Control and measuring means
Questions of the intermediate certification program

Discipline: «Propaedeutics of pediaric diseases»
Code of discipline: PPD 3226
Name of EP: 6B10115 «Medicine»
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№	Theme	Specific amount,%	Number of MCQ tasks	Cognitive levels		
				Knowledge, %/ count	Understanding, %/ count	Application, %/ count
	Total	**100%**	**600**	**10%/60**	**50%/300**	**40%/240**
1	General examination of the child. Methods of studying the nervous system.	6.6%	40	4/40	20/40	16/40
2	Semiotics of nervous system damage in children	6.6%	40	4/40	20/40	16/40
3	Methods of skin research in children. Semiotics of skin lesions.	6.6%	40	4/40	20/40	16/40
4	Research methodology and semiotics of damage to the musculoskeletal system.	6.6%	40	4/40	20/40	16/40
5	Methods of studying the respiratory system in children	6.6%	40	4/40	20/40	16/40
6	Semiotics of respiratory system damage in children.	6.6%	40	4/40	20/40	16/40
7	Methods of studying the cardiovascular system in children	6.6%	40	4/40	20/40	16/40
8	Semiotics of CVS lesion in children	6.6%	40	4/40	20/40	16/40
9	Research methodology of the digestive system in children	6.6%	40	4/40	20/40	16/40
10	Semiotics of digestive system emptying in children	6.6%	40	4/40	20/40	16/40
11	Research methodology and semiotics of urinary tract diseases	6.6%	40	4/40	20/40	16/40
12	Methods of blood testing and the blood-circulation system	6.6%	40	4/40	20/40	16/40
13	Semiotics of blood flow and the blood-circulation system	6.6%	40	4/40	20/40	16/40
14	Semiotics of damage to the immune system in children	6.6%	40	4/40	20/40	16/40
15	Semiotics of endocrine system discharge	6.6%	40	4/40	20/40	16/40

<question> The child's taste sensations appear from …
<variant> births
<variant> 1st month
<variant> 2-3 months
<variant> 4-5 months
<variant> intrauterine
<question> Specific type of convulsions in young children
<variant> clonic-tonic
<variant> tonic
<variant> clonic
<variant> opisthotonus
<variant> local
<question> Features of the development of febrile seizures in children:
<variant> develops at the age of 6 months to 5 years
<variant> develops at the only under 1 month of age
<variant> develops at the only in the first hours after birth
<variant> develops at the only after 5 years of age
<variant> develops at the only on the background of rickets
<question> Febrile convulsions are NOT typical:
<variant> manifestation in the form of muscle fibrillation
<variant> appearance against the background of fever
<variant> development at the age of 6 months to 5 years
<variant> development against the background of a viral infection
<variant> hereditary predisposition to them
<question> Neurocirculatory dysfunction is more common in children in the next developmental period:
<variant> during the school period
<variant> in the newborn period
<variant> in the breathfeeding period
<variant> in the early age period
<variant> in the preschool period
<question> When examining a newborn child, there is no active movement in the left upper limb. Muscle tone and tendon reflexes are drastically reduced. Your preliminary clinical syndrome:
<variant> peripheral paralysis syndrome
<variant> meningeal syndrome
<variant> hypertension-hydrocephalus syndrome
<variant> convulsive syndrome
<variant> impaired consciousness syndrome
<question> A 5-year-old child was admitted to the infectious diseases Department of the children's hospital with complaints of severe headache, frequent vomiting without previous nausea, fever, pain in the eyeballs, the child's forced position, on his side with his head thrown back and legs drawn to his stomach. Your preliminary clinical syndrome:
<variant> meningeal syndrome
<variant> convulsive syndrome
<variant> peripheral paralysis syndrome
<variant> hypertension-hydrocephalus syndrome
<variant> impaired consciousness syndrome

<question> A full-term baby who takes the breast well and actively sucks has a slight loss of body weight, in the absence of any other pathological symptoms, jaundice of the skin is noted on the 3rd day of life. Specify the most likely cause of jaundice.
<variant>Physiological jaundice
<variant>Hemolytic disease of newborns
<variant>Carotene pigmentation due to mother's use of tangerines
<variant>Atresia of the biliary tract
<variant>Acute hepatitis
<question> Lactase deficiency in children intolerance…
<variant> milk sugar
<variant> proteins of animal origin
<variant> breast milk proteins
<variant> unsaturated fatty acids
<variant> vegetable proteins
<question> Manifestation of convulsions in the adolescent period is characteristic:
<variant> for epilepsy
<variant> for febrile convulsions
<variant> for hypocalcemia
<variant> for vitamin “B” deficiency
<variant> for phenylketonuria
<question> An O-shaped curvature of the legs was revealed in a child aged 15 months. The doctor assumes a diagnosis of rickets or congenital tubulopathy. It should be considered as the age norm from the detected ...
<variant> Closed large fontanel.
<variant> The severity of the frontal and parietal tubercles.
<variant> Obliquity of the occiput
<variant> "Rosary" on the ribs.
<variant> The unfoldment of the edges of the chest
<question> Of the following for a two-month-old baby is a pathology...:
<variant> Open coronal suture.
<variant> Absence of physiological bends of the spine.
<variant> An open large fontanel.
<variant> Open small fontanel.
<variant>pulsation of the large fontanel
<question> The most common cause of iron-deficiency anemia in puberty girls is:
<variant> chronic blood loss
<variant> helminth infestation
<variant> iron malabsorption
<variant> avitaminosis
<variant> insufficient iron intake from food
<question> A 10-year-old child is treated at children's hospital with the picture of the anemic, hemorrhagic, intoxication, hepatolienal syndrome, neurological symptoms and polypadenopathy. Blast cells were found in CBC. Determine the leading research method to clarify the diagnosis.
<variant> bone marrow puncture
<variant> liver ultrasound
<variant> spleen ultrasound
<variant> lymph node puncture

<variant> lumbar puncture
<question> Decrease in hemoglobin and MCHC, anisocytosis, poikilocytosis are observed in anemia
<variant> iron-deficient
<variant> B12-deficient
<variant> hemolytic
<variant> acute post-hemorrhagic
<variant> hypoplastic
<question> Increased MCHC, macrocytosis, Jolly body, Kebot rings are observed in anemia
<variant> B12-deficient
<variant> hemolytic
<variant> hypoplastic
<variant> iron-deficient
<variant> acute post-hemorrhagic
<question> Jaundice, hepatosplenomegaly, dark urine color are observed in anemia
<variant> hemolytic
<variant> aplastic
<variant> iron-deficient
<variant> acute post-hemorrhagic
<variant> B12-deficient
<question> Splenectomy is performed for anemia
<variant> hemolytic
<variant> B12-deficient
<variant> iron-deficient
<variant> acute post-hemorrhagic
<variant> aplastic
<question> The patient is 15 years old, there were multiple spontaneous subcutaneous hemorrhages, nosebleeds. By organs without features. The symptoms of the tourniquet, pinch are positive. Probable cause of hemorrhagic syndrome:
<variant> thrombocytopenia
<variant> hemophilia
<variant> hemorrhagic vasculitis
<variant> acute leukemia
<variant> chronic lymphoblastic leukemia
<question> A 4-year-old child admitted to the hospital with complaints of soreness and an increase in the volume of the right knee joint after falling from a Bicycle. On the eve of the house, there was a nosebleed. Select the type of bleeding in the child.
<variant> hematomic
<variant> petechial-spotted
<variant> angiomatous
<variant> vasculitic purple
<variant> mixed
<question> A 2 years-old child admitted to the clinic with a complaint of nosebleeds, lasting from 30 minutes to 1 hour. The child's condition is serious. Sluggish. Pale. Appetite is reduced. The body temperature is 38,0°C. Rashes in the form of petechiae, ecchymoses and bruises were found on the skin of the child. The submandibular, posterior cervical, anterior cervical, occipital, inguinal, axillary and ulnar lymph nodes are palpated. Liver + 3 cm. Spleen +2 cm. CBC: Hb-80 g/l, RBC-

2.0×10^{12} /l, WBC- 30.0×10^{9}/l, band NEU-1%, segment NEU-17%, EOS-1%, MON-1%, LYM-80%, ESR-40 mm/h. Determine the leading syndrome in the clinic of the disease that threatens the child's life for this period.
<variant> hemorrhagic
<variant> intoxication
<variant> anemic
<variant> hepatolienal
<variant> lymphoproliferative
<question> In a newborn, the cause of iron deficiency is not:
<variant> destruction of red blood cells containing fetal hemoglobin
<variant> iron deficiency in pregnant women
<variant> violation of the transplacental passage of iron
<variant> prematurity
<variant> premature umbilical ligation
<question> Convulsive syndrome in children occurs more often when:
<variant> flu
<variant> adenovirus infection
<variant> rhinovirus infection
<variant> respiratory syncytial infection
<variant> coronavirus infection
<question> There is a 10-months-old child. The mother complains of lethargy, drowsiness of the child. But the dream is short, superficial. Instead of crying and screaming, a quiet moaning, the reaction to the mother's departure is imperceptible. Weakly reacts to the doctor's examination and swaddling. Reduced skin sensitivity and tendon reflexes. Determine the state of the child's neurological status.
<variant> somnolence
<variant> stupor
<variant> deep coma
<variant> precoma
<variant> coma
<question> A 10 years old child. For pneumonia, he receives treatment in Children's hospital. Body temperature -38.5°C. RR- 50/min. HR- 98/min. Sluggish. Appetite is reduced. Herpes on the lips. Cough is moist in character. To the right below the angle of the scapula to the lower border of the lung-increased voice tremor, shortening of the pulmonary sound, weakening of breathing, crepitation. X-ray examination of the lungs-darkening of the lower lobe of the right lung. In dynamics, when palpation occurs, the voice tremor to the right below the shoulder blade angle becomes weakened, and other physical changes are the same. Based on the described clinic and the dynamics of palpatory changes, determine the developed complication.
<variant> atelectasis
<variant> pneumothorax
<variant> pleurisy
<variant> pyothorax
<variant> pleural empyema
<question> Petechial-spotted type of bleeding is NOT typical:
<variant> hematomas and spontaneous bleeding
<variant> spot hemorrhages on the skin, bleeding
<variant> bruises on the skin

<variant> bleeding
<variant> ecchymoses
<question> Only for hematomic type of bleeding pathogmonically:
<variant> hemarthrosis
<variant> subcutaneous tissue hemorrhages
<variant> retroperitoneal hemorrhage
<variant> nosebleeds
<variant> gingival bleeding
<question> The diagnosis of thrombocytopathy is based on the presence of:
<variant> platelet functional inferiority
<variant> thrombocytopenia
<variant> hemorrhagic syndrome by hematomic type
<variant> changes in myelogram
<variant> changes in the coagulogram
<question> Select the research method that will most accurately determine aplastic anemia:
<variant> myelogram
<variant> CBC
<variant> coagulogram
<variant> platelet detection
<variant> determination of anisocytosis and poikilocytosis
<question> Choose the most informative method for studying mediastinal lymph nodes:
<variant> radiography
<variant> inspection
<variant> palpation
<variant> percussion
<variant> ultrasound examination
<question> Complaint of a patient with hyperglycemic syndrome:
<variant> thirst
<variant> feeling hungry
<variant> body tremors
<variant> sweating
<variant> reduced appetite
<question> Mandatory sign of diabetes is:
<variant> fasting glycemia ≥ 6.1 mmol/l
<variant> fasting glycemia ≥ 5.5 mmol/l, but below 6.1 mmol/l
<variant> symptom complex: thirst, polyuria, weight loss
<variant> glucosuria
<variant> glycemia 2 hours after eating-8.1 mmol/l
<question> A 10-year-old child went to a doctor complaining of abdominal pain, headache, thirst (drinking up to 3-4 liters of water a day), frequent urination, increased appetite, weight loss. According to him, he was ill for 2 weeks. On examination: flaccid, pale, pronounced dry skin, reduced tissue turgor. Select a syndromal diagnosis based on the set of symptoms detected.
<variant> diabetes mellitus
<variant> diabetes insipidus
<variant> urinary system infection
<variant> chronic gastritis
<variant> parasitic disease

<question> The child is 11 months old. Body temperature is 38.5°C. Cough is paroxysmal with difficult-to-separate sputum. Shortness of breath of expiratory nature. The breathing in the lungs is hard, dry whistling and moist small-bubbly wheezing all over the fields. Percussion over the lungs is a boxy shade of lung sound. Establish a syndromic diagnosis.
<variant> obstructive bronchitis
<variant> acute pneumonia
<variant> acute laryngitis
<variant> acute bronchiolitis
<variant> bronchial asthma
<question> With congenital hypothyroidism , the functions are primarily impaired:
<variant> of the central nervous system
<variant> of the cardiovascular system
<variant> of the pulmonary system
<variant> of the immune system
<variant> of the urinary system
<question> General practitioner performs a preventive examination of the child. No pathology was detected during physical examination. Very mobile, curious. Understands the word "can't", but does not always comply with the ban. Walks independently. Knows the names of body parts and individual items. Likes to look at books with bright illustrations. Says 12 words. Knows some names of relatives. Determine the child's age.
<variant> 12 months
<variant> 8 months
<variant> 9 months
<variant> 10 months
<variant> 11 months
<question> The child is 4 months old. Somatically healthy. In neuropsychiatric development corresponds to age. He turns from his stomach to his back, laughs loudly, hums. Recognizes mom and other loved ones. Examines, feels and grabs toys hanging over him, but his movements are uncoordinated. Explain the reason for the weak coordination.
<variant> the cerebellum and neostriatum are insufficiently developed
<variant> weak development of small (tertiary) gyri and furrows of the brain
<variant> the conducting systems of the nervous system are poorly formed
<variant> short and sparsely branched dendrites
<variant> insufficient development of myelination of the pyramidal pathways
<question> Child has Down's (mongolism) disease. Select the syndrome of damage to the nervous system that is detected in this disease:
<variant> hypoexcitability syndrome
<variant> hyperexcitability syndrome
<variant> intracranial hypertension syndrome
<variant> convulsive syndrome
<variant> muscular dystonia syndrome
<question> General practitioner at home examines the child 2 weeks of life. Define a parameter that is not appropriate for this age.
<variant> short, staccato gurgling
<variant> loud emotional cry
<variant> athetose-like movements
<variant> flexor muscle hypertonus

<variant> presence of unconditioned reflexes
<question> When examining a young child, it was found that he is well she holds her head on her stomach, lifts her shoulder belt and smiles, long-term buzzing, unconditional reflexes: grasping, palmar-oral, crawling, Galant and Perez are not determine. Determine the child's age:
<variant> 4 months
<variant> 2 months
<variant> 3 months
<variant> 5 months
<variant> 6 months
<question> Carditis in newborns is most common of …:
<variant> viral origin
<variant> bacterial origin
<variant> unclear etiology
<variant> hypoxic origin
<variant> hereditary origin
<question> Pleural friction rub is listened to:
<variant> inhalation and exhalation
<variant> inspiration
<variant> at the height of the breath
<variant> exhalation
<variant> at the end of the exhalation
<question> Syndrome accumulation of air in the pleural cavity is reliable in the presence of the following symptoms:
<variant> chest asymmetry, vocal tremor and bronchophony are absent, tympanic percussion sound, auscultatory - breathing is not performed
<variant> asymmetry of the chest, voice tremor and bronchophony sharply weakened, dull percussion sound, hard breathing
<variant> chest asymmetry, voice tremor and bronchophony enhanced, tympanic percussion sound, bronchial breathing
<variant> asymmetry of the chest, voice tremor and bronchophony are absent, box percussion sound, auscultatory - breathing is not performed
<variant> the rib cage is symmetrical, voice tremor and bronchophony are enhanced, tympanic percussion sound, auscultatory - breathing is mixed
<question> Increased vocal fremitis over the lesion, shortening of the percussion sound, bronchovesicular breathing, increased bronchophony, are typical for:
<variant> focal compaction of lung tissue
<variant> of exudative pleurisy
<variant> obturation atelectasis
<variant> bronchitis
<variant> bronchial asthma
<question> For pulmonary lobular compaction syndrome is NOT typical:
<variant> weakening of voice tremor over the affected area
<variant> lag of affected half in the act of breathing
<variant> bronchial breathing
<variant> dull percussion sound
<variant> strengthening voice tremor

<question> Which syndrome is characterized by the following physical data: vocal trembling and bronchophony are amplified over the lesion, percussion – tympanic sound here, auscultative – bronchial breathing with an amphoric tinge, moist large-bubbly wheezing:
<variant> lung cavity formation syndrome
<variant> respiratory failure syndrome
<variant> syndrome of air accumulation in the pleural cavity
<variant> syndrome of fluid accumulation in the pleural cavity
<variant> pulmonary lobular compaction syndrome
<question> Lesions of upper respiratory tract syndrome is NOT typical
<variant> wet rales in auscultation of the lungs
<variant> mucous discharge from nasal passages
<variant> cough
<variant> moderate symptoms of intoxication
<variant> hard wheezes
<question> Small-focal infiltration syndrome is characterized by…
<variant> box tone of percussion sound
<variant> dulling the percussion sound over the lungs
<variant> local wet rales in auscultation
<variant> local dry rales in auscultation
<variant> local wet large-bubble wheezing in auscultation
<question> Large-focal infiltration syndrome is characterized by…
<variant> local changes of the lungs in auscultation
<variant> box tone of percussion sound
<variant> weakening of bronchophonia
<variant> no symptoms of intoxication
<variant> bronchial obstruction syndrome
<question> Shortening percussion sound over the lungs is typical for...
<variant> large- focal infiltration syndrome
<variant> small- focal infiltration syndrome
<variant> bronchial obstruction syndrome
<variant> croup syndrome
<variant> hypoxia syndrome
<question> Box tone of the percussion sound over the lungs is NOT typical for...
<variant> syndrome of fluid accumulation in the pleural cavity
<variant> bronchial obstruction syndrome
<variant> small- focal infiltration syndrome
<variant> emphysema of the lungs
<variant> pneumothorax
<question> Downward shift of the lung boundaries is observed when...
<variant> bronchial obstruction syndrome
<variant> large- focal infiltration syndrome
<variant> croup syndrome
<variant> lesions of middle respiratory tract syndrome
<variant> lesions of upper respiratory tract syndrome
<question> The child is 14 years-old. Serious condition. Complains of shortness of breath, chest pain when coughing and taking a deep breath. Pale. Severe acrocyanosis. Physical activity causes increased shortness of breath. The right half of the chest lags behind in breathing, here the

intercostal spaces are smoothed. Starting at level 4 of the rib, the pulmonary sound is dulled and the breath is not heard. Chest X-ray: darkening of the lower lobe of the right lung and shift of the mediastinum to the left. CBC: Hb- 100 g/l, WBC- $16x10^9$/l, band NEU -15%, segmented NEU - 60%, Eos-1%, MO-5%, LYM-19%, ESR-30 mm/h. Analysis of the disease syndromes suggests the following complication
<variant> pleurisy
<variant> abscess
<variant> pneumonia
<variant> atelectasis
<variant> pneumothorax
<question> Local weakening of vesicular respiration is observed at...
<variant> large-focal infiltration syndrome
<variant> bronchial obstruction syndrome
<variant> croup syndrome
<variant> lesions of middle respiratory tract syndrome
<variant> lesions of upper respiratory tract syndrome
<question> Syndrome of fluid accumulation in the pleural cavity is NOT typical:
<variant> dullness-tympanic sound over the affected area
<variant> lag of the affected half in the act of breathing
<variant> chest asymmetry
<variant> weakening of breathing over the affected area
<variant> chest pain on the affected side
<question> For syndrome of air accumulation in the pleural cavity is characteristic:
<variant> weakening of breathing in auscultation
<variant> dullness of percussion sound
<variant> increased bronchophony
<variant> increased voice tremor
<variant> amphoric respiration in auscultation
<question> Lesions of upper respiratory tract syndrome is NOT typical
<variant> dullness of percussion sound
<variant> hard breathing
<variant> dry rales
<variant> moderate signs of intoxication
<variant> dry cough
<question> Pathological bronchial respiration is determined by the syndrome of …
<variant> large- focal infiltration
<variant> small- focal infiltration
<variant> lesions of the middle respiratory tract
<variant> air accumulations in the pleural cavity
<variant> increased airiness of lung tissue
<question> A 9-year-old boy became acutely ill after hypothermia, temperature up to 39.0°C, dry painful cough, and headache. On examination: serious condition. The skin is pale, with a "mramor" pattern. The mucous membranes are clean and dry. Pharynx is hyperemic. Breath grunting. RR 34/min. The chest is swollen, the right half is lagging behind in breathing. Percussion: to the right, below the shoulder area in percussion dullness sound. Auscultation: breathing hard, over lesions area sound is weakened, no rales. The heart tones are loud, no murmur, HR-124/min. The abdomen

is soft and painless. The liver is at the edge of the costal arch, spleen is not palpated. Your preliminary clinical syndrome:
<variant> syndrome of fluid accumulation in the pleural cavity
<variant> syndrome of increased airiness of the lung tissue
<variant> syndrome of accumulation of air in pleural cavity
<variant> syndrome of violations of bronchial patency
<variant> pulmonary compaction syndrome
<question> Patient N., 3 years 9 months., went to the emergency department with complaints of coughing, temperature up to 38.2°C, shortness of breath. Objective: condition is moderate severity. Child is excited. The skin is clean, the body temperature is 37.5°C, cyanosis of the nasolabial triangle, hyperemia of the pharynx. The chest is normal shape and auxiliary muscles are noticeably involved in the act of breathing. Breath whistling, percussion sound is tympanic, RR-45/min. Auscultation: against the background of an elongated exhalation, diffuse dry whistling rales are heard from both sides, and various-sized wet rales are heard all fields. The borders of the heart are not expanded, the tones are rhythmic, muted, HR-138/min. The abdomen is soft and painless. The liver acts from under edge of a costal arch on 1.5 cm. Feces regular, diuresis is normal. Based on the available data, the following clinical syndromes can be distinguished in a patient:
<variant> violations of bronchial patency, respiratory failure
<variant> compaction of lung tissue, respiratory failure
<variant> accumulation of fluid in the pleural cavity, violations of bronchial patency
<variant> air accumulations in the pleural cavity, compaction of lung tissue
<variant> increased airiness of the lung tissue, accumulation of fluid in the pleural cavity
<question> In atelectasis syndrome over a compressed lung is determined:
<variant> weakened vesicular respiration
<variant> hard breathing
<variant> bronchial respiration
<variant> enhanced vesicular respiration
<variant> increased voice tremor
<question> Pulmonary compaction syndrome is observed in all cases EXCEPT:
<variant> emphysem a of the lungs
<variant> inflammatory lung infiltration
<variant> lung atelectasis
<variant> lung cancer
<variant> extensive pneumocirrhosis
<question> Pulmonary compaction syndrome corresponds to physical examination data:
<variant> increased voice tremor, dullness percussion sound and bronchial respiration
<variant> increased voice tremor, tympanic percussion sound, amphoric breathing and wet large-bubble rales
<variant> attenuation of voice tremor, boxed percussion sound, weakened vesicular breathing
<variant> voice tremor is not performed, dull percussion sound, breathing is not listened
<variant> attenuation of voice tremor, dulling of percussion sound, amphoric breathing
<question> A 9 years old boy. Receives treatment in a children's hospital. Body temperature - 38.6°C. RR- 48/min. HR- 95/min. Complains of chest pain in the right side -the pain increases with coughing, with deep breathing. Sluggish. Appetite is reduced. Herpes on the lips. Painful cough with rusty sputum. Hyperemia of the skin of the right cheek. To the right below the angle of the scapula to the lower border of the lung - dullness pulmonary sound, weakening of breathing,

crepitation. X-ray examination of the lungs-darkening of the lower lobe of the right lung. According to the described clinic, determine the leading syndrome of this disease is ...
<variant> respiratory failure
<variant> intoxication
<variant> respiratory
<variant> bronchopulmonary
<variant> pain
<question> Picture of bronchial obstruction syndrome includes the following symptom complex:
<variant> cough, expiratory dyspnea , wheezing
<variant> cough, inspiratory dyspnea , stenotic breathing
<variant> cough, mixed dyspnea, small- bubble wet rales
<variant> cough, inspiratory dyspnea, stridorous breathing
<variant> cough, mixed dyspnea, crepitating rales
<question> In compacted lung tissue syndrome, the following diagnostic methods are used, EXCEPT:
<variant> neurosonography
<variant> peripheral blood analysis
<variant> auscultation
<variant> chest X- ray
<variant> pharyngeal smear on flora and antibiotic sensitivity
<question>Child is 9 months. Complaints at admission to the clinic for cough, shortness of breath. Increase in body temperature to 38°C. Objective: general condition is due to respiratory failure, RR is 60 times per minute with the participation of auxiliary muscles,,skin is pale, generalized cyanosis, shortness of breath with participation of auxiliary muscles. Percussion-lung sound with boxed shade. In lungs fine bubbling rales on both sides. On the radiograph: increased transparency of the pulmonary fields, low standing of the diaphragm. Diagnosed with Acute bronchiolitis. Specify the leading symptom that determines the severity of acute bronchiolitis:
<variant> RF, shortness of breath with participation of auxiliary muscles
<variant>persistent dry cough
<variant>moderately expressed phenomena of rhinitis, nasopharyngitis
<variant>medium bubbling rales in the lungs
<variant>increased transparency of pulmonary fields in x-ray
<question>A one-year-old child 3 days ago began to runny nose and cough, temperature increase to 38°C. Two other family members have the same symptoms, 6 hours ago, the cough sharply intensified. Physical examination reveals marked difficulty breathing, inflating the wings of the nose, moderate swelling of the chest and whistling sounds rales. Diagnosed with Acute bronchiolitis. This factor plays a leading role in the pathogenesis of bronchial obstruction:
<variant>inflammatory edema of the bronchial mucosa
<variant>bronchospasm
<variant>violation of mucociliary clearance
<variant>bronchial dyskinesia
<variant>compression of the bronchus from the outside
<question>Child is 2 years old. After the adenovirus infection, febrile temperature reaction, symptoms of bronchial obstruction with asymmetry of wheezing persisted for a long time. On the X-ray localized alternation of areas of reduced and hyper-air pneumatization of the lungs («cotton lung»). In the hemogram, increased ESR, neutrophil shift, leukocytosis. The child has obliterating bronchiolitis. The most significant pathophysiological mechanism of obstruction:

<variant>bronchiole fibrosis
<variant>bronchial smooth muscle spasm
<variant>bronchial mucosal edema
<variant>increased production of bronchial secretions
<variant>thickening of the walls of the alveoli
<question>Child 9 months, complaints at admission to the clinic for cough, shortness of breath. Temperature increased to 38°. Objective: general condition is severe, skin is pale, generalized cyanosis, shortness of breath with the participation of auxiliary muscles. Percussion-lung sound with boxed shade. In lungs fine bubbling rales on both sides. On the roentgenogram: increased transparency of the pulmonary fields, low standing of the diaphragm. Diagnosed with Acute bronchiolitis. Your tactics:
<variant>correction of respiratory failure
<variant>antibacterial therapy
<variant>postural drainage, vibration massage
<variant>stimulation of protective reactions of an organism
<variant>treatment of cardiovascular failure
<question>Girl is 6 years, came with complaints of cough, lethargy, body t- 38,4°. Objectively: pallor, respiratory rate 34/min. In the lungs, shortening of percussion sound on the right, here on the background of weakened respiration, dry and wet fine rales. The most informative method of examination in this case:
<variant>radiography
<variant>bronchography
<variant>bronchoscopy
<variant>peakflowmetry
<variant>spirography
<question>Child has a cough with the separation of muco-purulent sputum for 6 months. The most informative method of examination in this patient:
<variant>bronchoscopy
<variant>angiography
<variant>tomography
<variant>bronchography
<variant>pleural puncture
<question>Disease onset acute. Cough in the first hours dry, in the days that followed were productive. Sputum mucoid, scant. No shortness of breath. In auscultation- on both sides of the lungs diffuse dry, large - and medium-bubbling rales. Radiographically determined enhanced pulmonary pattern without focal and infiltrative changes. Localization of inflammation in …:
<variant>medium-caliber bronchi
<variant>bronchi of small caliber
<variant>alveoli
<variant>nasopharynx
<variant>upper respiratory tract
<question>Chronization of the inflammatory process in the bronchi play a role of …:
<variant>violation of mucociliary clearance, reduction of local immunity and destabilization of cell membranes
<variant>violation of mucociliary clearance and reduction of local immunity
<variant>violation of the permeability of the mucous membrane of the bronchial tree

<variant>violation of mucociliary clearance
<variant>reduced local immunity
<question>X-ray characteristic of exudative pleurisy:
<variant>homogeneous dimming
<variant>inhomogeneous dimming
<variant>enlightenment
<variant>ring-shaped shadow
<variant>focal shadow
<question>1-year- old child admitted to the hospital with severe toxicosis, shortness of breath of a mixed nature, body temperature of 38°C. Percussion: boxed shade sound. Auscultation: scattered wheezes, on the right at the angle of the scapula – persistent fine bubblingrales. The following method of diagnostic examination is shown to specify the diagnosis:
<variant>chest X-ray
<variant>urinalysis
<variant>biochemical blood test
<variant>sputum seeding on flora

<variant>completle blood count
<question>Child is 6 months. In the neonatal period had suffered from respiratory distress syndrome. Child fell ill acutely without previous SARS. Fever, shortness of breath, cough with 3 th days disease, lethargy. General condition of moderate severity, pronounced pallor and marbling of the skin. Shortness of breath according to the type of tachypnea. Percussionlung soundis shortening in the projection of IX - X segments on the right, here the breathing is weakened. Bronchophony increases. Ralesare not listened. On the X-ray is expected about …:
<variant>strengthening of the basal and pulmonary pattern, structureless roots. In IX-X segments on the right-homogeneous infiltrative shadow, within which the pulmonary pattern is indistinguishable
<variant>enhanced pulmonary pattern, increased clarity no fusing
<variant>basal pattern enhancement, right in projection IX-X-intense dimming with multiple air cavities
<variant>strengthening of pulmonary pattern, structureless roots. On both sides on IX-X segments focal infiltrative shadows with indistinct contours at the confluence
<variant>homogeneous darkening of the pulmonary field on the right with a clear border, the diaphragm is not contoured, the sinus is not defined, the mediastinum is shifted to the left
<question>Child was admitted to the pulmonology department of the children's hospital in a serious condition with signs of respiratory failure. During the objective examination of suspected exudative pleurisy. Pleural puncture carried out, fluid was obtained. Make a differential diagnosis of exudate and transudate, in favor of the first diagnosis:
<variant>increased protein content
<variant>liquid is transparent, slightly yellowish, sometimes colorless, odorless
<variant>after standing, the liquid is transparent, no precipitate is formed
<variant>cytological examination reveals a small amount of exfoliated mesothelium
<variant>"biochemical inflammation syndrome" is absent or weakly expressed
<question>Child 10 years, complains of pain of a stabbing nature in the right half of the chest. Got sick acutely. Temperature of 38.9°C, increasing shortness of breath. condition serious, the position is in bed forced, laid on his right side. The thorax on the right lags behind in the act of breathing. Percussion in the

lungs sound is sharply shortened in the posterior parts on the right, auscultation no breath sounds, RR 36 per min. Choose additional symptoms characteristic of massive exudative pleurisy:
<variant>Displacement of mediastinal organs in a healthy side
<variant>Shortening of percussion sound and displacement of mediastinal organs in the diseased side
<variant>Boxed character of percussion sound over exudate
<variant>Increased vocal jitter and pronounced bronchophony over exudate
<variant>Increased vocal jitter and shortening of percussion sound
<question>Screening methods that are performed for all children over 5 years of age with recurrent wheezing include all but:
<variant>x-ray examination
<variant>spirometry
<variant>test with bronchodilator
<variant>peak flowmetry with the introduction of a self-monitoring diary
<variant>allergy examination
<question>The onset of allergic laryngeal edema may be indicated by:
<variant>Hoarseness
<variant>Barking Cough
<variant>Stidorous breathing
<variant>respiratory dyspnea
<variant>expiratory dyspnea

<question> All laboratory parameters are typical for carditis, except:
<variant> high titer of ASL-O
<variant> moderate leukocytosis
<variant> leukopenia
<variant> slight increase in sialic acids
<variant> moderate acceleration of ESR
<question> Systolic-diastolic "fremissement cataire" is typical for:
<variant> patent ductus arteriosus
<variant> atrial septal defect
<variant> tetralogy Fallot
<variant> aortic coarctation
<variant> tricuspid valve stenosis
<question> Pronounced " Carotid dance" pulsation of the carotid arteries is observed
<variant> aortic valve insufficiency
<variant> mitral stenosis
<variant> aortic stenosis
<variant> tricuspid valve insufficiency
<variant> mitral valve insufficiency
<question> Open arterial duct with large arterio-venous blood discharge:
<variant> to left ventricular diastolic overload
<variant> to diastolic overload of the right ventricle
<variant> to systolic overload of the left ventricle
<variant> to systolic overload of the right ventricle
<variant> to diastolic overload of both ventricles
<question> Dyspnea- cyanotic attacks are typical for...

<variant> syndrome of impoverishment of the pulmonary circle circle blood circulation
<variant> right-to- left shunt syndrome
<variant> left to right shunt syndrome
<variant> syndrome of overflow of the pulmonary circle circle blood circulation
<variant> gateway syndrome
<question> Changes of S2 in aortic insufficiency:
<variant> weakened S2 on the aorta
<variant> amplified S2 on the pulmonary artery
<variant> accent S2 on the aorta
<variant> amplified S2 at the apex
<variant> weakened S2 at the apex
<question> Systolic "fremissement cataire" is a sign of:
<variant> aortic stenosis
<variant> mitral stenosis
<variant> aortic insufficiency
<variant> tricuspid stenosis
<variant> tricuspid insufficiency
<question> Diastolic "fremissement cataire" is typical for:
<variant> mitral stenosis
<variant> tricuspid insufficiency
<variant> aortic stenosis
<variant> ventricular septal defect
<variant> mitral insufficiency
<question> In hemophilia, the most informative study is:
<variant> determination of plasma clotting factors
<variant> determining bleeding time
<variant> determining blood clotting time
<variant> platelet count
<variant> hemoglobin
<question> Congenital heart defects with increased blood flow through the lungs include:
<variant> patent ductus arteriosus
<variant> aortic stenosis
<variant> tetralogy of Fallot
<variant> isolated pulmonary stenosis
<variant> Ebstein anomaly
<question> Congenital heart diseases with impoverishment of the pulmonary circle of blood circulation include:
<variant> tetralogy of Fallot
<variant> aortic stenosis
<variant> ventricular septal defect
<variant> atrial septal defect
<variant> left ventricular hypoplasia syndrome
<question> In ventricular septal defect organic heart murmur is most pronounced:
<variant> in the third-fourth intercostal space on the left side of the sternum
<variant> at the apex of the heart
<variant> in the second intercostal space to the right of the sternum
<variant> on large neck vessels

<variant> in the epigastric region
<question> In case of atrial septal defect systolic murmur is caused by:
<variant> relative stenosis of the pulmonary artery
<variant> blood discharge through atrial septal defect
<variant> relative mitral valve insufficiency
<variant> relative insufficiency of the tricuspid valve
<variant> relative aortic stenosis
<question> In patent ductus arteriosus is the most typical murmur is:
<variant> systolic diastolic in the second intercostal space on the left side of the sternum
<variant> systolic in the second intercostal space on the left side of the sternum
<variant> systolic at the apex of the heart
<variant> systolic in the left axillary region
<variant> diastolic in the second intercostal space on the right side of the sternum
<question> The most dangerous complication of congenital heart defects with hemodynamically significant enrichment of the pulmonary circle of blood circulation is…:
<variant> pulmonary hypertension
<variant> heart rhythm disorder
<variant> hypertension
<variant> stroke
<variant> myocardial ischemia
<question> Severity of clinical symptoms in tetralogy of Fallot is more dependent on:
<variant> degrees of pulmonary artery stenosis
<variant> areas of ventricular septal defect
<variant> areas of atrial septal defect
<variant> degrees of right ventricular hypertrophy
<variant> degrees of aortic dextroposition
<question> In aortic insufficiency is heard:
<variant> diastolic aortic murmur
<variant> systolic murmur at the base of the xiphoid process
<variant> diastolic murmur in the axillary region
<variant> systolic murmur on the aorta
<variant> diastolic murmur at the base of the xiphoid process
<question> For differential diagnosis of mitral valve prolapse from mitral valve insufficiency, the following research method is the most reliable:
<variant> echocardiography
<variant> ECG
<variant> chest X- ray
<variant> PCG
<variant> vectorcardiography
<question> A 14-years-old child has been registered with a cardio-rheumatologist for 3 years. 6 months ago he suffered from SARS, after which there was shortness of breath during exercise, palpitations, pain in the heart area, weakness, fatigue. Objective: paleness of the skin, "heart hump", raised and spilled apical push in the VI intercostal space, outwards from the midclavicular line, weakening S1, pouring diastolic murmur after S2, is better listened to when the trunk is tilted forward at the left edge of the sternum in the IV intercostal space. X-ray picture characteristic of this heart defect:
<variant> the borders of the heart are extended to the left, the waist is sharply emphasized

<variant> heart of normal size
<variant> increased heart width and flattened waist
<variant> enlargement of the left atrium and two ventricles
<variant> spherical shape heart
<question> In X-ray examination of the heart in atrial septal defect is typical:
<variant> enlargement of the right heart
<variant> enlargement of the left heart
<variant> depletion of the pulmonary pattern
<variant> vascular bundle extension
<variant> aortic dilation
<question> A 3-years-old child at the reception. The actual body weight is 18 kg. Complained of lethargy, weakness, and apathy. According to the mother, the child often suffers from acute respiratory diseases. Upon inspection of the sluggish, lethargic, pasty. Skin elasticity, soft tissue turgor are reduced, and the musculature is poorly developed. All groups of peripheral lymph nodes are enlarged to the III-IV degree, they are not soldered together with the underlying tissues. Breathing through the nose is difficult, the pharyngs are hypertrophied. Chest X-ray - drip heart, thymomegaly. CBC: Hb-120g/l, RBC - $4,2x10^{12}$/l, WBC-$6,4x10^{9}$/l, band NEU-22%, segment NEU-25%, LYM-62%, MO-10%. Additional study in this child is the definition of…:
<variant> Cardiothymothorax index
<variant> Erisman index
<variant> Cardiothorax index
<variant> Chulitskaya's fatness index
<variant> Bone age
<question> Patient M., 10 years old. After suffering a sore throat, complications appeared in the form of joint pain. Diagnosed with rheumatism. In the acute phase of the disease, she had the following symptoms: severe sweating, severe and prolonged fever, severe shortness of breath, palpitations and interruptions in the heart, auscultation: sounds were muffled, the rhythm of the “gallop” and moist, fine bubbling rales in the lower parts of the lungs. Against the background of these symptoms, a new symptom appeared - systolic murmur at the apex of the heart. Auscultation symptoms suggest:
<variant> about the formation of heart disease
<variant> on the transition of the disease to remission
<variant> about the onset of recovery
<variant> on the inclusion of compensatory capabilities of the ventricular myocardium
<variant> about the defeat of all layers of the heart
<question> A child is 1 year old. The borders of the heart are extended to the left and up. In the II intercostal space to the left of the sternum, systolic-diastolic "machine murmur". Preliminary diagnosis:
<variant> patent ductus arteriosus
<variant> atrial septal defect
<variant> Tetralogy of Fallot
<variant> ventricular septal defect
<variant> coarctation of the aorta
<question> Specify the leading clinical symptom of left ventricular heart failure in a young child:
<variant> rapid breathing
<variant> chest pain
<variant> liver enlargement

<variant> peripheral edema
<variant> headache
<question> "Capillary pulse" is observed when:
<variant> aortic valve insufficiency
<variant> mitral valve insufficiency
<variant> collapse
<variant> mitral stenosis
<variant> tricuspid valve insufficiency
<question> Arterial pressure in case of aortic valve insufficiency:
<variant> normal or elevated systolic and low diastolic
<variant> normal
<variant> low systolic and elevated diastolic
<variant> high on the hands and low on the feet
<variant> low
<question> Carditis in newborns is most common of …:
<variant> viral origin
<variant> bacterial origin
<variant> unclear etiology
<variant> hypoxic origin
<variant> hereditary origin
<question> Pericardial friction rub is heard, when:
<variant> pericarditis
<variant> angina
<variant> heart failure
<variant> myocarditis
<variant> hypertension
<question> With carditis in young children, all signs are observed, EXCEPT:
<variant> increase BP
<variant> heavy current
<variant> extrasystole
<variant> rapid development of circulatory failure
<variant> cardiomegaly
<question> Diagnostically significant symptom of myocarditis in children is…:
<variant> the appearance of systolic murmur in the area of the heart apex
<variant> increased blood pressure
<variant> wheezing in the lungs
<variant> increasing the sonority of heart tones
<variant> febrile fever with chills
<question>Choose a non-characteristic clinical sign of respiratory failure in chronic heart failure in a child:
<variant> movement of the nostrils
<variant> retraction of intercostal spaces
<variant> groan
<variant> liver enlargement
<variant> pulmonary wheezing
<question> Organic heart rhythm and conduction disorders are characterized by…:
<variant> permanent character

<variant> no signs of heart damage
<variant> no complaints
<variant> no clinical symptoms
<variant> frequent abdominal pain
<question> Pleural friction rub is listened to:
<variant> inhalation and exhalation
<variant> inspiration
<variant> at the height of the breath
<variant> exhalation
<variant> at the end of the exhalation
<question> Total cyanosis of the skin and mucous lips of a newborn that persists for more than 3 hours may be caused by all of the above conditions, EXEPT:
<variant> carditis
<variant> pulmonary pathology
<variant> encephalopathy
<variant> congenital heart disease
<variant> CRF
<question> Acute myocarditis is characterized by auscultative symptoms:
<variant> attenuation of the S1 at the apex
<variant> amplification S1 at the apex
<variant> systolic murmur at the apex
<variant> diastolic murmur at the apex
<variant> gallop rhythm at the apex
<question> Congenital transposition of the main vessels is an exchange of places of exits from the heart of two main main vessels —...
<variant> aorta and pulmonary trunk
<variant> of the open arterial duct
<variant> superior and inferior vena cava
<variant> carotid and subclavian arteries
<variant> aorta and left femoral arethria
<question> For myocarditis , complaints about:
<variant> heart pain, palpitations, shortness of breath
<variant> heart pain, palpitations, fainting
<variant> heart pain, shortness of breath, ascites
<variant> heart pain, dizziness, shortness of breath
<variant> heart pain, fever, dry cough
<question> A 6-year-old child was found to have a forced elevated position, swelling of the neck veins, acrocyanosis, heart apex is not detected, boundaries of the heart are expanded across, heart tones are weakened and no murmur. Select the syndrome that occurs:
<variant> pericarditis
<variant> endocarditis
<variant> myocarditis
<variant> arteriovenous discharge
<variant> venous-arterial discharge
<question> Select the excitation of which department reflects the P wave on the ECG
<variant> atria
<variant> interventricular septum

<variant> left ventricle
<variant> right ventricle
<variant> supraventricular scallops
<question> Select the most informative study to diagnose mitral valve defect:
<variant> ultrasound examination
<variant> ECG
<variant> PCG
<variant> X- ray of the heart
<variant> functional samples
<question> Cyanosis of central origin occurs as a result of…:
<variant> insufficient oxygen saturation of the blood in the pulmonary circle of blood circulation
<variant> slowing down blood flow in tissues
<variant> increase in blood carbon dioxide content
<variant> insufficient blood volume in the large circulatory circle
<variant> патологии почек
<question>From state of which structural unit of the heart most depends on the increase in its boundaries:
<variant>Myocardium
<variant>Endocardium
<variant>Of subvalvular structures
<variant>Interventricular septum
<variant>Atrial septum

<question> X-ray changes that are characteristic of exudative pericarditis:
<variant> boot-shaped heart shadows with signs of left ventricular hypertrophy
<variant> enlargement of the left heart, signs of stagnation in the pulmonary circle of blood circulation
<variant> reduction of heart contour pulsation in normal or slightly expanded heart shadow
<variant> heart shadow extension-spherical, triangular or trapezoidal
<variant> enlargement of the right heart and signs of stagnation in the pulmonary circle of blood circulation
<question> A 5-years-old child being examined at the first time, along the left edge of the sternum, listened to systolic murmur, maximum S2 intercostal space on the left. Weakened S2. The boundaries of the heart are within the age limit. First of all this patient had overload of… :
<variant> right ventricle
<variant> left atrium
<variant> interventricular septum
<variant> right atrium
<variant> left ventricle
<question> Non-rheumatic myocarditis is characterized by…:
<variant> thromboembolic complications
<variant> signs of circulatory failure
<variant> increasing the transverse dimensions of the heart
<variant> reducing the sonority of heart tones
<variant> heart rhythm disorder
<question> For typical pericardial friction rub all, EXEPT:
<variant> better listened to at the apex
<variant> is not associated with the projection of valves, is not carried out by blood flow

<variant> murmur intensity does not depend on the type of effusion
<variant> friction noise is not associated with cardiac cycle phases
<variant> for its formation, the presence of fibrinous overlays on the epicardium is necessary
<question> Arterial hypertension can be suspected by the following clinical signs and manifestations:
<variant> pain in the parietal and occipital areas
<variant> short-term episodes of loss of consciousness
<variant> heart rate and conduction disorders
<variant> presence of peripheral edema
<variant> respiratory arrhythmia
<question> Main sign of nephrogenic hypertension is…:
<variant> impaired kidney function
<variant> reducing the size of the kidneys
<variant> kidney dystopia
<variant> narrowing of the renal artery by 20%
<variant> presence of signs of concretions in the calyx
<question> Endocrine hypertension with hormone production deficiency is…:
<variant> hypertension in diabetes mellitus
<variant> hypertension in RF
<variant> hypertension in hyperparathyroidism
<variant> hypertension in pheochromocytoma
<variant> hypertension in Itsenko-Cushing's disease
<question> Hypertension in aortic coarctation develops as a result of …:
<variant> ischemia of internal organs below the site of narrowing
<variant> lower limb vein thrombosis
<variant> cerebral circulatory insufficiency
<variant> atherosclerosis of the main arteries
<variant> disorders of microcirculation in the coronary arteries
<question> Hypertension is typical for the following congenital heart disease:
<variant> aortic coarctation
<variant> aortic stenosis
<variant> pulmonary artery stenosis
<variant> ventricular septal defect
<variant> patient ductus arteriosus
<question> Age - related physiological reason for relatively low blood pressure in children:
<variant> small volume of the left ventricle, wide arteries
<variant> small volume of the left ventricle, narrow arteries
<variant> large volume of the left ventricle, wide arteries
<variant> large volume of the left ventricle, narrow arteries
<variant> large volume of the right ventricle, narrow artery
<question> Primary or essential AH-
<variant> independent disease in which the main clinical symptom is increased systolic blood pressure - SBP and/or diastolic blood pressure -DBP with unknown causes
<variant> acute disease in which the main clinical symptom is a decrease in SBP and/or DBP with unknown causes
<variant> independent disease in which the main clinical symptom is a decrease in SBP and / or DBP with chronic diseases

<variant> acute disease, the main manifestation of which is the AH syndrome
<variant> chronic disease associated with the presence of pathological processes
<question> Factors that provide the value of blood pressure are all, EXEPT:
<variant> collateral circulation
<variant> total peripheral resistance
<variant> heart pumping function
<variant> circulating blood volume
<variant> vessel extensibility
<question> In the first hours of a newborn's life, pulmonary and systemic blood pressure:
<variant> equals
<variant> pulmonary artery pressure is higher than the system pressure
<variant> systemic pressure is greater than pulmonary pressure
<variant> low
<variant> high
<question> Malignant course of arterial hypertension is more common in …:
<variant> symptomatic hypertension
<variant> hypertension
<variant> equally common in essential and secondary arterial hypertension
<variant> pyelonephritis
<variant> gastritis
<question> The leading clinical sign of transposition ... is the blue color of the skin, which persists even when breathing 100% oxygen.
<variant> aorta and pulmonary trunk
<variant> of the open arterial duct
<variant> superior and inferior vena cava
<variant> carotid and subclavian arteries
<variant> aorta and left femoral arethria
<question> Most common cause of hypertension in children 7-12 years old:
<variant> parenchymal kidney diseases
<variant> aortic coarctation
<variant> essential AH
<variant> pyelonephritis
<variant> gastritis
<question> Most common cause of hypertension in adolescents:
<variant> essential hypertension
<variant> renovascular hypertension
<variant> parenchymal kidney diseases
<variant> aortic coarctation
<variant> pyelonephritis
<question> In pheochromocytoma, the following variants of the course are more common
<variant> consistently high blood pressure without hypertensive crises
<variant> hypertensive crises on the background of normal blood pressure
<variant> hypertensive crises with high blood pressure
<variant> consistently low
<variant> consistently high
<question> Ratio of blood pressure on the hands and feet is normal, when:
<variant> BP on the legs is higher than on the hands by 20-30 mm Hg.

