

<p>ОНТҮСТИК-ҚАЗАҚСТАН MEDISINA AKADEMIASY</p> <p>«Оңтүстік Қазақстан медицина академиясы» АҚ</p>	 <p>SOUTH KAZAKHSTAN MEDICAL ACADEMY АО «Южно-Казахстанская медицинская академия»</p>
<p>Department of Pediatrics -1</p>	<p>044/38- 11</p>
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Control and measuring tools for the final assessment of learning outcomes on the discipline propedeutics of childhood diseases

Name of discipline: "Pediatric surgery"

Code of discipline: BH 4304

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Control and measuring tools: midterm control 1

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Questions of the program for midterm control 1
(presented as a separate list)

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Head of the department, PhD Kemelbekov K. S.

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Tests on pediatric surgery for the 4th year
Midterm – 1

Option-1

- 1) The R-pattern of duodenal atresia of the duodenum is characterized by:
 - A) two fluid levels in the upper half of the abdominal cavity
 - B) dumb belly
 - C) multiple cloiber bowls
 - D) Liver enlargement
 - E)one level of fluid in the lower half of the abdominal cavity
- 2) Ledd's syndrome is characterized by:
 - A) congenital inversion of the midgut in combination with a high location of the cecum, which is fixed by cords to the parietal peritoneum
 - B) membranous obstruction of the duodenum
 - C) abnormal location of the cecum and annular pancreas
 - D) duodenal stenosis
 - E) abdominal tumor with inversion of the midgut
- 3) Operation Ledda is characterized by:
 - A) esophageal plastic surgery
 - B) dissection of the fetal strands and stabilization of the mesentery
 - C) removal of the spleen
 - D) Intestinal resection
 - E) excision of the membrane in the intestinal lumen
- 4) Low intestinal obstruction includes:
 - A) pylorostenosis
 - B) small bowel atresia
 - C) ring-shaped pancreas
 - D)duodenal atresia
 - E) duodenal stenosis
- 5) One of the symptoms of ileum atresia is:
 - A) fountain vomiting
 - B)discharge of meconium with blood
 - C) increased body temperature
 - D) lack of meconium
 - E) increased appetite
- 6) Meconial obstruction is understood as:
 - A) intestinal intussusception
 - B) helminth infestation
 - C)inversion of the midgut
 - D) blockage of the intestinal lumen with thick primordial feces
 - E)duodenal atresia
- 7) When meconial obstruction is observed:
 - A) hourglass symptom
 - B)no changes

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C) decline of all parts of the abdomen
 D) swelling of the epigastric region only
 E) bloating all over the abdomen

8) The Meckel diverticulum is located on the opposite side of the mesentery:
 A) ascending colon cancer
 B) Duodenum
 C) the transverse colon
 D) cecum
 E) Ileum

9) Meckel diverticulum is diagnosed:
 A) radiologically
 B) Gregoire breakdown
 C) during tomography
 D) biochemical analyses
 E) during laparoscopy

10) Treatment of Meckel diverticulum consists in:
 A) radical operations
 B) palliative care operations
 C) conservative events
 D) Vitamin and hormone therapy
 E) Physiotherapy

11) In the clinical picture of acute appendicitis with the development of destruction of the appendix ...
 A) a light interval is coming
 B) frequent loose stools appear
 C) increased abdominal pain
 D) vomiting occurs
 E) general condition worsens

12) Acute appendicitis is most common at the following age:
 A) Secondary school
 B) the neonatal period
 C) Thoracic
 D) yaseleny
 E) Primary school level

13) A child under 3 years of age with abdominal pain syndrome should be examined in the ... department.
 A) surgical
 B) resuscitation center
 C) infectious diseases
 D) somatic
 E) nephrological

14) During sleep, young children with acute appendicitis are diagnosed with the following symptoms:
 A) Roving
 B) hand push-offs
 C) Sitkovsky
 D) heart rate and temperature discrepancies

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E) overhangs of the anterior rectal wall

15) The disease with which acute appendicitis is differentiated in preschool girls:

- A) pylorospasm
- B) pneumonia
- C) pylorostenosis
- D) rectal polyp
- E) Premenstrual pain

16) A child with acute appendicitis has the following symptoms:.. abdominal pain

- A) cramping
- B) Permanent
- C) Colic-like symptoms
- D) radiating
- E) shingles

