1). WHICH METHOD IS USED TO DIAGNOSE CONGENITAL HYPOTHYROIDISM IN THE NEONATAL PERIOD:
1. study of TSH and thyroid hormone levels in the blood
2. clinical examination
3. ultrasound examination of the thyroid gland
4. study of cholesterol and lipid levels in the blood
5. determining the "bone" age

2). WHICH OF THE SYMPTOMS IS NOT TYPICAL FOR CONGENITAL HYPOTHYROIDISM IN A NEWBORN:
1. intrauterine hypotrophy
2. lethargy, drowsiness
3. poor heat retention
4. umbilical hernia
5. stridorous breathing

3). WHAT TREATMENT METHOD IS USED FOR CONGENITAL HYPOTHYROIDISM:
1. intermittent course of levothyroxine
2. maximum tolerable dose of levothyroxine
3. physical therapy
4. treatment is carried out with iodine preparations

4). WHAT LABORATORY INDICATOR CAN DIFFERENTIATE GRAVES ' DISEASE FROM THE THYROTOXIC PHASE OF AUTOIMMUNE THYROIDITIS:
1. free T4 level
2. free T3 level
3. the level of antibody to the TSH receptor
4. TSH level

5). WHICH OF THE METHODS IS NOT USED TO PROVE THE INSUFFICIENCY OF growth hormone:
1. study of STH in blood taken on an empty stomach
2. study of the daily rhythm ofgrowth hormone secretion
3. insulin test
4. clofelin test

6). WHAT SYMPTOM IS NOT TYPICAL FOR HYPOPITUITARISM
1. undersized < -2.0 SDS
2. proportional body type
3. delayed bone maturation
4. premature sexual development

7). WHAT IS THE DOSE OF RECOMBINANT GROWTH HORMONE
1. 0.033 mg / kg / day
2. 1.5 mg / kg / day
3. 2 mg / kg / day
4. 0.2 mg / kg / day

8). THE MOST INFORMATIVE DIAGNOSTIC SIGN OF SHERSHEVSKY – TURNER SYNDROME IS:
1. shortness
2. hypogonadism
3. karyotype 45, X
4. wide neck crease
5. lymphoid edema of the hands and feet at an early age

9). DIAGNOSTIC CRITERIA FOR VASOPRESIN DEFICIENCY ARE:
1. polyuria
2. low specific gravity of urine
3. high specific gravity of urine
4. the osmolarity of the normal plasma.
5. low basal levels of sex hormones

10). SECONDARY HYPOGONADISM IS DIAGNOSED BASED ON A SET OF SIGNS:
1. elevated levels of ACTH/cortisol
2. low basal levels of sex hormones
3. reduced response of LH and FSH to LH – releasing hormone stimulation
4. increased prolactin levels
5. increased ACTH/cortisol levels no signs of sexual development at the bone age of 13 years in boys and 12 years in girls.

11). THE MAIN CLINICAL FEATURES OF HYPOPITUITARISM IN CHILDREN AND ADOLESCENTS ARE:
1. pronounced shortness
2. proportional body type
3. advance of bone maturation
4. late teething and their late change
5. high voice
6. mental retardation

12). THE CLINICAL PICTURE OF GRAVES ' DISEASE IS CHARACTERIZED BY THE FOLLOWING SYMPTOMS:
1. weight gain
2. tachycardia
3. goiter
4. hypotension
5. nervousness
6. ophthalmopathy

13). FOR THE DIAGNOSIS OF THYROTOXICOSIS, IT IS OF PRIMARY IMPORTANCE TO DETERMINE THE FOLLOWING INDICATORS IN THE BLOOD:
1. TSH and free T4 level
2. antibody to thyroglobulin
3. antibodies to the TSH receptor

4. General T3 level

14). SYMPTOMS OF CONGENITAL HYPOTHYROIDISM IN NEWBORNS AND INFANTS ARE MANIFESTED BY THE FOLLOWING SYMPTOMS:
1. large birth weight
2. puffy face, lips, eyelids.
3. macroglossia
4. constipation
5. hypertonus of the muscles
6. closed fontanels

15). THE CRITERIA FOR THE ADEQUACY OF TREATMENT OF CONGENITAL HYPOTHYROIDISM ARE:
1. normal level of free T4
2. normal TSH level
3. normal level of free T3 and total T4

16). IN THE TREATMENT OF CONGENITAL HYPOTHYROIDISM, THE FOLLOWING DRUGS ARE USED:
1. eutirox
2. l-thyroxine
3. tyrosol
4. mercazolil
5. methimazole

17). 14-YEAR BOY. AT SURVEY: OVERWEIGHT, HEIGHT ABOVE AVERAGE, GENICOMASTIA BILATERAL, REDUCED IN SIZE EXTERNAL GENITALS EUNUCHOID PROPORTIONS OF THE BODY, TESTICULAR VOLUME 3 CM3. THE MOST LIKELY DIAGNOSIS:
1. primary hypoplasia of the testes
2. Kleinfelter syndrome
3. Cullman syndrome
4. hypopituitarism
5. delayed sexual development

18). 13-YEAR GIRL COMPLAINED OF STUNTING, AND HER MOTHER WAS OPERATED ON FOR A GOITER AT THE AGE OF 30. THE GIRL HAS EXCESS BODY WEIGHT, DRY SKIN, CONSTIPATION, WEAKNESS, AND LEARNING DIFFICULTIES. SYMPTOMS APPEARED 1 YEAR AGO. WHICH OF THE FOLLOWING DIAGNOSES IS MOST LIKELY:
1. primary acquired hypothyroidism
2. constitutional stunting of growth and sexual development
3. chronic gastritis
4. Itsenko-Cushing syndrome

19). PATIENT K. 14 YEARFOR SEVERAL MONTHS WORRIED ABOUT IRRITABILITY, FATIGUE, MOTHER NOTES A DECREASE WEIGHT IN THE CHILD AND "SWELLING" IN THE NECK. WHICH OF THE FOLLOWING DIAGNOSES IS MOST LIKELY:
1. lymphadenitis
2. mumps
3. graves ' disease
4. primary hypothyroidism

20). GIRL M, 1 MONTH, BODY WEIGHT 3800 G, WAS DIAGNOSED WITH CONGENITAL HYPOTHYROIDISM. LEVOTHYROXINE IS PRESCRIBED IN A DOSE:
1. 10-15 mcg / kg / day
2. 8-10 mcg / kg / day
3. 2-3 mcg / kg / day
4. 25-30 mcg / kg / day

21). THE COMMONEST CAUSE OF MYOCARDITIS IN INFANCY IS:
1.coxsackie b
2.rheumatic fever
3.cmv
4.diphtheria

22). PRIMARY MYOCARDIAL DISEASES IN INFANCY PRESENT WITH ALL EXCEPT :
1.murmurs
2.cardiac enlargement
3.congestive failure
4.arrhythmias

23). COMMON HEART LESIONS ASSOCIATED WITH HIGH RISK OF ENDOCARDITIS ARE ALL EXCEPT:
1.ASD
2.VSD
3.PDA
4.bicuspid aortic valve

24). EARLY SIGNS OF ENDOCARDITIS ARE ALL EXCEPT:
1.clubbing
2.fever
3.osler”s node
4.roth sports

25). THE COMMON FUNGAL AGENTS OF ENDOCARDITIS ARE ALL EXCEPT:
1.actinomyces
2.candida
3.blastomycoses
4.aspergillus

26). THE AMOUNT OF BLOOD SHUNTED THROUGH FORAMEN OVALE IN FETUS IS:
1 .1 / 3
2 .2 / 3
3 .3 / 4
4 .3 /5

27). THE STRONGEST FAMILIAL TENDENCY IN CONGENITAL HEART DISEASE
1.ASD
2.VSD
3.TOF
4..PDA

28). THE MOST WELL-KNOW ENVIRONMENTAL FACTOR RELATED TO CONGENITAL HEART DISEASE IS:
1.high altitude
2.passive smoking
3.poor nutrition
4.all of the above

29). WHICH OF THE FOLLOWING PRESENTS WITH VERY SIGNIFICANT MURMUR IN THE NEWBORN:
1.ASD
2.VSD
3.PDA
4.None of the above

30). LEFT TO RIGHT SHUNT IS CHARACTERIZED BY ALL EXCEPT:
1.cyanosis
2.pulmonary plethora
3.hyperkinetic precordium
4.frequent chest infections

31). COMMONEST CONGENITAL HEART DISEASE IS:
1.VSD
2.ASD
3.PDA
4.coarctation

32). SPONTANEOUS CLOSURE OF VSD USUALLY OCCURS BY:
1.3 years
2.6 years
3.12 years
4.24 years

33). WHICH OF THE FOLLOWING IS PRESENT IN LARGE PDA:

1.Dilated ascending aorta
2.Aortic ejection click
3.Aortic ejection systolic murmur
4.All of the above

34). RIB NOTCHING OF COARCTATION IS APPARENT BY THE AGE OF:
1.10 years
2.Soon after birth
3.5 years
4.20 years

35). COMPLICATIONS OF COARCTATION INCLUDE:
1.aortic dissection
2.rupture of intracranial berry aneurysm
3.endocarditis of wall of aorta
4.all of the above

36). SYMPTOMS OF HYPERTROPHIC CARDIOMYOPATHY INCLUDE:
1.angina
2.dyspnoea on exertion
3.syncope
4.all of the above

37). THE THREE COMPONENTS OF PERICARDIAL RUB IN ACUTE PERICARDITIS INCLUDE ALL EXCEPT:
1.prediastolic
2.systolic
3.presystolic
4.diastolic

38). RECURRE T ABDOMINAL PAIN IN CHILDREN IN MOST OFTEN DUE TO:
1.amoebiasis
2.roundworms
3.emotional/ behavioural problems
4.giardiasis

39). CELIAC DISEASE IS DUE TO SENSITVITY TO:
1.wheat
2.milk
3.maize
4.meat

40). COMMONEST CAUSE OF ABDOMINAL PAIN IN CHILDREN IS:
1.worm colic
2.porphyria

3.lead poisoning
4.appendicitis

41). REGARDING CONGENITAL HYPERTROPHIC PYLORIC STENOSIS ALL ARE CORRECT EXCEPT:
1.diarrhea
2.visible peristalsis
3.ramsted's operation is done
4.weight loss

42). IN AN INFANT WITH GALACTOSEMIA SHOULD BE AVOIDED:
1.milk
2.gluten
3.egg
4.rice

43). MECONIUM IS EXCRETED BY A NEW BORN TILL DAY
1.4 day
2.3 day
3.2 day
4.6 day

44). GASTRIC ASPIRATION OF MORE THAN 20 ML IN A CHILD AT BIRTH SUGGESTS:
1.duodenal atresia
2.trachea esophageal fistula
3.swallowed amniotic fluid
4.acniasia cardia

45). MECONIUM CONTAINS ALL EXCEPT:
1.bilirubin
2.lanugo
3.bacterial flora
4.epithelial debris

46). COLIC GENERALLY DISAPPEARS BY AGE:
1.4 months
2.8 months
3.1 year
4.2 years

47). VOMITING IN NEWBORN CAN BE A MANIFESTATION IN WHICH OF THE FOLLOWING:
1.malrotation of bowel
2.midgut volvulus

3.meconium ileus
4.all of the above

48). IN GASTROESOPHAGEAL REFLUX WHICH DRUG IS MORE EFFECTIVE:
1.domperidone
2.metochlopramide
3.chlorpromazine

49). THE COMMON CAUSE OF ACUTE DIARRHEA IN SMALL CHILDREN IN INDIA IS:
1.e. coli
2.amoebiasis
3.giardiasis
4.vibrio cholera

50). GLUTEN IS CONTAINED IN ALL EXCEPT:
1.rice
2.wheat
3.barley
4.oat

51). IN CROHN'S DISEASE, THE INFLAMMATION INVOLVES:
1.small intestine
2.duodenum
3.stomach esophagus
4.all of the above

52). N ULCERATIVE COLITIS, THE INFLAMMATION INVOLVES:
1.total colon
2.small intestine
3.stomach
4.esophagus

53). COMMON FEATURES OF PEPTIC ULCER DISEASE IN ADOLESCENTS INCLUDE:

1.epigastric pain

2.nausea

3.hematemesis

4.all are true

54). PRIMARY SYMPTOM OF PEPTIC ULCER DISEASE IN INFANTS AND YOUNGER CHILDREN:

1.periumbilical pain

2.epigastric pain

3.melena

4.vomiting

55).TREATMENT IN 6 MONTH OLD CHILD WITH ACUTE WATERY DIARRHEA WITHOUT SIGNS OF DEHYDRATION IS:
1.mothers milk and household fluids
2.ORS and antibiotics
3.mothers milk and antibiotics
4.mothers milk and ORS

56). LACTASE DEFICIENCY IN CHILDREN IS CHARACTERISED BY:
1.abdominal bloating, cramps and diarrhea
2.high ph of the stool
3.low fatty acid levels in blood
4.dumping syndrome

57). VOMITING ON THE FIRST DAY IN A NEWBORN IS DUE TO:
1.esophageal atresia
2.pyloric stenosis
3.animiotic fluid gastritis
4.congenital megacolon

58). DAILY URINE OUTPUT IS WHAT PER CENT OF DAILY RENAL PLASMA FILTRATE:
1.0,5%
2.1%
3.2%
4.4%

59). ALL THE FOLLOWING IN GLOMERULAR FILTRATE ARE COMPLETELY REABSORBED IN PROXIMAL TUBULE EXCEPT:
1.sodium
2.amino acids
3.potassium
4.glucose

60). THE POTASSIUM PRESENT IN URINE IS:
1.secretion in distal tubule
2.part of glomerular filtrate
3.both of the above

61). WHICH OF THE FOLLOWING STATEMENTS IS TRUE:
1.bottle fed baby can better counteract acidosis
2.breast fed baby can better counteract acidosis

3.both the above have poor capacity to counteract

62). IN CHILDREN OLIGURIA MEANS URINE OUTPUT LESS THAN:
1.1 ml/ kg / hours
2.200 ml/ 24 hours
3.100 ml/ 24 hours
4.10 ml/ kg / hours

63). NORMAL CREATININE CLEARANCE IS:
1.130 ml /min/ 1.73m^2
2.100 ml /min/ 1.73m^2
3.120 ml /min/ 1.73m^2
4.140 ml /min/ 1.73m^2

64). BETWEEN 3-6 YEARS, THE MOST COMMON MEDICAL RENAL PROBLEM IS:
1.minimal change nephrotic syndrome
2.post streptococcal glomerulonephritis
3.membranous nephropathy
4.IgA nephropathy

65). ALBUMIN IS NOT FILTERED IN INTACT KIDNEY BECAUSE IT IS:
1.macromolecule
2.negatively charged
3.renal basement membrane negatively charged
4.all of the above