<variant> BP on the hands and legs are the same
<variant> BP is higher on the hands than on the feet
<variant> low
<variant> high
<question> Weakening of S2 on the pulmonary artery is noted when the insufficient of this valve:
<variant> pulmonary artery
<variant> tricuspid
<variant> mitral
<variant> aorta
<variant> venous insufficiency
<question>An uncharacteristic symptom in combination with tachycardia for circulatory insufficiency in a pulmonary circle:
<variant>liver enlargement
<variant>expanding the boundaries of the heart
<variant>wet cough
<variant>wet wheezing in the lungs
<variant>shortness of breath
<question>Specify the main clinical sign of left ventricular chronic heart failure in children:
<variant> cough
<variant>tachypnea
<variant>cardialgia
<variant>syncopation
<variant> liver enlargement
<question> Blood pressure in children under 9 months:
<variant> equal on the upper and lower extremities
<variant> on the upper extremities higher by 5-20 mm.hg
<variant> on the lower extremities above 5-20 mm.hg
<variant> not measured
<variant> on the lower extremities below 5-20 mm.Hg
<question> Short-term loss of consciousness caused by sudden diffuse insufficiency of blood supply to the brain:
<variant> fainting
<variant> collapse
<variant> heart asthma
<variant> acute heart failure
<variant> chronic heart failure
<question> Clinical manifestation of acute vascular insufficiency, accompanied by a decrease in blood pressure, but without loss of consciousness:
<variant> collapse
<variant> fainting
<variant> heart asthma
<variant> acute heart failure
<variant> chronic heart failure
<question> In which heart disease is listened to rough systolic-diastolic murmur blowing character:
<variant> open ductus arteriosus
<variant> aortic valve insufficiency
<variant> ventricular septal defect

<variant> stenosis of the pulmonary artery
<variant> stenosis of the aortic valve
<question> Specify the main clinical sign for right ventricular chronic heart failure in children:
<variant> liver enlargement
<variant> tachypnea
<variant> cardialgia
<variant> syncopation
<variant> cough
<question> Clinical signs of reduced cardiac output are as follows, with the exception of …:
<variant> heart tones are clear, rhythmic
<variant> pallor, sweating
<variant> gallop rhythm
<variant> cardiomegaly
<variant> heart palpitations
<question> Among congenital heart defects and large blood vessels, hypertension can lead to…:
<variant> aortic coarctation
<variant> aortic stenosis
<variant> pulmonary stenosis
<variant> patent ductus arteriosus
<variant> abnormal pulmonary vein drainage
<question> Fatigue and pallor in heart failure due to:
<variant> reducing the ejection fraction
<variant> increased catecholamine release
<variant> liquid and salt retention
<variant> coronary insufficiency disorder
<variant> interstitial pulmonary edema
<question> The difference between "pericardial friction noise" and endocardial noise in children:
<variant> increases when pressed with a stethoscope
<variant> matches the heart tones
<variant> does not change when the patient's position is changed
<variant> irradiation is not characteristic
<variant> disappears when breathing stops
<question> "Deficit" of the pulse occurs when:
<variant> atrial fibrillation
<variant> aortic stenosis
<variant> hypertension
<variant> heart failure
<variant> aortic valve insufficiency
<question> Upper boundary of relative cardiac dullness is increased by:
<variant> left atrial hypertrophy
<variant> right ventricular hypertrophy
<variant> left ventricular hypertrophy
<variant> right atrial hypertrophy
<variant> vascular bundle
<question> Right ventricular heart failure is characterized by:
<variant> liver enlargement
<variant> facial edema

<variant> inspiratory dyspnea
<variant> Musset's symptom
<variant> expiratory dyspnea
<question> Circulatory failure IIA grade, the following symptoms are detected
<variant> liver 5 cm below the edge of the costal arch
<variant> shortness of breath at rest
<variant> tachycardia at rest
<variant> swollen tibia
<variant> silent, wet rales in the lower parts of the lungs
<question> From the options listed, select is characteristic feature of functional murmur:
<variant> disappears when the body position changes
<variant> rough
<variant> carried out beyond the heart
<variant> «car» sound
<variant> constant
<question> A 4-years-old child treated in a children's hospital. Serious condition. Sluggish. Appetite is reduced. Lags behind in physical development. Pale. Acrocyanosis. Swelling on the lower extremities. Breathing in the lungs is hard, no rales. RR- 58/min. Heart sounds are muffled, arrhythmic, and rough systolic murmur is heard over all points of the heart. The borders of the heart are expanded in all directions. HR-126/min. BP-95/64 mm hg. Abdomen is enlarged. Liver + 3 cm. Spleen +1 cm. Rarely urinates. Establish a syndromal diagnosis:
<variant> heart failure
<variant> respiratory failure
<variant> vascular insufficiency
<variant> liver failure
<variant> kidney failure
<question> Patient has a history of purulent angina. After two weeks, the condition worsened: there was a marked increase in the borders of the heart, apex of the heart shifted to the left and down. S1muffled, a blowing systolic murmur at the apex of the heart, which is conducted to the base of the heart and to the axillary region. What configuration of the heart shadow should be expected when conducting chest X-ray examination of this patient:
<variant> spherical configuration
<variant> as form of «Dutch Shoe»
<variant> trapezoidal configuration
<variant> «Egg lying on its side»
<variant> as «boot»
<question> A 13-years-old boy treated in a hospital with a diagnosis of "Rheumatic fever". Clinical picture of polyarthritis and carditis. Objective: Apex of the heart – in the 5 intercostal space at 1 cm inside of the midclavicular line localized medium strength. Right border of the heart on the right edge of the sternum, the upper third intercostal space, left - 1.5 cm medially from midclavicular line. Heart sounds-t weakening S2 in the II intercostal space to the right of the sternum, here the diastolic murmur of a long character is listened to with a rough timbre. Determine the location of the lesion.
<variant> aortic valve
<variant> mitral valve
<variant> right ventricle
<variant> left ventricle

<variant> left atrium
<question> A 5-years-old child. Systolic murmur is heard at the apex of the heart . It was not possible to perform auscultation of the heart in full due to the child's anxiety . Select the research method that allows to refine the data of the auscultative picture.
<variant> FCG
<variant> ECG
<variant> EchoCG
<variant> computer tomography
<variant> MRI
<question> Methods of examination can confirm the heart failure syndrome are…:
<variant> ECG
<variant> CBC
<variant> urinalysis
<variant> bacterial blood culture
<variant> spirography
<question> Blood circulatory failure is characterized by:
<variant> cyanotic coloration of distal extremities
<variant> hyperpigmentation
<variant> papular rash
<variant> hyperemia of the skin
<variant> bleeding
<question> Characteristic symptom in conjunction with tachycardia for circulatory insufficiency in a large circle:
<variant> liver enlargement
<variant> expanding the boundaries of the heart
<variant> wet cough
<variant> wet rales in the lungs
<variant> shortness of breath
<question> In a child aged 2 years and 4 months, for the first time, systolic noise was heard along the left edge of the sternum, with its maximum sound in the II intercostal space on the left. The second tone is also weakened here. The boundaries of the heart are within the age norm. Overload of which part of the heart may occur in this patient in the first place:
<variant> right ventricle
<variant> left atrium
<variant> interventricular septum
<variant> right atrium
<variant> left ventricle
<question> Select the excitation of which department reflects the P wave on the ECG
<variant> atria
<variant> interventricular septum
<variant> of the left ventricle
<variant> of the right ventricle
<variant> supraventricular scallops
<question> Choose the most informative study for the diagnosis of mitral valve defect.
<variant> ultrasound examination
<variant> ECG
<variant> FKG

<variant> radiograph of the heart
<variant> functional tests
<question> Cyanosis of central origin occurs as a consequence:
<variant> insufficient oxygen saturation of the blood in the pulmonary circle of blood circulation
<variant> slowing of blood flow in tissues
<variant> increases in the content of carbon dioxide in the blood
<variant> insufficient blood volume in the large circulatory circle
<variant> in kidney pathology
<question> Open ductus arteriosus refers to the syndrome ... congenital malformation
<variant> of an uninfected botall duct
<variant> venous-arterial
<variant> to fallot's tetrad
<variant> mitral stenosis
<variant> microcirculation disorders
<question> Determine the most informative research method for determining heart boundaries:
<variant> radiography
<variant> radioscopy
<variant> echocardiography
<variant> electrocardiography
<variant> computed tomography
<question> Early appearance of signs of right ventricular failure is characteristic…
<variant> for mitral tricuspid stenosis
<variant> for isolated mitral stenosis
<variant> for mitral insufficiency
<variant> for aortic malformation
<variant> for mitral-aortic malformation
<question> Tachycardia is an increase in the number of heart contractions from normal age indicators:
<variant>25 %
<variant>15 %
<variant>20 %
<variant>10 %
<variant>5 %
<question> Increase P wave with a pointed tip indicates of…:
<variant> right atrial hypertrophy
<variant> left atrial hypotrophy
<variant> hypertrophy of the right ventricle
<variant> left ventricular hypertrophy
<variant> left atrial hypertrophy
<question> A 7 years-old child was hospitalized with a diagnosis of SARS. On the 4th day, the patient appeared short of breath, sharp weakness, thread-like pulse, frequent cough with foamy sputum at the mouth. Auscultation: wet moist bubling rales lower parts of the lungs of both sides. Heart sounds are muffed, tachycardia. Chest X-ray: alveolar pulmonary edema, no focal shadows. Echocardiography: reduced left ventricular pumping function. Complications in this pathology:
<variant> acute left ventricular heart failure
<variant> acute pneumonia
<variant> pericarditis

<variant> acute right ventricular heart failure
<variant> total heart failure
<question> A 11-years-old child with SARS. On the 4th day of the disease, bradycardia appeared, HR- 63/min., extrasystoles. Child has perfomed ECG, PCG, CBC and urinalysis. On the 9th day of the illness, the child developed shortness of breath, sharp weakness, a thread-like pulse, and frequent coughing with foamy sputum in the mouth. Auscultation: in the lungs in the lower parts on both sides of the wet rales. Complications in this pathology:
<variant> acute left ventricular heart failure
<variant> acute pneumonia
<variant> pericarditis
<variant> acute right ventricular failure
<variant> acute bronchiolitis
<question> A 3-years-old child is registered of CHD. According to the mother complaints about frequent colds. On examination: hypotrophy tonsils Igrade, the skin is pale, motor activity is moderately reduced. Auscultative: over the heart, sounds are clear, rhythmic, amplification S1 on the mitral valve, S2 over the pulmonary artery, rough, intense, scratching prolonged systolic-diastolic murmur 2 i/c along the left edge of the sternum. Preliminary syndromal diagnosis based on the auscultative picture:
<variant> ductus arteriosus
<variant> ventricular septal defects
<variant> arterial hypertension
<variant> tetralogy of Fallot
<variant> arterial septal defects
<question> A jumping pulse is observed in children with:
<variant> open arterial duct
<variant> aortic coarctation
<variant> transpositions of the main vessels
<variant> pulmonary artery stenosis
<variant> tetrad of fallot
<question> With a defect of the interventricular septum, the epicenter of noise:
<variant> the third - fourth intercostal space on the left near the sternum
<variant> second intercostal space on the left
<variant> the second intercostal space on the right
<variant> top
<variant> fourth - fifth intercostal space on the right
<question>The resistance of the pulmonary vessels in a baby drops after birth. This physiological act is primarily regulated by:
<variant>Increased arterial pO2
<variant>Decreased intrathoracic pressure
<variant>Decreased sinuosity of the pulmonary vessels
<variant>Closure of the ductus arteriosus
<variant>The release of humoral factors after the termination of placental circulation
<question>Arterial hypoxemia in patients with blue-type CHD in the early stages of the disease is caused by:
<variant>Discharge of venous blood into the arterial system
<variant>Heart failure with bradycardia
<variant>Disruption of acid - base balance

<variant>The development of electrolyte disturbances
<variant>Increased peripheral resistance
<question> ... characterized by additional signs such as cyanosis, deformation of the distal phalanges of the fingers and nail beds, polycythemia
<variant> venous-arterial discharge
<variant> arterial-venous discharge
<variant> microcirculatory disorder
<variant> vascular thromboembolism
<variant> non-contamination of the Botall duct
<question>In an X-ray examination of the heart, an atrial septal defect is characterized by:
<variant>Enlarged right side
<variant>Enlarged left side
<variant>Impoverishment of pulmonary pattern
<variant>Vascular bundle expansion
<variant>Aortic expansion
<question>Indicate at which CHD there is systolic-diastolic murmur:
<variant>open ductus arteriosus
<variant> pulmonary artery stenosis
<variant>DMS
<variant>Tetrad Fallo
<variant>pulmonary stenosis
<question>A mom turned to the GP doctor with complaints that her 3-month-old girl in the last 2 months was not actively sucking enough, sucking out only 50-70 grams of milk and falling asleep. During feeding, it sweats heavily, pallor of the skin, frequent breathing, and blueness around the eyes and mouth appear. The child is pale, with crying there is cyanosis of the nasolabial triangle, shortness of breath, BP-60 in 1 min, heart rate - 150 in 1 minute. Heart sounds are muffled. Apical impulse 2.5 cm outward from the left midclavicular line, no noise. Hard breathing above the lungs. The liver protrudes 2.0 cm from the edge of the costal arch. A mom underwent acute respiratory infections at the 20th week of pregnancy. The birth went well. Informative examination for clinical diagnosis:
<variant>echocardiography
<variant>electrocardiography
<variant>phonocardiography
<variant>radiography of the heart
<variant>spirography
<question> ... examination is considered a priority in the diagnosis of heart failure:
<variant> echocardiography
<variant> ECG
<variant> chest radiography
<variant> ECG holter monitoring
<variant> magnetic resonance
<question> In a newborn, when sucking, an unexpressed cyanosis of the nasolabial triangle appears. During auscultation: the first tone is not changed, the second tone is covered with systolic - diastolic noise, which is heard not only on the anterior surface of the chest, but also in the interscapular region. With this congenital heart defect, blood is discharged:

<variant> from aorta to pulmonary artery
<variant> from the pulmonary artery to the aorta
<variant> aorto-coronary bypass
<variant> from aorta to pulmonary veins
<variant> from the aorta to the arantium duct
<question> Patient M., 11 years old. After suffering from angina, complications appeared in the form of joint pain. Rheumatism was diagnosed. In the acute phase of the disease, she had the following symptoms: severe sweating, severe and prolonged fever, severe shortness of breath, palpitations and heart interruptions, auscultation tones are muted, the rhythm of the "gallop" and moist small-bubbly wheezing in the lower parts of the lungs. Against the background of these symptoms, a new symptom appeared – systolic murmur at the top of the heart. Auscultative symptoms speak about:
<variant> about the formation of a heart defect
<variant> about the transition of the disease to the stage of remission
<variant> about the onset of recovery
<variant> on the inclusion of compensatory capabilities of the ventricular myocardium
<variant> about the defeat of all layers of the heart
<question>Systolic "fremissement cataire " is a sign:
<variant> stenosis of the aortic orifice
<variant> mitral stenosis
<variant> aortic insufficiency
<variant> tricuspid stenosis
<variant> mitral regurgitation
<question>Diastolic "fremissement cataire " is characteristic of:
<variant> mitral stenosis
<variant> tricuspid insufficiency
<variant> stenosis of the aortic orifice
<variant> ventricular septal defect
<variant> mitral regurgitation
<question>Systolic-diastolic "fremissement cataire " is characteristic of:
<variant> non-closure of the Botallov duct
<variant> atrial septal defect
<variant> fallot triad
<variant> coarctation of the aorta
<variant> stenosis of the aortic orifice
<question>From state of which structural unit of the heart most depends on the increase in its boundaries:
<variant>Myocardium
<variant>Endocardium
<variant>Of subvalvular structures
<variant>Interventricular septum
<variant>Atrial septum
<question> At the age of 2 years, for the first time, systolic noise was heard along the left edge of the sternum, with its maximum sound in the II intercostal space on the left. The second tone is also weakened here. The boundaries of the heart are within the age norm. First of all, this patient had an overload :
<variant> Right ventricle

<variant> Left atrium
<variant> Interventricular septum
<variant> Right atrium
<variant> of the left ventricle
<question>Myocardial fibroelastosis is a consequence of:
<variant>Early congenital carditis
<variant>Late congenital carditis
<variant>Non-rheumatic carditis
<variant>Hypertrophic cardiomyopathy
<variant>Congenital heart disease
<question>Girl 13 years, is registered with a cardiorheumatologist for 3 years. 2 months ago suffered SARS, after which there was shortness of breath during exercise, palpitations, pain in the heart, weakness, fatigue. Objectively: pallor of the skin, "heart hump", rising and spilled apical push in the VI intercostal space, outward from the midclavicular line, weakening of the I tone, pouring diastolic noise after the II tone, is better listened to when the trunk is tilted forward at the left edge of the sternum in the IV intercostal space. Changes on FKG characteristic for this pathology:
<variant>diastolic noise merging with SII
<variant>systolic murmur merging with attenuated SI
<variant>the I tone is sharply amplified, increasing presystolic noise merging with the I tone
<variant>normal heart tones, diamond-shaped, fusiform noise
<variant>high-amplitude and high-frequency pansystolic noise in the xiphoid process
<question>The patient for 10 days dull pain in the heart, shortness of breath, deafness of heart tones, decreased BP. Your tactics:
<variant>Echo-CG
<variant>radioisotope heart scan
<variant>ECG
<variant>coronaroangiography
<variant>x-ray examination of the chest
<question>Patient N., 9 years old, was admitted to the hospital with complaints of prolonged subfebrility, weakness and fatigue, poor appetite. From the anamnesis 4 weeks ago the girl had a tooth removed and then a temperature appeared. She was treated independently with antipyretics, but the fever persisted, weakness and deterioration increased, and therefore she was hospitalized. At admission, the condition is severe: pale, sluggish breathing rate-28, heart rate-100 per minute. Borders hearts under percussion: right - on right the edge of sternum, upper - in the second intercostal space, leftist-on 2 centimeters outward from Sredne-klyuchichnoy lines. The abdomen is soft, the liver protrudes 3 cm from under the edge of the costal arch. ECG: sinus tachycardia, normal position of the electrical axis of the heart, signs of overload of the right and left ventricles. Echocardiographic results are expected in the patient:
<variant>Vegetations on valves, tears of flaps, chords
<variant>Thickening of the sheets of the pericardium, small pericardial effusion
<variant>left ventricular cavity Enlargement, myocardial contractile dysfunction
<variant>thickening of the interventricular septum, dilation of the ventricular cavities
<variant>prolapse of the mitral valve, regurgitation of 1 degree
<question> The most informative research method for identify/determining cardiac boundaries is:
<variant>X-ray

<variant>fluoroscopy
<variant>Echocardiography
<variant>Electrocardiography
<variant>Computed tomography
<question>When infectious endocarditis is most often affected:
<variant>aortic valve
<variant>tricuspid valve
<variant>mitral valve
<variant>pulmonary valve
<variant>pulmonary artery
<question>Child 1.2 years old. Complaints of fatigue, weakness, loss of appetite, lagging behind in physical development. Often suffers from prolonged respiratory tract infections. Mother 40 years old, father 47 years old. In the first half of pregnancy, severe toxicosis. The skin is pale, with palpation in the II intercostal space, systolic trembling, apical impulse spilled, shifted downward, the border of the heart: right - along the right parasternal line, upper II intercostal space, left 2.5 cm outward from the midclavicular line. Rough systolic-diastolic murmur in the II intercostal space on the left, is carried out to the apex, vessels of the neck, aorta and interscapular space. ECG changes characteristic of this pathology:
<variant>hypertrophy of the left atrium and left ventricle
<variant>hypertrophy of the right atrium
<variant>hypertrophy of the right and left heart
<variant>hypertrophy of the right atrium and right ventricle
<variant>left ventricular hypertrophy
<question> A 15-year-old boy underwent cardiac surgery using valve prostheses. After which, he developed a clinic of infectious endocarditis. Identify the pathogens most likely in this situation:
<variant>Staphylococci
<variant>Mushrooms
<variant> Коронавирус
<variant>Rickettsia
<variant>Streptococcus
<question>Girl 8 years, after fright felt heartbeat, increasing weakness, dizziness. Objectively: pallor of the skin, cyanosis around the mouth and nose, BR up to 24 per minute, heart tones are muted, heart rate 150 per minute. Pulse rhythmic, poorly defined on a. radialis. BP-100/60 mmHg. Abdomen is soft, diuresis increased. Confirms the diagnosis:
<variant>ECG
<variant>radiography
<variant>FKG
<variant>General blood test
<variant>EchoCG
<question>Serum potassium level at which hyperkalemia is established:
<variant><5.5-6.5 mmol / l
<variant><4.0 mmol / l
<variant><4.5 mmol / l
<variant><5.0 mmol / l
<variant><3.5 mmol / l

<question>The level of potassium in the blood serum is established hypokalemia:
<variant><3.5 mmol / l
<variant><4.5 mmol / l
<variant><4.0 mmol / l
<variant><5.0 mmol / l
<variant><6.0 mmol / l
<question> Child 6-years, during a dispensary examination, the doctor revealed a moderate intensity systolic murmur at the top of the heart and regarded it as functional. Feature of this functional noise:
<variant>Is short-lived
<variant>Amplified after loading
<variant>Decreases in vertical position
<variant>Performed on neck vessels
<variant>Characterizes heart disease
<question> The symptom testifies to the defeat of the heart in a child of 3 years:
<variant>heart rate 132 min.
<variant>BP 90/45 mmHg.st.
<variant> left border of the relative dullness of the heart is 2.5 cm outward from the left mid-clavicular line
<variant>accent II tone over the pulmonary artery
<variant>rhythmic pulse
<question> Child 6 years, suddenly had a feeling of fear, anxiety, sharp weakness, cold sweat. The condition is severe, pale, visible pulsation of the neck vessels. Pulse 180 per minute. The heart tones are loud, quickened. The size of the heart, liver - not increased. There was no edema. This condition is associated with impaired heart function:
<variant>Excitability
<variant>Contractility
<variant>Conductivity
<variant>Automatism
<variant>Contractility and automatism
<question> An early clinical sign of heart failure in infants:
<variant> tachypnea
<variant> meningeal symptoms
<variant> oliguria
<variant> cyanosis
<variant> pallor
<question>In a patient with intermediate cardiac conduction disorders, it is necessary to:
<variant>holter ECG monitoring
<variant>treadmill
<variant>dosed walking
<variant>forest sample
<variant>veloergometry
<question>The parents delivered the unconscious child to the emergency department. On examination, the child's condition is agonal. No breathing. The skin is pale with acrocyanosis. In the lungs, respiratory noises are not detected. Heart tones are not listened to. Highlight the main signs of clinical death:
<variant>No pulse in the carotid arteries

<variant>Hypertension
<variant>Pupil constriction
<variant>Cramps
<variant>Hyperthermia
<question> The purpose of using an additional technique for auscultation of the lungs - forced exhalation:
<variant> to detect latent bronchial obstruction
<variant> in order to distinguish pleural friction noise from crepitation and wheezing
<variant> in order to distinguish dry wheezes from wet wheezes
<variant> in order to distinguish wheezing from crepitation or pleural friction noise
<variant> for better listening to pathological bronchial breathing
<question>Boy is 13 years. Complaints: headache, heartache, feeling of heat. Sick for a year. Heredity: the father has hypertension, the mother-constitutional obesity. Objectively: hypersthenic. BP 145/90 mmHg. The pulse is 96 V / min. the heart Tones are muted, the accent of the II tone on the aorta. On echocardiography, the mass index of the left ventricular myocardium is increased. Your preliminary diagnosis:
<variant>hypertension
<variant>myocarditis
<variant>hypotension
<variant>hypertrophic cardiomyopathy
<variant>diabetes mellitus

<question> A 10-years-old child. Complaints of headache in the morning, when getting up, dark eyes, fatigue, sleep disturbance, dizziness. Heredity is not burdened. Objective: pale, hyperhidrosis of the palms, feet. Dermographism is red persistent. Pulse 80/min., BP- 85/45 mm Hg. Borders of the heart within the age limit. The tones are muted, with a short systolic murmur at the apex and at the 5th point. ECG, Echocardiography with no pronounced changes. Your preliminary syndrome diagnosis:
<variant> arterial hypotension
<variant> congenital heart disease
<variant> cardiomyopathy
<variant> arterial hypertension
<variant> myocarditis
<question>Hypotension with decreased pulse pressure, decreased central venous pressure and tachycardia occurs:
<variant>with blood loss exceeding 20% of circulating blood volume
<variant>with blood loss not exceeding 10 % of the circulating blood volume
<variant>in case of poisoning with organophosphorus compounds
<variant>in myocardial decompensation
<variant>pulmonary embolism
<question>Boy 11 years. Complaints of dizziness and palpitations during emotional stress. Objectively: skin integuments pale, dry, white dermografizm. Blood pressure 130/80 mm.Hg. Tachycardia. Your preliminary diagnosis:
<variant>hypertension
<variant>iron deficiency anemia
<variant>acute myocarditis
<variant>symptomatic hypertension