17) A child with acute appendicitis has vomiting:

- A) green
- B) bile
- C) gastric contents
- D) feces
- E) blood

18) Diagnostic measures to differentiate acute infectious hepatitis from acute appendicitis:

- A) Auscultation
- B) Thermometry
- C) Biochemical blood test
- D) percussion
- E) General blood test

19) Diagnostic technique that allows you to differentiate urolithiasis from acute appendicitis:

- A) Cystography
- B) Cystoscopy
- C) survey radiography of the abdominal cavity
- D) Retrograde pyelography
- E) Sigmoidoscopy

20) Stones that repeat the shape of the calico-pelvic system are called:

- A) single items
- B) calicose
- C) blocking devices
- D) Coralloid
- E) solitary

21) Surgeon's tactics for appendicular abscess:

- A) revision of the small intestine
- B) rehabilitation of the abdominal cavity
- C) application of an intestinal stoma
- D) opening and drainage of the abscess
- E) applying a compressor to the abdominal wall

22) In school-age children, the most common ... is peritonitis.

- A) biliary tract

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B) diplococcal

C) Specific

D) Hormonal

E) appendicular

23) Pylorostenosis is

A) Werlhof's disease

B) blockage of the intestinal lumen with viscous meconium

C) obstruction of the duodenum

D) Hirschsprung's disease

E) thickening and narrowing of the pyloric stomach

24) The first signs of pylorostenosis occur at the age of:

A) the first hours after birth

B) up to 1 year

C) up to 2 years old

D) 4 months

E) from 2 weeks. up to 1 month

25) Pylorostenosis requires surgical treatment for:

A) Freda-Ramstedt

B) Kader

C) Leddu

D) Duhamel

E) Bairov

26) In a 6-month-old child, against the background of complete well-being, there were bouts of sharp anxiety, refusal to eat, the child swings his legs. The stool was normal the day before. Ill for 8 hours. Suspected intestinal intussusception. In the case of Per Rectum finger examination of discharge in the form of "raspberry jelly", the tactics of a pediatric surgeon are:

A) performing pneumatic compression

B) Operational planning

C) spreading barium under the screen

D) cleansing enema

E) Laparoscopy

27) In a 6-month-old child, against the background of complete well-being, there were bouts of sharp anxiety, refusal to eat, the child swings his legs. The stool was normal the day before. Rectal examination revealed the "raspberry jelly" type of discharge. Your diagnosis:

A) intestinal intussusception

B) dysentery

C) Coprostasis

D) hemorrhagic vasculitis

E) rectal polyp

28) A 13-year-old girl, ill for 3 days, had abdominal pain, fever, vomiting. On examination, the child is pale, lethargic. Body temperature 37.9 C. The abdomen is not swollen, palpation in the right iliac region reveals a painful immobile formation measuring 6x6 cm. The Shchetkin-Blumberg symptom is weakly positive. Leukocytosis 16,2. Your diagnosis:

A) appendicular infiltrate

B) coprostasis

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C) twist the mesentery cyst

D) Kidney's dystopia

E) Intestinal intussusception

29) A 2-year-old boy was taken to the emergency department a day after the onset of the disease with suspected acute appendicitis. The disease began acutely with an increase in body temperature to 38.6C, a runny nose, cough. Shortness of breath is pronounced. Breathing is hard, with occasional wet wheezing sounds. The tongue is wet. Heart rate 106 per minute. The child resists examination, cries, strains the stomach. To exclude or confirm acute appendicitis, it is advisable to start with

A) rectal finger examination

B) General blood test

C) overview radiography of the abdominal organs

D) Ultrasound of the abdominal cavity

E) palpation of the abdomen during sleep

30) A 14-day-old child developed bloating due to lack of stool during the last 2 days. The child does not eat well, regurgitates. The parents were unable to perform a cleansing enema, as they did not find an anal opening. When the girl is examined, the external genitalia are formed correctly. The perineum is stained with fecal matter. To clarify the diagnosis, it is advisable to conduct a study of:

A) Tomography

B) fibrogastroscopy

C) Fluorography

D) Fibrocolonoscopy

E) irrigation through the fistula

31) A 7-year-old child had severe paroxysmal abdominal pain, repeated vomiting with an admixture of bile. There was no stool for 2 days. From the medical history it is known that, at the age of 3 years, an appendectomy was performed. Preliminary diagnosis:

A) gastritis

B) inversion of the intestines

C) Coprostasis

D) intestinal atony

E) Adhesive disease

32) A 7-year-old child had severe paroxysmal abdominal pain, repeated vomiting with an admixture of bile. There was no stool for 2 days. From the medical history it is known that, at the age of 3 years, an appendectomy was performed. Suspected adhesive intestinal obstruction. Surgeon's tactics:

A) Continue conservative treatment

B) Performing the operation as planned

C) Performing an emergency operation after preparation

D) Perform a fibrocolonoscopy

E) Dynamic monitoring

33) A 2-year-old child with bilateral pneumonia is in the somatic department. Despite the treatment, the child develops bloating, vomiting with an admixture of bile, shortness of breath. There was no stool for 1.5 days. On examination, the abdomen is swollen and soft. Intestinal motility is sluggish. Your diagnosis:

A) obstructive intestinal obstruction

B) strangulated intestinal obstruction

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- C) dynamic intestinal obstruction
- D) congenital intestinal obstruction
- E) mixed intestinal obstruction

34) In a 2-year-old child with bilateral pneumonia, despite the treatment, bloating, vomiting with an admixture of bile, shortness of breath increases. There was no stool for 1.5 days. On examination, the abdomen is swollen and soft. Intestinal motility is sluggish. Suspected dynamic intestinal obstruction. Surgeon's tactics:

- A) Surgical treatment, after conservative treatment
- B) performing an urgent operation
- C) Conservative treatment
- D) Surveillance
- E) Surgical treatment after follow-up

35) The girl is 11 years old. Acute pain in the lower abdomen, over the right side of the womb. Pain radiates to the right labia and rectum. The child has frequent and painful urination, as well as frequent loose stools with an admixture of mucus and blood. Rectal examination reveals a painful overhang and infiltrate on the right side. Your diagnosis:

- A) dysentery
- B) Intestinal intussusception
- C) cystitis
- D) Pelvic appendicitis
- E) right ovarian cyst

36) The patient is 12 years old. Ill for 7 days. Abdominal pain, vomiting, hectic fever. My condition is serious. Asymmetry of the abdomen due to bulging of the right half. Palpation reveals a sharp painful formation with fluctuation, a positive Shchetkin-Blumberg symptom. In the blood, high leukocytosis and a shift in the formula to the left. Preliminary diagnosis and tactics of the surgeon:

- A) abdominal tumor, removal of the tumor
- B) intestinal intussusception, laparotomy
- C) appendicular infiltrate, conservative treatment
- D) appendicular abscess, opening of the abscess
- E) mesoappendicitis, conservative treatment

37) A 14-year-old child was taken to a surgical hospital. From the anamnesis, it is known that during the course of a week I was bothered by epigastric pain, belching. Two hours before admission to the hospital, there were "dagger" abdominal pains, vomiting of food eaten. The child's condition is serious. Her expression is pained. Forced position on the left side with bent lower limbs. The tongue is dry, covered with plaque. The abdomen does not participate in breathing, palpation is tense, sharply painful, symptoms of irritation of the peritoneum are expressed. Pulse rate is 120 per minute. T=37.5 S.Preliminary diagnosis:

- A) acute gastritis
- B) poisoning
- C) Acute cholecystitis
- D) Gastric ulcer perforation
- E) acute pancreatitis

38) In the first hours after birth, the child began to vomit profusely with bile. After feeding, vomiting increases. There was lethargy adynamia exicosis, during the day the child lost 256 g of weight. The abdomen is soft, swollen in the epigastric region, and the swelling decreases after vomiting. The lower

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abdomen is sunken. On the survey R-gram of the abdominal organs, two horizontal fluid levels are clearly visible, and there is no gas in the intestine. Your diagnosis:

- A) Hirschsprung's disease
- B) atresia of duodenum below Vater's nipple
- C) pylorostenosis
- D) sigmoid colon atresia

E) atresia of duodenum/ above vater's nipple

39) A 1-year-old child was admitted to the emergency surgery department. According to the mother, the child suffers from constipation from birth, the child has an enlarged stomach. Cleansing enemas are ineffective. Shown:

- A) Abdominal overview radiography
- B) irrigography
- C) biopsy of the small bowel wall
- D) Ultrasound of the abdominal cavity
- E) coprogram

40) A child at the age of 1 month, complaints from parents about vomiting in a fountain, anxiety.