66). POLYURIA OCCURS IN:
1.tubulointerstitial disease
2.obstructive uropathy
3.distal renal tubular acidosis
4.all of the above

67). IN SIMPLIFIED TERMS, BACTERIURIA IS SIGNIFICANT IF HIGH POWER FIELD OF UNCENTRIFUSED FRESH URINE SAMPLE CONTAINS BACTERIA MORE THAN:
1.20
2.5
3.10
4.40

68). IN HIGH POWER FIELD, RBC MORE THAN – IS ABNORMAL:
1. 5
2 .1
3 .3
4. 8

69). IN HIGH POWER FIELD, WBC MORE THAN – IS ABNORMAL:
1. 6 - 8
2. 3 - 6
3. 9 - 10
4. 1 - 3

70). WHAT IS TRUE OF POST STREPTOCOCCAL GLOMERULONEPHRITIS:
1.boys are more affected than girls
2.can follow pharyngitis as well as pyoderma
3.positive pasternatsky's symptom
4.all are true
Answer: 4

71). WHAT IS TRUE OF URINARY SYNDROME IN GLOMERULONEPHRITIS:
1.leukocyturia
2.urine "smoky brown"
3.hematuria
4.all of the above

72). SPECIFIC TREATMENT OF POST STREPTOCOCCAL GLOMERULONEPHRITIS IS:
1.antibiotics
2.corticosteroids
3.cyclosporine
4.diuretics

73). PROGNOSIS OF POST STREPTOCOCCAL GLOMERULONEPHRITIS IN CHILDREN IS:
1.excellent
2.poor
3.fair
4.good

74). THE DIAGNOSTIC TRIAD OF NEPHROTIC SYNDROME INCLUDE ALL EXCEPT:
1.hypertension
2.massive proteinuria
3.hypoalbuminemia
4.edema

75). TREATMENT APPROACH TO CRESCENTRIC GMN INCLUDE:
1.methylprednisolone
2.plasmapheresis
3.cyclophosphamide
4.all of the above

76). IN VESCICO URETERIC REFLUX CHEMOPROPHYLAXIS IS WITH:
1.nitrofurantoin

2.cotrimoxasole
3.cephalosporins
4.ampicillin

77). POSSIBILITY OF CHRONIC RENAL DISEASE IN A CHILD SHOULD BE CONSIDERED IN PRESENCE OF:
1.anemi
2.growth retardation
3.hypertension
4.all of the above

78). RHEUMATIC FEVER IS SUGGESTED BY THE PRESENCE OF:
1.ECG evidence of prolonged pr interval
2.symmetrical polyarthritis
3.nail clubbing
4.anaemia

79). POLYARTICULAR INVOLVEMENT REFERS TO INVOLVEMENT OF:
1. 4 or more joints
2. 2 or more joints
3. 3 or more joints
4. 6 or more joints

80). WHICH FORM OF JUVENILE RHEUMATOID ARTHRITIS (JRA) IS COMMON IN CHILDREN:
1.pauciatricular
2.polyarticular
3.systemic onset

81). IN CHILDREN RHEUMATOID FACTOR IS POSITIVE IN WHICH FORM OF JUVENILE RHEUMATOID ARTHRITIS (JRA):
1.systemic onset
2.pauciatricular
3.polyarticular
4.all of the above

82). CHRONIC ANTERIOR UVEITIS IS PRESENT IN WHICH FORM OF JUVENILE RHEUMATOID ARTHRITIS (JRA):
1.pauciatricular
2.polyarticular
3.systemic onset

83). ACUTE MIGRATORY ARTHRITIS OCCURS IN ALL EXCEPT:
1.sickle cell disease
2.lyme disease

3.rheumatic fever

84). CO-EXISTENCE OF SKIN LESION WITH JOINT DISEASE OCCURS IN:
1.kawasaki's disease
2.lyme disease
3.psoriasis
4. all of the above

85). ASPIRINE USE IN CHILDREN IS VULNERABLE TO CAUSE REYE'S SYNDROME WHEN THE CHILD PARTICULARLY HAS:
1.chickenpox
2.measles
3.rsv infection
4.none of the above

86). SIDE EFFECTS OF INTRA- ARTICULAR STEROID INCLUDE:
1.osteoporosis
2.growth suppression
3.local subcutaneous atrophy
4.all of the above

87). INDICATION OF CORTICOSTEROID IN JUVENILE RHEUMATOID ARTHRITIS (JRA) IS LIMITED TO:
1.systemic onset jra
2.iridocyclitis
3.rapidly progressive disease
4.all of the above

88). SKIN RASH, ARTHRITIS, HEMATURIA AND RAYNAUD'S PHENOMENON IMPLY:
1.systemic lupus erythematosus
2.rheumatoid arthritis
3.polyarteritis nodosa
4.psoriatic arthropathy

89). WHICH OF THE FOLLOWING IS VERY EFFECTIVE IN SYSTEMIC LUPUS ERYTHEMATOSUS:
1.cyclophosphamide
2.nsaid
3.prednisolone
4.azathioprine

90). KAWASAKI'S DISEASE IS NOTORIOUS FOR CAUSING:
1.Myocardial infarction
2.Encephalitis
3.Hepatitis

4.Polymyositis

91). DRUG OF CHOICE INITIALLY IN JUVENILE CHRONIC ARTHRITIS IS :
1.salicylates
2.indomethacin,
3.prednisolone,
4.phenylbutazone

92). WHICH OF THE FOLLOWING IS AN INDICATION FOR TONSILLECTOMY :
1.persistent carrier of diptheria bacilli
2.glomerulonephritis
3.recurrent upper respiratory infection
4.rheumatic fever

93). THE DIAGNOSIS OF RHEUMATIC FEVER IS BEST CONFIRMED BY :
1ASLO titre
2.throat swab culture
3.raised esr
4.ECG changes

94). COMMONEST CAUSE OF ENLARGED CARDIAC SHADOW IN X-RAY OF A CHILD IS :
1.rheumatic carditis
2.PDA
3.coarctation of aorta
4.pericarditis

95). PARATHORMONE CONTROLS WHICH STEP OF VIT D_3 SYNTHESIS:
1.conversion of 25 $(OH)D_3$ to 1, 25 $(OH)_2D_3$
2.conversion of dehydrocholesterol to cholecalciferol (D_3)
3.conversion of D_3 to 25 (OH) D_3
4.all of the above

96). THE NEGATIVE FEEDBACK ON PARATHORMONE SECRETION IS BY:
1.serum calcium
2.serum phosphorus
3.vitamin D_3
4.all of the above

97). EARLIEST MANIFESTATION OF RICKETS IN SMALL CHILDREN IS:
1.craniotabes
2.widened metaphysic
3.rachitic rosary
4.pigeon chest

98). IN VITAMIN D DEFICIENCY WHICH STEPS OF BONE GROWTH IS DEFECTIVE:
1..A + C
2..B + C
3.Irregular proliferation of cartilage
4.Poor calcification

99). THE POTBELLY OF RICKETS IS DUE TO ALL EXCEPT:
1.visceromegaly
2.muscle hypotonia
3.visceroptosis
4.lumbar lordosis

100). X- RAY CHANGES OF RICKETS INCLUDES:
1.widened and cup-shaped epiphysis
2.large gap between epiphysis and metaphysic
3.rarified diaphysis
4.all of the above

101). HYPERVITAMINOSIS D MANIFESTS WITH:
1.hypotonia
2.constipation
3.failure to thrive
4.all of the above

102). THE CLINICAL SYMPTOMS OF HYPERVITAMINOSIS D IS DUE TO ALL EXCEPT:
1.craniotabes
2.flaccidity
3.craniostenosis
4.dysuric symptoms

103). ANAPHYLACTIC SHOCK IS CHARACTERIZED BY ALL OF THE ABOVE EXCEPT
1. collapse
2. vascular permeability disorders
3. hypersecretion of mucus
4. relaxation of the smooth muscles of the bronchi
5. reduction of smooth muscles of the intestine

104). SECOND LINE OF URTICARIA THERAPY
1. increase to 2-fold the dose of modern H1-AG drugs
2. inhalatory the glucocorticoid budesonide
3. dexamethasone intravenously
4. atropine sulfate

105). WHEN HYPERTHERMIA PARACETAMOL IS PRESCRIBED IN A SINGLE DOSE:
1. 10-15 mg / kg
2. 50 mg / kg

3.100 mg / kg
4 2-5 mg / kg

106). FIRST-LINE DRUG FOR THE TREATMENT OF ANAPHYLAXIS .
1. desloratadine
2. levocetirizine
3. diphenhydramine
4. glucocorticosteroids
5. epinephrine

107). EPINEPHRINE IS ADMINISTERED INTRAVENOUSLY BY TITRATION IN CHILDHOOD AT A DOSE OF:
1. 1 mcg/kg
2. 10 mcg/kg
3. 50 mcg/kg
4. 100 mcg/kg

108). PATIENTS 12 YEARS AND OLDER WITH CHRONIC IDIOPATHIC URTICARIA RESISTANT TO ANTIHISTAMINE THERAPY ARE RECOMMENDED TO PRESCRIBE:
1. omalizumab
2. levocetirizine
3. diphenhydramine
4. glucocorticosteroids

109). WHAT DOSE OF DIAZEPAM IS PRESCRIBED TO CHILDREN FOR THE RELIEF OF FEBRILE SEIZURES:
1. 0.1 ml/kg
2. 0.5 ml/kg
3. 1 ml / kg
4. 5 ml / kg

110). IN THE ABSENCE OF THE EFFECT OF DIAZEPAM FOR THE RELIEF OF FEBRILE CONVULSIONS, IT IS RECOMMENDED TO ENTER THE FOLLOWING DRUG:
1. sodium valproate lyophilizate
2. Metamizole sodium
3. diphenhydramine
4. epinephrine

111). IN WHAT DOSE CAN 50% SOLUTION OF METAMIZOLE SODIUM BE USED FOR RELIEF OF HYPERTHERMIC SYNDROME IN CHILDREN OLDER THAN ONE YEAR
1. 0.1 ml / year of life
2. 0.5 / kg
3. 0.3 ml / year of life
4. 1 ml / kg

112). IN ACUTE OBSTRUCTIVE LARYNGOTRACHEITIS OF THE I DEGREE, THE FOLLOWING IS PERFORMED:
1. inhalation of budesonide suspension
2. dexamethasone intravenously
3. tracheal intubation

113). CURRENTLY THE FIRST LINE OF THERAPY FOR ACUTE OBSTRUCTIVE LARYNGOTRACHEITIS:
1. inhalatory the glucocorticoid budesonide
2. desloratadine
3. levocetirizine
4. diphenhydramine
5. epinephrine

114). FOR THE TREATMENT OF URTICARIA, THE FOLLOWING MEDICATIONS ARE RECOMMENDED AS FIRST-LINE MEDICATIONS:
1. desloratadine
2. levocetirizine
3. diphenhydramine
4. drotaverin

115). FOR THE TREATMENT OF URTICARIA, THE FOLLOWING MEDICATIONS ARE RECOMMENDED AS THIRD-LINE MEDICATIONS:
1. omalizumab
2. cyclosporin A
3. montelukast
4. glucocorticosteroids
5. diphenhydramine

116). MAIN SYMPTOMS OF ANAPHYLAXIS:
1. disorders of the cardiovascular system: a sharp decrease in blood PRESSURE, the development of acute heart failure, rhythm disorders.
2. disorders of the respiratory system: shortness of breath, bronchospasm, hypersecretion of mucus, edema of the respiratory tract
3. violation of cerebral circulation, convulsions
4. gastrointestinal symptoms (nausea and vomiting)
5. condition of the skin and mucous membranes: urticary rashes, angioedema, hyperemia, itching, in later stages – pallor, cold sweat, cyanosis of the lips.
6. urinary syndrome-changes in the volume, composition and structure of urine

117). FOR " RED " FEVER, THE FOLLOWING ARE USED AS STARTING THERAPY:
1. paracetamol
2. ibuprofen ;
3. physical methods of cooling
4. acetylsalicylic acid

118).WHEN ARRHYTHMOGENIC SHOCK IN CHILDREN, SUPRAVENTRICULAR TACHYARRHYTHMIA NAZNACHAETSYA PREPARTY THE FOLLOWING:
1. procainamide
2. ATF
3. atropineslppt
4. epinephrine

119). IN ACUTE CONGESTIVE RIGHT VENTRICULAR FAILURE (A, 1+), THE FOLLOWING DRUGS ARE USED:
1. 2% furosemide solution in a dose of 2-3 mg/kg intravenously jet.
2. 3% solution of prednisone at a dose of 3-5 mg/kg intravenously jet.
3. 2,4% solution of aminophyllin in a dose of 2-4 mg/kg intravenously jet slowly in
20-40 ml of 0.9% sodium chloride.
4. 50% sodium Metamizole solution

120). IN BRADIARRHYTHMIC SHOCK, THE FOLLOWING PRAPARATES ARE ADMINISTERED:
1. atropine sulfate
2. dobutamine
3. furosemide
4. difengidramin

121). CARDIOGENIC SHOCK IS CHARACTERIZED BY:
1. arterial hypotension and signs of blood circulation centralization:
2. decrease in pulse pressure (less than 20 mm Hg.);
3. the signs of microcirculatory disorders - cold skin, covered with
sticky sweat, pallor, marble figure of the skin, oliguria.
4. arterial hypertension

122). THE MOST COMMON ERRORS IN INTENSIVE THERAPY OF ANAPHYLACTIC SHOCK ARE
1. the beginning of therapy with the introduction of antihistamines
2. rapid securing of the airway
3. starting therapy with the introduction of epinephrine
4. starting therapy with the introduction of hydrocortisone
5. start of resuscitation measures in case of ineffective blood circulation

123). THE BOY IS 1 YEAR OLD. COMPLAINTS OF COUGHING, SHORTNESS OF BREATH, AND ANXIETY. A HISTORY OF OBSTRUCTIVE BRONCHITIS. THE CHILD IS RESTLESS, BREATHING IS SHARPLY DIFFICULT. CYANOSIS OF THE SKIN. SHALLOW BREATHING, AUSCULTATION DRY WHISTLING WHEEZING WITH PROLONGED EXHALATION MARKED BULGING OF THE INTERCOSTAL SPACES. THE PULSE IS WEAK, THE FREQUENCY IS 160 IN 1 MINUTE, THE HEART TONES ARE RHYTHMIC, WEAKENED. AFTER THE EXAMINATION, THE CONDITION

PROGRESSIVELY WORSENS, SHORTNESS OF BREATH HAS GROWN, AND THE RESPIRATORY RATE IS 60 PER MINUTE. YOUR PRELIMINARY DIAGNOSIS:
1. acute respiratory failure
2. acute heart failure
3. bronchial asthma
4. cardiogenic shock