<variant>infectious endocarditis
<question>A 12 year old child, complains of dizziness and palpitations after a psychoemotional load. Objectively: skin integuments pale, sihiye, red dermografizm. Hyperhidrosis of the palms. BP 130/80 mm.Hg. Boundaries of the heart are normal. Heart tones are clear, on top of functional systolic noise. Your preliminary diagnosis:
<variant>vegetative-vascular dystonia
<variant>astheno-vegetative syndrome
<variant>neurocirculatory dystonia
<variant>arterial hypertension
<variant>hypotension
<question>Early appearance of signs of right ventricular failure is characteristic :
<variant>for mitral tricuspid stenosis
<variant>for isolated mitral stenosis
<variant>for mitral insufficiency
<variant>for aortic malformation
<variant>for mitral-aortic malformation
<question> With carditis in young children, all signs are observed, except:
<variant> heavy current
<variant> extrasystole
<variant> rapid development of circulatory insufficiency
<variant> increase in blood pressure
<variant> cardiomegaly
<question>Open arterial duct with large arterio-venous blood discharge:
<variant>to left ventricular diastolic overload
<variant>to diastolic overload of the right ventricle
<variant>to systolic overload of the left ventricle
<variant>to systolic overload of the right ventricle
<variant>to diastolic overload of both ventricles
<question>Kairat, 1year 4 months. Sick for 3 weeks. Development by age, changes in the heart were revealed: the left border of the heart - along the anterior axillary line from left, deafness of heart tones, arrhythmia, non-intensive systolic noise at the apex. The most likely cause of this condition is:
<variant>transferred coronavirus infection
<variant>gene mutation
<variant>transferred streptococcal infection
<variant>intrauterine infection
<variant>chromosomal abnormalities
<question> For acquired carditis, it is uncharacteristic:
<variant> pulse gain
<variant> nail change in the form of "watch glasses"
<variant> persistent cyanosis
<variant> thickening of the nail phalanges of the hands and feet in the form of "drumsticks"
<variant> all of the above
<question>Child, 5 year , was hospitalized with a diagnosis of SARS. On day 3, the patient developed shortness of breath, sharp weakness, thread-like pulse, frequent cough with foamy sputum at the mouth. On

auscultation in the lower parts of the lungs on both sides, moist, fine bubbling rales. Heart sounds are muffled, tachycardia. On the x-ray: alveolar pulmonary edema, no focal shadows. Echocardiography: decreased left ventricular pumping function. Complications in this pathology:
<variant>acute left ventricular heart failure
<variant>acute pneumonia
<variant>pericarditis
<variant>acute right ventricular heart failure
<variant>total heart failure
<question>Child 12 years of age, ill SARS. On the 5th day of the disease appeared bradycardia, pulse 59 in 1 min., extrasystoles. The child is sent for ECG, FKG, blood and urine tests. On the 8th day of the disease, the child had shortness of breath, sharp weakness, thread-like pulse, frequent cough with foamy sputum at the mouth. On auscultation in the lower parts of the lungs on both sides, moist, fine bubbling rales. Complications in this pathology:
<variant>acute left ventricular heart failure
<variant>acute pneumonia
<variant>pericarditis
<variant>acute right ventricular failure
<variant>acute bronchiolitis

<question> a child, 6 years old, complains of swelling in the extremities. To identify hidden edema, a sample is used:
<variant> McClure-Aldrich
<variant> Zimnitsky
<variant> Amburge
<variant> Nechiporenko
<variant> Adissa-Kakovsky
<question> At the risk of developing CNS pathology in a newborn child, the family doctor necessarily pays attention to:
<variant> Posture and motor activity
<variant> Sonority and frequency of heart tones
<variant> Thickness of the subcutaneous fat fold
<variant> Condition of the umbilical wound
<variant> Body temperature
<question> The boy is 3 years old, the district pediatrician was called. The child became acutely ill: the temperature rose to 39 degrees, catarrhal phenomena appeared, anxiety. Sudden short-term seizures. Character cramp:
<variant> Febrile seizures
<variant> Epilepsy
<variant> Spasmophilia
<variant> Meningitis
<variant> Viral encephalitis
<question> A girl from I pregnancy, I childbirth, birth weight 2900 g., height 49 cm. The mother has A(II), Rh(+) blood, the child AB (IV), Rh (-) blood. The Apgar score is 7-8 points. On the 3rd day, the child had jaundice staining of the skin. Sucks actively, does not regurgitate. In the biochemical analysis of blood, bilirubin is 90 mmol/ l due to the indirect fraction, transaminase is normal. Point out a possible syndrome:

<variant> physiological jaundice
<variant> prenatal hypotrophy
<variant> hemolytic disease by Rh incompatibility
<variant> hemolytic disease of newborns by ABO incompatibility
<variant> jaundice in asphyxia
<question> Yulia has been complaining for 9 years of polyuria, periodic weakness, and hunger. Pale, pronounced muscle weakness. In the biochemical analysis of blood: sugar – 4.5 mmol / l, residual nitrogen – 4.8 mmol / l. In the general analysis of urine sugar is 1%. The alleged syndrome:
<variant> renal glucosuria
<variant> diabetes mellitus
<variant> de Toni-Debre-Fanconi syndrome
<variant> rickets
<variant> diabetes insipidus
<question> Igor is 2 months old. Mother's complaints about an increase in body temperature to 37.80 C, frequent, painful urination. In the urine, leukocyturia up to 10-15 in n \ zr., erythrocyturia up to 7-9 in n \ zr. The most likely pathogen:
<variant> E. coli
<variant> Staphylococcus
<variant> Streptococcus
<variant> Cytomegalovirus
<variant> Fungi
<question> Zhenya is 11 years old, was taken to the hospital in a serious condition. Complaints of severe headache, flashing "goosebumps" before the eyes. He fell ill 9 days after suffering from angina, when pasty eyelids and a change in the color of urine ("meat slops") appeared. Notes rare urination. A history of eczema, measles, chickenpox, rubella. On examination, the eyelids are moderately edematous. The heart tones are amplified, the heart rate is 110 per minute. Blood pressure 135/85 mmHg/art. A few minutes after admission to the hospital, vision loss, confusion, and clonic-tonic seizures appeared. On the ECG, there is a high pointed tooth T. What causes these changes?
<variant> Hyperkalemia
<variant> Hypernatremia
<variant> Hypokalemia
<variant> Hyperazotemia
<variant> Hypoalbuminemia
<question> Zina is 7 months old. Complaints about the delay of the chair up to 1-2 days. From the first birth, which proceeded without pathology. Feeding was carried out with whole milk from 2 months. Porridge predominates in the child's diet. The girl eats vegetables badly. He does not sit on his own. On examination, the rib "rosary", Harrison's furrow are palpated. Muscle tone is reduced, the abdomen is swollen, "froggy", used. The liver protrudes 1.5 cm from under the edge of the costal arch. There were no abnormalities on the part of the lungs and heart. What is the reason for the increase in the abdomen with this disease:
<variant> Muscle hypotension
<variant> With flatulence
<variant> Intestinal tumor
<variant> Lactase deficiency
<variant> Albumin deficiency

<question> The child has a 14-day life increase in body temperature to 37.8 ° C. Specify which values will correspond to the number of breaths and the number of heartbeats in 1 minute, at a given temperature:
<variant> 44/160
<variant> 20/130
<variant> 28/140
<variant> 36/150
<variant> 52/170
<question> Home call to a 3-year-old girl with complaints of expiratory shortness of breath, severe cough. It was found out from the anamnesis that the child was playing with beads without adult supervision. Suddenly, the child had a paroxysmal cough, difficulty breathing. On examination: the condition is severe, body temperature is 36.8°C, cyanosis of the nasolabial triangle, occlusion of the intercostal spaces on the right. Heart rate – 130/min, heart tones are muted. With comparative percussion of the lungs, the dulling of the percussion sound is determined to the right below the angle of the scapula, auscultation – sharply weakened breathing in the same area. Above the rest of the lungs – puerile breathing. First of all , it is necessary to conduct:
<variant> bronchography
<variant> tomography
<variant> radiography
<variant> Ultrasound of the lungs
<variant> spirography
<question> A call to the house of a 12-year-old girl, complaints of fever, chills, pain in the heart area. Percussive expansion of the boundaries of the heart in all directions. Auscultatively, the muffling of tones, noise above the tip, 3-4 m / r, are not associated with the phases of the heart, such as "snow crunch", intensifying with pressure, not irradiating. Examination to confirm the diagnosis:
<variant> radiography
<variant> electrocardiography
<variant> peak flowmetry
<variant> bronchography
<variant> spirography
<question> At a doctor's appointment, a mother with a 2-year-old child was born. From anamnesis: according to the mother, the child was playing in another room and suddenly started coughing, shortness of breath, which disappeared after 15 minutes. On examination: body temperature is normal, the child is active. With auscultation of the lungs on the left in the lower lobe, wheezing wheezes on exhalation.
Your preliminary diagnosis :
<variant> bronchial foreign body
<variant> chronic bronchitis
<variant> bronchial asthma
<variant> pneumonia
<variant> whooping cough
<question> The pediatrician of a 4-month-old child referred him to a neurologist for consultation. This was the reason for the data recorded in the outpatient card:
<variant> Tremor of the hands and chin
<variant> Babinsky reflex
<variant> Moreau Reflex
<variant> Grasping reflex

<variant> Can't sit
<question> The child is 3 months old. From birth, the mother notes noisy, audible breathing at a distance, increasing during feeding and anxiety. Stridor has been diagnosed.The reason for stridor in this child:
<variant> laryngomalacia
<variant> foreign body of the respiratory tract
<variant> lung tissue compaction
<variant> acute rhinitis
<variant> laryngostenosis
<question> The child is 1.5 months old, has acute respiratory viral infections on the 2nd day, body temperature is 37.3 ° C. He lies with outstretched and outstretched legs. It does not resist passive movements, does not hold the head in an upright position. Born prematurely, weighing 2200gr. Currently, the body weight is 2550g. The cause of muscle hypotension:
<variant> perinatal CNS lesion
<variant> rickets
<variant> meningitis
<variant> prematurity
<variant> meningoencephalitis
<question> The 4th day of the child's life, was born on time, from the 1st successful pregnancy. There is an incompatibility on the Rh factor. A week before the birth, the mother fell ill with hepatitis. Body weight at birth 3250gr, body length 51cm. On the 3rd day of life, jaundice staining of the skin and sclera appeared. The child is active, sucks well. The chair is yellow. The liver is 2cm, it is not possible to palpate the spleen. The cause of jaundice:
<variant> transient (physiological) jaundice of newborns
<variant> hemolytic disease of the newborn
<variant> viral hepatitis
<variant> biliary tract atresia
<variant> Kriegler-Nayyar syndrome
<question> Markers of severe perinatal asphyxia (hypoxia) are:
<variant> Apgar score 0-3 points at the 5th minute and above
<variant> Apgar score 4-7 points at the 5th minute and above
<variant> Apgar score 8-10 points at the 5th minute and above
<variant> Apgar score 0-3 points at the 10th minute and above
<variant> Apgar score 4-7 points at the 10th minute and above
<question> Consequences of hypoglycemia in newborns who have suffered asphyxia:
<variant> apnea, seizures
<variant> acute renal and hepatic insufficiency
<variant> acute cardiopulmonary insufficiency
<variant> acute urticaria
<variant> Layel's syndrome
<question> The development of respiratory distress syndrome is caused by
<variant> surfactant deficiency and structural immaturity of the lungs
<variant> immaturity of the newborn
<variant> excessive production of surfactant in the lungs
<variant> allergic component of excess production of surfactant
<variant> immaturity of the pathways of the pulmonary system

<question> In the anamnesis with the development of respiratory distress syndrome, find the least aggravating factor:
<variant> gestational age over 40 weeks
<variant> gestational age less than 34 weeks
<variant> maternal diabetes mellitus or gestational diabetes
<variant> caesarean section
<variant> bleeding in the mother during pregnancy
<question> The grant is
<variant> groaning exhalation
<variant> groaning breath
<variant> moaning breath
<variant> breathing audible at a distance of 1 meter from the child
<variant> involuntary groan of the child, independent of the breathing phase
<question> A child on the 2nd day after birth has cyanosis, granting; chest retraction; tachypnea; swelling of the wings of the nose; low oxygen saturation; weakened breathing in the lungs. Your preliminary diagnosis:
<variant> respiratory distress syndrome
<variant> neonatal pneumonia
<variant> community-acquired pneumonia
<variant> pulmonary form of cystic fibrosis
<variant> pulmonary manifestations of tetrad fallot
<question> In the absence of therapy, the cause of death from respiratory distress syndrome is
<variant> progressive hypoxia and respiratory failure
<variant> cardiovascular insufficiency
<variant> acute renal failure
<variant> acute adrenal insufficiency
<variant> sudden death syndrome
<question> In the presence of adequate therapy , the regression of symptoms of respiratory distress syndrome begins ... .
<variant> in 2-4 days
<variant> after 7 days
<variant> after 12 hours
<variant> in 10 days
<variant> after 72 hours
<question> The study of the function of external respiration using a spirograph is possible for children:
<variant> from 6 years old
<variant> from the age of 10
<variant> from 3 years old
<variant> at any age
<variant> of the first year of life
<question>Child 8 months, febrility, severe intoxication, shadows under the eyes, teething, rarely urinates. CBC — leukocytosis, shift of leukocyte formula to the left, ESR –25mm/h; General urine analysis – leukocyturia, bacteriuria. The most likely mechanism of development of this disease:
<variant>Violation of urodynamics
<variant>Genetic predisposition

<variant>Virulence pathogen
<variant>Metabolic disorder
<variant>Hypothermia
<question>A study that needs to be conducted to diagnose the nature of inflammatory changes in the bladder mucosa:
<variant>Cystoscopy
<variant>Ultrasound of the bladder
<variant>Excretory urography
<variant>Mycological cystography
<variant>Radioisotope cystography
<question>Child 3 years, general urine analysis -- leukocyturia, bacteriuria, CBC – leukocytosis, neutrophilia, increased ESR. Objectively: fever, intoxication symptoms. Choose the most appropriate next step in diagnosis:
<variant>Ultrasound kidneys
<variant>Urine analysis to Nechyporenko
<variant>Intravenous urography
<variant>Cystoscopy
<variant>endogenous creatinine clearance
<question>Girl 3 years dysuria, high temperature. Abdomen is soft, painless on palpation. No edema. CBC –neutrophilic leukocytosis with a left shift. General urine analysis – traces of protein, piuria. Your further tactics for diagnosis:
<variant>bacteriological examination of urine
<variant>Urine analysis to Nechyporenko
<variant>consultation surgeon
<variant>definition of total protein
<variant>blood on sterility
<question>Child 6 years, complains of poor appetite, lethargy, abdominal pain without a clear localization. Condition on examination satisfactory, pale skin and visible mucous membranes. Temperature is not mentioned. There are no catarrhal phenomena. Internal organs without pathology. Hemogram is normal; General urine analysis - oxaluria +++. Which of the above most confirms the diagnosis:
<variant>Daily excretion of oxalic acid
<variant>Urine analysis to Nechyporenko
<variant>Zimnitsky test
<variant>Bacteriological sowing of urine on flora
<variant>Intravenous urography
<question>Girl, 5 years, within 4 days the increase in body temperature to 38.5°C. CBC: protein – 0,33 g/l, in the sediment white blood cells in large numbers, erythrocytes -0-1. Rational diet therapy for this patient:
<variant>increase the amount of liquid
<variant>protein diet
<variant>limit salt
<variant>restrict the carbohydrates that
<variant>increase potassium rich foods

<question>Girl, 8 years, arrived on day 6 of the disease with febrile temperature, minor, pollakiuria. Edema and hypertension were not detected. Edema and hypertension were not detected. Urinary syndrome characteristic of this pathology:
<variant>proteinuria, pyuria
<variant>microhematuria, proteinuria
<variant>microhematuria, cylindruria
<variant>proteinuria, oxaluria
<variant>bacteriuria, cylindruria
<question>Select one of the listed functions of the kidneys, allowing to evaluate a sample of the Zimnitsky test:
<variant>Concentration
<variant> Hormone - forming
<variant>Reabsorption
<variant>Secretory
<variant>Nitrogen separation
<question>Child 1 years, there is an increase in temperature to 39°C, malaise, decreased appetite, pasty eyelids, frequent stool. CBC – leukocytosis, neutrophilia, ESR 30 mm/h., General urine analysis – leukocytes' 20-25, erythrocytes' 2-4, mucus ++, bacteria +++. What research should be done first:
<variant>Biochemical blood test
<variant>Bacterial analysis of urine
<variant>Cystography
<variant>Cystoscopy
<variant>Excretory urography
<question>Child is 10 years, sick 2 years, bothered by pain in the lumbar region. The symptom of pounding is positive on the right. General urine analysis: leukocytes - 20-25, erythrocytes -in the field of vision. The most informative changes that will be detected by ultrasound of the kidneys:
<variant>excretory urography
<variant>puncture biopsy of the kidney
<variant>computer tomography
<variant>angiography of renal vessels
<variant>radioisotope radiography
<question>> Girl, 6 years, a history of episodes of dysuria. Concerned about abdominal pain, poor health, subfebrile temperature. BP 90/60 mm pt. The abdomen is painless on palpation. In the sample Nechiporenko: leukocytes-12 000, erythrocytes 1 000. Changes that will be detected by ultrasound of the kidneys …
<variant>expansion of the calyces-pelvic system
<variant>the doubling of the kidneys
<variant>the expansion of the ureter
<variant>increased echogenicity of the cerebral layer
<variant>expansion of the cortical layer
<question> The formation of kidney stones contribute to the following anatomical and morphological changes in the kidneys:
<variant>intrarenal pelvis and impaired lymph flow from the kidney
<variant>chronic glomerulonephritis

<variant>pyelonephritis
<variant>extra-renal pelvis
<variant>renal arterial hypertension
<question>12 year child suffers from vesicoureteral reflux, secondary pyelonephritis. Recent months, notes an increased diuresis. It is assumed that impairment of renal function. A laboratory indicator that will confirm this:
<variant>hypostenuria
<variant>hypoproteinemia
<variant>nocturia
<variant>leukocyturia
<variant>proteinuria
<question> The main feature most characteristic of nephrotic syndrome:
<variant> Hypercholesterolemia, proteinuria
<variant> Poikilocytosis
<variant> Leukocyturia
<variant> Cylindrical
<variant> Hematuria
<question> Morphological changes most often observed in nephrotic syndrome:
<variant> minimal changes
<variant> membranous changes
<variant> membrane - proliferative changes
<variant> mesangioproliferative changes
<variant> fibroplastic changes
<question>At the reception, child is 13 years old, acutely ill after suffering 2 weeks ago streptodermy. Complains of severe headaches for 3-4 days, changing the color of urine to "meat slops". BP 140/90 mmHg. In the urine analysis by Addis-Kakovsky: leukocytes 3 million, erythrocytes more than 100 million. This child needs to spend:
<variant>ultrasound dopplerography of the kidneys
<variant>renal puncture biopsy
<variant>angiography of renal vessels
<variant>retrograde pyelography
<variant>excretory urography
<question>The boy is 7 years old, came with complaints of swelling, weakness, lack of appetite. BP on normal numbers. Objectively ascites, oliguria. It is expected in urine tests in this pathology:
<variant>severe proteinuria
<variant>macrohematuria
<variant>leukocyturia
<variant>glucosuria
<variant>bacteriuria
<question> Research methods used to detect urinary syndrome in suspected diabetic nephropathy
<variant> general urinalysis, daily proteinuria
<variant> urine seeding
<variant> glomerular filtration rate
<variant> sample by Nechiporenko

<variant> Zimnitsky test
<question>Indications for emergency hospitalization in acute nephrotic syndrome:
<variant>Oliguria, azotemia, hypertension
<variant>Uncomplicated acute glomerulonephritis, edema
<variant>Hypertension, proteins in the urine, darkening of the pulmonary pattern
<variant>Hematuria, fever
<variant>Severe headaches, hypertension, oliguria
<question>What are the clinical signs in a patient with acute nephrotic syndrome:
<variant>Peripheral edema, enlargement of the heart, hypertension
<variant>Wet wheezing in lungs, nystagmus
<variant>Ascites, expansion of veins
<variant>Scoliosis, cough, fever
<variant>Thyroid enlargement, systolic noise at the top of the heart
<question> The peak flowmeter is:
<variant> Device for determining the peak exhalation rate
<variant> A device for determining the gas composition of blood
<variant> Inhalation device
<variant> Heart rate monitoring device
<variant> Blood pressure monitoring device
<question> Bronchoobstructive syndrome is characterized by:
<variant> expiratory dyspnea
<variant> inspiratory dyspnea
<variant> wet, small-bubbly wheezes
<variant> dulling of percussion sound
<variant> focal shadows on the radiograph
<question>Child 3 years, came with complaints of swelling on the face, torso and legs, rare urination. Sick for 5 days. A month before the disease, against the background of exacerbation of allergodermatosis, he received an injection of immunoglobulin in contact with hepatitis C. On examination, pronounced swelling on the face, anterior abdominal wall, lumbar region, shins and feet. The BP-95/65 mm Hg. Liver +4 cm. In the General analysis of blood: HGB-100 g/l, RBC.-3.36 x 10^{12} / l, WBC.-9,8 x 10^{9}/l, MCH-0,89, ESR-55 mm / h, EO-2, stab - 2%, seg. - 70%, LYM-22, MON-4. In the general analysis of urine: protein-3,3 g / l, leukocytes-4-3 in the field of vision , erythrocytes changed-5-6 in the field of vision , hyaline cylinders-2-5 in the field of vision . In biochemical blood test: urea-5.9 mmol / l, creatinine-52 mmol/l, total protein-42 g / l, albumins-21G/l, cholesterol-10.6 mmol / L. Clinical and laboratory data indicate the presence of a child:
<variant> Nephrotic syndrome
<variant>Acute nephritic syndrome
<variant>Quincke's edema
<variant>Acute tubulo-interstitial nephritis
<variant>Acute renal failure
<question>Girl is 3 years old, after suffering acute respiratory disease: edema, ascites, oliguria. Preliminary diagnosis and tactics
<variant>Nephrotic syndrome with minimal changes
<variant>Carditis, echocardiogram
<variant>Pyelonephritis, antibiotics

<variant>Allergic edema, antihistamines
<variant>Pneumonia, chest x-ray overview
<question>The boy is 9 years old, complaints of severe swelling, ascites, rare urination, lethargy, decreased appetite. Anamnesis, became ill acutely after hypothermia. BP: 110/70 mmHg. the urine is light, general urinre test: protein 6.8 g/l, leucocytes-1-2 in the field of vision, red blood cells, a density of 1.025. CBC: leukocytes $16x10^9$/l, HBG - 110 g / l, HCT- 0.9, ESR- 55 mm/h, biochemical blood test-total protein 48 g/l. The most likely diagnosis in the patient:
<variant>Nephrotic syndrome
<variant>Acute pyelonephritis
<variant>Acute cystitis
<variant>Nephritic syndrome
<variant>Urinary tract infection
<question>Baby is 8 months. Lags behind in physical development. Observed in a nephrologist. Periodically there are pronounced edema, high proteinuria in the urine. Treatment is ineffective. The relatives of the patient had early infant mortality. The most likely diagnosis …
<variant>Congenital nephrotic syndrome
<variant>Acute glomerulonephritis, nephrotic syndrome
<variant>Congenital abnormality of the genitourinary system
<variant>Urinary tract infection
<variant>Hereditary jade

<question> A 5-year-old child has severe edema, proteinuria 6.8 g/l, BP- 80/50 mmHg., ESR-65 mm/h, cholesterol-12.0 mmol/l, GFR-56 ml/min. Your alleged syndrome:
<variant> nephrotic syndrome
<variant> Pyelonephritis syndrome
<variant> nephritic syndrome
<variant> isolated urinary syndrome
<variant> rapidly progressive glomerulonephritis
<question> A 11-year-old child with acute respiratory viral infection and treatment with ibufen developed pronounced edema on the face, shins, ascites, BP- 110/60 mm.Hg., proteinuria-6.4 g/l. Your alleged syndrome:
<variant> nephrotic syndrome
<variant> acute pyelonephritis
<variant> nephritic syndrome
<variant> proteinuria syndrome

<variant> isolated urinary syndrome
<question>The child is 3 years, addressed first time. Complaints of swelling of the face and knees, ascites, BP-90/60 mmHg.St. In the urine: proteins-3.3 g / l, red blood cells-2-5 in the field of vision, leukocytes-2 in the field of vision, cylinders-5-6 in the field of vision. Total protein in the blood-50 g / l, cholesterol-9 mmol / L. Your diagnosis:
<variant>Nephrotic syndrome
<variant>Pyelonephritis
<variant>Urolithiasis
<variant>Interstitial nephritis
<variant>Renal colic

<question>Renal causes of acute renal failure include:
<variant>acute damage to tubulointerstitial kidney tissue
<variant>phimosis
<variant>bladder stone
<variant> piuria
<variant>neurogenic bladder
<question>For children under 5 years of age, the most common cause of chronic kidney failure is:
<variant>congenital kidney abnormalities
<variant>chronic glomerulonephritis
<variant>hemolytic uremic syndrome
<variant>chronic cystitis
<variant>focal segmental glomerulosclerosis
<question>To clarify the stage of acute renal failure, it is necessary to determine
<variant>serum concentrations of creatinine, potassium ions, glomerular filtration rate, serum levels of total bilirubin and transaminases
<variant>serum concentration of creatinine, potassium ions, glomerular filtration rate and total serum bilirubin
<variant>serum concentration of creatinine, potassium ions and glomerular filtration rate
<variant>serum creatinine concentration, CRP
<variant>concentration in the blood serum creatinine and potassium ions,calcium
<question> The most common cause of acute renal failure in infants is:
<variant>hemolytic uremic syndrome
<variant>acute primary pyelonephritis
<variant>artificial feeding
<variant>acute cystitis
<variant>chronic cystitis
<question>Select complication chronic renal failure in children, corrected by dialysis therapy:
<variant>Hyperkalemia
<variant>Anemia
<variant>BEN
<variant>Cardiac conduction disorder
<variant>Hyperlipidemia
<question>Cause of renal acute renal failure in children:
<variant>Nephrotoxic substances
<variant>Urinary tract obstruction
<variant>Diarrheal syndrome with excicosis
<variant>Traumatic shock
<variant>Erythrocyte hemolysis
<question>The main cause of chronic kidney disease:
<variant>The activity of the inflammatory process
<variant>Hypercholesterolemia
<variant>Hyperfiltration
<variant>Immunodeficiency
<variant>Increased reabsorption