When examining the abdomen in the epigastric region, a bulge is noted. Palpation reveals an hourglass symptom and a lump in the projection of the pyloric part of the stomach. Preliminary diagnosis:

- A) pylorospasm
- B) pylorostenosis
- C) adrenogenital syndrome
- D) Debre-Fibiger syndrome
- E) duodenal stenosis

41) The child is 3 years old, complains of weakness, frequent regurgitation, lack of independent stool from the moment of birth, only after an enema. On examination, the abdomen is enlarged in volume. When pressing on the anterior abdominal wall, finger indentations remain (a symptom of "clay"). Preliminary diagnosis:

- A) Hirschsprung's disease
- B) anorectal malformations
- C) dolichosigma
- D) Chronic constipation
- E) intestinal obstruction

42) A newborn child is admitted to the emergency surgery department on the 7th day of life. Sluggish, moaning. The skin is pale gray in color, acrocyanosis. Breathing is rapid and shallow. Heart tones are muffled. Pay attention to sharp bloating, tension and soreness of the abdomen. The subcutaneous venous network is expanded. Peristalsis is not listened to. Percussion – disappearance of hepatic dullness. Preliminary diagnosis:

- A) acute pancreatitis
- B) peritonitis
- C) Acute appendicitis
- D) Acute cerebral circulatory collapse
- E) abdominal tumor

43) The boy was born with a split foreskin. The child urinates in a thin trickle with straining. The external opening of the urethra was found in the area of the coronal sulcus, punctate. Preliminary diagnosis:

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- A) Epispadia
- B) bladder exstrophy
- C) Hypospadias
- D)urethral atresia

44) In a month-old child in utero at the 32nd week of pregnancy, ultrasound of the fetus diagnosed

expansion of the calico-pelvic system of both kidneys up to 14 mm in size. After birth, this diagnosis was confirmed. Urinalysis is normal.Preliminary diagnosis:

- A) pyelonephritis
- B)Wilms ' tumor
- C) solitary kidney cyst
- D) hydronephrosis
- E) Mesentery cyst

45) In a month-old child in utero at the 32nd week of pregnancy, ultrasound of the fetus diagnosed expansion of the calico-pelvic system of both kidneys up to 14 mm in size.Urinalysis is normal. A study to clarify the diagnosis::

- A) Laboratory examination
- B)Antegrade pyelography
- C) Cystoscopy
- D) Infusion urography
- E) Cystography

46) A 2.5-year-old girl from 5 months is constantly being treated for recurrent pyelonephritis.

Excretory urography revealed bilateral expansion of the calico-pelvic system, dilated ureters are visible. Preliminary diagnosis:

- A) hydrocalicosis of both kidneys
- B)polycystic kidney disease of both kidneys
- C)two-sided pyelonephritis
- D)Wilms ' tumor
- E) bilateral urethrohydronephrosis

47) A 6-year-old girl complains of constant dull fights in the right side of her abdomen. Within 2 years, the patient has pyuria. The patient's condition is satisfactory. Physical examination revealed no pathology. In the urine test-protein, leukocyturia. Cystoscopy revealed no pathology. On theextracretory urogram: significant expansion of the right pelvis and cups, narrowing of the pelvic-ureteral segment. Pediatric surgeon's tactics:

- A) Urostatics
- B) Conservative treatment
- C) Antibacterial therapy
- D) plastic surgery of the pelvic-ureteral segment
- E)nephrectomy

48) Examination of a newborn boy in a maternity hospital revealed abnormal formation of external urogenitalia in the form of splitting of the dorsal wall of the urethra. The head is flattened, there is a displacement of the external opening of the urethra to the coronal sulcus. Urination is free. The mother's pregnancy was accompanied by toxicosis. Preliminary diagnosis:

- A) hypospadias, stem form
- B) hermaphroditism

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C) Epispadias
D) hypospadias, perineal form
E) Bladder exstrophy

49) A 5-year-old boy, revealed: the foreskin is swollen and hyperemic, an attempt to push the foreskin away and open the head fails, purulent discharge is released. The opening of the foreskin is narrow. Urination is painful, in a thin trickle. Preliminary diagnosis:

A) Phimosis
B) acute balanoposthitis
C) Cryptorchidism
D) Paraphimosis
E) hypospadias, glabrous form

50) This pathology was detected in the maternity hospital, on the anterior abdominal wall in the projection of the bladder, a section of the mucous membrane of the posterior wall of the bladder is determined with the opening mouths of the ureters from which urine constantly flows. The mucosa is swollen, hyperemic, and the skin around it is macerated. Preliminary diagnosis:

A)bladder exstrophy
B)infravesical obstruction
C)obstructive megaureter
D)vesico-umbilical fistula
E) diverticulum of the bladder

Tests on pediatric surgery for the 4th year

Border control – 1

Option-2

1) Megoduodenum is...
A) colon atresia
B) Grissprung's disease
C) reduction of duodenum of the intestine
D)Myconial ileus
E) increase in the size of the rectum duodenum

2) Signs of congenital pylorostenosis...
A) vomiting without disturbing the water-salt balance
B) vomiting immediately after birth
C) bile-free vomiting on the first day of life
D) vomiting without bile intake at the end of 2 or beginning of 3 weeks of life
E) vomiting with bile admixtureю желчи

3) The position of children on a general radiograph with intestinal obstruction....
A) on the right side
B) in the prone position
C) vertically
D)on the left side
E) head down

4) Vomiting in pylorostenosis consists of...
A) from saliva

B) sour milk
 C) from bile
 D) from blood
 E) from feces

5) Pylorostenosis Clinic...
 A) fountain vomiting
 B) oliguria
 C) Jaundice
 D) constipation
 E) bloating

6) Symptoms of acute appendicitis at school age do NOT include ...
 A) local pain
 B) green vomiting
 C) plank belly
 D) leukocytosis
 E) Temperature rise

7) Three signs of appendicitis...
 1) repeated vomiting
 2) pain
 3) hyperthermia
 4) passive defense

5) Schetkin-Blumberg symptom
 6) diarrhea
 A) 1,3,6
 B) 2,4,5
 C) 2,3,6
 D) 1,3,4
 E) 4,5,6

8) In children with appendicitis, we check... the system.
 A) skin
 B) respiratory system
 C) digestive system
 D) musculoskeletal system
 E) cardiovascular system

9) Clinic characteristic of an abscess of the Douglas space....
 A) lack of feces and gas
 B) repeated vomiting
 C) Persistent temperature rise
 D) abdominal irritation
 E) pain when urinating

10) The causes of peritonitis in children do NOT include...
 A) Meckel's diverticulum
 B) stomach ulcer
 C) necrotizing enterocolitis
 D) Acute appendicitis

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E) complete umbilical fistula

11) Surgical access in the treatment of Douglas abscess is performed through

- A) right iliac region
- B) the abdominal wall
- C) perineum
- D) the vagina
- E) the rectum

12) One of the main diagnostic methods for newborns with esophageal atresia is ...

- A) Colonoscopy
- B) Ultrasound of the abdominal cavity
- C) Irrigography
- D) Elephant Sample
- E) Chest X-ray

13) Postoperative complication in esophageal atresia...

- A) recurrent fistula
- B) gastro-esophageal reflux
- C) dysphagia
- D) esophageal stenosis
- E) aspiration pneumonia

14) Anorectal defects are more common...

- A) lung diseases
- B) clubfoot
- C) defects of the nervous system
- D) in the urinewitha trigger system
- E) Hip dislocation

15) The most effective diagnostic method for rectal atresia...

- A) invertogram for the first time 24-26 hours after birth
- B) Esophagogastroscopy
- C) performing an intermediate puncture
- D) Rectoromoscopy
- E) General overview radiograph

16) The boundary between high and low intestinal obstruction is:

- A) the initial jejunum
- B) ileocecal fistula
- C) pylorus
- D) fistula between the stomach and esophagus

E) ректосигмоидный rectosigmoid colon

17) For high congenital intestinal obstruction, a characteristic clinical sign is:

- A) vomiting from birth
- B) bloating
- C) increased symptoms of exsicosis
- D) stool retention with meconium
- E) pastyness of the abdominal wall

18) A child with a high congenital intestinal obstruction in the maternity hospital needs to:

- A) insertion of the tube into the stomach

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- B) appointment of vikasol
- C) Prescribing antibiotics
- D) make cleansing enemas
- E) perform infusion therapy

