<variant>Tipografia
<variant>CT
<variant>Myography

<question>On the spondylogram, a wedge-shaped decrease in the height of the vertebral bodies in a child with an injury indicates... .
<variant>compression fracture of the vertebral body
<variant>back injury
<variant>subluxation of vertebral bodies
<variant>scoliosis
<variant>kyphosis
<question>Lack of consciousness, General hypotension, pallor, profuse sweat, mucosal moisture, convulsions are characteristic of....
<variant>hypoglycemic coma
<variant>traumatic brain injury
<variant>diabetic coma
<variant>poisonings
<variant>the rupture of intracranial aneurysm
<question>Loss of consciousness, reduced, shallow breathing, tachycardia, increased blood PRESSURE, anisocaria, hemiparesis, repeated vomiting with food-characteristic symptoms of:
<variant>traumatic brain injury
<variant>diabetic coma
<variant>hypoglycemic coma
<variant>alcohol poisoning
<variant>epilepsies
<question>A child with a traumatic brain injury without severe neurological symptoms should start the examination with... .
<variant>x-ray of the skull
<variant>ECG with load
<variant>ultrasonic encephalography
<variant>MRI or CT
<variant>contrast magnetic resonance imaging
<question>Subcostal fracture of long tubular bones is characterized by:
<variant>pain
<variant>abnormal mobility
<variant>crepitation
<variant>deformation
<variant>hyperemia
<question>Pathological fractures in children are possible with ... .
<variant>osteoblastoclastoma
<variant>pseudoarthrosis
<variant>the Brodie abscess
<variant>osteoinductive
<variant>cortical defect
<question>The only clinical sign that is characteristic of a fracture is ... .
<variant>pain with axial load on the limb axis
<variant>impaired function, edema, local pain
<variant>the severity of vascular pattern
<variant>local pain, edema, vascular pattern severity
<variant>fluctuation, edema, local pain
<question>For cerebral concussion is characterized by:
<variant>retrograde amnesia
<variant>the presence of a "lucid interval"
<variant>hemiparesis
<variant>clonic-tonic seizures
<variant>hemiplegia
<question>Compression fracture of the thoracic vertebral bodies is characterized by:
<variant>presence of a muscle roller in the area of injury
<variant>Trendelenburg symptom
<variant>positive Kernig symptom
<variant>scoliotic deformation of the spine
<variant>lipoliticescoy deformation of the spine
<question>Subluxation of the head of the radius in children is characterized by:
<variant>sharply painful rotational movement of the forearm

<variant>abnormal mobility
<variant>crepitation
<variant>lack of movement in the elbow joint
<variant>deformity of the elbow joint
<question>For concussion in children, it is shown:
<variant>sedative and vitamin therapy
<variant>outpatient monitoring and treatment
<variant>antibacterial therapy
<variant>bed rest, antiemetic medications, vitamin therapy
<variant>sanitation of the liquor with a lumbar puncture
<question>For a fracture of the bones of the base of the skull, it is characteristic of:
<variant>symptom " points"
<variant>extracranial hematoma
<variant>the presence of a "lucid interval"
<variant>anisocoria
<variant>hemiparesis
<question>There are small deep tissue lesions in burns....
<variant>electric current
<variant>thermal
<variant>flame
<variant>alkali
<variant>acid
<question>The main etiopathogenetic factors for the development of burn shock in children:
<variant>pain and plasma loss
<variant>violation of the content of electrolytes in the blood
<variant>acid-base balance violation
<variant>dysfunction of the Central nervous system
<variant>vomiting and loss of salts
<question>Re-ligation of the burn wound is performed... .
<variant>after getting out of shock
<variant>in 12 hours
<variant>in a day
<variant>5 hours after initial treatment
<variant>after the beginning of epithelialization
<question>In the hematoma for analgesia of the fracture site in a child of 5 years, it is necessary to enter ...
<variant>1% novocaine
<variant>5 ml
<variant>2.5 ml
<variant>1ml
<variant>10 ml
<question>A boy, age 5, fell from a horizontal bar, and the x-ray of the elbow joint shows a laterposition of the medial condyle. Your tactics:
<variant>closed reposition, percutaneous fixation of bone fragments with a Kirschner's wire
<variant>applying adhesive tape extension
<variant>skeletal traction for the Kirschner's wire
<variant>applying adhesive pull
<variant>applying a plaster longeta with a single-stage manual reposition
<question>Children may experience traumatic slipped capital femoral epiphysis in the field ... .
<variant>beam head
<variant>the diaphysis of the femur
<variant>metaphysis of the tibia
<variant>epiphysis of the clavicle
<variant>iliac wing
<question>A 13-year-old child was admitted to the emergency room with complaints of pain in the area of the wrist joint, bayonet-like deformity. The radiograph revealed a displacement of the radius epiphysis with a bone fragment. Determine the type of fracture.
<variant>osteophytosis radius
<variant>fracture of the metaphysis of the radius
<variant>dislocation of the distal end of the radius
<variant>epiphyseolysis of the distal radius epiphysis