124). A CHILD OF 1 YEAR. THE REASON FOR THE CALL IS CONVULSIONS. FROM ANAMNESIS-THE CHILD IS SICK WITH AN ACUTE VIRAL INFECTION FOR 2 DAYS. WHEN EXAMINED, THE CONDITION IS SEVERE, THERE IS A CONVULSIVE TWITCHING OF THE MUSCLES OF THE ARMS AND LEGS. THE TEMPERATURE OF 39.9, THE SKIN IS HYPEREMIC, CRYING. BY ORGANS-HEART TONES ARE MUTED, HEART RATE IS 125 BEATS / MIN, BREATHING IS RAPID, AND THE PULSE IS SATISFACTORILY FILLED. THE STOMACH WITHOUT FEATURES. THERE ARE NO MENINGEAL SYMPTOMS. WHAT EMERGENCY CONDITION HAS THE CHILD DEVELOPED:
1. febrile convulsions
2. epileptic status
3. spasmophilia
4. hypocalcemia

125). IN THE SCHOOL HEALTH CENTER, A CHILD OF 11 YEARS OLD WAS INOCULATED WITH THE AD-TOXIN VACCINE. 5 MINUTES AFTER THE VACCINATION, THE CHILD COMPLAINED OF NAUSEA, SHORTNESS OF BREATH, FACIAL HYPEREMIA, ADYNAMIA, THEN THE CHILD TURNED PALE, THE SKIN WAS COVERED WITH SWEAT AND HE LOST CONSCIOUSNESS. PULSE IS RAPID, WEAK FILLING, BLOOD PRESSURE 60/30 MM HG. DURING THE EXAMINATION, THE CHILD APPEARED CONVULSIVE TWITCHING OF THE LIMBS WHAT EMERGENCY CONDITION HAS DEVELOPED IN THE CHILD:
1. anaphylactic shock.
2. acute heart failure
3. acute respiratory failure
4. epileptic status

126). PATIENT R., 3 YEAR FEVERTO 39.9°C FOR 3 YEARS. THE GIRL COMPLAINS OF HEADACHE, NASAL CONGESTION. AT SURVEY: THE SKIN IS CLEAN, PINK, DRY, THROAT IS HYPEREMIC, PULSE SATISFACTORY FILLING AND VOLTAGE UD AT 130 MIN. ON THE PART OF OTHER AUTHORITIES-WITHOUT SPECIFICS. THERE IS NO EFFECT FROM TAKING IBUPROFEN. A HISTORY OF FEBRILE CONVULSIONS IN THE BACKGROUND OF HYPERTHERMIA. THE DRUG OF CHOICE IN THIS SITUATION:
1. 50% sodium Metamizole solution
2. acetylsalicylic acid
3. paracetamol
4. semisolid

127). PATIENT R., 1 YEAR 3 MONTHS, was ADMITTED to the DEPARTMENT with COMPLAINTS of WEAKNESS, shortness of BREATH, FATIGUE, DECREASED APPETITE. FROM ANAMNESIS IT IS KNOWN, 2 WEEKS AGO I SUFFERED FROM ARVI. SINCE THAT TIME, THE BOY HAS BECOME SLUGGISH, AND HIS APPETITE HAS SIGNIFICANTLY DECREASED. ON ADMISSION, THE CONDITION IS SEVERE. PRONOUNCED LETHARGY, WEAKNESS, NO APPETITE. THE SKIN IS PALE,

CYANOSIS OF THE NASOLABIAL TRIANGLE. SWELLING OF THE SHINS AND FEET. IN THE LUNGS IN THE LOWER DIVISIONS - MOIST RALES. BH 60 IN 1 MINUTE. THE BOUNDARIES OF RELATIVE CARDIAC DULLNESS ARE EXTENDED TO THE LEFT TO THE ANTERIOR AXILLARY LINE. TONES ARE DEAF, SYSTOLIC NOISE AT THE TOP, HEART RATE 160 BEATS / MIN. LIVER +7 CM ON THE RIGHT LINE, SPLEEN +2 CM. LITTLE URINATION, STOOL IS DECORATED. YOUR PRELIMINARY DIAGNOSIS:
1. acute respiratory failure
2. acute heart failure
3. glomerulonephritis
4. pneumonia

128). THE CHILD IS 6 YEARS OLD. FOR ONE YEAR OF OBSERVATION HE HAS URI DURATION 8 DAYS. PHYSICAL WORKED OUT SATISFACTORY. DEFINE GROUP OF HEALTH:
1. I-ST
2. II-D
3. III (A)
4. III (B)
5. III (C)

129). A GIRL 9 YEARS OLD, HAS AN AVERAGE HEIGHT AND HARMONIC GROWTH DEVELOPMENT. SHE WAS ILL WITH ACUTE RESPIRATORY INFECTION FOR FIVE TIMES. DEFINE THE GROUP OF HER HEALTH:
1. 2nd group
2. 1st group
3. 3rd group
4. 4th group
5. 5th group

130). THE 9 YEARS CHILD WITH DIAGNOSIS “CHRONIC TONSILLITIS” STANDS DISPANSERIZATION CONTROL. FOR 1 YEAR OF OBSERVATION THERE WAS ONE EXACERBATION OF DISEASE. PHYSICAL CONDITION IS SATISFACTORY. THE GENERAL STATE IS NOT INFRINGED. DEFINE GROUP OF HEALTH:
1. III (A).
2. II-D.
3. I-ST.
4. III (B).
5. III (C)

131). IF A CHIELD HAS ATTACHED FINGERS IN HIS RIGHT HAND, THEN WHAT WILL BE YOUR DIAGNOSIS:
1. synductylia
2. polyductilia
3. macroductilia
4. ectroductylia
5. ectromelia

132). THE 10 YEARS OLD CHILD HAS COMPLAINTS ON FEVER [39?], FREQUENT PAINFUL URINATION [POLLAKIURIA]. URINALYSIS: PROTEINURIA [0,066 G/L], LEUKOCYTOURIA

[ENTIRELY WITHIN EYESHOT], BACTERIURIA [105 COLONY FORMING UNITS/ML]. WHICH DIAGNOSIS IS THE MOST PROBABLE:
1. acute pyelonephritis.
2. acute glomerulonephritis
3. dysmetabolic nephropathy
4. acute cystitis
5. urolithiasis

133). THE 8 YEARS OLD BOY HAS SUFFERED FROM ANGINA. IN 2 WEEKS HE HAS COMPLAINTS ON MIGRATORY JOINT PAIN, JOINT OEDEMA AND RESTRICTION OF MOVEMENT, FEVER. AFTER EXAMINATION THERE WAS DIAGNOSED ACUTE RHEUMATIC HEART DISEASE, ACTIVITY OF III-RD DEGREE, PRIMARY RHEUMO-CARDITIS, POLYARTHRITIS; ACUTE COURSE, CARDIO-VASCULAR INSUFFICIENCY IIA. WHICH OF MEDICINES SHOULD BE PRESCRIBED:
1. prednisone
2. cefazolin
3. delagil
4. diprazinum
5. erythromycin

134). THE 10 YEARS OLD BOY SUFFERED FROM ANGINA 2 WEEKS AGO HAS COMPLAINTS ON JOINT PAIN AND IMPOSSIBILITY OF MOVEMENT IN LEFT KNEE AND RIGHT ELBOW. THERE WAS FEVER [38,50] AND ANKLE DYSFUNCTION, ENLARGEMENT OF CARDIAC DULLNESS ON 2 CM, TACHYCARDIA, WEAKNESS OF 1ST SOUND, GALLOP RHYTHM, WEAK SYSTOLIC MURMUR NEAR APEX. WHICH DIAGNOSIS CORRESPONDS TO SUCH SYMPTOMS:
1. acute rheumatic heart disease
2. systemic lupus erythematosus
3. juvenile rheumatoid arthritis
4. reiter’s disease
5. reactive arthritis

135). THE CHILD IS 1,5 YEARS OLD. SYMPTOMS: CHRONIC COUGH WITH PURULENT SPUTUM, DYSPNEA, RETARDATION OF PHYSICAL DEVELOPMENT, LARGE AMOUNT OF STOOL. SWEAT CHLORIDE 150 MEQ/L. THE CHILD HAS BEEN ILL SINCE 2ND MONTH OF AGE. DIAGNOSIS: CYSTIC FIBROSIS. CHOOSE THE BEST THERAPY:
1. enzymes + antibiotics
2. cholepoietic+adaptogenetic medicines
3. н2-blockaders + hepatoprotectors
4. vitamins+antibiotics
5. vitamins + mucolytics

136). THE 10 YEARS OLD BOY HAS COMPLAINTS ON HEADACHE, WEAKNESS, FEVER [40,0C], VOMITING, EXPRESSED DYSPNEA, PALE SKIN WITH FLUSH ON RIGHT CHEEK, LAG OF RIGHT HEMITHORAX RESPIRATORY MOVEMENT, DULLNESS ON PERCUSSION OVER LOW LOBE OF RIGHT LUNG, WEAKNESS OF VESICULAR RESPIRATION IN THIS ZONE. THE ABDOMEN IS PAINLESS AND SOFT UNDER PALPATION. WHICH DISEASE LEAD TO THESE SYMPTOMS AND SIGNS:
1. pneumonia croupousa
2. intestinal infection
3. acute appendicitis
4. acute cholecystitis
5. flu

137). THE PATIENT WITH ACUTE RESPIRATORY VIRAL INFECTION [3RD DAY OF DISEASE] HAS COMPLAINTS ON PAIN IN LUMBAR REGION, NAUSEA, DYSURIA, OLIGURIA. URINALYSIS – HEMATURIA [100-200 RBC IN EYESHOT SPOT], SPECIFIC GRAVITY – 1002. THE BLOOD CREATININ LEVEL IS 0,18 MMOL/L, POTASSIUM LEVEL - 6,4 MMOL/L. MAKE THE DIAGNOSIS:
1. acute renal failure
2. acute interstitial nephritis
3. acute glomerylonephritis
4. acute cystitis
5. acute renal colic

138). THE BABY BOY WAS BORN AT TERM FROM 1ST PREGNANCY. THE JAUNDICE WAS REVEALED AT 2ND DAY OF LIFE, THEN IT INCREASED. THE ADYNAMIA, VOMITING AND HEPATOMEGALY WERE OBSERVED. THE INDIRECT BILIRUBIN LEVEL WAS 275 MCMOL/L, THE DIRECT BILIRUBIN LEVEL -5 MCMOL/L, HB - 150 G/L.. MOTHER'S BLOOD GROUP - 0[I], RH+, CHILD'S BLOOD GROUP- A[II], RH+. MAKE THE DIAGNOSIS:
1. hemolytic disease of newborn [abo incompatibility], icteric type
2. jaundice due to conjugation disorder
3. hepatitis
4. physiological jaundice
5. hemolytic disease of newborn [rh - incompatibility]

139). THE 3 MONTHS OLD INFANT WHO IS SUFFERING FROM ACUTE SEGMENTAL PNEUMONIA REVEALS DYSPNEA [RESPIRATION RATE – 80 PER MINUTE], PARADOXICAL BREATHING, TACHICARDIA, TOTAL CYANOSIS. RESPIRATION / PULSE RATIO IS 1:2. THE HEART DULLNESS UNDER NORMAL SIZE. SUCH SIGNS CHARACTERISE:
1. respiratory failure of III degree
2. respiratory failure of I degree
3. respiratory failure of I degree
4. myocarditis
5. congenital heart malformation

140). THE 7 MONTHS OLD INFANT IS SUFFERING FROM ACUTE PNEUMONIA WHICH WAS COMPLICATED BY CARDIOVASCULAR INSUFFICIENCY AND RESPIRATORY FAILURE OF II DEGREE. THE ACCOMPANIED DIAGNOSIS IS MALNUTRITION OF II DEGREE. CHOOSE THE BEST VARIANT OF THERAPY:
1. ampiox+amicacin
2. macropen + penicillin
3. penicillin + ampiox
4. gentamycin + macropen
5. ampiox + polymixin

141). 3 – YEAR – OLD CHILD HAS HAD FEVER, COUGH, CORYZA, CONJUNCTIVITIS FOR 4 DAYS. IT TOOK SULFADIMETHOXINE. TODAY IT HAS FEVER UP TO 39 C AND MACULOPAPULAR RASH APPEARS ON ITS FACE. THE RASH IS ON NORMAL BACKGROUND OF THE SKIN. WHAT IS YOUR DIAGNOSIS:
1. measles
2. allergic rash
3. rubella
4. scarlet fever
5. pseudotuberculosis

142). 2 – YEAR – OLD GIRL HAS BEEN ILL FOR 3 DAYS. TODAY SHE HAS LOW – GRADE FEVER, SEVERE CATARRHAL SIGNS, UNABUDANT MACULOPAPULAR RASH ON HER BUTTOCKS AND ENLARGED OCCIPITAL LYMPH NODES. WHAT IS YOUR DIAGNOSIS:
1. rubella
2. scarlet fever
3. measles
4. adenoviral infection
5. pseudotuberculosis

143). 3-YEAR – OLD BOY FELL ILL ABRUPTLY: FEVER UP TO 39 C, WEAKNESS, VOMITNG. HAEMORRHAGIC RASH OF VARIOUS SIZE APPEAR ON HIS LOWER LIMBS IN 5 HOURS.MENINGOCOCCEMIA WITH INFECTIVE – TOXIC SHOCK OF 1 DEGREE WAS DIAGNOSED. WHAT MEDICATIONS SHOULD BE ADMINISTERED:
1. chloramphenicol succinate and prednisone
2. penicillin and prednisone
3. penicillin and immunoglobulin
4. chloramphenicol succinate and interferon
5. ampicillin and immunoglobulin

144). 5 YEAR OLD BOY FELL ILL ABRUPTLY: FEVER UP TO 39,8 C, RECURRENT VOMITING, SEVERE HEADACHE. CONVULSIONS OCCUR IN 3 HOURS. PHYSICIAN FOUND OUT POSITIVE MENINGEAL SIGN. PLEOCYTOSIS OF 2500 CELLS CHIEFLY POLYMORPHONUCLEAR CELLS, ELEVATED PROTEIN CONCENTRATION AND NORMAL GLUCOSA CONCENTRATION WAS FOUND IN CEREBROSPINAL FLUID EXAMINATION. WHAT IS YOUR DIAGNOSIS:
1. purulent meningitis
2. serous meningitis
3. tuberculous meningitis
4. subarachnoidal hemorrhage
5. encephalitis

145). 7 –YEAR – OLD GIRL HAS MILD FORM OF VARICELLA. HEADACHE, WEAKNESS, VERTIGO,TREMOR OF HER LIMBS, ATAXIA, THEN MENTAL CONFUSION OCCUR ON THE 5TH DAY OF ILLNESS. MENINGEAL SIGNS ARE NEGATIVE. CEREBROSPINAL FLUID EXAMINATION IS NORMAL. HOW CAN YOU EXPLAIN THESE SINGS:
1. encephalitis
2. meningitis
3. meningoencephalitis
4. myelitis
5. neurotoxic syndrome