19) For low congenital intestinal obstruction, a characteristic clinical and radiological sign is:

- A) increased symptoms of exsicosis and a mute stomach
- B) vomiting of meconium from the end of 2 days and a dumb stomach
- C) Retracted belly and multiple Cloiber cups
- D) Abdominal pain and one to 3 Cloiber cups
- E) Severe bloating and Cloiber cups

20) On the survey R-gram of the abdominal cavity, prepyloric atresia is characterized by:

- A) displacement of the bowel to the right side of the abdominal cavity
- B) two liquid levels with a gas bubble
- C) Cloiber bowls
- D) dumb belly

E) one level of liquid with a gas bubble

21) Clinical symptoms of small bowel atresia include:

- A) by the end of the 1st month of life
- B) at 3 weeks of age
- C) by the beginning of 2 weeks
- D) from 2 days of life
- E) from the moment of birth

22) One of the symptoms of ileum atresia is:

- A) fountain vomiting
- B) discharge of meconium with blood
- C) increased body temperature
- D) lack of meconium
- E) increased appetite

23) The height of rectal atresia is determined by:

- A) palpation of the abdomen under anesthesia
- B) radiography of the abdomen and pelvis in an upright position
- C) contrast X-ray examination of the gastrointestinal tract
- D) radiography of the abdomen and pelvis in the upside-down position
- E) Laparoscopy

24) The main reason for the formation of stones of the urinary system in children is considered to be:

- A) violation of the colloidal-crystalloid equilibrium
- B) violation of protein metabolism
- C) disturbance of the water-salt balance
- D) congenital tubulopathy
- E) electrolyte imbalance

25) A reliable symptom of urolithiasis is:

- A) calculus departure
- B) dysuria
- C) macrohematuria
- D) Microhematuria

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E) attacks of renal colic

26) To stop renal colic, there is no need to prescribe:

- A) Emergency nephrostomy
- B) The Lauren-Epstein blockade
- C) a warm bath
- D) Antispasmodics
- E) painkillers

27) Pyelolithotomy is indicated in the presence of stones in:

- A) the ureter
- B) the pelvis
- C) kidneys
- D) the bladder
- E) urethra

28) When urolithiasis initially occurs:

- A) hematuria
- B) pain
- C) Pyuria
- D) Dysuria
- E) Temperature rise

29) The most informative method for diagnosing vesicoureteral reflux

- A) retrograde pyelography
- B) Cystorography
- C) Renal angiography
- D) Tomography
- E) Excretory urography

30) A comprehensive method used for the diagnosis of hydronephrosis

- A) clinical and laboratory research
- B) Urodynamic study
- C) Excretory urography
- D) Radioisotropic testing
- E) Cystoscopy

31) Indicator for infusion urography:

- A) bilateral hydronephrosis
- B) hyperstenuria
- C) Hypostenuria
- D) children after the 1st year
- E) one-sided hydronephrosis

32) Surgery ... is the main method for hydronephrosis in children.

- A) Martynova
- B) Foley
- C) Bonina
- D) Ivanisevich
- E) Hines

33) A widely used research method for detecting kidney disease is ...

- A) radioisotropic study

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B) Nichiporenko method

C) Chromocystoscopy

D) Cystography

E) Excretory urography

34) Surgical treatment of bladder exstrophy is performed at the age of...

A) after birth for 2-3 days

B) 1-3

C) 4-5

D) 6-8

E) 9-14

35) A child at the age of 1 month, complaints from parents about vomiting in a fountain, anxiety.

When examining the abdomen in the epigastric region, a bulge is noted. Palpation reveals an hourglass symptom and a lump in the projection of the pyloric part of the stomach. Preliminary diagnosis:

A) pylorostenosis

B) pylorospasm

C) adrenogenital syndrome

D) Debre-Fibiger syndrome

E) duodenal stenosis

36) The child is 3 years old, complains of weakness, frequent regurgitation, lack of independent stool from the moment of birth, only after an enema. On examination, the abdomen is enlarged in volume.

When pressing on the anterior abdominal wall, finger indentations remain (a symptom of "clay").