<question> Threat for life of the patient with acute renal failure, demanding immediate correction:
<variant>Hyperkalemia
<variant>Azotemia
<variant>Hypokalemia
<variant>Hypocalcemia
<variant>Hypoproteinemia
<question> Functional renal tests relate:
<variant> Zimnitsky's test
<variant> Sample Amburge
<variant> Nechiporenko test
<variant> Addis-Kakovsky test
<variant>orthostatic proteinuria test
<question>Normal blood creatinine readings:
<variant>3,3-5,5 mmol/l
<variant>2.5-3.5 mmol/l
<variant>5.5-7.5 mmol/l
<variant>7.5-9.5 mmol/l
<variant>9.5-11.5 mmol/l
<question>Chronic renal failure in a child is often accompanied by:
<variant>stunted growth and development, hypertension, anemia
<variant>increased appetite
<variant>metabolic alkalosis
<variant>gastritis
<variant>pneumonia
<question>Prerenal acute renal failure is characterized by:
<variant>low urea concentration in urine
<variant>low relative urine density
<variant>low urine osmolarity
<variant>copious sediment in urine
<variant>low sodium concentration in urine
<question>Cause of prerenal acute renal failure is:
<variant>acute urogenic infection
<variant>effect of nephrotoxic substances
<variant>obstruction of tubules by crystals
<variant>sudden drop in renal blood flow
<variant> traumatic shock
<question>Renal acute renal failure develops:
<variant>in urinary tract obstruction
<variant>traumatic shock
<variant>under the action of nephrotoxic substances
<variant>in renal vascular disease
<variant> acute urogenic infection
<question>Postrenal acute renal failure develops:
<variant>in renal vascular disease

<variant>traumatic shock
<variant>under the action of nephrotoxic substances
<variant>in urinary tract obstruction
<variant> acute urogenic infection
<question>The most common cause of acute renal failure are:
<variant> defeat interstitium
<variant> glomerulonephritis
<variant> papillary necrosis
<variant> tubular necrosis
<variant> hyperkalemia
<question>The immediate threat to life in acute renal failure requiring immediate correction is:
<variant> hyperuricemia
<variant> increased blood urea concentration
<variant> increased creatinine content in the blood
<variant> hyperphosphatemia
<variant> hyperkalemia
<question>The cause of muscle weakness in acute renal failure is:
<variant>hyperkalemia and metabolic acidosis
<variant>increase in intracellular sodium
<variant>hypocalcemia
<variant>increase in intracellular water and intracellular calcium
<variant> traumatic shock
<question>Child of 10 months, on the background of an acute viral infection complicated by pneumonia, stopped excreting urine. In blood tests: ESR 45 mm/h, erythrocytes 3,3 x 1012 /l, hemoglobin 90 g/l, urea 19 mmol/l, bilirubin 14 mmol/l, glomerular filtration rate 10 ml / min. at ultrasound examination of the kidneys: the kidneys are enlarged in size, the calico-pelvic system is narrowed, fragmented. Your preliminary diagnosis:
<variant>Acute renal failure
<variant>Acute urinary retention
<variant> Nephrotic syndrome
<variant>Hemolytic uremic syndrome
<variant>Chronic renal failure
<question>Child 14 years of age, 7 years is observed with chronic glomerulonephritis. There is an exacerbation: ascites, oliguria, high proteinuria, azotemia, hypercholesterolemia, microhematuria. BP is not increased. An indicator that indicates a violation of kidney function in this patient:
<variant>azotemia
<variant>high proteinuria
<variant>high cholesterol
<variant>oliguria
<variant>ascites
<question>Boy 6 years, fell ill 16 days after suffering from the flu. Appeared edematous syndrome. In the future, swelling increased, decreased diuresis. BP 95/45 mmHg. severe swelling of the face, legs, feet, anterior abdominal wall, lumbar region. Allocated 300 ml of urine per day. The general analysis of urine: UD weight-1,028, protein-6,0 g / l, leukocytes-0-1 in the field of vision, erythrocytes-0-1 in the field of

vision. Biochemical analysis of blood: total protein-41 g / l, albumins-19 g / l, cholesterol-13 mmol/l, total lipids-13.2 g/l (norm-1.7-4.5), potassium -3.81 mmol/l, urea-5.1 mmol/ l, creatinine-96 mmol/l (norm-up to 110 mmol / l). Endogenous creatinine clearance: 80.0 ml / min. Assess renal functiona
<variant>without renal impairment
<variant>acute renal failure
<variant>acute renal failure
<variant>renal concentration function decreased
<variant>chronic renal failure
<question>Boy 10 years old, two weeks ago suffered from tonsillitis. Appeared headache, became little urinate, urine was dark brown color of, muddy. On examination, puffiness of the face, swelling on the shins are noted. BP145/90mm.Hg. isolated 300 ml of urine per day. General urine analysis: relative density 1024, protein 1.5 g / l, red blood cells-altered cover the entire field of vision. Blood test: HBG 105 g/l; leukemia- 9, $2x10^9$ p / I -7%; s / I- 71%; EOS- 1%; lymph.- 18%; mon- 3%; of the clot. -530*10^9, ESR -25 mm/h. Biochemical analysis of blood: total protein 60 g/l, albumins -32 g/l, urea -15 mol/l, creatinine -140 mmol/l, potassium -6.1 mEq/L. Clearance of endogenous creatinine-52 ml / min. Assess the renal function of the patient:
<variant>kidney failure
<variant> without impaired renal function
<variant>without renal impairment
<variant>renal concentration function decreased
<variant>chronic renal failure

<question> The minimum diuresis indicating oliguria in a child of 7 years is less than:
<variant> 250 ml/day
<variant> 20 ml/day
<variant> 400 ml/day
<variant> 500 ml/day
<variant> 1000 ml/day
<question> Skin itching in kidney diseases is caused by excessive blood content:
<variant> urea
<variant> bilirubin
<variant> glucose
<variant> cholesterol
<variant> iron
<question> Does not apply to signs of uremic coma:
<variant> polyuria
<variant> pericardial friction rub
<variant> pale, dry skin
<variant> anuria
<variant> Kussmaul's breath
<question> Name a sign that is NOT a manifestation of chronic kidney failure:
<variant> constipation
<variant> skin itch
<variant> nausea, vomiting
<variant> oliguria
<variant> increased blood creatinine levels

<question> Chronic kidney failure is NOT typical:
<variant> arthralgias
<variant> dry mouth
<variant> nausea, vomiting
<variant> skin itch
<variant> thirst, polyuria
<question> The following glomerular filtration parameters are characteristic of end-stage chronic kidney failure:
<variant> less than 20 ml/min
<variant> 80-120 ml/min
<variant> 50-60 ml/min
<variant> 30-40 ml/min
<variant> more than 120 ml/min
<question> A 14-year-old child was admitted to the Nephrology Department with complaints of headache, facial swelling, abdominal enlargement and rare urination. Pale, lethargic, swelling of the type of anasarca. BP- 120/85 mm.Hg. Heart sounds are muffled, HR- 90 per min. Belly increased in volume, the edge of the liver acts from under the costal edge 1 cm. Urin rarely in small portions. Urinalysis: color-yellow, protein 8.5 g/l, specific gravity of urine 1006, RBC- 1-2/hpf, hyaline and granular cylinders-7-8/lpf. Preliminary syndromal diagnosis of "Nephrotic syndrome". Schedule an examination to determine the concentration of kidney function
<variant> Zimnitsky sample
<variant> Rehberg-Tareev test
<variant> urine analysis by Nechiporenko
<variant> analysis of urine by Addis-Cohovosky
<variant> cystography
<question> A 6-year-old child. He is being treated in the Nephrology Department. Syndromal diagnosis "Nephrotic syndrome". Urine analysis: color-yellow, protein-10 g/l, specific gravity of urine 1035, RBC 1-2/hpf, hyaline and granular cylinders-7-8/lpf. Guide the interpretation of the indicator of specific gravity.
<variant> hyperstenuria
<variant> normal
<variant> hypostenuria
<variant> isostenuria
<variant> hypoazotemia
<question> A 9-year-old child was admitted to the hospital complaining of abdominal pain, frequent and painful urination, night urination and body temperature up to 38 ° C for 4 days. General condition is moderate severity. The skin is pale, no edema. The body temperature of 38.5°C. HR- 90/min. BP- 100/60 mm. Hg. Abdomen is soft and painful above the pubis and in the lateral parts. The pounding symptom is positive on both sides, more on the left. Palpation of the right kidney is painful. Urinalysis: volume-100 ml, color-cloudy-yellow, protein-0.33 g/l, WBC-30-40/hpf., RBC-1-2/hpf, leukocyte cylinders 1-2/hpf. Preliminary diagnosis of Acute pyelonephritis. Select an indicator that is not part of the urinary syndrome
<variant> leukocyturia
<variant> proteinuria
<variant> microhematuria
<variant> nycturia
<variant> cylindruria

<question> A 6-months-old child. Healthy. Urinalysis: specific gravity-1006. Taking into account the features of kidney functions in children, determine their functional state.
<variant> low filtration rate
<variant> low regulatory
<variant> low reabsorption
<variant> low secretory
<variant> low excretory
<question> A 9-year-old child was admitted to the Nephrology Department with complaints of headache, facial edema, rare urination and red urine. When admitted to the hospital, there was pallor of the skin, lethargy, swelling on the face and lower extremities. BP- 110/85 mm.Hg. HR- 87 in min. Abdomen is soft, painless. The liver does not protrude from under the costal edge. Urin rarely and in small portions. Urine analysis: color - "meat slops", protein -2.0 g/l, specific gravity of urine- 1030, RBC-all , hyaline and granular cylinders-5-6/lpf. Preliminary diagnosis of Glomerulonephritis. Determine the syndrome that made it possible to diagnose the patient:
<variant> nephritic
<variant> nephrotic
<variant> arterial hypertension
<variant> painful
<variant> urinary
<question> A 12-year-old child was admitted to the hospital complaining of abdominal pain, frequent and painful urination, night urination and Body temperature up to 38.2°C. The disease was preceded by hypothermia. General condition is moderate severity. The skin is pale, no edema. Body temperature 38,8°C. HR- 109 per minute BP- 110/70 mm Hg. Abdomen is soft and painful above the pubis and in the lateral parts. The pounding symptom is positive on both sides, more on the left. Palpation of the left kidney is painful. CBC: Hb-140 g/l, RBC-4,5xl0^{12}/l, WBC-12.5 x l0^{9}/l, band NEU -6%, segment NEU-62%, LYM-22%, EOS-2 %, MON-8%, ESR-30 mm/h. Urinalysis: volume- 150 ml, color-cloudy-yellow, protein-0.33 g/l, WBC-30-40/hpf, RBC-3-4/hpf. Preliminary diagnosis of Acute pyelonephritis. Determine the leading syndrome that allowed to establish this diagnosis:
<variant> urinary
<variant> intoxication
<variant> painful
<variant>anemic
<variant>hypertension
<question> Signs of uremic coma do not include
<variant> polyuria
<variant> pericardial friction noise
<variant> pallor, dryness of the skin
<variant> anuria
<variant> Kussmaul's breath
<question> Of the following features ... it is not characteristic of acute renal failure:
<variant> delay in the growth processes of the child's body
<variant> decompensated metabolic acidosis
<variant> electrolyte imbalance
<variant> increasing azotemia
<variant> oliguria or anuria
<question> Urine of the color of "Meat slops" is characteristic of:

<variant> nephritic syndrome
<variant> of hemolytic jaundice
<variant> nephrotic pyelonephritis syndrome
<variant> of diabetes mellitus
<variant> of arterial hypertension
<question> Microscopic examination of urine determines all, EXCEPT:
<variant> protein
<variant> white blood cells
<variant> red blood cells
<variant> crystalline and amorphous salts
<variant> cylinders
<question> Manifestation of hypertension and edema in children simultaneously with hematuria is typical for:
<variant> glomerulonephritis
<variant> cystitis
<variant> pyelonephritis
<variant> nephroptosis
<variant> interstitial nephritis
<question> With nephrotic syndrome, changes in urine are NOT characteristic:
<variant> bacteriuria
<variant> microhematuria
<variant> proteinuria
<variant> leukocyturia
<variant> macrohematuria
<question> The main complaints for patients with a lesion of the urinary system do NOT include:
<variant> edema
<variant> frequent urination
<variant> temperature increase
<variant> lumbar pain
<variant> painful urination
<question> Lower back pain in acute glomerulonephritis is associated with:
<variant> kidney swelling
<variant> presence of concretions in the urinary system
<variant> apostematous changes in the renal parenchyma
<variant> ischemic kidney infarction
<variant> polycystic kidney disease
<question> Acute glomerulonephritis is characterized by:
<variant> increased urine density
<variant> isostenuria
<variant> increased neutrophils in the urine
<variant> increased lymphocytes in the urine
<variant> appearance of sugar in the urine
<question> The diagnostic criteria for "Nephrotic syndrome" do NOT apply:
<variant> hypergammaglobulinemia
<variant> proteinuria more than 3.5 g/l
<variant> hypoalbuminemia
<variant> hypercholesterolemia

<variant> edema
<question> Sign of urinary syndrome in chronic glomerulonephritis is…:
<variant> hematuria
<variant> no proteinuria
<variant> leukocyturia
<variant> presence of Sternheimer-Malbin cells in the urine
<variant> glucosuria
<question> Impaired kidney function due to impaired purine metabolism is associated with a large intake into the body:
<variant> uratus
<variant> cystine
<variant> tryptophan
<variant> oxalates
<variant> phosphates
<question> A 15-years-old- child. 7 years old is observed with chronic glomerulonephritis. Examination: ascites, oliguria, high proteinuria, azotemia, hypercholesterolemia, microhematuria. Blood pressure is not increased. An indicator that indicates a violation of kidney function in this patient:
<variant> azotemia
<variant> high level of proteinuria
<variant> high cholesterol
<variant> oliguria
<variant> ascites
<question> Bacteriuria of more than 100,000 microbial bodies in 1 ml of urine indicates a lesion:
<variant> upper urinary tract
<variant> tubules
<variant> glomeruli
<variant> lower urinary tract
<variant> calyx
<question> At the reception, a 12-year-old child became acutely ill after suffering from streptodermia 2 weeks ago. Complains of severe headaches for 3-4 days, changing the color of urine to "meat slops". BP-140/90 mm Hg. In the urine analysis according to Addis-Kakovsky: leukocytes 3 million, red blood cells more than 100 million This child needs to be carried out:
<variant> ultrasound dopplerography of the kidneys
<variant> kidney puncture biopsy
<variant> renal vascular angiography
<variant> retrograde pyelography
<variant> excretory urography
<question> The main feature characteristic of isolated urinary syndrome:
<variant> proteinuria
<variant> hyponatremia
<variant> azotemia
<variant> oliguria
<variant> hypertension
<question> A 8-years-old child, came with complaints of swelling, weakness, lack of appetite. BP is normal numbers. Objective: ascites, oliguria. It is expected in urine tests for this pathology:
<variant> severe proteinuria

<variant> macrohematuria
<variant> leukocyturia
<variant> glucosuria
<variant> bacteriuria
<question>A 14 years-old child. The diagnosis of nephrotic syndrome was established. Name the appropriate clinical signs:
<variant> hematuria, proteinuria, increased blood pressure and edema
<variant> hematuria, decreased blood pressure
<variant> proteinuria, decreased blood pressure
<variant> oliguria, wet cough
<variant> bacteriuria, edema
<question> Specify the most characteristic changes in the chest during inflammatory compaction of the lung lobe:
<variant> only breathing lag of half of the chest
<variant> breathing lag, enlargement of half of the chest and smoothing of intercostal spaces
<variant> reduction of half of the chest, its sinking and lagging in breathing
<variant> hyperstenotic chest
<variant> an increase in the antero-posterior and transverse dimensions of the chest, retraction of intercostal spaces in the lower lateral sections on both sides
<question> Specify the most characteristic changes in the chest during fibrothorax (pleural cavity overgrowth):
<variant> reduction of half of the chest, its sinking and lagging in breathing
<variant> lag in breathing, enlargement of half of the chest and smoothing of intercostal spaces
<variant> only a lag in the breathing of half of the chest
<variant> hyperstenotic chest
<variant> an increase in the antero-posterior and transverse dimensions of the chest, retraction of intercostal spaces in the lower lateral sections on both sides
<question> A 11-year-old child with acute respiratory viral infection and treatment with ibufen developed pronounced edema on the face, shins, ascites, BP- 110/60 mm.Hg., proteinuria-6.4 g/l. Your preliminary diagnosis:
<variant> nephrotic syndrome
<variant> acute pyelonephritis
<variant> nephritic syndrome
<variant> acute interstitial nephritis caused by NSAID
<variant> isolated urinary syndrome
<question> In the child's blood test urea level is 9.5 mmol/l, creatinine-0, 35 mmol/l. Violation of what kidney function occurs:
<variant> nitrogen separation
<variant> filtering
<variant> concentration
<variant> reabsorption
<variant> secretory
<question> Select the renal symptom of kidney disease:
<variant> azotemia
<variant> hypertension
<variant> edema
<variant> fever

<variant> skin paleness
<question> With moderate proteinuria, protein excretion per day in the urine is…:
<variant> 0.5-1.0 g/day
<variant> 0.02 – 0.05 g/day
<variant> 0.05-0.10 g/day
<variant> 0.15 – 0.50 g/day
<variant> 2.0-3.0 g/day
<question> Patient is adynamic and sleepy. On examination: pronounced jaundice of the skin of the sclera, hemorrhagic syndrome, a sweet smell from the mouth, pathological breathing of the Kussmaul type. Hyperbilirubinemia. Select the most likely syndrome.
<variant> liver failure
<variant> jaundice
<variant> malabsorption
<variant> " sharp belly"
<variant> colitic
<question> Select the most useful research method for determining the functional state of the liver:
<variant> biochemical blood analysis
<variant> radiography
<variant> ultrasound examination
<variant> coprogram
<variant> pH metric of gastric juice
<question> Clinical picture of hypertonic type of colonic dyskinesia includes:
<variant> persistent progressive constipation
<variant> cramping character of abdominal pain
<variant> encopresis in the form of fecal residues
<variant> according to irrigation data, the colon is dilated and emptying is slowed down
<variant> according to the coprogram research volume of the distal colon increased
<question>A child is 7 days old. When examined by a local doctor, jaundice of the skin was found. The child is not disturbed. Sleep is not disturbed. Have a good appetite. No pathology was found for internal organs. The belly is soft, not enlarged. The liver is not enlarged. Feces color is light yellow. The urine is clear, light yellow. Determine the syndrome diagnosis.
<variant> physiological jaundice
<variant> congenital hepatitis
<variant> abnormal development of the biliary tract
<variant> hemolytic anemia
<variant> conjugation jaundice
<question> Hypostenuria is...
<variant> reduced urine density
<variant> increased urine density
<variant> reducing fluctuations in urine density
<variant> changing the color of urine
<variant> increased protein in the urine
<question> Isostenuria is…
<variant> monotonous variation of urine density
<variant> increased urine density
<variant> reduced urine density
<variant> changing the color of urine

<variant> increased protein in the urine
<question> Nephrotic syndrome is NOT typical:
<variant> anemia
<variant> significant proteinuria
<variant> hypercholesterolemia
<variant> hypoproteinemia
<variant> edema
<question> Pasternatsky's symptom positive occurs when:
<variant> pyelonephritis
<variant> glomerulonephritis
<variant> cystitis
<variant> hypertension
<variant> urethritis
<question> Renal concentration function is evaluated by:
<variant> Zimnitsky sample
<variant> Thompson's three-step sample
<variant> Nechiporenko analysis
<variant> General urine analysis
<variant> sugar test
<question> Clinical manifestations of FACIES NEFRITICA are:
<variant> facial edema, pale skin
<variant> facial edema, acrocyanosis
<variant> facial edema, hemorrhagic rash on the face
<variant> swelling of the face, heperemia of the skin
<variant> swelling of the face, bronze color of the skin
<question> A 6-year-old child with acute atopic dermatitis developed pronounced edema on face, shins, ascites and BP- 90/55 mm.Hg., proteinuria 4.7 g/l. Assign the following study of diagnostic value:
<variant> biochemical blood analysis
<variant> bacterial analysis of urine
<variant> excretory urography
<variant> cystography
<variant> Zimnitsky sample
<question> Cause of hypoproteinemia in nephrotic syndrome is NOT:
<variant> enhanced synthesis of β-globulins
<variant> loss of protein in the urine
<variant> transfer of proteins from plasma to extracellular fluid
<variant> protein loss through the edematous intestinal mucosa
<variant> increased permeability of the calyx-pelvic system of the kidneys
<question> A 1.5-year-old- child suffered from severe dyspepsia. On the day of stool normalized, but there were edema and sharply decreased urine output. During the inspection, a massive swelling of the face, torso and limbs. The skin is dry and cold to the touch. The borders of the heart are normal, the tones are muted. Pulse-64 min., blood pressure-90/70 mm Hg., blood test has a low protein content. Urine output of 300 ml per day. The relative density of urine is 1038. The urine contains 5% protein, a lot of hyaline, granular cylinders and epithelial cells. Based on the available data, the following clinical syndromes can be distinguished in the patient:
<variant> dysuric, nephrotoxic, urinary

<variant> hypercorticoid, hypothyroid, nephritic
<variant> hemorrhagic, hyperglycemic, nephrotoxic
<variant> nephritic, pain and hypocorticoid
<variant> hyposomatotropic, urinary and nephritic
<question> Urobilin in the urine appears when:
<variant> hepatic jaundice
<variant> suprahepatic jaundice
<variant> subhepatic jaundice
<variant> gastritis
<variant> pancreatitis
<question> Cholestasis syndrome is NOT typical:
<variant> stercobilinogen in feces - reaction sharply positive
<variant> total bilirubin in the blood is increased
<variant> associated bilirubin in the blood is elevated
<variant> urobilin in the urine- negative reaction
<variant> bilirubin in the urine - the reaction is sharply positive
<question> Important diagnostic criterion for non -specific ulcerative colitis in children is …:
<variant> hemocolitis syndrome
<variant> vomiting and regurgitation syndrome
<variant> cholestasis syndrome
<variant> exantheme
<variant> atrial fibrillation
<question> Main method for diagnosing dysfunctional disorders of the biliary tract in children:
<variant> gallbladder ultrasound
<variant> CBC
<variant> fibroesophagogastroduodenoscopy
<variant> urinalysis for urobilin
<variant> coprogramma
<question> Splenomegaly in liver diseases is a manifestation of …:
<variant> portal hypertension
<variant> hepatic cell failure
<variant> biliary dyskinesia
<variant> cholangitis
<variant> gastritis
<question> A 17-years-old boy was admitted to the Department with complaints of unformed plentiful feces with the remains of undigested food and drops of fat 3-4 times a day, bloating. Examination: low nutrition. The skin is dry, turgor is reduced. Coprological test: fecal masses of grayish-yellow color, unformed, soft non-uniform consistency, reaction to sterkobilin-positive, muscle fibers that have retained striation -++, lost striation—+++, neutral fat -+++, fatty acids -+, soap -+, extracellular starch -+++. The leading clinical and laboratory syndrome in this patient is the syndrome …:
<variant> external pancreatic insufficiency and intestinal dyspepsia
<variant> hepatolienal and exocrine pancreatic insufficiency
<variant> gastric dyspepsia and portal hypertension
<variant> violations of gastric evacuation function and intoxication
<variant> intestinal dyspepsia and liver failure

<question> A 15-years-old child went to the clinic with complaints of cutting pains in the right hypochondrium, radiating to the right shoulder, under the right shoulder blade. They are concerned about nausea and repeated vomiting of bile, chills, sweating and temperature up to 38.3°C. The day before the patient ate a fried dish. Examination: condition of moderate severity. HR-120/min. Abdomen surface palpation: painlessness and muscle tension in the area of the gallbladder. Positive symptoms of Murphy, Ortner, Zakharyin, Vasilenko and Shchetkin-Blumberg in this area are determined. The leading clinical syndromes are ...:
<variant> bile colic, local peritonitis and inflammatory
<variant> local peritonitis, nephrotic and bile colic
<variant> intestinal dyspepsia, liver failure and nephrotic
<variant> bile colic, gastric dyspepsia and portal hypertension
<variant> local peritonitis, external pancreatic insufficiency and pain
<question> In neonatal hyperbilirubinemia, nuclear jaundice may develop if the level of indirect bilirubin has increased:
<variant> more than 340 mmol/l
<variant> up to 56 mmol/l
<variant> up to 100 mmol/l
<variant> up to 150 mmol/l
<variant> up to 250 mmol/l
<question> Complication of portal hypertension syndrome is …:
<variant> bleeding from esophageal veins
<variant> hepatic colic
<variant> liver cancer
<variant> gastric ulcer
<variant> cholecystitis
<question> Diagnosis of dysfunctional biliary tract disorders includes:
<variant> ultrasound with functional sampling
<variant> determination of serum calcium and phosphorus levels
<variant> determination of the amount of elastase in feces
<variant> conducting a respiratory helicobacter test
<variant> irrigography
<question> A 8-days newborn, born from the first birth, weigt-3,700gr, Apgar score is 7-8 points. The mother's blood group is 0 (I), the child's A(II). History: delayed discharge of meconium, vomiting. Objective: skin and sclera are jaundiced, dry, petechial rash on the trunk, umbilical hernia, the face is somewhat edematous, the bridge of the nose is flattened, macroglossia, rare feces, bradycardia, periodically acholic feces. The leading clinical syndromes are syndromes ...:
<variant> jaundice, intestinal dyspepsia, hemorrhagic, edematous
<variant> local peritonitis, nephrotic and bile colic
<variant> intestinal dyspepsia, liver failure and nephrotic
<variant> bile colic, gastric dyspepsia and portal hypertension
<variant> local peritonitis, external pancreatic insufficiency and pain
<question> Main method of physical examination in the diagnosis of the digestive system diseases:
<variant> palpation
<variant> percussion
<variant> auscultation
<variant> inspection
<variant> feces analysis