146). 7 YEAR OLD GIRL FELL ILL ABRUPTLY: FEVER, HEADACHE, SEVERE SORE THROAT, VOMITING. MINUTE BRIGHT RED RASH APPEAR IN HER REDDENED SKIN IN 3 HOURS. IT IS MORE INTENSIVE IN AXILLAE AND GROIN. MUCOUS MEMBRANE OF OROPHARYNX IS HYPEREMIC. GREYISH PATCHES IS ON THE TONSILLS. SUBMAXILLARY LYMPH NODES ARE ENLARGED AND PAINFUL. WHAT IS YOUR DIAGNOSIS:
1. scarlet fever
2. measles
3. rubella
4. pseudotuberculosis
5. enteroviral infection

147). 8 YEAR – OLD BOY FELL ILL ACUTELY: FEVER, WEAKNESS, HEADACHE, ABDOMINAL PAIN, RECURRENT VOMITING, THEN DIARRHEA AND TENESMUS. STOOLS OCCUR 12 TIMES DAILY, ARE SCANTY, CONTAIN A LOT OF MUCUS, PUS, STREAKS OF BLOOD. HIS SIGMOID GUT IS TENDERNESS AND HARDENED. WHAT IS YOUR DIAGNOSIS:
1. dysentery
2. samonollosis
3. cholera
4. staphylococcal gastroenteritis
5. escherichiosis

148). A 14 YEAR OLD PATIENT. HE COMPLAINS OF CHEST PAIN, TEMPERATURE 38,5, BREATHLESSNESS. HE HAD ACUTE TONSILLITIS2 WEEKS AGO. HE IS IN A BAD STATE. THE SKIN IS PALE. HEART BORDERS ARE WIDENED, THE TONES ARE WEAKENED. ABOVE ALL HEART AREA YOU CAN HEAR PERICARDIUM FRICTION SOUND. ELECTROCARDIOGRAMM: THE DESCENT OF VOLTAGE QRS, THE INVERSION T. THE LIVER IS 3 SM ENLARGED. ESR – 4MM/H, ASL – 0 – 1260, C-REACTION PROTEIN +++. YOUR DIAGNOSIS:
1. rheumatic pancarditis
2. rheumatic pericarditis
3. rheumatic myocarditis
4. rheumatic endocarditis
5. septic endocarditis

149). THE CHILD HAS COMPLAINS OF THE «NIGHT» AND «HUNGRY» ABDOMINAL PAINS. AT FIBROSCOPY IN AREA A BULBUS OFA DUODENUM THE ULCERRATIVE DEFECT A DIA OF 4 MMS IS FOUND, THE FLOOR IS OBTECTED WITH A FIBRIN, [H.P +]. ADMINISTER THE OPTIMUM SCHEMES OF TREATMENT:
1. de-nol – amoxicillin – claritromicin.
2. de-nol
3. maalox-ranitidin
4. vicalinum-ranitidin
5. trichopolum

150). THE CHILD WAS BORN FROM 5TH PREGNANCY AND 1ST DELIVERY. MOTHER'S BLOOD GROUP - A[II] RH-, NEWBORN'S -A[II] RH+. THE LEVEL OF INDIRECT BILIRUBIN IN UMBILICAL BLOOD WAS 58 MCMOL/L, HEMOGLOBIN - 140 G/L, RBC-3,8 T/L. THE LEVEL OF INDIRECT BILIRUBIN IN 2 HOURS WAS 82 MCMOL/L. THE HEMOLYTIC DISEASE OF NEWBORN [ICTERIC-ANEMIC TYPE, RH-INCOMPATIBILITY] WAS DIAGNOSED. CHOOSE THE THERAPEUTIC TACTICS:
1. replacement blood transfusion (conservative therapy)
2. conservative therapy
3. blood transfusion (conservative therapy)
4. symptomatic therapy
5. antibiotics

151). MOTHER WITH INFANT VISITED THE PEDIATRICIAN FOR EXPERTISE ADVICE. HER BABY WAS BORN WITH BODY MASS 3,2 KG AND OF LENGTH 50 CM. HE IS 1 YEAR OLD NOW. HOW MANY TEETH THE BABY SHOULD HAS:
1. 8
2. 10
3. 12

4. 20
5. 6

152). MOTHER VISITED THE PEDIATRIC FOR EXPERTISE ADVICE. HER SON WAS BORN WITH BODY'S MASS 3 KGS AND LENGTH 48 CM. HE'S 1 YEAR OLD NOW. WHAT IS THE REQUIRED NORMAL MASS:
1. 10,2 kg
2. 9,0 kg
3. 11,0 kg
4. 12,0 kg
5. 15,0 kg

153). 6 MONTHS INFANT WAS BORN WITH BODY'S MASS 3 KG AND LENGTH 50 CM. HE IS GIVEN NATURAL FEEDING. HOW MANY TIMES PER DAY THE INFANT SHOULD BE FED:
1. 5
2. 7
3. 6
4. 8
5. 4

154). INFANT IS 6.5 MONTHS NOW AND IS GIVEN NATURAL FEEDING SINCE BIRTH. BODY MASS WAS 3.5 KG, WITH LENGTH 52 CM AT BIRTH. NOW MANY TIMES PER DAY THE SUPPLEMENT [UP FEEDING] SHOULD BE GIVEN:
1. 2
2. 3
3. 1
4. 0
5. 4

155). A 2 MONTHS OLD HEALTHY INFANT WITH GOOD APPETITE, IS GIVEN ARTIFICIAL FEEDING SINCE 1–ST MONTH. WHEN IS IT ADVISED TO START THE CORRECTIVE FEEDING [FRUIT JUICE]:
1. 4,0 months
2. 1,5 months
3. 2,0 months
4. 3,0 months
5. 1,0 months

156). INFANT WAS BORN WITH BODY MASS 3 KG AND OF LENGTH 50 CM. NOW HE IS 3 YEARS OLD. HIS BROTHER IS 7 YEARS, SUFFERS FROM RHEUMATIC FEVER. MOTHER REQUESTED THE DOCTOR FOR A CARDIAC CHECK UP FOR THE 3 YEARS OLD SON. WHERE IS THE LEFT RELATIVE HEART BORDER LOCATED:
1. 1 cm left from the left medioclavicular line
2. 1 cm right from the left medioclavicular line
3. along the left medioclavicular line
4. 1 cm left from he left parasternal line
5. 1 cm right from the left parasternal line

157). A 7-YEAR-OLD GIRL SUFFERS FROM BRONCHIAL ASTHMA. IN SPRING, USUALLY SHE HAS A BRONCHIAL ATTACK. WHAT WAS THE CONCLUSION AFTER AUSCULTATION OF THE LUNGS:

1. both types of rales
2. fine budding rales
3. sebelent dry rales
4. coarse bubling rales
5. crepitation rales

158). BOY, 7 YEAR OLD, HAD AN ATTACK OF ASPHYXIA AND DISTANT WHISTLING RALE AFTER PLAYING WITH A DOG. IN THE ANAMNESIS: ATOPIC DERMATITIS CAUSED BY EATING EGGS, CHICKEN, BEEF. WHAT GROUP OF ALLERGINS IS THE REASON OF THE DEVELOPMENT OF BRONCHIAL ASTMA ATTACKS:
1. epidermal
2. dust
3. pollen
4. itch mite
5. chemical

159). A 14 YEAR OLD BOY HAS RHEUMATISM. DURING 2 YEARS HE HAS TRANSFERED 3 RHEUMATIC ATTACKS. WHAT COURSE OF RHEUMATISM DOES THE PATIENT HAVE:
1. prolonged
2. acute
3. subacute
4. latent
5. persistent-reccurent

160). THE PATIENT WITH AQUIRED HEART FAILURE HAS DIASTOLIC PRESSURE 0 MM HG. WHAT HEART FAILURE DOES THE CHILD HAVE:
1. aortal stenosis
2. mitral stenosis
3. aortal insufficiency
4. mitral insufficiency
5. rheumatism

161). CHILD [12 YEARS OLD] HAS THE ULCER DISEASE OF STOMACH. WHAT IS THE ETIOLOGY OF THIS DISEASE:
1. helicobacter pylory
2. intestinal bacillus
3. salmonella
4. lambliosis
5. influenza

162). A NINE YEAR OLD CHILD IS IN HOSPITAL WITH ACUTE GLOMERULONEPHRITIS. CLINICAL AND LABORATORY SHOW THE ACUTE CONDITION. WHAT FOOD IS NOT LIMITED DURING THE ACUTE PERIOD OF GLOMERULONEPHRITIS:
1. carbohydrates
2. salt
3. liquid
4. proteins
5. fats

163). AN 18 MONTH CHILD, TAKEN TO HOSPITAL ON THE 4-TH DAY OF THE DISEASE. THE DISEASE BEGAN ACUTELY WITH TEMPERATURE 39, WEAKNESS, COUGH,

BREATHLESSNESS. HE IS PALE HAS CYANOSIS, FEBRILE TEMPERATURE FOR MORE THAN 3 DAYS. THERE ARE CREPITATIVE FINE BUBBLING RALES AT THE AUSCULTATION. PERCUSSION SOUND IS SHORTENED IN RIGHT UNDER SCAPULA AREA. X-RAY PICTURE: UNHOMOGENIUS SEGMENT INFILTRATION 8-10 IN THE RIGHT, THE INCREASE OF VASCULAR PICTURE, UNSTRUCTURAL ROOLS. YOUR DIAGNOSIS:
1. segmentary pneumonia
2. grippe
3. bronchitis
4. bronchiolitis
5. interstitial pneumonia

164). 9 YEAR OLD PATIENT. SHE HAS FITLIKE ABDOMINAL PAINS AFTER FRIED FOOD. NO FEVER. SHE HAS THE PAIN IN POINT CERA. THE LIVER IS NOT ENLARGED. PORTION B [DUODENAL PROBE] - 5 ML. YOUR DIAGNOSIS:
1. biliary tracts dyskinesia, hypotonic type.
2. hepatocirrhosis
3. acute colitis
4. chronic duodenum
5. ulcer disease

165). A GROWTH OF THE RIGHT SIDE OF THE SCROTUM WAS FOUND AT THE EXAMINATION OF A 3-MONTH-OLD CHILD. THIS FORMATION HAS ELASTIC CONSISTENCY, ITS SIZE DECREASES IN SLEEP AND INCREASES WHEN THE CHILD IS CRYING. WHAT INVESTIGATION WILL BE HELPFUL FOR MAKE A CORRECT DIAGNOSIS:
1. palpation of the thickened cord, crossing the pubical tubercule [sign of the silk glove]
2. diaphanoscopy
3. palpation of the external inguinal ring
4. punction of the scrotum
5. examination of the formation in trendelenburg's position

166). A BABY WAS BORN AT 36 WEEKS OF GESTATION. DELIVERY WAS NORMAL, BY NATURAL WAY. THE BABY HAS A LARGE CEFALOHEMATOMA. THE RESULTS OF BLOOD COUNT ARE: HB 120GL, ER 3,5TL, TOTAL SERUM BILIRUBIN 123MMOLL, DIRECT - 11MMOLL, INDIRECT - 112MMOLL. WHAT ARE CAUSES OF HYPERBILIRUBINEMYA IN THIS CASE:
1. erythrocytes hemolisis
2. intravascular hemolisis
3. disturbance of the conjugative function of the hepar
4. condensing of bile
5. mechanical obstruction of the bile fall.

167). A 4-MONTH-OLD GIRL WITH BLOND HAIR AND BLUE EYES HAS "MOUSY" ODOR OF SWEAT AND URINE, DELAYED PSYCHOMOTORIC DEVELOPMENT. MOSTLY TYPICAL LABORATORY DATA FOR THIS DISORDER IS:
1. positive urine ferric chloride test
2. high level of oxyproline in urine
3. high level of glycosaminoglycanes in urine
4. high concentration of chlorides in sweat
5. low level of thyroid gland hormones in blood

168). A NEWBORN GIRL HAS CONGENITAL LYMPHEDEMA OF THE HANDS AND FEET, SHORT NECK WITH LOOSE SKIN, ANTIMONGOLOID SLANT OF PALPEBRAL FISSURES, EPICANTHAL FOLDS. IN EPITHELIAL CELLS OF BUCCAL SCRAPE X-CHROMATIN [BARR BODY] IS ABSENT. DIAGNOSIS IS:
1. shereshevsky-turner syndrome
2. klinefelter syndrome
3. down syndrome
4. edwards syndrome
5. patau syndrome

169). A PATIENT HAD STOMACH RESECTION A YEAR AGO. HE COMPLAINS OF GENERAL WEAKNESS, GIDDINESS. BLOOD COUNT: ER 2,6 G/L, HB 80 G/L, C.IND 0.7, L – 3.7 G/L, RETICULOCYTES 1%, SEGM 56%, LYMP 34%, MON. 6%, ESR 17 MM/HOUR. ERYTHROCYTES ARE HYPOCHROMIC; THERE ARE ANISOCYTOSIS & POIKILO-CYTOSIS. FE OF SERUM 5 MKMOL/L. DIAGNOSIS IS:
1. iron-deficiency anemia
2. b12-deficiency anemia
3. chronic myeloleukosis
4. aplastic anemia
5. chronic lymphoid leukosis

170). PHYSICAL EXAMINATION OF A PERSON WITH CHRONIC BRONCHITIS REVEALS EXPANSION OF INTERCOSTAL SPACES, HYPERRESONANT PERCUSSION NOTE, DECREASED WHISPERED VOICE SOUNDS. CHEST X-RAY SHOWS HYPERINFLATED LUNGS, LOW AND FLATTENED DIAPHRAGM. WHICH OF THE SIGNS IS HELPFUL IN DIAGNOSING LUNG EMPHYSEMA:
1. all of them
2. low diaphragm
3. hyperresonant percussion note
4. hyperinflated lungs
5. expansion of intercostal spaces

171). A PATIENT WITH NOSOCOMIAL PNEUMONIA PRESENTS SIGNS OF COLLAPSE. WHICH OF THE FOLLOWING PNEUMONIA COMPLICATIONS IS MOST LIKELY TO BE ACCOMPANIED WITH COLLAPSE:
1. septic shock
2. exudative pleuritis
3. bronchial obstruction
4. toxic hepatitis
5. emphysema

172). VACCINATION OF BCG SHOULD BE CONDUCTED ON:
1. 5 days
2. 3 months
3. 10 days
4. 12 months
5. 5 years

173). IN A MALE AGED 25 FOCAL SHADOWINGS OF SMALL AND MEDIUM INTENSITY WITH UNEQUAL CONTOURS IN THE 1ST AND 2ND SEGMENTS OF THE RIGHT LUNG WERE REVEALED DURING PROPHYLACTIC PHOTOROENTGENOGRAPHY INVESTIGATION. WHICH CLINICAL FORM CAN BE SUSPECTED IN THIS PATIENT:

1. focal
2. disseminated
3. miliary
4. fibro-cavernous
5. tuberculoma

174). WHAT FROM ENUMERATED SYNDROMES IS MAIN IN ACUTE DIFFUSE BRONCHITIS:
1. syndrome of muco-ciliary insufficiency
2. syndrome of bronchial obstruction
3. syndrome of respiratory insufficiency
4. syndrome of pulmonary tissues insufficiency.
5. syndrome of pulmonary tissues augmented aerisation

175). THE PRIMARY BRONCHOPNEUMONIA MORE OFTEN ARISES AS:
1. complication of acute bronchitis
2. complication of pneumorrhagi.
3. complication of stagnation of blood in the lung.
4. complication of infarct of the lungs
5. complication of pneumoconiosis

176). WHAT AUSCULTATIVE DATA OF THE LUNGS DOES IN LOBAR PNEUMONIA EXIST AT STAGE OF HEPATIZATION:
1. bronchial breathing.
2. crepitation.
3. moist consonating rales
4. moist non-consonating rales
5. increased vesicular breathing

177). WHAT IS THE BASIC OF CREPITATION:
1. the separation of alveoli during inspiration on walls of which the fibrin has put.
2. existence of bronchiectasis filled by pus.
3. existence of a cavern containing liquid and air.
4. stenosis of a clear space of bronchus.
5. friction of the inflamed pleural layers during respiration.