<variant>fracture of the radius diaphysis
<question>During transportation from the scene in an ambulance, a 6-year-old boy with a limb injury developed a sharp pallor of the skin, dilated pupils, and a pulse on the radial artery is not detected. Your assumption.
<variant>traumatic shock
<variant>heart failure
<variant>circulatory collapse
<variant>acute respiratory failure
<variant>internal bleeding
<question>During transportation from the scene in an ambulance, a 6-year-old boy with a limb injury developed a sharp pallor of the skin, dilated pupils, and a pulse on the radial artery is not detected. The sequence of your events.
<variant>closed heart massage, simultaneously venesection and venepuncture, injection of reopoliglyukin, blood, painkillers and blockage of the fracture site, immobilization
<variant>painkillers, novocaine block
<variant>I/polyglukin, pain, immobilization
<variant>limb immobilization, I / V reopoliglyukin, blood, painkillers
<variant>novocaine blockage of the fracture site
<question>In a 6-year-old child with a femoral fracture, the control x-ray shows the displacement of the fragments along the width of 1/3 of the bone's diameter. Your opinion.
<variant>allowed offset
<variant>is not a valid offset
<variant>allowed offset by 1/2 of the diameter
<variant>allowed offset ¾
<variant>offset by a full width is allowed
<question>In a 7-year-old child with an oblique fracture of the humerus diaphysis, which is located on the skeletal extension, there is a displacement of the fragments along the length of 2 cm. Your opinion.
<variant>it is necessary to eliminate the length offset by increasing the load
<variant>leave it like this
<variant>it is necessary to eliminate the displacement by reducing the load
<variant>to perform manual reduction and skeletal traction
<variant>operate
<question>In a 9-month-old child, band-aid traction along the Leg with a diaphyseal fracture of the left femur lasts for 14 days. Your tactics.
<variant>clinical and radiological control of consolidation
<variant>determine the absolute length of the limb
<variant>leave the child on the stretch
<variant>remove the exhaust
<variant>applying splints
<question>5 days have passed since the fracture of the middle third of both forearm bones and immobilization in a 10-year-old child. Your tactics.
<variant>check the degree of fixation of the plaster spar
<variant>control radiograph
<variant>remove the plaster spar
<variant>leave a plaster spar
<variant>re-apply the plaster spar
<question>There was a consolidation of the trans-condylar fracture of the humerus, the plaster spar was removed, and movements in the elbow joint were sharply restricted. Specify further treatment.
<variant>thermal procedures, active and passive movements, physical therapy
<variant>massage of the fracture area
<variant>will limited to the removal of the plaster splint
<variant>electrophoresis with novocaine
<variant>paraffin therapy
<question>A 4-year-old child was hospitalized with a trans-condylar fracture of the humerus. Closed simultaneous reposition of bone fragments was performed, followed by percutaneous fixation with a Kirschner rod and plaster immobilization. 12 days have passed since the reposition. Your tactics.
<variant>remove the spokes and start developing the joint
<variant>assign thermal procedures
<variant>remove the spokes and continue immobilization
<variant>continue immobilization
<variant>without removing the spokes, assign physical therapy, massage, thermal treatments

<question>A 14-year-old child was admitted 5 days after the injury complaining of pain and instability in the knee joint. Objective: pronounced edema in the knee joint, sharp restriction of movement in the knee joint, a positive symptom of the front drawer. There is no fracture on the x-ray of the knee joint. Your diagnosis.
<variant>damage to the anterior cruciate ligament
<variant>meniscus injury
<variant>damage to the lateral ligaments
<variant>knee injury
<variant>damage to the posterior cruciate ligament
<question>The optimal duration of bed rest, fractures of the pelvis with violation of continuity of pelvic ring ... .
<variant>4-6 weeks
<variant>2-3 weeks
<variant>3-4 weeks
<variant>1-2 weeks
<variant>10-12 weeks
<question>A child of 7 years old, weighing 28 kg, has a fracture of the femoral shaft with a displacement of the fragments along the axis by 1.5 cm. skeletal traction is applied. To eliminate the displacement of bone fragments, a load is needed....
<variant>6-7 kg
<variant>1.5-2 kg
<variant>2.5-4 kg
<variant>4.5-5 kg
<variant>0.5-1 kg
<question>The corset for fractures of the lower chest and lumbar vertebrae is imposed for a period of ... .
<variant>3-4 months.
<variant>1-1. 5 months.
<variant>2-2. 5 months.
<variant>2-3 weeks.
<variant>8-10 months.
<question>The corset for wedge-shaped fractures of the body of the lumbar and lower thoracic vertebrae is applied in...
<variant>extension position
<variant>the flexion position
<variant>position of the torso tilt to the side
<variant>average physiological position
<variant>the position of the turning torso
<question>Stable vertebral fractures are called ... .
<variant>fractures with wedge-shaped compression of the vertebral body in the anterior section less than 1/3 of the height
<variant>fractures with wedge-shaped compression of the vertebral body in the thoracic region at half the height
<variant>fractures and dislocations
<variant>fracture of the vertebral arches
<variant>fractures of the articular processes
<question>Lack of consciousness, pallor of the skin, cold sweat, vomiting of food eaten, bradypnea, characteristic of....
<variant>traumatic brain injury
<variant>diabetic coma
<variant>hypoglycemic coma
<variant>epilepsies
<variant>brain hypoxia
<question>In case of complaint of lameness and pain during movement in the hip joint, the examination should be started with ... .
<variant>hip radiography
<variant>radiographs of the lumbar spine
<variant>MRI
<variant>CT
<variant>radioisotope study of the skeleton
<variant>the advice of a pediatrician