<question> A 12-years-old child. Complains of intense pain in the epigastric region that appears on an empty stomach. After eating, the pain decreased. They also worry about weakness, frequent headaches, and irritability. Feed irregularly, there are long breaks in food intake, there is dry-boiled food. Examination: low nutrition, pale, wet tongue, covered with a white coating, soft belly on palpation, painful in the epigastrium, liver is not enlarged, feces-constipation. EFGDS: hyperemia and edema of the antral part of the stomach, single erosion of the mucous membrane, hyperemia and edema of the duodenal. Determine the leading syndrome of the disease:
<variant> pain
<variant>dyspeptic
<variant> asthenic
<variant> neurotic
<variant> anemic
<question> Endoscopically, the gastritis-like type of chronic gastroduodenitis is characterized by:
<variant> slight inflammation activity, atrophic symptoms may be detected changes in the gastric mucosa, sometimes with a rearrangement of the epithelium pyloric or intestinal type
<variant> pronounced inflammation activity
<variant> pronounced inflammatory activity with epithelial hyperplasia
<variant> slight inflammation activity, erosive areas
<variant> superficial hyperplastic, erosive gastritis always with severe edema and hyperemia
<question> Gastric secretion is determined using:
<variant> histamine
<variant> sulphate of magnesia
<variant> barium sulfate
<variant> nitroglycerin
<variant> digoxin
<question> A 10-years-old child. Complains: a feeling of heaviness and discomfort in the epigastric region after eating, belching air, the smell of "rotten eggs", bloating, liquid, weakness, headaches, irritability. These symptoms are noted throughout the year. Feed irregularly. Examination: condition of skin fold is thin, mucosa of the mouth pale, pale tongue coated with white bloom, by palpation the abdomen is soft, painful epigastric region, liver not enlarged. Determine the leading syndrome of the disease.
<variant> dyspeptic
<variant> pain
<variant> asthenic
<variant> neurotic
<variant> anemic
<question> Dysphagia is …:
<variant> violation of the passage of food through the esophagus
<variant> digestive disorders
<variant> disorder of the act of defecation
<variant> false urge to defecate
<variant> lack of appetite
<question> Gastric dyspepsia is …:
<variant> digestive disorders
<variant> disorder of the act of defecation
<variant> violation of the passage of food through the large intestine
<variant> false urge to defecate

<variant> lack of appetite
<question> Irritable bowel syndrome:
<variant> is a functional pathology
<variant> can proceed without pain syndrome
<variant> is typical for infants
<variant> does not require a psychologist's consultation and psychopharmacotherapy
<variant> is always manifested by diarrhea
<question> Functional dyspepsia is not characterized by the presence of:
<variant> heartburn
<variant> nausea
<variant> burps
<variant> severity in the epigastrium
<variant> feelings of full stomach
<question> Specify a symptom of gastric dyspepsia:
<variant> vomiting
<variant> flatulence
<variant> constipation
<variant> hyperthermia
<variant> exantheme
<question> Specify functional cause of vomiting in young children:
<variant> violation of feeding mode
<variant> incomplete rotation of the intestine
<variant> achalasia of cardia
<variant> esophageal atresia
<variant> galactosemia
<question> "Melena" is -…:
<variant> black liquid feces
<variant> "fat", shiny, poorly flushing feces
<variant> discolored feces (grey)
<variant> feces with pieces of undigested food
<variant> black decorated feces
<question> A 10-year-old girl underwent fractional gastric probing. The flow rate – hour of basal secretion of free hydrochloric acid was 3.5 mmol/ l, stimulated fraction – 4.0 mmol/ L. Evaluate the acid-forming function of the stomach:
<variant> Increased
<variant> Saved
<variant> Reduced
<variant> Reduced in basal, preserved in stimulated fractions
<variant> The data provided is not enough to answer the question
<question> A 10-year-old boy complains of heaviness in his stomach after eating, belching with a rotten smell, sometimes vomiting, decreased appetite, a tendency to dilute stool. On examination, the tongue is overlaid with a white coating, soreness in the epigastric zone. Identify the leading clinical syndrome in the child:
<variant> Dyspeptic
<variant> Asthenovegetative
<variant> Painful
<variant> Intoxicating

<variant> Polyhypovitaminosis
<question> Misha is 2 months old. The mother complains of frequent regurgitation of the child, which occurs both immediately after eating, and after some time after feeding, as well as before eating. The volume of regurgitated masses is unstable, more often regurgitates with curdled milk. Eats greedily, stool of the usual consistency, without pathological impurities, sufficient diuresis. The increase in body weight for 1 month of life was 650 grams. It is known from the anamnesis that the birth was rapid, the Apgar score is 5-7 points. Regurgitates from the first days of life. The reason for persistent regurgitation is:
<variant> Neurogenic factor
<variant> Intestinal dysbiosis
<variant> Lactase deficiency
<variant> Alimentary dyspepsia
<variant> Enzymatic insufficiency
<question> Seryozha is 13 years old - complaints of heartburn, pain in the epigastric region on an empty stomach. The presence of heartburn indicates:
<variant> About the throwing of gastric contents into the esophagus
<variant> About reducing the acidity of gastric contents
<variant> About biliary dyskinesia
<variant> About diaphragmatic hernia
<variant> About penetration
<question> Gilbert 's syndrome –

<variant> hereditary disease associated with a predominant violation of bilirubin capture and conjugation, manifested by moderate jaundice with periodic deterioration against the background of physical exertion, febrile diseases, errors in diet, mental stress, starvation
<variant> monogenic disease caused by mutation of the MBTR gene (cystic fibrosis transmembrane regulator), characterized by damage to exocrine glands, vital organs and systems, having a severe course and prognosis
<variant> a chronic genetically determined disease characterized by persistent gluten intolerance with the development of atrophy of the mucous membrane of the small intestine and associated malabsorption syndrome of varying severity
<variant> enzymopathic jaundice, a rare pigmented hepatosis characterized by impaired excretion of bound bilirubin from hepatocytes into bile capillaries, which leads to bilirubin regurgitation.
<variant> immune hemolytic anemia, which occurs in cases of incompatibility of maternal and fetal blood by erythrocyte antigens, while antigens are localized on fetal erythrocytes, and antibodies to them are produced in the mother's body
<question> Choose a scale to determine the localization of jaundice in newborns:
<variant> Kramer's
<variant> Ashfort
<variant> Tardieu
<variant> Kulikova
<variant> Apgara
<question> On the basis of biliary dyskenesia are:
<variant> violation of peristalsis of the muscular apparatus of the biliary tract
<variant> inflammatory processes in the urinary tract
<variant> bladder diseases
<variant> peritonitis

<variant> Itsengo-Cushing's disease
<question> Clinical manifestations of cholestatic syndrome:
<variant> Leather itch
<variant> Reduced vision
<variant> Enlargement of lymph nodes
<variant> Smoothing the papillae of the tongue
<variant> Constipation
<question> Patient, 14 years old. He came in with complaints of jaundice, fatigue, loss of appetite. He has been ill since childhood. The disease proceeded in waves. Upon examination, icteric sclera, moderate jaundice of the skin, vegetative lability are noted. The liver is enlarged by +2cm. The content of indirect bilirubin is 68 mmol/ l; transaminases are within normal limits. Your preliminary diagnosis:
<variant> Gilbert 's syndrome
<variant> Kriegler Nayyar syndrome
<variant> Driscoll syndrome
<variant> Rotor Syndrome
<variant> Dabin Johnson Syndrome
<question> Hyperbilirubinemia, not caused by immunopathological causes, is more common:
<variant> in a premature baby
<variant> in a mature newborn
<variant> newborn with asphyxia
<variant> with a heart defect
<variant> in a transferred child
<question> The indicator of hepatocytolysis is:
<variant> hypertransaminazemia
<variant> hypercholesterolemia
<variant> dysproteinemia
<variant> hyperfibrinogenemia
<variant> anemia
<question> Subhepatic cholestasis syndrome is not typical:
<variant> hypertransaminazemia
<variant> hypertension in the biliary system
<variant> delayed bile discharge into the duodenum
<variant> hypercholesterolemia
<variant> increase of alkaline phosphatase
<question> A preschool-age child is concerned about pain in the right hypochondrium after physical exertion, without an increase in body temperature and without dyspeptic disorders. About: there is no potology on the part of internal orgones. CBC without features. This condition is estimated as:
<variant> functional
<variant> hereditary
<variant> viral
<variant> immunopathological
<variant> microbial-inflammatory
<question> A 12-year-old patient with iron deficiency anemia has the following symptoms: perversion of taste and smell, coilonychia, muscle hypotension. This symptomatology corresponds to the syndrome:

<variant> sideropenic syndrome
<variant> anemic syndrome
<variant> asthenovegetative syndrome
<variant> muscle syndrome
<variant> epithelial syndrome
<question> The second physiological "intersection" in the leukogram in healthy children occurs at the age of:
<variant> 5 years
<variant> 5 days
<variant> 1.5 weeks
<variant> 5 weeks
<variant> 1.5 months
<question> For a leukocyte pit in peripheral blood during acute leukemia , it is characteristic:
<variant> The presence of young forms of granulocytes
<variant> Eosinophilic–basophilic association
<variant> Presence of young and mature forms of granulocytes
<variant> Presence of variable granulocyte forms
<variant> Presence of variable forms and mature forms of granulocytes
<question> Osteoid hyperplasia in rickets dors not manifest as:
<variant> craniotabes
<variant> development of frontal bumps
<variant> thickening at the junction of the bony part of the ribs to the cartilage
<variant> thickening of the radius epiphyses
<variant> development of parietal tubercles
<question> The concept of "rickets" does not apply:
<variant> chondropathy
<variant> vitamin D hypovitaminosis in children
<variant> vitamin “D” dependence
<variant> the "English" disease
<variant> vitamin “D” deficiency
<question> To rachitogenic diseases include:
<variant> spasmophilia
<variant> febrile convulsions
<variant> nephrogenic osteopathy
<variant> tubulopathies rickets
<variant> epilepsy
<question> Vitamin D-deficient rickets is most common:
<variant> in the first year of life
<variant> in young adults
<variant> aged 10-12 years
<variant> aged 3-6 years
<variant> aged 7-9 years
<question> Diagnosis of rickets deficiency does not require a definition:
<variant> blood glucose concentrations
<variant> serum calcium levels
<variant> serum phosphorus content
<variant> serum alkaline phosphatase activity

<variant> radiological picture of tubular bones
<question> Bone sign of rickets is:
<variant> defeat of metaepiphyseal zones
<variant> polyarthritis
<variant> synovitis
<variant> arthrosis
<variant> spondyloarthropathy
<question> Spasmophilia does not appear:
<variant> meningeal symptoms
<variant> Trousseau's symptom
<variant> a symptom of Chostek
<variant> Maslov's symptom
<variant> laryngospasm
<question> Complication of rheumatic fever is more often the following acquired heart disease:
<variant> aortic valve failure
<variant> pulmonary artery valve failure
<variant> tricuspid valve failure
<variant> ventricular septal defect
<variant> atrial septal defect
<question> Joint syndrome in juvenile rheumatoid /idiopathic/ arthritis does NOT include:
<variant> no permanent joint deformity
<variant> arthralgia during movement and palpation
<variant> swelling and increased skin temperature in the joint area
<variant> morning stiffness
<variant> persistent joint deformity
<question> Clinical triad of symptoms of systemic lupus erythematosus includes:
<variant> dermatitis, arthritis, polyserositis
<variant> pneumonia, pyelonephritis, endocarditis
<variant> fever, hemorrhages, lymphadenitis
<variant> hepatosplenomegaly, cough, loss of consciousness
<variant> arthritis, abdominal pain, intestine damage
<question> Structure of connective tissue dysplasia in children is more often diagnosed:
<variant> undifferentiated connective tissue dysplasia syndromes
<variant> chromosomal diseases
<variant> genetic diseases
<variant> diseases with a hereditary predisposition are multifactorial
<variant> non-hereditary variants
<question> Joint syndrome in rheumatism is characterized by all, EXCEPT:
<variant> mostly small joint damage
<variant> volatility
<variant> short duration and low intensity
<variant> most often transient oligoarthritis, less often monoarthritis
<variant> in 10-15% of patients with polyarthralgia
<question> Symptoms in the initial period of rickets:
<variant> anxiety, sweating
<variant> rickety rosary
<variant> frog belly

<variant> large fontanelle occlusion
<variant> craniotabes
<question> An early sign of recovery from rickets deficiency is not:
<variant> improvement of the X-ray picture
<variant> normalization of serum phosphorus levels
<variant> normalization of serum calcium levels
<variant> reduced activity of alkaline phosphatase
<variant> increased activity of the child
<question> A patient has 2 months of hyperexcitability, hyperesthesia, chin tremor, high-pitched irritated cry, tachycardia, high tendon reflexes, tonic convulsions. Blood glucose level – 5.5 mmol/l, calcium – 0.9 mmol/l, magnesium – 0.92 mmol/l. Explain the cause of convulsions in the child:
<variant> hypocalcemia
<variant> hypomagnesemia
<variant> hypoglycemia
<variant> hyperglycemia
<variant> hypermagnesemia
<question> A 1-year-old child went to the doctor about low weight and poor appetite. Objective examination of the child revealed the following changes: caput qwadratum, keeled deformity of the chest, palpated rib beads, "bracelets", "strings of pearls". "O" - shaped curvature of the lower extremities. Muscle tone is sharply reduced. Belly "frog". Excessive mobility in the joints. Raised sweating. Baldness in the back of the head. Lags behind in neuropsychic development. Does not walk independently, does not crawl, sits weakly. The weight is low 6 kg. Schedule an examination that confirms the diagnosis.
<variant>blood test for calcium, phosphorus, alkaline phosphatase
<variant>general blood test.
<variant> general urinalysis
<variant>blood test for hidden blood
<variant>Eliza
<question> When rickets are disturbed:
<variant> mineral exchange
<variant> nitrogen exchange
<variant> mineral and protein metabolism
<variant> mineral and carbohydrate metabolism
<variant> protein and carbohydrate metabolism
<question> In an outpatient facility, healthy children of the 1st year of life are examined. The next child is evaluated for physical and neuropsychic development. The child is active, emotional tone is positive. Babbles, pronounces individual syllables. Recognizes the mother and distinguishes between familiar and unfamiliar faces. It sits if put it down. Turns from the belly to the back. Tries to crawl on his stomach, and then rising to his knees. Well manipulates with toys. Determine how many baby teeth it should have:
<variant> 2 teeth
<variant> 4 teeth
<variant> 6 teeth
<variant> 8 teeth
<variant> 10 teeth
<question> A preventive check-up of the child is performed at the clinic. The boy is very active and curious. Speaks in phrases and uses complex sentences. Turns pages in a book, draws circles and

lines, and builds towers from several parts. Likes to pull out drawers, rummage through things and throw them on the floor. Knows the pattern of objects of four colors. He drinks from a glass, knows how to eat with a spoon. Goes up the stairs with support. Dresses independently with a little adult support (buttons, laces). Determine how many baby teeth it should have:
<variant> 20 teeth
<variant> 5 teeth
<variant> 10 teeth
<variant> 15 teeth
<variant> 25 teeth
<question> Anatomically and functionally developed unit in the structure of bone tissue in children is:
<variant> periosteum
<variant> tubular bone diaphysis
<variant> epiphyses of tubular bones
<variant> ossification points
<variant> sponge bones of the hands
<question> General practitioner performs a preventive examination of the child. Very mobile, curious. Understands the word "can't", but does not always comply with the ban. Walks independently. Knows the names of body parts and individual items. Likes to look at books with bright illustrations. Says 12 words. Knows some names of relatives. A survey was conducted on organs and systems, including the musculoskeletal system. Select a parameter that reflects the dynamics of the musculoskeletal system at this age, which the doctor should pay attention to:
<variant> appearance of lumbar lordosis
<variant> sternum omission
<variant> inclined position of the edges
<variant> appearance of cervical lordosis
<variant> appearance of thoracic kyphosis
<question> On the radiograph of the child's wrist bones, 3 ossification nuclei are determined. Specify the most likely age of the child being examined:
<variant> 2 years
<variant> 6 months
<variant> 1 year
<variant> 4 years
<variant> 6 years
<question> Hypocalcemia seizures occur when the level of ionized calcium in the blood plasma decreases sharply.:
<variant> 1.0 mmol/l
<variant> 1.5 mmol/l
<variant> 2 mmol/l
<variant>1,85 mmol/l
<variant>2,5 mmol/l
<question> Minimum size of a large fontanelle in a healthy child at birth is:
<variant> 1.5 cm ×2.0 cm
<variant> 1.0 cm × 1.5 cm
<variant> 2.0 cm ×2.5 cm
<variant> 2.5 cm ×3.0 cm
<variant> 3.0 cm×3.5 cm

<question> A 14-year-old girl went to a doctor complaining of fatigue, weakness, irritability, emotional instability, palpitations, and heart pain. On examination: low nutrition, marked increased sweating, tremor of fingers, eyelids, tongue. Exophthalmos, eye slits are dilated, eyes are shining, blinking is rare, a symptom of Grefe. The skin is moist and warm. Body temperature 37.2°C. Heart tones are loud, at the apex – systolic murmur, HR- 110 per minute. Pulse is high. The stomach is soft, the liver is not palpable and intestinal peristalsis is enhanced. Determine the type of research necessary for a reliable diagnosis
<variant> blood test for T3, T4, TSH
<variant> CBC
<variant> oculist's examination
<variant> electrocardiography
<variant> blood on Eliza
<question>The pathogenesis of myocarditis is based on the following factors, except:
<variant>biochemical disorders
<variant>destruction of microcirculation
<variant>direct damage to the myocardium by viral toxins
<variant>increased activity of local tissue hormones
<variant>immune disorders
<question> A 2-months-old child. A preventive examination by a neurologist is performed. The child is sluggish, sleepy. Does not smile when addressing him, does not hum. Weakly responds to sounds – to the voice of the mother, the doctor, the rattle. Innate unconditioned reflexes are caused weakly, hypertonus of the muscles. The skin is jaundiced, dry, and cold. Tissue turgor is reduced. Eyelids are edematous. Swelling of the hands and feet, but when pressed, the fossa does not remain. Breathing is noisy, RR- 30 per minute. Heart tones are muted, HR- 80 per minute. The stomach is moderately swollen and suffers from constipation. CBC: Hb-80 g/l, WBC- $10x10^9$/l, ESR-2 mm/h. ECG - flattening of the t-wave. According to the set of symptoms described, choose a syndromal diagnosis:
<variant> congenital hypothyroidism
<variant> congenital hepatitis
<variant> intrauterine infection
<variant> perinatal CNS lesion
<variant> myocarditis
<question> Screening for congenital hypothyroidism is performed in newborns:
<variant> in all newborns
<variant> with malformations
<variant> in premature babies
<variant> in goitre-endemic areas
<variant> if the mother took thyrostatics during pregnancy
<question> Hypothyroidism is characterized by:
<variant> drowsiness
<variant> irritability
<variant> nervousness
<variant> sweating
<variant> heartbeat
<question> Endemic goiter is characterized by TSH levels:
<variant> normal or elevated
<variant> a decrease in the level of T4 and an increase in TSH

<variant> normal or reduced
<variant> reduced
<variant> an increase in the level of T4 and a decrease in TSH
<question> Hypothyroidism syndrome is characterized by:
<variant> persistent reduction of the thyroid function
<variant> increasing the thyroid function
<variant> normal thyroid function
<variant> large size of the thyroid
<variant> small size of the thyroid
<question> Hypothyroidism predisposes:
<variant> autoimmune processes in the thyroid and lymphocyte infiltration
<variant> autoimmune processes, decreased TSH production, congenital hypoplasia
<variant> reduced TSH concentration
<variant> reduced concentration tiroliberin
<variant> congenital thyroid hyperplasia
<question> Signs of diffuse toxic goiter severity:
<variant> severe tachycardia and degree of weight loss
<variant> degree of weight loss
<variant> arterial hypertension
<variant> severity of internal organ damage
<variant> bradycardia, hypotension
<question> Rhythm disturbances characteristic of diffuse-toxic goiter:
<variant> constant tachycardia and atrial fibrillation
<variant> paroxysmal tachycardia
<variant> constant tachycardia and complete AV block
<variant> atrial fibrillation and bradycardia
<variant> atrioventricular block
<question> Memory loss, constipation, and bradycardia are observed when:
<variant> hypothyroidism
<variant> diffuse toxic goiter
<variant> diabetes
<variant> pheochromocytoma
<variant> Itsenko-Cushing's disease
<question> Clinical symptoms of hyperthyroidism include:
<variant> hyperkinesis, hyperhidrosis
<variant> general congestion
<variant> turgor of tissue is reduced and cold to the touch
<variant> wide, thick tongue
<variant> delayed skeletal development
<question> For screening hypothyroidism in newborns use:
<variant> study of TSH levels in the blood
<variant> study of the level of iodine in the urine of a newborn
<variant> ECG
<variant> study of cholesterol and lipoproteins in the blood
<variant> determining the "bone" age
<question> The most characteristic manifestation of the "Hypothyroid heart" is:
<variant> hydropericardium

<variant> atrial fibrillation
<variant> mitral insufficiency
<variant> angina
<variant> aortic stenosis
<question> Signs of congenital hypothyroidism do not include:
<variant> tachycardia, hyperthermia
<variant> prolonged jaundice of the newborn
<variant> large birth weight
<variant> macroglossia
<variant> reduced T4 and increased TSH
<question> Diagnosis of congenital hypothyroidism is confirmed:
<variant> reduced T4 and increased TSH
<variant> reducing the T4 level
<variant> reducing the TSH level
<variant> increasing T4 and TSH levels
<variant> increased T4 and decreased TSH
<question> Diffuse toxic goiter is characterized by:
<variant> high titer of antibodies to the TSH receptor
<variant> reducing the concentration of serum thyroxine
<variant> persistent increase in TSH, decrease in T3 and T4
<variant> reducing the concentration of serum T3
<variant> increased TSH concentration
<question> When examining a 15-year-old boy, the absence of secondary sexual characteristics and eunuchoid body type is noted. The level of gonadotropins in the blood is increased and testosterone is reduced. Preliminary clinical syndrome:
<variant> primary hypogonadism
<variant> hypothyroid
<variant> hyperparathyroid
<variant> gipogonadotropy
<variant> hyperglycemia
<question> Slow movement, puffiness of the face, hypothermia, constipation, memory loss and poor school performance are typical for children suffering from:
<variant> acquired hypothyroidism
<variant> euthyroid hyperplasia of the thyroid gland
<variant> diffuse toxic goiter
<variant> hypovitaminosis B6
<variant> mixedema
<question> Palpitations, body tremors, increased sweating, emotional lability, loss of body weight with increased appetite are characteristic of children suffering from:
<variant> diffuse toxic goiter
<variant> hypothyroidism
<variant> hypovitaminosis B1
<variant> hypovitaminosis B6
<variant> hypervitaminosis B12
<question> Congenital hypothyroidism is characterized by:
<variant> delayed physical and neuropsychic development
<variant> hyperexcitability tremor of extremities

<variant> advancing physical development
<variant> premature sexual development
<variant> advance of neuropsychic development
<question> Insulin resistance can be caused by
<variant> pathology of insulin receptors
<variant> prolonged physical exertion
<variant> lack of body weight
<variant> duration of diabetes over one year
<variant> by fasting
<question> The boy is 10 years old, is registered with type 1 diabetes mellitus, receives insulin therapy. He was admitted to the clinic in a serious condition with complaints of headache, dizziness, increasing weakness, trembling of hands and feet, visual impairment. When examined by a doctor, he behaves inappropriately – excited, aggressive. The skin is pale, moist, BH 30 per minute, heart rate 120 per minute, pupils dilated, muscle tone decreased. Determine the nature of the condition (complication) developed in the patient.
<variant> state of hypoglycemia
<variant> state of hyperglycemia
<variant> diabetic ketoacidosis condition
<variant> condition of diabetic microangiopathy
<variant> condition of diabetic encephalopathy
<question> To determine the level of glucose in the child's blood, send it to the laboratory:
<variant> on an empty stomach
<variant> 10 minutes after eating
<variant> 20 minutes after eating
<variant> 30 minutes after eating
<variant> 50 minutes after eating
<question> Complaint of a patient with hyperglycemic syndrome:
<variant> thirst
<variant> feeling hungry
<variant> body tremors
<variant> sweating
<variant> reduced appetite
<question> For the first degree of obesity, the excess body weight is:
<variant> 15-24 percent
<variant> 25-49 percent
<variant> 50-99 percent
<variant> more than 100 percent
<variant> up to 15 percent
<question> Acquired aplastic anemia is characterized by the following clinical manifestations:
<variant> hemorrhagic syndrome, anemic syndrome
<variant> hepatosplenomegaly
<variant> epithelial syndrome
<variant> nephrotic syndrome
<variant> hyperexcitability syndrome
<question> They are not the leading clinical syndromes of leukemia:
<variant> jaundice syndrome, hydrocephalus syndrome
<variant> bone-sustana syndrome