178). SPUTUM “FULL MOUTH” [IS MORE OFTEN IN MORNING TIME] IS CHARACTERISTIC FOR:
1. bronchoectatic disease
2. pulmonary tuberculosis
3. focal pneumonia
4. acute bronchitis
5. empyema of pleura

179). WHAT IS AUSCULTATED IN SYNDROME OF INFILTRATION OF PULMONARY TISSUE:
1. pathological bronchial breathing
2. intensified vesicular breathing
3. decreased vesicular breathing, dry rales
4. harsh
5. amphoric breathing

180). WHEN CAN PULMONARY BLEEDING START:
1.bronchoectatic disease
2. diffuse catarrhal bronchitis
3. bronchiolitis
4. lobar pneumonia in a stage of red hepatization
5. bronchopneumonia

181). WHAT AUSCULTATIVE PHENOMENON ARISES AT BEGINNING OF ACUTE BRONCHITIS:
1. harsh
2. moist fine bubbling rales
3. crepitation
4. moist medium bubbling rales
5. vesiculo-bronchial breathing

182). A DIAGNOSIS OF CHRONIC ARSENIOUS INTOXICATION WAS DEFINED IN A PATIENT Y., A NIGHTMAN. WHAT FORM OF ANEMIA IS CHARACTERISTIC IN THIS DISEASE:
1. haemolytic anemia
2. aplastic anemia
3. iron deficiency anemia
4. hyper sideric anemia
5. normochromic anemia

183). A 4-YEAR OLD CHILD ATTENDS THE KINDERGARTEN. COMPLAINTS OF THE BAD APPETITE, FATIGUE. OBJECTIVE EXAMINATION: SKIN AND MUCOUS MEMBRANE ARE PALE, CHILD IS ASTHENIC. IN THE HEMOGRAM: HYPOCHROMATIC ANEMIA 1ST., LEUCOMOIDE REACTION, OF THE EOSINOPHILE TYPE. WHAT PATHOLOGY MUST BE EXCLUDED AT FIRST:
1. worm invasion
2. lymphoprolipherative process
3. hypoplastic anemia
4. duodenal ulcer
5. atrophic gastritis

184). A 16YR. OLD FEMALE PRESENTS WITH ABDOMINAL PAIN AND PURPURIC SPOTS ON THE SKIN. LABORATORY INVESTIGATIONS REVEALS A NORMAL PLATELET COUNT,WITH HAEMATURIA AND PROTEINURIA.THE MOST LIKELY DIAGNOSIS:
1. henoch schonlein purpura
2. haemolytic uraemic syndrome
3. thrombotic thrombocytopenic purpura
4. heavy metal poisoning
5. sub acute bacterial endocarditis

185). WHICH SIGN TESTIFIES TO ENHANCED REGENERATIVE PROCESSES IN BONE MARROW?
1. reticulocytosis
2. anisocytosis
3. polychromatophilia
4. poikilocytosis
5. erythrocytosis

186). WHICH MORPHOLOGICAL TRAITS OF ERYTHROCYTES MIGHT BE REVEALED IN THALASSEMIA?
1. hyperchromia
2. megalocytosis
3. hypochromiaaa
4. microcytosis
5. macrocytosis

187). WHAT IS TYPICAL FOR HEMOLYSIS?
1. indirect hyperbilirubinemia
2. increased transaminase activity
3. reticulocytosis
4. normochromia
5. erythrocytopenia

188). WHAT MAY BE OBSERVED UNDER THE APLASTIC (AREGENERATIVE) CRISIS IN HEMOLYTIC ANEMIA?
1. paleness
2. jaundice
3. reticulocytopenia
4. decrease of erythrocyte number and hemoglobin levels
5. indirect hyperbilirubinemia

189). WHAT IS THE PATTERN OF INHERITANCE OF HEREDITARY MICROSPHERCYTOSIS?
1. autosomal dominant
2. autosomal recessive
3. X-linked dominant
4. X-linked recessive
5. there can be sporadic (occasional) form of disease, caused by mutation

190). WHAT KIND OF ANEMIA IS CHARACTERIZED BY NORMOCHROMIA AND CONSIDERABLY INCREASED NUMBER OF REGENERATIVE FORMS OF ERYTHROCYTES?
1. hemolytic
2. iron deficiency
3. B12 deficiency
4. aplastic
5. folate deficiency

191). THE METHOD OF CHOICE FOR HEREDITARY MICROSPHEROCYTOSIS TREATMENT IS
1. glucocorticoids
2. packed red blood cells transfusion
3. splenectomy
4. vitamin b12 and folic acid
5. bone marrow transplantation

192). HEMOLYTIC CRISES IN PATIENTS WITH G-6-PD DEFICIENCY ARE USUALLY PROVOKED BY:
1. Medications intake
2. Hypoxia
3. Infections
4. Stress

5. Insolation

193). ALL OF FOLLOWING SIGNS ARE TYPICAL FOR THALASSEMIA, EXCEPT
1. suppression of globin chains synthesis
2. hepatolienal syndrome
3. hypochromic microcytic anemia
4. serum iron deficit
5. aniso- and poikilocytosis

194). FREQUENT TRANSFUSIONS OF PACKED RED BLOOD CELLS MIGHT LEAD TO
1. development of hemolytic anemia
2. hemosiderosis
3. allergic reactions
4. immune deficiency
5. development of chronic renal failure

195). A 14 Y.O. GIRL COMPLAINS OF PROFUSE BLOODY DISCHARGES FROM GENITAL TRACTS DURING 10 DAYS AFTER SUPPRESION OF MENSES FOR 1,5 MONTH. SIMILIAR BLEEDINGS RECUR SINCE 12 YEARS ON THE BACKGROUND OF DISORDERED MENSTRUAL CYCLE. ON RECTAL EXAMINATION: NO PATHOLOGY OF THE INTERNAL GENITALIA. IN BLOOD: HB- 70 G/L, RBC- 2,3 • 10^{12}/L, HT- 20 %. WHAT IS THE MOST PROBABLE DIAGNOSIS?
1. noncomplete spontaneous abortion
2. polycyst ovarian syndrome
3. werlholf 's disease
4. juvenile bleeding, posthemorrhagic anemia
5. hormonoproductive ovary tumor

196). A 15 Y.O. PATIENT HAS DEVELOPMENTAL LAG, PERIODICAL SKIN YELLOWING. OBJECTIVELY: SPLEEN IS 16X12X10 CM LARGE, CHOLELITHIASIS, SKIN ULCER ON THE LOWER THIRD OF HIS LEFT CRUS. BLOOD COUNT: ERYTHROCYTES - 3,0 • 10^{12}/L, HB- 90 G/L, C.I.- 1,0, MICROSPHEROCYTOSIS, RETICULOCYTOSIS. BLOOD BILIRUBIN – 56 MCMOL/L, INDIRECT BILIRUBIN -38 MCMOL/L. CHOOSE THE WAY OF TREATMENT:
1. omentosplenopexy
2. splenectomy
3. spleen transplantation
4. portocaval anastomosis
5. omentohepatopexy

197). A 5 MONTH OLD BOY WAS BORN PREMATURE, HE DIDN'T SUFFER FROM ANY DISEASE AT THE INFANT AGE AND LATER ON. EXAMINATION AT AN OUTPATIENT'S HOSPITAL REVEALED PALENESS OF SKIN, SLEEPINESS. BLOOD COUNT: HB - 95 G/L, ERYTHROCYTES -3,5 • 10^{12}/L, RETICULOCYTES – 9 ^{0}/00, COLOUR INDEX - 0,7, OSMOTIC STABILITY OF ERYTHROCYTES - 0,44-0,33%, SERUM IRON - 4,9 MCMOL/L. WHAT IS THE MOST PROBABLE CAUSE OF ANEMIA?
1. hemogenesis immaturity
2. erythrocyte hemolysis
3. iron deficit
4. infectious process
5. B12 deficit

198). AN 8 Y.O. CHILD PRESENTS WITH LOW-GRADE FEVER, ARTHRITIS, COLICKY ABDOMINAL PAIN, AND A PURPURIC RASH LIMITED TO THE LOWER EXTREMITIES, LABORATORY STUDIES REVEAL A GUAIAC-POSITIVE STOOL, A URINALYSIS WITH RED BLOOD CELL (RBC) CASTS AND MILD PROTEINURIA, AND A NORMAL PLATELET COUNT. THE MOST LIKELY DIAGNOSIS IS:
1. idiopathic thrombocytopenic purpura
2. systemic lupus erythematosus (sle)
3. henoch-schonlein's vasculitis
4. poststreptococcal glomerulonephritis
5. rocky mountain spotted fever

199). A 16 Y.O. FEMALE PRESENTS WITH ABDOMINAL PAIN AND PURPURIC SPOTS ON THE SKIN. LABORATORY INVESTIGATIONS REVEALS A NORMAL PLATELET COUNT, WITH HEMATURIA AND PROTEINURIA. THE MOST LIKELY DIAGNOSIS:
1. thrombotic thrombocytopenic purpura
2. hemolytic uremic syndrome
3. subacute bacterial endocarditis
4. heavy metal poisoning
5. Schonlein-Henoch purpura

200). ON THE SECOND DAY AFTER PREVENTIVE VACCINATION A 2 YEAR OLD BOY GOT ABDOMINAL PAIN WITHOUT CLEAR LOCALIZATION, BODY TEMPERATURE 38°C. ON THE THIRD DAY THE CHILD GOT RED PAPULAR HAEMORRHAGIC ERUPTION ON THE EXTENSOR SURFACES OF LIMBS AND AROUND THE JOINTS. KNEE JOINTS WERE EDEMATIC AND SLIGHTLY PAINFUL. EXAMINATION OF OTHER ORGANS AND SYSTEMS REVEALED NO PATHOLOGICAL CHANGES. WHAT IS THE MOST PROBABLE DIAGNOSIS?
1. hemorrhagic vasculitis
2. thrombocytopenic purpura
3. urticaria
4. DIC syndrome
5. meningococcemia

201). A 3 YEAR OLD BOY HAS PETECHIAL ERUPTION. EXAMINATION REVEALED NO OTHER PATHOLOGICAL CHANGES. THROMBOCYTE NUMBER IS 20 • 10^9G/L; HEMOGLOBIN AND LEUKOCYTE CONCENTRATION IS NORMAL. WHAT IS THE MOST PROBABLE DIAGNOSIS?
1. disseminated intravascular coagulopathy
2. Schonlein-Henoch disease
3. acute lymphoblastic leukemia
4. systemic lupus erythematosus
5. immune thrombocytopenic purpura

202). THROMBOCYTOPENIA IS CONSIDERED AS DECREASE IN NUMBER OF PLATELETS IN PERIPHERAL BLOOD LESS THAN
1. 200 x 10^9/L
2. 180 x 10^9/L
3. 150 x 10^9/L
4. 100 x 10^9/L
5. 80 x 10^9/L

203). HEMORRHAGIC VASCULITIS BELONGS TO
1. coagulopathies

2. vasopathies
3. thrombocytopathies
4. thrombocytopeniae
5. thrombastheniae

204). HEMORRHAGIC SYNDROME IN THROMBOCYTOPENIA MANIFESTS WITH
1. petechiae
2. ecchymoses
3. hemarthrosis
4. hematomae
5. bleeding

205). FOLLOWING MIGHT BE OBSERVED IN A HEMORRHAGIC VASCULITIS
1. Shortening of clotting time by Lee-White
2. Lengthening of clotting time by Lee-White
3. Shortening of bleeding time by Duke
4. Lengthening of bleeding time by Duke
5. Lengthening of blood plasma recalcification time

206). WHICH DRUGS CAN BE USED AT THE FIRST STAGE OF THROMBOCYTOPENIC PURPURA TREATMENT?
1. dicenon, adroxon
2. glucocorticoids
3. heparin
4. cytostatics
5. cryoprecipitate

207). THE END PRODUCT OF THE I PHASE OF BLOOD COAGULATION IS
1. active prothrombinase
2. heparin
3. fibrin
4. thrombin
5. antithrombin iii

208). INNER PATHWAY OF BLOOD COAGULATION BEGINS WITH FOLLOWING FACTOR
1. fibrin stabilizing
2. hageman's
3. proconvertin
4. stewart-prower's
5. tissue thromboplastin

209). CONVERSION OF FIBRINOGEN INTO FIBRIN IS PROMOTED BY
1. fibrin stabilizing factor
2. prothrombin
3. thrombin
4. prothrombinase
5. hageman's factor

210). WHAT KIND OF INHERITANCE IN HEMOPHILIA A
1. autosomal dominant

2. autosomal recessive
3. X-linked recessive
4. X-linked dominant
5. it is not hereditary nature

211). HEMORRHAGIC SYNDROME IN HEMOPHILIA MANIFESTS WITH
1. petechiae
2. ecchymoses
3. hematoma
4. hemarthrosis
5. bleeding

212). A 13 Y.O. TEENAGER WHO SUFFERS FROM HEMOPHILIA A WAS TAKEN TO THE HOSPITAL AFTER A FIGHT AT SCHOOL. HIS DIAGNOSIS IS RIGHT-SIDED HEMARTHROSIS OF KNEE JOINT, RETROPERITONEAL HEMATOMA. WHAT SHOULD BE PRIMARILY PRESCRIBED?
1. washed thrombocytes
2. aminocapronic acid
3. dry plasma
4. placental albumin
5. fresh frozen plasma