Preliminary diagnosis:

A) Chronic constipation

B) anorectal malformations

C) dolichosigma

D) Hirschsprung's disease Гицшпрунга

E) intestinal obstruction

37) A newborn child is admitted to the emergency surgery department on the 7th day of life. Sluggish, moaning. The skin is pale gray in color, acrocyanosis. Breathing is rapid and shallow. Heart tones are muffled. Pay attention to sharp bloating, tension and soreness of the abdomen. The subcutaneous venous network is expanded. Peristalsis is not listened to. Percussion – disappearance of hepatic dullness. Preliminary diagnosis:

A) Acute cerebral circulatory collapse

B) acute pancreatitis

C) Acute appendicitis

D) peritonitis

E) abdominal tumor

38) The boy was born with a split foreskin. The child urinates in a thin trickle with straining. The external opening of the urethra was found in the area of the coronal sulcus, punctate. Preliminary diagnosis:

A) urethral atresia

B) экстрофия bladder exstrophy

C) Epispadias

D) Hypospadias

E) hypoplasia of the urethra

39) In a month-old child in utero at the 32nd week of pregnancy, ultrasound of the fetus diagnosed expansion of the calico-pelvic system of both kidneys up to 14 mm in size. After birth, this diagnosis was confirmed. Urinalysis is normal. Preliminary diagnosis:

- A) pyelonephritis
- B) Wilms ' tumor
- C) solitary kidney cyst
- D) hydronephrosis
- E) Mesentery cyst

40) In a month-old child in utero at the 32nd week of pregnancy, ultrasound of the fetus diagnosed expansion of the calico-pelvic system of both kidneys up to 14 mm in size. Urinalysis is normal. A study to clarify the diagnosis:

- A) Cystography
- B) Antegrade pyelography
- C) Cystoscopy
- D) laboratory examination
- E) Infusion urography

41) A 2.5-year-old girl from 5 months is constantly being treated for recurrent pyelonephritis. Excretory urography revealed bilateral expansion of the calico-pelvic system, dilated ureters are visible. Preliminary diagnosis:

- A) hydrocalicosis of both kidneys
- B) polycystic kidney disease of both kidneys
- C) two-sided pyelonephritis
- D) Wilms ' tumor
- E) bilateral urethrohydronephrosis

42) A 6-year-old girl complains of constant dull fights in the right side of her abdomen. Within 2 years, the patient has pyuria. The patient's condition is satisfactory. Physical examination revealed no pathology. In the urine test-protein, leukocyturia. Cystoscopy revealed no pathology. On the excretory urogram: significant expansion of the right pelvis and cups, narrowing of the pelvic-ureteral segment. Pediatric surgeon's tactics:

- A) pelvic-ureteral segment plastic surgery
- B) Conservative treatment
- C) Antibacterial therapy
- D) Urostatics
- E) nephrectomy

43) Examination of a newborn boy in a maternity hospital revealed abnormal formation of external urogenitalia in the form of splitting of the dorsal wall of the urethra. The head is flattened, there is a displacement of the external opening of the urethra to the coronal sulcus. Urination is free. The mother's pregnancy was accompanied by toxicosis. Preliminary diagnosis:

- A) Epispadia
- B) hermaphroditism
- C) hypospadias, stem form
- D) hypospadias, perineal form
- E) Bladder extrophy

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44) A 5-year-old boy, revealed: the foreskin is swollen and hyperemic, an attempt to push the foreskin away and open the head fails, purulent discharge is released. The opening of the foreskin is narrow. Urination is painful, in a thin trickle. Preliminary diagnosis:

- A) Phimosis
- B) acute balanoposthitis
- C) Cryptorchidism
- D) Paraphimosis
- E) hypospadias, glabrous form

45) This pathology was detected in the maternity hospital, on the anterior abdominal wall in the projection of the bladder, a section of the mucous membrane of the posterior wall of the bladder is determined with the opening mouths of the ureters from which urine constantly flows. The mucosa is swollen, hyperemic, and the skin around it is macerated. Preliminary diagnosis:

- A) infravesical obstruction
- B) bladder exstrophy
- C)obstructive megaureter
- D)vesico-umbilical fistula
- E) diverticulum of the bladder

46) The R-pattern of duodenal atresia of the duodenum is characterized by:

- A) liver enlargement
- B) dumb belly
- C)multiple cloiber bowls
- D) two fluid levels in the upper half of the abdominal cavity
- E)one level of fluid in the lower half of the abdominal cavity

47) Ledd's syndrome is characterized by:

- A) duodenal stenosis
- B) membranous obstruction of the duodenum
- C) abnormal location of the cecum and annular pancreas
- D) congenital inversion of the midgut in combination with a high location of the cecum, which is fixed by cords to the parietal peritoneum
- E)abdominal tumor with inversion of the midgut

48) Operation Ledda is characterized by:

- A) removal of the spleen
- B) esophageal plastic surgery
- C) dissection of the fetal strands and stabilization of the mesentery
- D) Intestinal resection
- E) excision of the membrane in the intestinal lumen

49) Low intestinal obstruction includes:

- A) ring-shaped pancreas
- B) pylorostenosis
- C) small bowel atresia
- D)duodenal atresia
- E) duodenal stenosis

50) One of the symptoms of ileum atresia is:

- A) increased body temperature
- B)discharge of meconium with blood

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C) lack of meconium
 D) fountain vomiting
 E) increased appetite

Answer templates for pediatric surgery test tasks

Midterm control – 1

Variant – 1	Variant – 2	
1-A	26-A	1-E
2-A	27-A	2-D
3-B	28-A	3-C
4-B	29-E	4-B
5-D	30-E	5-A
6-D	31-E	6-B
7-E	32-C	7-B
8-E	33-C	8-C
9-E	34-C	9-C
10-A	35-D	10-E
11-A	36-D	11-E
12-A	37-D	12-D
13-A	38-B	13-D
14-B	39-B	14-D
15-B	40-B	15-A
16-B	41-A	16-A
17-C	42-B	17-A
18-C	43-C	18-A
19-C	44-D	19-E
20-D	45-D	20-E
21-D	46-E	21-D
22-E	47-D	22-D
23-E	48-C	23-D
24-E	49-B	24-A
25-A	50-A	25-A
		50-C
		A-95-100%
		4,0
		-A – 90-94%
		3,67
		+B – 85-89%
		3,33
		B – 80-84%
		3,0
		-B – 75-79%
		2,67
		+C – 70-74%
		2,33
		C – 65-69%
		2,0
		-C – 60-64%
		1,67
		+D – 55-59%
		1,33
		D – 50-54%
		1,0
		FX-25-49%
		0,5
		F – 0-24%
		0

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Questions for an oral survey

Ticket 1

- 1) Acute appendicitis. Clinic, diagnosis, and treatment.
- 2) Invagination of the intestine. Diagnosis and treatment.
- 3) Hydronephrosis. Etiology. Diagnostics.

Ticket 2

- 1) Urolithiasis, clinic, treatment.
- 2) Congenital intestinal obstruction. Features of diagnostics and treatment.
- 3) Acute appendicitis. Clinic, diagnosis, and treatment.

Ticket 3

- 1) Acquired intestinal obstruction. Clinic, diagnosis, and treatment.
- 2) Peritonitis. Etiopathogenesis, classification.
- 3) Epispadia. Hypospadias. Clinic, treatment.

Ticket 4

- 1) Pylorostenosis. Clinic, treatment.
- 2) Invagination of the intestine. Diagnosis and treatment.
- 3) Malformations of the kidneys. Diagnostics.

Ticket 5

- 1) Hirschsprung's disease. Clinic, diagnosis, and treatment.
- 2) Esophageal atresia. Features of diagnostics.
- 3) Acute appendicitis. Clinic, diagnosis, and treatment.

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Ticket 6

- 1) Phimosis, paraphimosis.
- 2) High intestinal obstruction. Diagnosis, and treatment.
- 3) Organization of children's surgical services.

Ticket 7

- 1) Contribution to the development of pediatric surgery by national scientists of the Republic of Kazakhstan .
- 2) Hydronephrosis. Etiology. Diagnostics.
- 3) Peritonitis. Classification. Pathogenesis.

Ticket 8

- 1) Rectal atresia. Features of diagnostics.
- 2) Vesicoureteral reflux. Diagnostic.
- 3) Intussusception of the intestine. Diagnosis and treatment.

Ticket 9

- 1) Methods of research of the urinary system.
- 2) Urolithiasis, clinic, diagnosis, treatment.
- 3) Features of acute appendicitis in children.

Ticket 10

- 1) Bladder ectrophy. Clinic. Treatment.
- 2) Esophageal atresia. Classification. Diagnostics.
- 3) Peritonitis. Classification. Pathogenesis.

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