<variant> hemorrhagic syndrome
<variant> anemic syndrome
<variant> proliferative syndrome
<question> Choose the most informative method of studying mediastenal lymph nodes.
<variant> radiography
<variant> inspection
<variant> palpation
<variant> percussion
<variant> ultrasound examination
<question> With hemophilia A, there is a hereditary deficiency of the following blood clotting factors:
<variant> VIII
<variant> VII
<variant> V
<variant> IX
<variant> XII
<question> The etiology of hemorrhagic disease of newborns is associated with:
<variant> vitamin K deficiency
<variant> iron deficiency anemia
<variant> enzymatic immaturity of the liver
<variant> pylorospasm, pylorostenosis
<variant> pneumonia, pneumopathies
<question> White blood cell count on the first day of life ($x10^9$/l)
<variant> 20
<variant> 50
<variant> 40
<variant> 10
<variant> 5
<question> Absolute insulin deficiency may be due to:
<variant> autoimmune pancreatic disease
<variant> coronary heart disease
<variant> enhanced TTG synthesis
<variant> hypodynamia
<variant> obesity
<question> Hemolysis syndrome in hemolytic anemia is characterized by:
<variant> increase in indirect bilirubin
<variant> reduction of indirect bilirubin
<variant> increased direct bilirubin
<variant> reduction of direct bilirubin
<variant> increased hemoglobin
<question> Main hematopoietic organ after birth is…:
<variant> bone marrow
<variant> liver
<variant> spleen
<variant> stomach
<variant> lymph node
<question> A disease in which symptomatic diabetes mellitus occurs:

<variant> Itsenko-Cushing's disease and syndrome
<variant> coronary heart disease
<variant> chronic pyelonephritis
<variant> stomach ulcer
<variant> chronic hepatitis
<question> A 8-years-old child with iron-deficiency anemia has the following symptoms: perversion of taste and smell, coilonychia, muscle hypotension. Which corresponds to a given syndrome symptoms:
<variant> sideropenic syndrome
<variant> anemic syndrome
<variant> asthenovegetative syndrome
<variant> muscle syndrome
<variant> abdominal syndrome
<question> Anemia syndrome in iron deficiency anemia in children corresponds to the following clinical symptoms:
<variant> decreased appetite; tinnitus; flashing of flies before the eyes;poor exercise tolerance;weakness, lethargy, dizziness, irritability; fainting; shortness of breath;decreased performance; decreased cognitive functions; decreased quality of life;pallor of the skin and visible mucous membranes;changes in muscle tone in the form of a tendency to hypotension, hypotension bladder muscles with the development of urinary incontinence; expansion of the boundaries of the heart;muffled heart tones; tachycardia;systolic noise at the top of the heart
<variant> decreased vision; sweating; irritability; flashing of flies before the eyes; poor tolerance of physical exertion; weakness, lethargy, dizziness, irritability; fainting; shortness of breath; decreased performance
<variant> occurs with fever, severe weakness, dizziness, palpitations, shortness of breath, pain in the epigastrium and lower back. Sometimes acute manifestations are preceded by precursors in the form of subfebrility and arthralgia. During the crisis, jaundice rapidly increases, not accompanied by skin itching, the liver and spleen increase
<variant> hemorrhages on the skin and mucous membranes; nosebleeds; bleeding from the gums; renal and other bleeding; hemorrhages in the brain (rare)
<variant> asthenoneurotic syndrome (general weakness, asthenization, paresthesia); pallor of the skin with a lemon-yellow tint, subicteric sclera; "lacquer" tongue, glossitis, stomatitis, atrophic gastritis, dysfunction of the cardiovascular system; dyspeptic disorders; moderate hepatomegaly; from the nervous system — signs of funicular myelosis (atonia muscles, a feeling of "crawling goosebumps", "cotton legs", numbness, hyperesthesia, etc.)
<question> A 10-year-old child is treated at children's hospital with the picture of the anemic, hemorrhagic, intoxication, hepatolienal syndrome, neurological symptoms and polypadenopathy. Blast cells were found in CBC. Determine the leading research method to clarify the diagnosis.
<variant> bone marrow puncture
<variant> liver ultrasound
<variant> spleen ultrasound
<variant> lymph node puncture
<variant> lumbar puncture
<question> Explain the origin of the coilonychia detected during a general examination:
<variant> sideropenic syndrome
<variant> hemorrhagic syndrome
<variant> dehydration of the body

<variant> hyperestrogenemia
<variant> violation of synthetic liver function
<question> The reason for the decrease in hemoglobin levels and the number of red blood cells during the newborn period is:
<variant> shortened erythrocyte lifespan
<variant> hemoconcentration
<variant> bone marrow aplasia
<variant> low level of ATP in the erythrocyte membrane
<variant> hepatic glucuronyltransferase deficiency
<question> The signs of hemolysis are:
<variant> reticulocytosis + increase in indirect bilirubin + anemia
<variant> anemia + reticulopenia
<variant> increased levels of indirect bilirubin + hemorrhages
<variant> pallor + splenomegaly
<variant> abdominal pain
<question> Research methods used to detect urinary syndrome in cases of suspected diabetic nephropathy
<variant> urinalysis, daily proteinuria
<variant> bacteriological seeding of urine
<variant> glomerular filtration rate
<variant> Nechiporenko test
<variant> Zimnitsky test
<question> Glomerular filtration rate in diabetic nephropathy in the first years of the disease in diabetes mellitus:
<variant> increases with decompensation of diabetes mellitus
<variant> all times increases
<variant> remains unchanged
<variant> all times decreases
<variant> decreases with decompensation of diabetes mellitus
<question> The initial stage of diabetic nephropathy is characterized by:
<variant> microalbuminuria
<variant> persistent proteinuria
<variant> nephrotic syndrome
<variant> BP increase
<variant> GFR
<question> The most severe complication in the jaundice form of hemolytic disease of newborns is:
<variant> CNS lesion
<variant> anemia
<variant> liver damage
<variant> heart failure
<variant> kidney damage
<question> Manifestations of sideropenic syndrome are NOT:
<variant> secretory insufficiency of the stomach
<variant> angular stomatitis
<variant> glossit
<variant> dryness and hair loss
<variant> esophagitis

<question> The diagnosis of congenital hypothyroidism is confirmed:
<variant> decrease in T4 level and increase in TSH
<variant> by lowering the T4 level
<variant> reduction of TSH level
<variant> increased levels of T4 and TSH
<variant> an increase in the level of T4 and a decrease in TSH
<question> Diffuse toxic goiter is characterized by:
<variant> high titer of antibodies to the TSH receptor
<variant> decrease in the concentration of St. thyroxine
<variant> persistent increase in TSH, decrease in T3 and T4
<variant> a decrease in the concentration of sv. T3
<variant> an increase in the concentration of TSH
<question> A 5-year-old child became acutely ill, in the morning the mother saw purple-blue spots of different sizes (from 0.5 to 3 cm in diameter) on the trunk and limbs and nosebleeds appeared. The general condition suffers slightly, the body temperature is normal. CBC: RBC- 3.3 x 10^{12}/l, Hb -118 g/l, MCHC -0.8, reticulocytes-0.8%, WBC-5.8 x10^2/l, band NEU -4%, segment NEU – 44%, PLT.-30x10^2/l, LYM-46%, BOS - 4%, ESR-6 mm/h. Your preliminary clinical and hematological syndrome:
<variant> hemorrhagic syndrome
<variant> anemic syndrome
<variant> hemolytic syndrome
<variant> intoxication syndrome
<variant> leukopenic syndrome
<question> A 10-year-old child has pale skin and mucous membranes, nail dystrophy, hair, anorexia and taste disorders. CBC: RBC - 2.8 x 10^{12}/l, Hb -84 g/l, MCHC-0.56, reticulocytes-1%, WBC - 6.2 x10^2/l, segment NEU-35 %, PLT- 220x10^2/l, EOS.- 3%, BOS-2%, MON-3%, LYM-57%, ESR-4 mm/h. Your preliminary clinical and hematological syndrome:
<variant> anemic syndrome
<variant> hemorrhagic syndrome
<variant> hemolytic syndrome
<variant> intoxication syndrome
<variant> leukopenic syndrome
<question> Anemic syndrome is NOT typical:
<variant> increased gastric juice secretion
<variant> dystrophic changes in epithelial tissues
<variant> reduction of gastric juice secretion
<variant> perversion of taste
<variant> muscle weakness
<question> Deposited iron is represented in the body as:
<variant> hemosiderin
<variant> iron dioxide
<variant> iron oxide
<variant> of hemoglobin
<variant> of serum iron
<question> The girl is 14 years old. From pregnancy with gestosis. Headaches, increased appetite, tallness, obesity, follicular hyperkeratosis, pink striae in the thigh area. BP 130/70 mmHg Sexual development: Ma III, Ax III, P III, menses from 12 years.

Preliminary diagnosis:
<variant> hypothalamic puberty syndrome
<variant> hypothyroid obesity
<variant> Itsenko – Cushing syndrome
<variant> exogenous – constitutional obesity
<variant> hypovarial obesity
<question> A 14-year-old boy lost weight 2 weeks after suffering acute respiratory infections, thirst appeared, frequent urination. Fasting glycemia is 8,7 and 9,6 mmol/l. The specific gravity of urine is- 1025. The skin and tongue are dry, the liver + 1cm. Your diagnosis:
<variant> violation of fasting glycemia
<variant> type 2 diabetes mellitus
<variant> type 1 diabetes mellitus, first identified
<variant> impaired glucose tolerance
<variant> diabetes insipidus
<question> A 8-year-old child with obesity and hypertension has fasting glycemia-4.3 mmol/l and 2 hours after loading glucose -9.6 mmol/l. Assess the state of carbohydrate metabolism:
<variant> impaired glucose tolerance
<variant> no pathology
<variant> violation of fasting glycemia
<variant> type 1 diabetes mellitus
<variant> diabetes mellitus, type 2
<question> The patient is 16 years old. The height corresponds to 8 years, the bone age is 7-8 years. The mass is excessive. The physique is proportional. The skin is dry, the hair is dry, brittle, nails with transverse striation. Chilliness, constipation. Pulse - 58 in min. BP – 90/60 mmHg. There are no secondary sexual characteristics, the testicles are flabby, hypoplasized.
Your presumed diagnosis:
<variant> cerebral-pituitary nanism
<variant> isolated STH deficiency
<variant> somatogenic nanism
<variant> family stunting
<variant> noonan syndrome
<question> The patient is 12 years old. Stunting. Growth zones are closed. Sexual pubescence of the male type, appeared at the age of 3. Shaves. The mammary glands are not developed. Penile clitoris with a head, large labia are folded. The testicles are not palpable. Ultrasound revealed the uterus, tubes, and ovaries. Karyotype 46/XX. The level of testosterone in the blood is sharply increased.
Your diagnosis:
<variant> Itsenko-Cushing syndrome
<variant> Stein-Leventhal syndrome
<variant> true premature sexual development
<variant> congenital dysfunction of the adrenal cortex, simple virile form
<variant> false male hermaphroditism
<question> With ... the content of total calcium in the blood, there is a danger of developing a hypercalcemic crisis.
<variant> 2.5 – 3.0 mmol/l
<variant> 2.0 – 2.5 mmol/l
<variant> 1.5 – 2.0 mmol/l

<variant> less than 2.0 mmol/l
<variant> the degree of hypercalcemia does not matter
<question> Pancytopenia, increased ESR observed in anemia
<variant> aplastic
<variant> hemolytic
<variant> B12-deficient
<variant> iron-deficient
<variant> acute post-hemorrhagic
<question> Leukemia is characterized by the following syndromes …:
<variant> hyperplastic, hemorrhagic
<variant> pain, dysuric
<variant> hypertensive, nephrotic
<variant> painful, dyspeptic
<variant> nephrotic, hemorrhagic
<question> Clinical symptoms characteristic of hemophilia
<variant> bleeding, hemarthrosis
<variant> weakness, malaise
<variant> shortness of breath, tachycardia
<variant> nausea, vomiting
<variant> hemarthrosis, weakness
<question> Cushing's syndrome:
<variant> the result of excess ACTH production
<variant> a consequence of hyperaldosteronism
<variant> accompanied by bilateral hyperplasia of the adrenal cortex
<variant> associated with adenoma or adenocarcinoma of the bundle zone of the adrenal cortex
<variant> caused by adenoma of the reticular zone of the adrenal cortex
<question> A 14-year-old girl turned to a pediatrician with complaints of headaches, fatigue, pulling muscle pains, alternating diarrhea and constipation, feelings of incomplete bowel emptying after defecation, abdominal pain after stool, an increase in flatulence by the end of the day, which are never observed in the morning. The coprogram is without pathology, the fecal bacposev is negative. Your most likely preliminary diagnosis for this patient:
<variant> irritable bowel syndrome
<variant> duodenite
<variant> enteritis
<variant> stomach ulcer
<variant> colitis
<question> Achalasia is accompanied by:
<variant> vomiting with an admixture of bile
<variant> vomiting
<variant> regurgitation 1 hour after eating
<variant> vomiting undigested food
<variant> heartburn
<question> Functional disorders of the biliary pathway of the hyperkinetic type are characterized by:
<variant> cramping pain in the right hypochondrium
<variant> cramping, often all over the abdomen
<variant> are reinforced in the position on the right side

<variant> shingles
<variant> abdominal pain increases with physical exertion
<question> A one-year-old child is examined with suspicion of malabsorption syndrome. Select the examination will be reliable for this pathology:
<variant> test with D-xylose
<variant> glucose tolerance test
<variant> x-ray examination of the colon
<variant> iodolipol test
<variant> blood amylase
<question> Explain the origin of the decrease in skin turgor detected during a general examination:
<variant> dehydration of the body
<variant> hemorrhagic syndrome
<variant> hyperestrogenemia
<variant> sideropenic syndrome
<variant> violation of synthetic liver function
<question>The girl was 8 months old, after the introduction of fruit juices at 6 months, persistent diarrhea and vomiting appeared. An objective examination revealed a deficiency of body weight of the first degree.
Specify the most likely diagnosis:
<variant> exudative enteropathy
<variant> celiac disease
<variant> lactase deficiency
<variant> cystic fibrosis
<variant> sucrose deficiency
<question> Ulcerative-like dyspepsia is characterized by:
<variant> fasting pains
<variant> heartburn
<variant> burp
<variant> nausea
<variant> repeated vomiting
<question> Which of the following samples determines the latent blood in the feces:
<variant> Gregersen
<variant> coombs
<variant> Reberga
<variant> Zimnitsky
<variant> by Paul-Bunel
<question> Specify the most likely cause of acute stress ulcers:
<variant> hyperproduction of catecholamines
<variant> impaired mucus production
<variant> increased pepsinogen levels
<variant> violation of prostaglandin production
<variant> reduction of acid-forming function
<question> The painful edge of the liver is characteristic of:
<variant> hepatitis
<variant> liver cancer
<variant> cirrhosis of the liver
<variant> cholecystitis

<variant> biliary dyskinesia
<question> Choose a type of functional dyspepsia in which there are periodic pains in the epigastric region that are not associated with eating, defecation and in the absence of signs of biliary tract disorders
<variant> epigastric pain syndrome
<variant> postprandial distress syndrome
<variant> mutational dyspepsia syndrome
<variant> vegan dyspepsia syndrome
<variant> saturation dyspepsia
<question> The boy is 12 years old, complains of pain, often hungry, at night, irritability and weakness. He has been ill for about 3 years, in recent years the pain has become more frequent, acid belching, vomiting, constipation have appeared. Objectively: pale, low nutrition, red dermographism. The tongue is overlaid with a thick white coating. The abdomen is soft, local soreness in the epigastrium. Your preliminary diagnosis:
<variant> peptic ulcer of the 12th duodenum
<variant> chronic cholecystitis
<variant> functional dyspepsia
<variant> chronic gastroduodenitis
<variant> biliary dyskinesia
<question> With ascites, the navel... :
<variant> protrudes above the surface of the abdomen
<variant> not changed
<variant> retracted
<variant> not visible
<variant> is catching up
<question> A 13-year-old girl turned to the polyclinic, complaining of a prolonged cough (for 3 months), which began in winter after a cold. At night, the girl wakes up from coughing and hears whistling wheezes herself, in addition, when running, she often coughs and stops, whistling wheezes appear. Body temperature is normal, runny nose. The mother suffers from pollinosis. The diagnosis can confirm:
<variant> spirography
<variant> lung radiography
<variant> bronchography
<variant> bronchoscopy
<variant> peak flowmetry
<question> A child from 2 pregnancies that occurred with toxicosis in the 1st trimester, the threat of miscarriage in the 2nd trimester. Mom is 22 years old, father is 35 years old, healthy. Delivery on time without complications. A newborn weighing 2800 g, 47 cm tall; persistent vomiting without admixture of bile is noted from the first days of life. The condition is suffering. The skin is dry, grayish in color, the sinking of a large fontanel, sucks sluggishly, does not add weight. Incorrectly formed genitals do not allow to determine the sex of the child. Your diagnosis:
<variant> adreno - genital syndrome
<variant> esophageal achalasia
<variant> chalasia of the esophagus
<variant> pylorospasm
<variant> pylorostenosis

<question> The child is one day old. During the bypass, jaundice staining of the skin was revealed. Urgent examinations are needed:
<variant> blood test for bilirubin, blood type and rh factor
<variant> karyotype blood test, genetics consultation
<variant> blood test for ALT, AST, blood type and rh factor
<variant> Ultrasound of the abdominal cavity, NSG
<variant> lumbar puncture, neurolga consultation
<question> The reflex of a newborn when, in response to the pressure of the thumbs on the palm of the child near the tenors, the child opens his mouth and bends his head:
<variant> Babkin's reflex
<variant> moreau reflex
<variant> Kusmaul's reflex
<variant> Babinsky reflex
<variant> the galant reflex
<question> Child K., discharged from the maternity hospital on the second day of life in a satisfactory condition. The antenatal and intranatal periods are not complicated. The anthropometry of the child corresponds to the full-term period. At the end of the second day, a small-papular rash appeared on the child's skin, monomorphic with predominant localization in natural folds. The baby is periodically restless, the breast is actively sucking, the physiological functions are not disturbed. Your preliminary diagnosis:
<variant> sweating
<variant> newborn vesiculosis
<variant> newborn's pemphigus
<variant> newborn phlegmon
<variant> pseudofurunculosis of the newborn
<question> With ... the main therapeutic effect of phototherapy in indirect hyperbilirubinemia is related.
<variant> formation of water-soluble derivatives of indirect bilirubin
<variant> reduction of biliverdin formation
<variant> increased activity of β - glucuronidase
<variant> increased serum albumin levels
<variant> increased activity of gamma - glutamyltranspeptidase
<question> Sclerema is:
<variant> diffuse seals of the skin and subcutaneous fat
<variant> hardening swelling of the skin and subcutaneous fat layer
<variant> superficial purulent skin lesion
<variant> congenital pigmentation disorder
<variant> spots and stripes of pinkish - red color with a bluish tinge
<question> The "white spot" symptom indicates:
<variant> hypovolemia
<variant> hypertension
<variant> tachycardia
<variant> arrhythmias
<variant> hemorrhage
<question> Surfactant is:
<variant> surfactant
<variant> biologically active substance

<variant> colony stimulating factor
<variant> protease inhibitor
<variant> hemocoagulant substance
<question> "TORCH"-the syndrome is:
<variant> congenital infectious diseases, the etiology of which remains unencrypted
<variant> congenital infection caused by toxoplasma
<variant> an infectious disease in which infection occurred during the antenatal period
<variant> an infectious disease in which infection occurred during the intranatal period
<variant> congenital infection caused by herpes simplex virus
<question> Tremor of the upper and lower extremities, hyperesthesia of the skin, nystagmus are characteristic of CNS lesions in:
<variant> acute period
<variant> early recovery
<variant> late recovery
<variant> period of residual phenomena
<variant> reconvalescence period
<question> Soft tissue turgor in infants is determined by:
<variant> inner thigh surface
<variant> of the inner surface of the lower leg
<variant> of the inner surface of the forearm
<variant> belly in the navel area
<variant> cheeks
<question> The primary morphological elements include rashes that appear on ... skin
<variant> unchanged
<variant>modified
<variant> atrophied
<variant> inflamed
<variant> jaundice
<question> A 3-day-old baby born at the 32nd week of pregnancy with a body weight of 1700g developed 3 apnea attacks, lasting every 20-25 seconds. Seizures followed after feeding. During seizures, the pulse rate decreased from 140ud/min to 100ud/min, and the child stopped moving. In the period between episodes, the child's behavior was normal. The content of sugar in the blood = 5.0 mmol / l, calcium in the blood serum is normal. Episodes of apnea are:
<variant> a consequence of immaturity of the respiratory center
<variant> a type of periodic breathing
<variant> equivalent of convulsions
<variant> a consequence of latent lung damage
<variant> are secondary to hypoglycemia
<question> A newborn from a mother with diabetes mellitus had anxiety, hyperesthesia, tremor of the handles, tachycardia, tachypnea, tonic convulsions on the 3rd day. The blood glucose level is 2.85 mmol/l, the blood PH is 7.35, the calcium level is 1.75 mmol/l. The most correct way to assess this situation:
<variant> hypocalcemia
<variant> hypoglycemia
<variant> acidosis
<variant> hypercalcemia
<variant> alcoholosis

<question> In a 7-day-old girl, her mother noticed redness on the skin of the thigh with the further development of a purulent lesion. MOST appropriate for this situation:
<variant> vesiculopustulosis
<variant> abscess
<variant> pemphigus
<variant> Ritter's disease
<variant> pseudofurunculosis
<question> In the presence of a hereditary history; morphologically-a defect of the ciliated epithelium of the mucous membrane of the respiratory tract; clinically – the reverse location of internal organs, bronchiectasis and sinusitis; Radiologically – the reverse location of internal organs, diffuse lung damage, with predominant localization of pathological changes in the basal segments, the diagnosis is valid:
<variant> Cartagener syndrome
<variant> Goodpascher syndrome
<variant> idiopathic diffuse pulmonary fibrosis (Hamman-Rich s-m)
<variant> Aers syndrome
<variant> hemosiderosis of the lungs
<question> The child is 11 months old. She played with small objects, buttons. Suddenly there was a cough, shortness of breath, which disappeared after 5 minutes. The body temperature is normal, the child is active, with auscultation of the lungs on the left in the upper lobe, wheezing on exhalation, percussion - box sound. Presumptive diagnosis:
<variant> bronchial foreign body
<variant> obstructive bronchitis
<variant> bronchial asthma
<variant> bronchiolitis
<variant> heart failure
<question> The child is 5 years old, sick for 3 days – fever up to 39 degrees.C, cough. Sluggish, moody, pale skin with acrocyanosis. Percussion – on the right in the scapular region, an extensive area-wide shortening of the percussion sound is determined, respiratory noises are attenuated there. On a deep breath – focal crepitation. On radiography – extensive darkening of the lower lobe of the right lung, the right sinus is closed. After another 2 days, acute chest pain, skin cyanosis appeared. BH 52 per minute, heart rate 144 per minute. The boundaries of the heart have shifted to the left by 2 cm. Percussion on the right is a box sound, breathing is practically not carried out. Blood pressure 95/65 mmHg. Specify the reason for the deterioration of the patient's condition:
<variant> strained pneumothorax
<variant> pyopneumothorax
<variant> cardiovascular insufficiency
<variant> exudative pleurisy
<variant> subcutaneous emphysema
<question> A 13-year-old child is worried about coughing with sputum. In anamnesis – carries pneumonia 1 time a year. The condition is of moderate severity, symptoms of intoxication. Percussion over the lungs on the right is shortening of the sound in the lower parts, moist medium- and small-bubbly wheezes are also heard here. The radiography determines the convergence of the elements of the pulmonary pattern in the lower lobe on the right, the root is deformed. Specify the main mechanisms of formation of the syndrome of compacted lung tissue:
<variant> violation of bronchial patency and atelectasis
<variant> edema of the bronchial mucosa