213). AN 8 YEAR OLD BOY SUFFERING FROM HEMOPHILIA WAS UNDERGOING TRANSFUSION OF PACKED RED CELLS. SUDDENLY HE GOT PAIN BEHIND THE BREASTBONE AND IN THE LUMBAR AREA, DYSPNEA, COLD SWEAT. OBJECTIVELY: PALE SKIN, HEART RATE -100/MIN, AP- 60/40 HG; OLIGURIA, BROWN URINE. FOR TREATMENT OF THIS COMPLICATION THE FOLLOWING DRUG SHOULD BE ADMINISTERED:
1. prednisolon
2. analgin
3. lasix
4. adrenalin
5. aminophyllin

214). A 16-YEAR-OLD BOY WAS ADMITTED TO THE HOSPITAL FOR THE REASON OF HEAVY NOSEBLEEDS AND INTOLERABLE PAIN IN THE RIGHT CUBITAL ARTICULATION. OBJECTIVELY: THE AFFECTED ARTICULATION IS ENLARGED AND EXHIBITS DEFIGURATION AND SKIN HYPEREMIA. THERE ARE MANIFESTATIONS OF ARTHROPATHY IN THE OTHER ARTICULATIONS. PS – 90/MIN; COLOUR INDEX -1,0, WBC - 5,6 $X10^9$/L, THROMBOCYTES- 220 $X10^9$/L, ESR - 6 MM/H. LEE-WHITE COAGULATION TIME: START - 24', FINISH - 27'10". WHAT DRUG WILL BE THE MOST EFFECTIVE FOR THIS PATIENT TREATMENT?
1. erythromass
2. cryoprecipitate
3. vicasol
4. calcium chloride
5. aminocapronic acid

215). A 16-YEAR-OLD PATIENT WHO HAS A HISTORY OF INTENSE BLEEDINGS FROM MINOR CUTS AND SORES NEEDS TO HAVE THE ROOTS OF TEETH EXTRACTED. EXAMINATION REVEALS AN INCREASE IN VOLUME OF THE RIGHT KNEE JOINT, LIMITATION OF ITS MOBILITY. THERE ARE NO OTHER CHANGES. BLOOD ANALYSIS

SHOWS AN INCLINATION TO ANEMIA (HB-110 G/L). BEFORE THE DENTAL INTERVENTION IT IS REQUIRED TO PREVENT THE BLEEDING BY MEANS OF:
1. FRESH FROZEN PLASMA
2. FIBRINOGEN
3. CALCIUM CHLORIDE
4. CRYOPRECIPITATE
5. EPSILON-AMINOCAPRONIC ACID

216). ON THE 3RD DAY OF LIFE A BABY PRESENTED WITH HEMORRHAGIC RASH, BLOODY VOMIT, BLACK STOOL. EXAMINATION REVEALED ANEMIA, EXTENDED COAGULATION TIME, HYPOPROTHROMBINEMIA, NORMAL THROMBOCYTE RATE. WHAT IS THE OPTIMAL THERAPEUTIC TACTICS?
1. fibrinogen
2. vitamin K
3. sodium ethamsylate
4. calcium gluconate
5. epsilon-aminocapronic acid

217). A 14-YEAR-OLD PATIENT WITH SIGNS OF INTERNAL HEMORRHAGE HAS BEEN TAKEN TO A HOSPITAL AFTER A FIGHT. HE HAS HAD HEMOPHILIA A SINCE CHILDHOOD. HE HAS BEEN DIAGNOSED WITH RETROPERITONEAL HEMATOMA. WHAT SHOULD BE ADMINISTERED IN THE FIRST PLACE?
1. fresh blood
2. platelet concentrate
3. aminocapronic acid
4. dried plasma
5. cryoprecipitate

218). LEUKEMIA IS A TUMOUR FROM
1. hemopoetic cells
2. lymphoid tissue
3. organs of the reticuloendothelial system
4. hepatocytes

219). IN WHAT DAY OF PROTOCOL THERAPY DESIRED REMISSION FOR PATIENTS WITH ACUTE LEUKEMIA?
1. 64
2. 21
3. 47
4. 33
5. 77

220). PROTOCOL №1 IT IS PROTOCOL OF
1. neuroleukemia prophylaxis
2. reinduction
3. remission induction
4. supporting therapy
5. accompaniment therapy

221). THE CHARACTER OF ANEMIC SYNDROME IN ACUTE LEUKEMIA:
1. regenerator

2. aregenerator
3. hyperregenerator

222). WHICH CYTOCHEMICAL REACTIONS ARE CHARACTERIZE ACUTE LYMPHOBLASTIC LEUKEMIA:
1. negative PAS-reaction, positive on myeloperoxidase
2. negative PAS-reaction, negative on myeloperoxidase
3. positive PAS-reaction, negative on myeloperoxidase
4. positive PAS-reaction, positive on myeloperoxidase

223). A PATIENT IS 14 YEARS OLD. CYTOCHEMICAL STUDY OF BONE MARROW PUNCTURE REVEALED 40% OF BLASTS, THERE WAS NEGATIVE REACTION TO PEROXIDASE AND WITH SUDAN BLACK, POSITIVE REACTION TO GLYCOGEN. SPECIFY THE FORM OF ACUTE LEUKEMIA:
1. promyelocytic
2. myeloblasts
3. monoblastic
4. undifferentiated
5. lymphoblastic

224). A 3-YEAR-OLD CHILD HAS BEEN ADMITTED TO A HOSPITAL WITH OSTEALGIA AND BODY TEMPERATURE 39°C. OBJECTIVELY: THE PATIENT IS IN GRAVE CONDITION, UNABLE TO STAND FOR OSTEALGIA, THERE IS APPARENT INTOXICATION, LYMPH NODES ARE ENLARGED UP TO 1,5 CM. LIVER CAN BE PALPATED 3 CM BELOW THE COSTAL MARGIN, SPLEEN - 2 CM BELOW THE COSTAL MARGIN. IN BLOOD: RBC -3,0 X 10^{12}/L, HB- 87 G/L, COLOUR INDEX - 0,9, THROMBOCYTES - 190 X 10^9/L, WBC -3, 2 X 10^9/L, EOSINOPHILS – 1%, STAB NEUTROPHILS – 1%, SEGMENTED NEUTROPHILS – 0%, LYMPHOCYTES – 87%, MONOCYTES – 2%, ESR - 36 MM/H. WHAT EXAMINATION SHOULD BE CONDUCTED IN ORDER TO SPECIFY THE DIAGNOSIS?
1. lymph node puncture
2. sternal puncture
3. lymph node biopsy
4. ultrasound
5. computer tomography

225). 4-YEAR-OLD CHILD. COMPLAINTS ARE FEVER T- 39^{OC}, ABDOMINAL PAINS, VOMITING. THE 5TH DAY: DARK URINE, SKIN AND MUCOUS ARE JAUNDICED. TONGUE IS COVERED WITH WHITE COATING. LIVER IS ENLARGED + 3,5 CM. FAECES ARE PALE. BILIRUBIN 127 (MK/MOL/L), DIRECT - 86, INDIRECT - 41. ALT - 1,8 MMOL/L/H, PROTHROMBINE INDEX – 78 %. WHAT'S THE PRIMARY DIAGNOSIS?
1. Obstructive jaundice
2. Toxic hepatitis
3. Viral hepatitis
4. Haemolytic anaemia Minkovski-Shoffar
5. Leptospyrosis

226). 12 YEAR-OLD CHILD. COMPLAINTS: T - 38-39^{OC}, HEADACHE, ABDOMINAL PAINS. 4TH DAY: SKIN RASH IN THE PLEATS AREA – PUNCTUATE ON THE HYPEREMIC BACKGROUND. FACE, NECK, HANDS, FEET ARE EDEMATIC, CYANOTIC. SKIN AND SCLERA ARE SUBICTERIC. PHARYNX IS HYPEREMIC, "RASPBERRY TONGUE", CONJUNCTIVITIS AND SCLERITIS IS OBSERVED. ANKLES ARE EDEMATIC AND PAINFUL.

LYMPHOADENOPATHY. LIVER + 3,5 CM, SPLEEN + 1 CM. BLOOD: LEUCOCYTES - 23,0 X 109/L, EOSINOPHILS – 4 %, ST - 12 %, SEG – 71 %, LYMPHOCYTES – 10 %, MONOCYTES – 3 %, ESR - 50 MM/H. URINE ANALYSIS - PROTEIN, RED BLOOD CELLS - 1-2, LEUCOCYTES - 10. PRIMARY DIAGNOSIS:
1.scarlet fever
2.pseudotuberculosis
3.viral hepatitis
4.typhoid fever
5.infectious mononucleosis

227). 4-YEAR-OLD CHILD. COMPLAINTS: MALAISE, STOOL FREQUENCY, VOMITING, T - 35,2O C. FACIAL FEATURES ARE SHARPENED, EYEBALLS ARE INVERTED, EXTREMITIES ARE COLD, VOICE IS WEAK, HOARSE. TONGUE IS DRY, ABDOMEN IS RETRACTED, BP - 80/40 MMHG. PULSE IS WEAK. CONVULSIONS OF GASTROCNEMICUS MUSCLES. STOOL IS WATERY, LIKE “RICE WATER”. WHAT IS THE PRIMARY DIAGNOSE:
1. dysentery
2. salmonellosis
3. cholera
4. staphylococcal enterocolitis
5. escherichiosis

228). 12-YEAR-OLD CHILD. AT 3PM T - 38,6OC, ABDOMINAL PAIN, REPEATED VOMITING. AT 5PM: T - 39,2OC, BP - 80/50 MMHG ACROCYANOSIS, EXTREMITIES ARE COLD. TACHYCARDIA. TONGUE HAS WHITE COATING, DRY. ABDOMEN IS DISTENDED. STOOL – FREQUENT, IN BIG AMOUNTS, WATERY, COLOR OF “MARSH SCUM”. BLOOD: LEUCOCYTES- 4,8X109/Л, MYELOCYTES - 9%, MATURE NEUTROPHILS - 32%, LYMPHOCYTES - 51%, MONOCYTES - 8%, ESR - 12 MM/H. WHAT IS THE PRIMARY DIAGNOSIS?
1. dysentery
2. salmonellosis
3. escherichiosis
4. cholera
5. typhoid fever

229). 2-MONTH-OLD CHILD. PULSE – 168 PER MIN, RESPIRATORY RATE - 58 PER MIN. COMPLAINTS: T - 38,2O C, WATERY STOOL, REPEATED VOMITING, WEIGHT LOSS. SKIN IS GRAYISH-PALE, DRY. DRINKS UNWILLINGLY.. FACIAL FEATURES ARE SHARPENED, EYEBALLS ARE INVERTED. BIG FONTANELLE IS RETRACTED. TONGUE HAS WHITE COATING. TURGOR IS DECREASED. ABDOMEN IS DISTENDED. LIVER - 2,5 CM. STOOL IS FREQUENT, BIG AMOUNTS, WATERY. DIURESIS IS RARE. IN BLOOD: BILIRUBIN – 24,7 MKMOL/L WHAT IS THE PRIMARY DIAGNOSIS?:
1. pneumonia
2. viral hepatitis
3. appendicitis
4. acute intestinal infection
5. glomerulonephritis

230). 2,5-MONTH-OLD CHILD. COMPLAINTS: T - 39,2O C, MALAISE, REFUSES BREAST-FEEDING, PERIODICALLY AGITATION. 3RD DAY – SCLERA AND SKIN ARE JAUNDICED, DARK URINE, PALE STOOL. 4TH DAY VOMITING – WITH HAEMATEMESIS, CONVULSIONS, CONSCIOUSNESS DISTURBANCES. ABDOMEN IS DISTENDED. LIVER IS NEAR THE EDGE

OF RIB ARCH. SPLEEN ENLARGED + 3,5 CM. BILIRUBIN - 234 MKMOL/L, DIRECT -182, ALT - 3,1 MMOL/L/H., PROTHROMBINE INDEX– 38 %. FOUND HBSAG AND DELTA VIRUS. EPIDEMIOLOGICAL HISTORY – PNEUMONIA AND BLOOD TRANSFUSION. WHAT IS THE PRIMARY DIAGNOSIS?:
1. encephalitis
2. viral hepatitis B, heavy form
3. viral hepatitis B + delta infection, malignant form
4. viral hepatitis A
5. atresy of biliary ducts

231). 5-YEAR-OLD CHILD, T - 39^{O} C, ABDOMINAL PAIN, WATERY STOOL. SKIN IS DRY AND PALE. TONGUE HAS WHITE COATING. ABDOMEN IS RETRACTED, TENDERNESS IN THE LEFT ILIAC REGION. SYGMOID IS SPASTIC. ANUS IS SOFT. TENESMUS, DEFECATION IN SMALL PORTIONS, RECTAL SPIT, STOOL IS GREEN, WITH MUCUS AND BLOOD. WHAT IS THE PRIMARY DIAGNOSIS?:
1. typhoid fever
2. escherichiosis
3. yersiniosis
4. acute dysentery
5. salmonellosis

232). 2-YEAR-OLD. COMPLAINTS: MALAISE, APPETITE LOSS. 5TH DAY – DARK URINE, PALE STOOL. 6TH - JAUNDICE OF SKIN AND SCLERA, T - 37,4^{O} C, REPEATED VOMITING. LIVER ENLARGED + 7 CM, SPLEEN +2,5 CM. HEART SOUNDS ARE MUTED, BRADYCARDIA. CHILD NOT ACTIVE. SLEEPING DISTURBANCES. BILIRUBIN - 220 MMOL/L, DIRECT - 176 MMOL/L. PROTHROMBINE INDEX - 60%. ALT - 6,4 IU. FOUND HBS AG. EPIDEMIOLOGICAL HISTORY - IN AGE 1,5 YEARS PNEUMONIA AND BLOOD TRANSFUSION. WHAT IS THE PRIMARY DIAGNOSIS?
1. haemolytic anaemia
2. viral hepatitis a
3. toxic hepatitis
4. viral hepatitis в
5. obstructive jaundice

233). 3-MONTH-OLD CHILD. COMPLAINTS: T - 38,3^{OC}, FREQUENT WATERY STOOL, WEIGHT LOSS, VOMITING. 3RD DAY OF THE DISEASE: T - 36,2^{OC}, HR - 168, RR – 62/MIN. SKIN IS PALE, GRAYISH, DRY, COLD, MARBLE-LIKE. FACIAL FEATURES ARE SHARPENED, EYES ARE RETRACTED. BIG FONTANELLE IS RETRACTED. TONGUE HAS WHITE COATING. TURGOR IS DECREASED. ABDOMEN IS DISTENDED. STOOL IS FREQUENT, MASSIVE, WATERY. URINATION IS RARE. BILIRUBIN - 17,4 MMOL/L. THE SEVERE CONDITION IS MORE LIKE TO BE DUE TO:
1. acute respiratory failure
2. toxicosis with exicosis
3. acute renal failure
4. neurotoxicosis
5. encephalitic reaction