<variant> secondary immunodeficiency condition
<variant> focal lesion of lung tissue
<variant> bronchial smooth muscle spasm
<question> The patient is 8 years old, with a diagnosis of exudative pleurisy, a pleural puncture was performed. The results of the analysis are as follows: lymphocytes 80%, neutrophils 15%, erythrocytes 5%. Specify the characteristic type of pleurisy according to the results of the study in this patient:
<variant> serous
<variant> purulent
<variant> hemorrhagic
<variant> slimy
<variant> hilarious
<question> The type of respiratory failure caused by a violation of the function of external respiration is called:
<variant> ventilation
<variant> diffuse - distributive
<variant> diffuse
<variant> distribution
<variant> hyperventilating
<question> The type of respiratory failure caused by a violation of the alveolar - capillary diffusion of gases is called:
<variant> diffuse - distributive
<variant> ventilation
<variant> diffuse
<variant> distribution
<variant> hyperventilating
<question> Cartagenera syndrome is a combined malformation that manifests itself... .
<variant> reverse arrangement of internal organs, chronic bronchopulmonary process and sinusorinopathy
<variant> reverse arrangement of internal organs and chronic bronchopulmonary process
<variant> reverse arrangement of internal organs and acute bronchopulmonary process
<variant> reverse arrangement of internal organs
<variant> reverse arrangement of internal organs, chronic bronchopulmonary process, sinusorinopathy and neutropenia
<question> Factors NOT involved in the formation of bronchiectasis:
<variant> sinusitis
<variant> violation of bronchial patency
<variant> bronchial inflammation and connective tissue disorders
<variant> atelectasis and pneumosclerosis
<variant> surfactant inactivation and trophic changes
<question> Surfactant is produced in the lungs:
<variant> type 2 alveolocytes
<variant> type 1 alveolocytes
<variant> basal membrane
<variant> interstitial tissue
<variant> capillary endothelium

<question> What disease is characterized by a symptom complex: sudden onset of cough, decrease in the volume of inhaled air, lack of reaction to bronchodilators, "air capture" with mediastinal displacement
<variant> foreign body
<variant> bronchiolitis
<variant> bronchial asthma
<variant> pneumonia
<variant> bronchitis
<question> When examining a child with asthmoid breathing , it is NOT detected:
<variant> inspiratory dyspnea
<variant> whistling wheezes on exhalation
<variant> lingering exhalation and crobochny percussion sound
<variant> chest enlargement
<variant> dry wheezing during aucultation
<question> For the diagnosis of the syndrome, a child with asthmoid breathing must be carried out:
<variant> fast-acting bronchodilator
<variant> sedative
<variant> expectorant
<variant> antipyretic
<variant> antibacterial agent
<question> Pulse oximetry is a non—invasive method for determining the degree of blood saturation
<variant> oxygen
<variant> methemoglobin
<variant> gas
<variant> ferritin
<variant> acids
<question> The pulse oximetry method is based on a spectrophotometric method for estimating the amount in the blood
<variant> of hemoglobin
<variant> of oxygen
<variant> gas composition
<variant> ferritin
<variant> indirect bilirubin
<question> If a child has one of the four common signs of danger, you should immediately send him to the hospital for treatment. These are the following symptoms, EXCEPT:
<variant> severe cough
<variant> baby can't drink or breastfeed
<variant> seizures during this illness
<variant> vomiting after every meal or drink
<variant> lethargic or unconscious
<question> Respiratory failure in obstructive bronchitis... .
<variant> expiratory
<variant> inspiratory
<variant> mixed
<variant> Kusmaul's breathing
<variant> shortness of breath chic

<question> The upper respiratory tract includes -... .
<variant> nose, throat
<variant> larynx
<variant> trachea
<variant> bronchi
<variant> alveoli
<question> The lower respiratory tract includes - ... .
<variant> bronchioles, alveoli
<variant> nose, throat
<variant> larynx
<variant> trachea
<variant> bronchi
<question> The ratio of respiratory rate and pulse in a child at the age of 1 year:
<variant> 1:3,5
<variant> 1:3
<variant> 1:2,5
<variant> 1:4
<variant> 1:5
<question> The boy 1.5 years after suffering an acute intestinal infection appeared: liquid, watery, sour, foamy stools; flatulence, abdominal cramps. Your preliminary diagnosis:
<variant> secondary lactase deficiency
<variant> celiac disease
<variant> cystic fibrosis
<variant> acute intestinal infection
<variant> exudative enteropathy
<question> Patient B., 12 years old, was admitted to the department with complaints of an unformed copious stool with remnants of undigested food and droplets of fat 3-4 times a day, bloating.
On examination: reduced nutrition. The skin is dry, the turgor is reduced.
Established: pain syndrome, intestinal dyspepsia syndrome
Specify the primary method of research that is necessary to confirm these syndromes
<variant> Coprological examination, CBC, and urine.
<variant> Ultrasound
<variant> computed tomography
<variant> study of enzymes in blood serum
<variant>chest x-ray
<question> The child is 10 days old, body weight at birth is 3400 g, discharged from the hospital for 4 days. After breastfeeding, repeated vomiting, diarrhea, fever, and no symptoms of poisoning were noted from the first days. In the coprogram, the Ph of the stool is reduced by 5.5, fatty acid ++. Clinical and laboratory data correspond to:
<variant> lactose deficiency
<variant> dysbiosis
<variant> sucrose insufficiency
<variant> celiac disease
<variant> intestinal form of cystic fibrosis
<question> Specify the most significant "ocular symptom" in thyrotoxic goiter:
<variant> exophthalmos

<variant> wide opening of the eye slits
<variant> rare and incomplete flashing
<variant> eyelid tremor
<variant> enhanced eye shine
<question> Highlight the least significant changes in the nervous system and psyche in thyrotoxic goiter:
<variant> atrophy and paresis of the shoulder girdle muscles
<variant> motor arousal emotional instability "convulsive" roar
<variant> sleep disorder, headaches
<variant> frequent, shallow, rhythmic tremor of the fingers of outstretched hands
<variant> sweating, persistent red dermatographism, skin itching, fever
<question> A hormone that does not have a counterinsular effect:
<variant> gastrointerstinal hormones
<variant> somatostin
<variant> cortisol
<variant> glucogon
<variant> Thyroxine
<question> What degree of enlargement of the thyroid gland corresponds to the characteristic: "thick neck", the enlarged gland is clearly visible on examination:
<variant> III grade
<variant> Ia grade
<variant> IB grade
<variant> II grade
<variant> IY-Y grade
<question> In the glomerular zone of the adrenal cortex , it is produced:
<variant> aldosterone
<variant> cortisol
<variant> cortisone
<variant> kininase
<variant> adrenaline
<question> Primary chronic insufficiency of the adrenal cortex is characterized by:
<variant> local depigmentation of the skin
<variant> pigmentation of the skin and mucous membranes
<variant> hypertensive crises
<variant> constantly elevated blood pressure
<variant> weight gain
<question> Secondary insufficiency of the adrenal cortex is characterized by:
<variant> low levels of aldosterone with a preserved concentration of cortisol in the blood
<variant> reduced cortisol concentration at high – ACTH
<variant> reduced concentration of cortisol and ACTH
<variant> persistent increase in blood pressure
<variant> hyperpigmentation of the skin
<question> The child was diagnosed with a defect of the interventricular septum. The projection point of the heart is auscultatively listened to maximum noise:
<variant> in the lower third of the sternum
<variant> at the top of the heart
<variant> on the pulmonary artery

<variant> in the second intercostal space to the right of the sternum
<variant> in the third intercostal space to the right of the sternum
<question> Histologically, the structure of the dermis approaches that of adults:
<variant> 6years
<variant> 1 year
<variant> 3 years
<variant> 9 years old
<variant> 12 years old
<question> By compressing the skin, subcutaneous tissue and muscles on the inside of the shoulder or thigh with two fingers, the following is determined:
<variant> tissue turgor
<variant> elasticity
<variant> skin moisture
<variant> vascular fragility
<variant> Sensitivity
<question> Brown adipose tissue in newborns participates in:
<variant> non-contractile thermogenesis
<variant> development of immunity
<variant> hormone production
<variant> leukocyte production
<variant> red blood production
<question> The funnel - shaped shape of the chest is noted :
<variant> in case of damage to the bone system
<variant> in case of damage to the cardiovascular system
<variant> when the hematopoietic system is affected
<variant> in case of damage to the muscular system
<variant> in case of respiratory system damage
<question> Osteomalacia is a process that occurs in the bones:
<variant> softening
<variant> seals
<variant> destruction
<variant> curvature
<variant> Sprawl
<question> Hyperplasia is a process occurring in the bones:
<variant> sprawl
<variant> seals
<variant> softening
<variant> destruction
<variant> mineralization
<question> Muscle hypertonia is recognized by:
<variant> clenching your fingers into a fist
<variant> dangling limbs
<variant> violation of posture
<variant> hanging head
<variant> gait disorder
<question>The child is 8 months old. Mom complains that the child is sluggish, eats poorly, sweating of the head. On examination, the consciousness is clear, the position is passive, the color

of the skin is pale pink, there are no teeth, a sloping nape and baldness of the scalp, muscle hypotension. What do you suggest?
<variant> bone damage
<variant> hematopoietic system lesion
<variant> defeat the muscular system
<variant> nervous system damage
<variant> defeat of the endocrine system
<question> The child is 1.5 years old. Mom complains that the child does not walk independently, it is not worth it. On examination: muscle tone is reduced, large fontanel –
1.5 × 1.5 cm, from the 5th to the 8th rib, seals are palpated at the point of transition of bone tissue to cartilage, varus curvature of the legs, teeth- 2. You assume:
<variant> bone system lesion
<variant> hematopoietic system lesion
<variant> nervous system damage
<variant> defeat of the muscular system
<variant> defeat of the endocrine system
<question> With obstruction syndrome, there is a cough:
<variant> unproductive
<variant> paroxysmal
<variant> spasmodic
<variant> painful, dry
<variant> rude, barking
<question> The voice tremor increases when:
<variant> compaction of lung tissue
<variant> the presence of fluid in the pleural cavity
<variant> increased airiness of lung tissue
<variant> obstructive syndrome
<variant> the presence of air in the pleural cavity
<question> The voice tremor is weakened in the syndrome:
<variant> increased airiness of lung tissue
<variant> bronchial obstruction syndrome
<variant> with the presence of fluid in the pleural cavity
<variant> pulmonary tissue compaction syndrome
<variant> with the presence of air in the pleural cavity
<question> Obstructive syndrome in children is characterized by:
<variant> wheezing breath
<variant> inflating the wings of the nose
<variant> hoarseness of voice
<variant> chest soreness
<variant> no voice
<question> Sputum discharge with a full mouth is observed in the syndrome:
<variant> bronchiectasia
<variant> pleural lesions
<variant> lung tissue seals
<variant> emphysema of the lungs
<variant> bronchial obstruction
<question> Presystolic tremor is determined when:

<variant> mitral stenosis
<variant> mitral valve insufficiency
<variant> aortic stenosis
<variant> stenosis of the mouth of the pulmonary artery
<variant> tricuspid valve insufficiency
<question> Rough systolic noise in the second intercostal space on the left is heard when:
<variant> stenosis of the mouth of the pulmonary artery
<variant> open arterial duct
<variant> aortic valve insufficiency
<variant> ventricular septal defect
<variant> aortic stenosis
<question> The weakening of the 2-tone on the pulmonary artery is noted with insufficiency of the valve:
<variant> of the pulmonary artery
<variant> tricuspid
<variant> mitral
<variant> aorta
<variant> venous insufficiency
<question> Strengthening of the 2-tone on the pulmonary artery is noted with stenosis:
<variant> the mouth of the pulmonary artery
<variant> of the mitral orifice
<variant> aortic mouth
<variant> inferior vena cava
<variant> tricuspid valve
<question> Diastolic noise is heard when:
<variant> aortic valve insufficiency
<variant> open arterial duct
<variant> ventricular septal defect
<variant> stenosis of the mouth of the pulmonary artery
<variant> atrial septal defect
<question> What is the difference between inorganic noise and organic noise:
<variant> decreases with physical activity
<variant> constant
<variant> rough
<variant> radiates to the back, to the axillary area
<variant> increases with physical exertion
<question> The child is 11 months behind in physical development, there is cyanosis of the nasolabial triangle and shortness of breath. A heart hump has formed. With percussion, the boundaries of the heart are expanded across. Rough systolic noise is heard auscultatively, with maximum intensity in the IV intercostal space to the left of the sternum. According to the patient's description, what kind of congenital heart defect do you assume?
<variant> ventricular septal defect
<variant> open ductus arteriosus
<variant> atrial septal defect
<variant> pulmonary artery stenosis
<variant> aortic stenosis

<question> A 5-year-old child has shortness of breath during physical exertion, while in physical and neuropsychic development it does not lag behind, the skin of the usual color, only the tips of the fingers, nose, cheeks have a crimson hue. The chest is of the usual shape, the heart hump is not formed. During palpation, systolic tremor, auscultation, a rough systolic noise is heard in the second intercostal space on the left near the sternum. What kind of congenital heart defect do you assume?
<variant> pulmonary artery stenosis
<variant> ventricular septal defect
<variant> aortic coarctation
<variant> tetrad of fallot
<variant> aortic stenosis
<question> The child is 3 years old. There is a lag in physical development, subcutaneous fat is poorly developed. Feces are abundant, shiny.In the feces – neutral fat, muscle fibers. What is the syndrome of this child?
<variant> malabsorption
<variant> jaundice
<variant> biliary dyskinesia
<variant> insufficient
<variant>
<question> The child is 9 years old. There is jaundice of the skin with a gray-green tint, itchy skin, feces discolored, urine yellow. Bilirubin and cholesterol levels are elevated in the blood. What is the syndrome of this child?
<variant> cholestasis
<variant> hepatocyte insufficiency
<variant> malabsorption
<variant> pylorostenosis
<variant> hepatocyte inflammation
<question> The child is 5 years old. Mom's complaints about abdominal pain, headache, swelling on the face, fever. During the examination in the general blood test: leukocytosis, neutrophilosis, accelerated ESR, in the general urine analysis: cloudy, protein 1.2 g / l, erythrocytes – 35-47-68 in the field of vision, leukocytes – 15-18-22 in the field of vision. Blood pressure is above the age norm. Your preliminary diagnosis:
<variant> nephritic syndrome
<variant> nephrotic syndrome
<variant> acute renal failure
<variant> chronic renal failure
<variant> malformation of the urinary system
<question> The child is 15 years old. He has been ill since the age of 5, is registered with a nephrologist. Complaints of severe headaches, heart pain, diuresis disorders, nausea, vomiting. With ultrasound of the kidneys – the size of the kidneys is reduced, a biochemical blood test-azotemia. Your diagnosis:
<variant> renal insufficiency syndrome
<variant> urinary tract infection syndrome
<variant> urinary syndrome
<variant> dysuric syndrome
<variant> edematous syndrome
<question> The child is 15 days old, was admitted by ambulance in a serious condition, consciousness-coma I, skin color – pale, CBC – without pathology, Biochemical blood test –

nitrogenous bases above normal, daily diuresis – 1.1 ml / day. It is known from the anamnesis that from birth the mother feeds the child with cow's milk. Your diagnosis:
<variant> acute renal failure
<variant> chronic renal failure
<variant> fermentopathy
<variant> congenital malformation of the gastrointestinal tract
<variant> uric acid kidney infarction
<question> An increase in mediastinal lymph nodes in children is detected during the study:
<variant> radiological
<variant> laboratory
<variant> during biopsy
<variant> endoscopic
<variant> ultrasonic
<question> The child is 6 months old. According to mom, against the background of the received preventive dose of vitamin D, there is a deterioration of appetite, vomiting, increased stool. It was found out that the child received vitamin D at a dose of 5000 mg/day for the last 2 weeks. On examination – signs of dehydration.You assume:
<variant> acute hypervitaminosis D
<variant> chronic hypervitaminosis D
<variant> intestinal infection
<variant> functional indigestion
<variant> enterovirus infection
<question> A 15-year-old boy was accidentally diagnosed with glycemia 9.3 mmol/l. Your actions
<variant> determination of fasting glycemia, twice
<variant> repeated determination of fasting glycemia after 2 weeks of dieting
<variant> determination of glycemia 2 hours after meals
<variant> repeated determination of glycemia before bedtime
<variant> conducting an oral glucose tolerance test
<question> Forced expiratory volume in 1 second (FEV1), forced vital capacity (FCV) and maximum expiratory velocity (PEF) in children over the age of 5 years allow us to estimate:
<variant> degree of bronchial obstruction
<variant> the degree of allergization of the body
<variant> degree of severity of the infectious process
<variant> the state of the body's immune system
<variant> severity of bronchial asthma
<question> With the help of a picflourometer , it is measured:
<variant> maximum (peak) expiratory velocity (PEF)
<variant> total expiratory capacity
<variant> vital capacity of the lungs
<variant> residual lung volume
<variant> degree of bronchial obstruction
<question> A 5-year-old boy has fatigue, increased pulsation of the left ventricle, trembling in the 2nd intercostal space, ECG overload of the left ventricle, on the X-ray - hypervolemia of the pulmonary circle, enlargement of the left ventricle. Your preliminary diagnosis:
<variant> open ductus arteriosus
<variant> pulmonary artery stenosis
<variant> ventricular septal defect

<variant> variant> subaortic stenosis
<variant> aortic coarctation
<question> A 12-year-old girl has periodic stabbing pains
in the area of the heart. She needs to be assigned first of all:
<variant> clinical blood test and ECG
<variant> FKG
<variant> radiography of the heart
<variant> a physical exercise test
<variant> bicycle ergometry
<question> Children with the syndrome of premature ventricular excitation on an ECG are a risk group for the occurrence of:
<variant> of paroxysmal tachycardia
<variant> of rheumatism
<variant> hypertrophic cardiomyopathy
<variant> pericarditis
<variant> of post-viral myocarditis
<question> To detect varicose veins of the esophagus
the most informative study is:
<variant> gastrofibroduodenoscopy
<variant> gastrointestinal radiography with barium
<variant> examination of feces for hidden blood
<variant> blood test
<variant> intragastric pH-metric.
<question> Achalasia of the esophagus is accompanied by:
<variant> vomiting undigested food
<variant> vomiting with an admixture of bile
<variant> regurgitation 1 hour after eating
<variant> vomiting digested food
<variant> heartburn
<question> What are the indications for determining the pH of gastric juice
in children:
<variant> skinny pains in the epigastric region
<variant> dysuric phenomena
<variant> pain during defecation
<variant> dysphagia
<variant> constipation
<question> According to the results of microscopy of the duodenal contents
, it is possible to diagnose gallbladder disease:
<variant> dyscholia
<variant> dyskinesia
<variant> cholecystitis
<variant> anomaly
<variant> calculous cholecystitis
<question> An increase in uric acid in the blood may indicate:
<variant> a violation of purine metabolism
<variant> violation of calcium metabolism
<variant> violation of oxalic acid metabolism

<variant> atopic dermatitis
<variant> violation of cystine metabolism
<question> The main hematological sign of hemolysis:
<variant> reticulocytosis
<variant> leukocytosis
<variant> increased ESR
<variant> thrombocytosis
<variant> polycetemia
<question> Secondary morphological elements include rashes that appear on ... skin
<variant> modified
<variant> unchanged
<variant> normal
<variant> hairy
<variant> jaundice
<question> A 14-year-old girl has tallness, bulimia, thirst, obesity of the III degree, pink striae on the skin of the mammary glands, thighs, shoulders, and abdomen. Blood pressure - 140/80 mmHg. Your preliminary diagnosis:
<variant> hypothalamic syndrome with impaired fat metabolism
<variant> constitutionally exogenous obesity
<variant> cerebral obesity
<variant> vegetodistonia
<variant> vasorenal hypertension
<question> The girl is 10 years old. Grade II obesity without signs of hypercorticism. Overweight parents. The neurologist did not reveal any pathology. Your preliminary diagnosis:
<variant> constitutionally exogenous obesity
<variant> hypothalamic syndrome with impaired fat metabolism
<variant> cerebral obesity
<variant> Lawrence-Moon-Biddle syndrome
<variant> Itsenko-Cushing's disease
<question> The extinction of the reaction of support and automatic gait in a child of 3 months of life indicates:
<variant> proper motor development;
<variant> persistent cerebral defect
<variant> spinal cord injury
<variant> progressive disease
<variant> rickets
<question> The syndrome of "ciliary dyskinesia" in children is characteristic of:
<variant> of Cartagener syndrome
<variant> hemosiderosis of the lungs
<variant> polycystic lung disease
<variant> acute pneumonia
<variant> of obstructive syndrome
<question> Evaluate the biochemical blood test of a one-year-old child: total calcium 1,7 mmol / l, phosphates – 0,7 mmol / l.
<variant> hypophosphatemia, hypocalcemia
<variant> hypophosphatemia, normocalcemia
<variant> normophosphatemia, hypocalcemia

<variant> hyperphosphatemia, hypocalcemia
<variant> hypophosphatemia, hypercalcemia
<question> What protein losses with urine are acceptable in a 2-year-old child:
<variant> protein loss with urine is unacceptable
<variant> up to 0.033 g/l
<variant> up to 100 mg per day
<variant> from 100 mg per day
<variant> from 1.0 g/l
<question> Symptoms of respiratory failure syndrome in young children are:
<variant> shortness of breath, cyanosis of the nasolabial triangle, swelling of the wings of the nose
<variant> paroxysmal cough, hyperpigmentation
<variant> jaundice syndrome
<variant> dry whistling wheezes
<variant> catarrhal phenomena, intaxication syndrome
<question> Increased appetite is...
<variant> bulimia
<variant> aerophagy
<variant> rumination
<variant> malabsorption
<variant> all answers are correct
<question> Spot, papule, tubercle, node, blister, vesicle, vesicle, pustule belong to ...skin
<variant> primary morphological elements
<variant> secondary morphological elements
<variant> atrophic elements
<variant> elements of traumatic inflammation
<variant> elements of normal
<question> Flake, hyperpigmentation, depigmentation, crust, ulcer, erosion, scar, lichenification, atrophy refer to ... skin
<variant> secondary morphological elements
<variant> primary morphological elements
<variant> normal elements
<variant> pale pink color
<variant> jaundice coloration
<question> It is not a characteristic symptom for vomiting when the central nervous system is affected
<variant> vomiting does not improve the patient's condition
<variant> vomiting improves the patient's condition
<variant> vomit scanty, odorless
<variant> vomiting is often accompanied with a headache
<variant> is often observed in diseases of the nervous system
<question> The place of the best listening to systolic noise in case of ventricular septal defect is:
<variant> Botkin's point
<variant> the tip of the heart
<variant> the second intercostal space on the right near the sternum
<variant> the second intercostal space on the left near the sternum
<variant> axillary area
<question> Regenerative forms of erythrocytes include:

<variant> reticulocytes, normoblasts
<variant> polychromatophiles
<variant> poikilocytes
<variant> anisocytes
<variant> white blood cells
<question> The relative density of urine in individual tests in a 1-year-old child varies within:
<variant> 1002-1010
<variant> 1012-1016
<variant>1014-1023
<variant> 1016-1022
<variant> 1030-1033
<question> The term "anuria" in a child at 6 months is understood:
<variant> urine excretion less than 0.1 ml/kg/hour
<variant> urine excretion less than 5 ml/kg/hour
<variant> urine excretion less than 3 ml/kg/hour
<variant> urine excretion less than 2 ml/kg/hour
<variant> urine excretion less than 1 ml/kg/hour
<question> Urine analysis according to Nechiporenko is:
<variant> counting the number of leukocytes, erythrocytes and cylinders in 1 ml of urine
<variant> counting the number of leukocytes, erythrocytes and cylinders isolated per day
<variant> counting the number of white blood cells, red blood cells and cylinders allocated per hour
<variant> counting the number of leukocytes, erythrocytes and cylinders isolated in 8 hours
<variant> determination of the amount of urine excreted per minute
<question> What is the reason for the greater mobility of the kidneys in young children?
<variant> weak development of the fat capsule, underdevelopment of the pre- and post-renal fascia
<variant> a tendency to polycystic
<variant> more convoluted ureters
<variant> with a relatively larger kidney mass
<variant> lobular type of kidney structure
<question> The most common cause of acute renal failure in infants is:
<variant> hemolytic-uremic syndrome
<variant> dyspeptic syndrome
<variant> acute primary pyelonephritis
<variant> artificial feeding
<variant> acute cystitis
<question> Croup syndrome occurs more often in the presence of this viral infection:
<variant> parainfluenza
<variant> coronavirus infection
<variant> adenovirus infection
<variant> rotavirus infection
<variant> flu
<question>Common symptom for acute nephrotic syndrome and a mixed form of nephrotic syndrome:
<variant>Hypertension
<variant>Anasarka
<variant>proteinuria more than 50 mg/kg/day
<variant>hypoalbuminemia more than 40 g / l

<variant>hypercholesterolemia more than 6.5 mmol / l
<question> Acute obstructive bronchitis is characterized by:
<variant> expiratory dyspnea
<variant> inspiratory dyspnea
<variant> fine moist rales
<variant> dulling the percussion sound
<variant> increasing the size of the heart shadow on the X- ray
<question> Surfactant deficiency contributes to:
<variant> development of atelectasis
<variant> hypertension of the small circulatory circle
<variant> bronchial asthma
<variant> emphysema of the lungs
<variant> pneumothorax
<question> For restrictive type of respiratory failure, the following indicators of spirography and spirometry are characteristic:
<variant> decrease in VC by reducing the reserve volume of breath, reducing the maximum ventilation of the lungs
<variant> decrease in VC (lung capacity), increase in expiratory reserve volume and increase in residual volume
<variant> decrease in VC (lung capacity), increase in inspiratory reserve volume and increase in residual volume
<variant> increase in VC by increasing the reserve volume of breath, increasing the maximum ventilation of the lungs
<variant> decrease in VC by reducing the reserve volume of breath, increasing the maximum ventilation of the lungs