234). DURING THE FIRST DAY OF DISEASE BY AN ACUTE INTESTINE INFECTION, A GASTROENTEROCOLITIS, THE CHILD 9 MON. HAS LOST UP TO 5 % OF MASS OF A BODY. HOW IT IS POSSIBLE TO LIQUIDATE WATER-SALT DEFICIENCY?
1. to prescribe parenteral rehydration

2. to prescribe oral rehydration
3. to prescribe a rational dietotherapy
4. to prescribe enterosorbent
5. to prescribe biological preparations

235). SELECT THE CLINICAL SYNDROMES FOR INTESTINAL YERSINOSIS:
1. intoxication
2. hepatosplenomegaly
3. lymphoadenopathy
4. diarrhea
5. atropathia
6. tonsillitis

236). WHAT SYMPTOMS ARE CHARACTERISTIC FOR THE ERASED (SUBCLINICAL) FORM OF SHIGELLOSIS:
1. watery stool with mucous 1-2 times a day
2. watery stool with mucous, greens of 8-10 times in day
3. the expressed spasm sigmoid colon
4. some infiltration sigmoid colon

237). WHICH THREE SYNDROMES CHARACTERIZED ESCHERICOSIS INFECTION OF E.P.E.C GROUP?
1. enteric
2. colitis
3. meningeal
4. toxicosis with dehydratation
5. rash

238). WHICH EXTRA METHODS OF EXAMINATION COULD BE DONE FOR A CHILD WITH SHIGELLOSIS DURING THE 1ST WEEK OF ILLENESS?
1. bacteriological test of stool
2. coprogram
3. serological test
4. procto(sigmoido)scopy

239). WHICH SYMPTOMS CHARACTERIZE SALLMONELLOSIS?
1. high fever
2. the length of the temperature
3. paleness
4. enlargement of the liver and spleen
5. frequency of stool, colored marsh slime
6. enteric type of stool
7.tenesmus
8. length of the period of pathological stool

240). WHAT BIOCHEMICAL PARAMETER INDICATES THE VIRAL HEPATITIS?
1. general bilirubin of blood
2. cholesterinemia
3. alt, ast
4. rheumatest

241). BY WHAT VARIANT THE PREICTERIC PERIOD OF A VIRUS HEPATITES AND AT CHILDREN MOST OFTEN PROCEEDS:
1. catarrhal
2. asthenovegetative
3. arthrodynic
4. dyspeptic

242). 12-YEAR-OLD GIRL. THE DISEASE STARTED WITH DETERIORATION OF APPETITE, INSIGNIFICANT COUGH, STOMACH ACHES, VOMITING. THE URINE DARKENED BY THE 7-TH DAY OF THE DISEASE. MILD JAUNDICE OF BOTH SCLERA AND SKIN APPEARED ON THE 8-TH DAY OF DISEASE AND THE GIRL WAS HOSPITALIZED. FROM ANAMNESIS: AT SCHOOL, IN THE SAME CLASS WITH THE PATIENT, THERE WERE CASES OF VIRAL HEPATITIS. AT SURVEY THE PATIENT BECAME LANGUID, SKIN AND SCLEARA ARE YELLOW BILATERALLY. INSIGNIFICANT HYPEREMIA IS IN THE PHARYNX. LUNGS ARE CLEAR. THE TONES OF THE HEART ARE SLIGHTLY MUFFLED. THE LIVER IS 2 CM IS BELOW THE COSTAL ARCH, IS CONDENSED, AND SLIGHTLY PAINFUL. THE SPLEEN IS NOT PALPABLE. BILIRUBIN OF THE BLOOD: GENERAL – 63 MKML/L; (DIRECT – 41 MKML/L, UNDIRECT – 22 MKML/L), ALT – 3,5 MML/LXH, AST– 2,7 MML/LXH, THYMOL (TURBIDITY) TEST– 16 ED. ELISA: AB HAVIGM - 0,58 OD (N UP TO 0,40), HBSAG – NEGATIVE, AB HBC IGM -NEGATIVE. PUT A DIAGNOSIS INDICATING SEVERITY OF THE DISEASE AND TYPE OF VIRUS.
1. viral hepatitis B, typical form, mild severity
2. viral hepatitis A, typical form, mild severity
3. AID, acute gastroerterocolitis, unknown etiology severe course

243). 12-YEAR-OLD GIRL. THE DISEASE STARTED WITH DETERIORATION OF APPETITE, INSIGNIFICANT COUGH, STOMACH ACHES, VOMITING. THE URINE DARKENED BY THE 7-TH DAY OF THE DISEASE. MILD JAUNDICE OF BOTH SCLERA AND SKIN APPEARED ON THE 8-TH DAY OF DISEASE AND THE GIRL WAS HOSPITALIZED. FROM ANAMNESIS: AT SCHOOL, IN THE SAME CLASS WITH THE PATIENT, THERE WERE CASES OF VIRAL HEPATITIS. AT SURVEY THE PATIENT BECAME LANGUID, SKIN AND SCLEARA ARE YELLOW BILATERALLY. INSIGNIFICANT HYPEREMIA IS IN THE PHARYNX. LUNGS ARE CLEAR. THE TONES OF THE HEART ARE SLIGHTLY MUFFLED. THE LIVER IS 2 CM IS BELOW THE COSTAL ARCH, IS CONDENSED, AND SLIGHTLY PAINFUL. THE SPLEEN IS NOT PALPABLE. BILIRUBIN OF THE BLOOD: GENERAL – 63 MKML/L; (DIRECT – 41 MKML/L, UNDIRECT – 22 MKML/L), ALT – 3,5 MML/LXH, AST– 2,7 MML/LXH, THYMOL (TURBIDITY) TEST– 16 ED. ELISA: AB HAVIGM - 0,58 OD (N UP TO 0,40), HBSAG – NEGATIVE, AB HBC IGM -NEGATIVE. PUT A DIAGNOSIS INDICATING SEVERITY OF THE DISEASE AND TYPE OF VIRUS. WITH WHICH DISEASE WILL YOU DIFFERENTIATE?
1. Diferencial diagnosis with hemolytical, mechanical jaundice and other hepatitis (B,C,D,E). In preicteric period with acute appendicitis and acute respiratory diseases
2. Diferencial diagnosis with rickets, acute bronchitis, acute pyelonephritis

244). THE CHILD OF 3 MONTHS, GOT SICK ACUTELY, TEMPERATURE OF BODY RAISED UP TO 39,50C, ABDOMINAL PAIN, REPEATED VOMITING AND THREE TIME LIQUID STOOL WITH SLIME HAVE APPEARED. THE CONDITION AT ARRIVAL TO THE CLINIC IS SERIOUS. PALENESS OF SKIN IS SERIOUSLY MARKED. WHILE AUSCULTATION EXAGGERATED BREATH SOUNDS ARE HEARD. HEART SOUNDS RHYTHMICAL, SONOROUS, PULSE IS 135 BEATS/MIN. ABDOMEN UPON PALPATION IS SOFT, A LITTLE RETRACTED. IT WAS NOT POSSIBLE TO DISTINCTLY PALPATE PARTS OF THE INTESTINE AND TO DEFINE THE SIZES OF LIVER AND SPLEEN. THE PATULOUS ANUS IS SEEN. SPHINCTERITIS. A SCANT

AMOUNT OF MUCOUSY, GREEN LIQUID STOOL IS NOTED. MENINGEAL SIGNS ARE NEGATIVE. STOOL CULTURE- SHIGELLA SONNEI 2A. COPROGRAMM - COLOR- BROWN-GREEN, CONSISTENCY – LIQUID, MUCOUS ++++, BLOOD-+++, LE-30-40 IN THE VISUAL FIELD, ER-10-12 IN THE VISUAL FIELD. PUT A DIAGNOSIS:
1.Acute intestinal infection of unknown etiology acute gastroenteritis mild course
2.Acute Shigellosis Sonne, typical form, severe clinical course

245). A CHILD OF 1 YEAR 2 MONTHS GOT SICK WITH COUGH AND CORYZA WAS BROUGHT TO THE INFECTIOUS DEPARTMENT. UPON INSPECTION: HARSH BARKING COUGH, HOARSE VOICE, INSPIRATORY DYSPNEA, MODERATE DEPRESSION OF PROMINENT PART OF CHEST WHEN THE CHILD IS ANXIOUS, FEVER 37,7°C, HYPEREMIA OF THROAT , RUNNING NOSE. THERE IS NO PATHOLOGY OF OTHER ORGANS AND SYSTEMS NOTED. IMMUNOFLUORESCENCE – IN THE SWAB FROM THE NASOPHARYNX, MARKED WITH FLUORESCENT IMMUNE SERUM SPECIFIC LUMINESCENCE COMPLEX OF THE RED COLOR WAS FOUND. NASOPHARYNX SWABS – INFLUENZA VIRUS AG IS NOT FOUND PARAINFLUENZA VIRUS AG IS FOUND ADENOVIRUS AG IS NOT FOUND RSVIRUS AG – IS NOT FOUND. SEROLOGICAL BLOOD EXAMINATION: DIORECT HEMAGLUTINATION TEST WITH PARAINFLUENZA DIAGNOSTICUM IN THE FIRST DAY OF THE DISEASE 1:20 ++; IN 7 DAYS 1:160 +++.GIVE A DETAILED DIAGNOSIS BY MENTIONING ETIOLOGY, SEVERITY OF THE DISEASE AND COMPLICATION THAT TOOK PLACE:
1. Parainfluenza moderate degree of severity. Complication: Laringotracitis stenosis of the 1stdegree
2. Influenza moderate degree of severity. Complication: acute pneumonia

246). CATARACTS, CONGENITAL HEART DISEASE, AND DEAFNESS ARE CHARACTERISTIC OF A CONGENITAL INFECTION CAUSED BY:
1. herpes virus
2. cytomegalovirus
3. rubella virus
4. listeria
5. toxoplasma

247). CLINICAL MANIFESTATIONS OF CONGENITAL CYTOMEGALOVIRUS INFECTION CAN BE:
1. jaundice, hepatosplenomegaly, neurological disorders
2. blisters on the palms and soles, rhinitis, saber shins
3. deafness, cataract, congenital heart disease
4. pneumonia, conjunctivitis, vaginitis

248). TYPICAL LOCALIZATION OF BLISTERS FOR THE PEMPHIGUS OF A NEWBORN:
1. abdomen, limbs, back, skin folds
2. the palms and soles
3. nasolabial triangle, scalp, skin folds
4. face

249). EARLY-ONSET NEONATAL SEPSIS IS DIAGNOSED WHEN SYMPTOMS OF SEPSIS APPEAR:
1. on the first day after birth
2. in the first 72 hours after birth
3. in the early neonatal period
4. in the neonatal period

250). THE VOLUME OF CIRCULATING BLOOD IN A PREMATURE NEWBORN IS:
1. 60-70 ml/kg
2. 80-90 ml/kg
3. 100-120 ml/kg
4 130-140 ml/kg

251). A PREMATURE NEWBORN WITH A BODY WEIGHT OF 540G IS BORN WITH:
1. low birth weight
2. very low birth weight
3. extremely low birth weight

252). PARESIS OF THE DIAPHRAGM DEVELOPS:
1. when the C3–C4 segments of the spinal cord are injured
2. when the thoracic spinal cord is injured
3. when the lumbar spinal cord is injured
4. in case of brain injury

253). WHAT IS THE GENESIS OF UNILATERAL LARGE HEMORRHAGES IN THE PARENCHYMA OF THE BRAIN IN NEWBORNS:
1. hypoxic
2. traumatic

254). WHAT SKIN TONE IS CHARACTERISTIC OF PHYSIOLOGICAL JAUNDICE:
1. yellow-pink
2. yellow-pale
3. yellow-green
4. yellow-grey

255). RESPIRATORY DISTRESS SYNDROME DEVELOPS IN:
1. premature newborns
2. full-term newborns
3. post-term newborn

256). THE CAUSE OF HEMOLYTIC DISEASE OF THE NEWBORN IS:
1. immaturity of liver glucuronyltransferase
2. incompatibility between the blood of fetus and mother
3. hemoglobinopathy
4. intrauterine infection

257). FOR EXCHANGE BLOOD TRANSFUSION IN HEMOLYTIC DISEASE OF THE NEWBORN - AB0-INCOMPATIBILITY USE:
1. red blood cells 0 (I) and plasma 0 (I)
2. red blood cells and plasma of the child's blood group
3. red blood cells 0 (I) and plasma AB (IV)

258). THE MAIN CRITERION FOR PREMATURITY:
1. gestational age
2. birth weight

3. length at birth
4. physical development
5. weight-length coefficient

259). A PREMATURE NEWBORN WITH A BODY WEIGHT OF 1240G IS BORN WITH:
1. low birth weight
2. very low birth weight
3. extremely low birth weight

260). IF THE MOTHER IS RH-NEGATIVE AND THE CHILD IS RH-POSITIVE THE NEWBORN'S HEMOLYTIC DISEASE DEVELOPS:
1. in all cases
2. not in all cases

261). FOR ANTENATAL PREVENTION RESPIRATORY DISTRESS SYNDROME IS USED:
1. hydrocortisone
2. prednisone
3. dexamethasone
4. thyreoidlnum
5. vitamin E

262). THE MAIN FORMS OF NEWBORN PNEUMONIA ARE:
1. focal
2. segmental
3. lobar
4. interstitial

263). SPECIFY THE TYPICAL SYMPTOMS OF CYTOMEGALOVIRUS INFECTION:
1. cells of the "owl's eye" type
2. periventricular calcifications
3. blisters on the palms and soles
4. saber shins

264). NOTE WHICH THREE PERIODS THE PERINATAL PERIOD IS DIVIDED INTO:
1. early antenatal
2. late antenatal
3. antenatal
4. intranatal
5. neonatal
6. early neonatal
7. late neonatal

265). INDICATIONS FOR ARTIFICIAL VENTILATION OF THE NEWBORN IN THE DELIVERY ROOM, IF THE INITIAL ACTIONS ARE COMPLETED (AIRWAY SANITATION, DRYING, TACTILE STIMULATION OF BREATHING) THEY ARE:
1. apnea
2. cyanosis 3. pallor
3. bradycardia less than 100 beats per minute
4. suspected diaphragmatic hernia
5. all of the above

266). HEMOLYTIC DISEASE OF THE NEWBORN: ABO-INCOMPATIBILITY CAN DEVELOP IF THE BLOOD GROUP:
1. mother 0(I), child A(II)
2. mother 0(I), child B(III)
3. mother A(II), child 0(I)
4. mothers B(III), child 0(I)
5. mother 0(I), child AB(IV)

267). RADIOLOGICAL CRITERIA FOR RESPIRATORY DISTRESS SYNDROME:
1. air bronchogram
2. reticular net
3. focal shadows
4. diffuse decrease in lung transparency
5. infiltrations are interspersed with emphysematous areas

268). WHAT KIND OF CONDITION IS TYPICAL FOR EXTREMELY PREMATURE NEWBORNS:
1. respiratory distress syndrome
2. transient tachypnea
3. sexual crisis
4. retinopathy
5. bronchopulmonary dysplasia

269). THE NEWBORN ON THE SIXTH DAY OF LIFE APPEARED PUSTULES THE SIZE OF A MILLET GRAIN WITH SEROUS-PURULENT CONTENTS ON A HYPEREMIC BACKGROUND ON THE TRUNK, IN THE FOLDS AND THE SCALP. THE GENERAL CONDITION IS NOT DISTURBED. YOUR ASSUMPTION:
1. bullous epidermolysis
2. the sweating sickness of the newborn
3. pemphigus of newborns
4. acne
5. vesiculopustulosis

270). ON THE EIGHTH DAY OF LIFE, A FULL-TERM BABY HAS A BODY TEMPERATURE OF 37.9°C, AND BEGAN TO SUCK SLUGGISHLY. ON THE SKIN OF THE ABDOMEN AND THIGHS, SUPERFICIAL FLACCID BLISTERS WITH A DIAMETER OF 5-10 MM WITH A CLOUDY CONTENT. IN PLACE OF THE OPENED BUBBLES, THE SURFACE IS BRIGHT PINK. THERE ARE NO CHANGES IN INTERNAL ORGANS. THE MOTHER HAS POSTPARTUM ENDOMETRITIS. SPECIFY THE MOST LIKELY DIAGNOSIS:
1. pemphigus of the newborn
2. infected sweating sickness of the newborn
3. Lyell's syndrome
4. vesiculopustules
5. Ritter's exfoliative dermatitis

271). THE PRESENCE OF INTRAUTERINE GROWTH RETARDATION IN A NEWBORN CHILD, HEPATOSPLENOMEGALY, JAUNDICE, SKIN EXANTHEMA, DISORDERS OF THE CARDIOVASCULAR SYSTEM AND CENTRAL NERVOUS SYSTEM, HEMORRHAGIC

SYNDROME, ANEMIA, THROMBOCYTOPENIA, CHANGES IN THE STRUCTURE OF THE BRAIN ALLOWS:
1. determine the diagnosis of cytomegalovirus infection
2. determine the diagnosis of sepsis
3. determine the diagnosis of toxoplasmosis
4. suspect the diagnosis of an intrauterine infection and conduct an additional examination to identify the pathogen

272). A NEWBORN IS NOT BREATHING, HE WAS CYANOTIC, NOT RESPONDING TO STIMULI, HEART RATE 90 BEATS PER MINUTE, EXTREMITIES HANG DOWN. THE INITIAL RATING ON THE APGAR SCALE IS:
1. 0 points
2. 1 point
3. 2 points
4. 3 points
5. 4 points

273). A CHILD FROM THE FIRST PREGNANCY, FULL-TERM, WITH A BODY WEIGHT 4000G, LENGTH OF 57CM. AFTER BIRTH, THERE IS NO REACTION TO THE EXAMINATION. DIFFUSE CYANOSIS. HEART RATE-80/MIN. DETERMINE THE VOLUME OF RESUSCITATION MANIPULATIONS:
1. intubate and start artificial ventilation
2. perform tactile stimulation
3. to enter the naloxone
4. give 100% oxygen
5. start artificial ventilation through mask

274). THE BABY WAS BORN AT THE GESTATIONAL AGE OF 32 WEEKS IN A SEVERE CONDITION. THE LEADING SYMPTOMS WERE SYMPTOMS OF RESPIRATORY DISORDERS: SONOROUS EXTENDED EXPIRATION, PARTICIPATION OF INTERCOSTAL MUSCLES IN BREATHING, THE PRESENCE OF CREPITATING WHEEZES. SILVERMAN SCORE AT BIRTH - 0 POINTS, 3 HOURS LATER - 3 POINTS. WHICH DIAGNOSTIC METHOD WILL ALLOW YOU TO MAKE A DIAGNOSIS:
1. x-ray examination of the chest
2. clinical blood analysis
3. proteinogram
4. blood gas -measurements
5. immunological analysis

275). A NEWBORN FROM AN RH-NEGATIVE MOTHER. SECOND PREGNANCY. WHICH LABORATORY TEST SHOULD BE PERFORMED FIRST:
1. determine the bilirubin of cord blood and blood panel
2. determine the blood group and Rh
3. determine the Rh and bilirubin of cord blood
4. determine ALT, AST and Coombs test
5. determine the level of bilirubin in the peripheral blood

276). A FULL-TERM BABY WAS BORN WITH A BODY WEIGHT OF 3200G, A BODY LENGTH OF 50CM, WITH AN APGAR SCORE OF 8-10 POINTS. WHAT IS THE OPTIMAL TIME TO START BREASTFEEDING:
1. in the first 6 hours
2. first 30 minutes

3. in the first 48 hours
4. after 48 hours
5. first 24 hours

277). FOR CONGENITAL DYSFUNCTION OF THE ADRENAL CORTEX MEDICINE THERAPY (VIRIL FORM), THE following MEDICINES ARE USED:
1. glucocorticoid replacement therapy
2. substitution therapy with mineralocorticoids
3. substitution therapy with gluco - and mineralocorticoids
4. substitution therapy with lulebirins
5. substitution therapy with desmopressin

278). FOR ACUTE ADRENAL INSUFFICIENCY, THE FOLLOWING CHANGES ARE CHARACTERISTIC:
1. low cortisol, high ACTH, hypoglycemia
2. high cortisol, high ACTH, hypoglycemia
3. low cortisol, high ACTH, hyperglycemia
4. low cortisol, low ACTH, hyperglycemia
5. normal cortisol, low ACTH, hyperglycemia

279). FOR CONGENITAL DYSFUNCTION OF THE ADRENAL CORTEX (SALTING FORM) CHARACTERISTIC:
1. high levels of 17 – on - progesterone blood, hyperkalemia
2. high concentration of chlorides in sweat fluid
3. high blood methanephrine
4. low ACTH and low potassium in the blood
5. low 17 – on - progesterone

280). FOR CONGENITAL DYSFUNCTION OF THE ADRENAL CORTEX (VIRIL FORM) CHARACTERISTIC:
1. high blood 17-progesterone level, normal blood electrolyte level
2. high concentration of chlorides in sweat fluid
3. high blood cortisol
4. low ACTH and low potassium in the blood
5. low 17-on-progesterone

281). FOR CONGENITAL DYSFUNCTION OF THE ADRENAL CORTEX (SALTING FORM) ENZYME DEFICIENCY IS OBSERVED:
1. reductase
2. glucose-6-phosphate dehydrogenesis
3.21-hydroxylase
4. phenylalanine hydroxylase
5. creatinine phosphokinase

282). MARK CONGENITAL DYSFUNCTION OF THE ADRENAL CORTEX FORMS:
1. viril
2. saltting
3. hypertonic
4. hypoglycemic
5. waved

283). FOR ACUTE ADRENAL INSUFFICIENCY, THE FOLLOWING CHANGES ARE CHARACTERISTIC:
1. low cortisol, high ACTH
2. high cortisol, high ACTH
3. hyperglycemia
4. hypoglycemia
5. hyperkalemia

284). CLINICAL MANIFESTATIONS OF HYPOCORTICISM:
1. arterial hypotension
2. arterial hypertension
3. increased intake of salt
4. hyperpigmentation of the skin
5. pallor of the skin

285). FOR CONGENITAL DYSFUNCTION OF THE ADRENAL CORTEX (SALTING FORM) THE FOLLOWING CHANGES ARE:
1. high levels of 17-on-progesterone
2. hypoglycemia
3. hypokalemia
4. hyperkalemia
5. low blood 17-on-progesterone levels

286). FOR CONGENITAL DYSFUNCTION OF THE ADRENAL CORTEX (VIRIL FORM) THE FOLLOWING CHANGES ARE CHARACTERISTIC:
1. high levels of 17-on-progesterone
2. normal blood electrolyte levels
3. high blood cortisol
4. hyperkalemia
5. hypoglycemia

287). A NEWBORN BOY AGED 3 WEEKS HAD VOMITING, DIARRHEA, WEAKNESS, WEIGHT LOSS, SYMPTOMS OF EXICOSIS: DRY SKIN AND MUCOUS MEMBRANES. SCREENING RESULTS: 17-HE PROGESTERONE - 78 NG / ML. POTASSIUM - 7.7 MMOL / L. SODIUM - 140 MMOL/L. CHLORIDES - 98 MMOL / L. MOST LIKELY DIAGNOSIS:
1. congenital dysfunction of the adrenal cortex - viril form
2. congenital dysfunction of the adrenal cortex - salt form
3. pyloric stenosis
4. intestinal infection
5. intestinal obstruction

28/8). A 7-YEAR-OLD BOY DEVELOPED EPISODES OF SEVERE WEAKNESS, LETHARGY, AND A DECREASE IN BLOOD PRESSURE. HYPERPIGMENTATION APPEARED IN THE AREAS OF FRICTION OF CLOTHING, IN THE SCROTUM. ON EXAMINATION: - 17-ON-PROGESTERONE 1.7 NG / ML, CORTISOL IS REDUCED, ACTH IS INCREASED. BONE AGE IS 1 YEAR BEHIND THE PASSPORT, KARYOTYPE 46 XY. YOUR DIAGNOSIS:

1. congenital dysfunction of the adrenal cortex
2. addison's disease
3. hypopituitarism
4. secondary hypocorticism
5. congenital hyperinsulinism

289). IDENTIFY THE DIAGNOSTIC CRITERIA OF TYPE I DIABETES MELLITUS:
1. glycemia (fasting) ≥ 6,1 mmol/l, postprandial glycemia ≥11,1 mmol/l
2. glycemia (fasting) 5,6 - 6.1 mmol/l , postprandial glycemia ≥11,1 mmol/l
3. postprandial glycemia ≥15,1 mmol/l
4. glycemia (fasting) 5,6 - 6.1 mmol/l
5. glycemia (fasting) up to 5,5 mmol/l

290). IDENTIFY THE INITIAL DOSE OF INSULIN FOR INTRAVENOUS INJECTION NESESSARY TO CONTROL KETOACIDOTIC COMA:
1. 0,1 u/kg/h
2. 0,5 u/kg/h
3. 1.0 u/kg/h
4. 1.5 u/kg/h
5. 2.0 u/kg/h

291). IDENTIFY THE DIAGNOSTIC CRITERIA OF TOLERANCE TO GLUCOSE:
1. glycemia (fasting) ≥ 6,1 mmol/l , postprandial glycemia ≥11,1 mmol/l
2. glycemia (fasting) up to 5,5 mmol/l, postprandial glycemia ≥11,1 mmol/l
3. glycemia (fasting) 5,6 -6.1 mmol/l, postprandial glycemia ≤7,8 mmol/l
4. glycemia (fasting) up to 7,8 mmol/l, postprandial glycemia ≤11,1 mmol/l
5. glycemia (fasting) up to 5,5 mmol/l, postprandial glycemia ≥11,1 mmol/l

292). IDENTIFY LATE COMPLICATION OF OF TYPE I DIABETES MELLITUS:
1. nephropathy
2. stroke
3. heart attack
4. hypotension
5. hypertension

293). WHAT AMOUNT OF CARBOHYDRATES DOES 1 GRAIN CORRESPOND TO:
1. 10 g
2. 15 g
3. 5 g
4. 20 g
5. 25 g

294). IDENTIFY THE DIAGNOSTIC CRITERIA OF TYPE I DIABETES MELLITUS:
1.glycemia (fasting) ≥ 6,1 mmol/l,
2.postprandial glycemia ≥11,1 mmol/l
3.glycemia (fasting) 5,6 - 6.1 mmol/l ,
4.postprandial glycemia ≥15,1 mmol/l
5.postprandial glycemia ≥7,1 mmol/l

295). IDENTIFY THE PREPARATIONS USED FOR CONTROL OF HYPOGLYCEMIA:
1. glucagon
2. a 20 % glucose solution
3. a 40 % glucose solution
4.insulin glargin
5.aspart

296). IDENTIFY THE DIAGNOSTIC CRITERIA OF TOLERANCE TO GLUCOSE:
1.glycemia (fasting) ≥ 6,1 mmol/l,
2.postprandial glycemia ≥11,1 mmol/l
3.glycemia (fasting) 5,6 - 6.1 mmol/l
4.postprandial glycemia ≤ 7.8 mmol/l
5.postprandial glycemia ≥7,1 mmol/l

297). IDENTIFY LATE COMPLICATION OF OF TYPE I DIABETES MELLITUS:
1.nephropathy
2polyneuropathy
3.retinopathy
4.hypotension
5.hypertension

298). INDICATE CASES OF TYPE I DIABETES MELLITUS:
1.viral infections
2.stress
3.excess carbohydrates
4.heavy physical exertion
5.hypothyroidism

299). CHILD, 12 YEARS OLD, WAS ADMITTED TO THE HOSPITAL WITH COMPLAINTS OF THIRST, FREQUENT URINATION, WEIGHT LOSS. THE SKIN IS CLEAN, PALE, DRY. THE TONGUE IS COVERED WITH A WHITISH COATING, DRY. THE SUBCUTANEOUS FAT LAYER IS THINNED. HEART SOUNDS ARE MODERATELY MUFFLED, HEART RATE - 96 PER MIN. ARTERIAL PRESSURE - 100/65 MM HG. THE ABDOMEN IS SOFT, PAINLESS. LIVER: 1 CM PROTRUDES FROM UNDER THE EDGE OF THE COSTAL ARCH. URINATION UP TO 20 TIMES A DAY. FASTING GLYCEMIA, BEFORE EATING - FROM 10.8 TO 14.5 MMOL / L. GLUCOSURIA - 1.5-2%. URINE ACETONE ++++. TEST FOR MICROALBUMINURIA - 120 MG / DAY. MOST LIKELY DIAGNOSIS:
1. pyelonephritis
2. diabetes insipidus
3. type 1 diabetes
4. type 2 diabetes
5. tubulopathy

300). A CHILD OF 6 YEARS OLD, WAS ADMITTED TO THE HOSPITAL WITH COMPLAINTS OF SEVERE WEAKNESS, HUNGER, TREMOR OF THE EXTREMITIES, TINNITUS, PROFUSE STICKY SWEAT. ANAMNESIS: SUFFERING FROM TYPE 1 DIABETES FOR 1 YEAR. RECEIVES INSULIN THERAPY IN A BASIC - BOLUS REGIMEN. THE ABOVE COMPLAINTS APPEARED 1 HOUR AFTER SPORTS TRAINING. GLYCEMIA 2.5 MMOL / L. GLUCOSURIA IS NEGATIVE. ACETONE IN THE URINE IS NEGATIVE. MOST LIKELY DIAGNOSIS:
1. hypoglycemic condition

2. Somoji syndrome
3. ketoacidosis
4. secondary hypocorticism
5. Nobekur syndrome