## Database of questions for the Medical Final Examination (LEK)

## Part 2

## **Pediatrics**

## Modified 15.12.2023

- No 1. Obstruction reversibility test (bronchodilation test) is based on administration of:
  - A. short-acting beta-2 mimetic and FEV1 designation in the flow-volume curve test.
  - **B.** fast-acting beta blocker and FEV1 designation in the flow-volume curve test.
  - C. budesonide and FVC designation in the flow-volume curve test.
  - **D.** anti-leukotrien and PEF designation in the flow-volume curve test.
  - **E.** salbutamol and FVC designation in the flow-volume curve test.
- No 2. A positive result of the reversibility test of bronchial obstruction means.
  - A. increase in FVC by a minimum of 5% after administration of inhaled steroid.
  - **B.** increase in FEV1 by a minimum of 12% after bronchodilation drug.
  - **C.** 20% increase in PEF after inhalation budesonide.
  - **D.** 40% increase in MEF50 after administration of salbutamol.
  - **E.** a 15% decrease in FEV1 after anticholinergic administration.
- **No 3.** The etiological factor of subluminal laryngitis in kindergarten children is:
  - A. Haemophilus influenzae.
  - **B.** Streptococcus pneumoniae.
  - C. parainfluenza viruses, influenza viruses and adenoviruses.
  - **D.** Mycoplasma pneumoniae.
  - E. Streptococcus agalactiae.
- **No 4.** The most common etiological factors of neonatal pneumonia include.
  - A. influenza viruses and adenoviruses.
  - **B.** rinoviruses.
  - **C.** group B streptococci, *Enterobacteriaceae*.
  - **D.** Mycoplasma pneumoniae.
  - E. Chlamydia pneumoniae.
- **No 5.** According Hanifin and Rajko, the major criteria for the diagnosis of atopic dermatitis in children **do not include** .
  - **A.** pruritis.
  - **B.** chronic and recurring course of the disease.
  - **C.** typical location of skin lesions.
  - **D.** white dermatographism.
  - **E.** atopy in the patient or in the family history.
- **No 6.** What is the first line medicine used in the treatment of moderate exacerbation of bronchial asthma in a 7-year-old child?
  - A. formoterol.
  - B. salbutamol.
  - C. salmeterol.
  - **D.** prednisone.
  - E. amoxicillin.

- **No 7.** The treatment of choice for pneumonia of *Chlamydia pneumoniae* etilogy in an 8-year-old child is to use:
  - A. tetracycline.
  - B. amoxicillin.
  - C. macrolides.
  - D. inhaled glucocorticoids.
  - E. second generation cephalosporins.
- **No 8.** The first-line treatment of acute pharyngitis and tonsillitis caused by Streptococcus pyogenes is the use of:
  - A. tetracycline orally.
  - **B.** amoxicillin intravenously.
  - C. macrolides.
  - **D.** inhaled glucocorticoids.
  - **E.** phenoxymethylpenicillin orally.
- No 9. The treatment of choice for acute bacterial otitis media in children is the use of:
  - A. tetracycline.
  - B. amoxicillin.
  - C. lincosamides.
  - **D.** oral glucocorticoids.
  - E. phenoxymethylpenicillin.
- **No 10.** Which of the following drugs should be used as the first line drug for the treatment of anaphylactic shock in a child?
  - A. adrenaline at a dose of 0.01 mg / kg b.w. intramuscularly in the deltoid muscle.
  - **B.** adrenaline at a dose of 0.001 mg / kg b.w. intramuscularly in the lateral surface of the quadriceps muscle.
  - **C.** adrenaline at a dose of 0.01 mg / kg bw intramuscularly in the anterolateral surface of the quadriceps muscle of the thigh.
  - **D.** adrenaline at a dose of 0.001 mg / kg bw intramuscularly in the deltoid muscle.
  - **E.** hydrocortison at a dose of 5 mg orally.
- **No 11.** In a 5-year-old, previously healthy boy, eyelid oedemas appeared which were treated for 2 weeks by the GP as allergic oedema. Following the ineffective therapy, the child presented again. On physical examination, the body temperature was  $36.5\,^{\circ}$  C, heart rate  $-90\,/$ min., RR -90/55 mmHg, face significantly swollen, there was pitting oedema on the back of the feet and lower legs. In the general urine test: protein  $-4.5\,$ g / L, SG. 1030. Serum albumin concentration  $-10\,$ g / L, cholesterol  $-320\,$ mg / dL. What should you suspect?
  - **A.** idiopathic nephrotic syndrome.
  - **B.** acute glomerulonephritis.
  - C. acute pyeolonephritis.
  - **D.** renal vein thrombus.
  - E. angioedema.
- No 12. What does the neonatal screening test for congenital primary hypothyroidism consist in?
  - A. determination of serum T4 concentration.
  - **B.** determination of plasma T3 and T4 concentration.
  - **C.** determination of TSH concentration in a dry blood drop.
  - **D.** determination of TSH and fT3.
  - **E.** screening tests for primary hypothyroidism are not performed in neonates.

| No 13. The major (basic) criteria in the diagnosis of | f atopic dermatitis are: |
|---|--------------------------|
| 1) pruritis.  |                          |

- 2) chronic and recurring course of the disease.
- 3) characteristic location and nature of skin lesions.
- 4) elevated serum IgE.
- 5) systemic blood eosinophilia.

The correct answer is:

**A.** all of the above. **B.** 1,2,3,5. **C.** 1,2,3. **D.** 3,4,5. **E.** only 5.

**No 14.** The first-line drug in the chronic treatment of bronchial asthma in children over 5 years of age is:

- A. inhaled corticosteroid at low doses.
- **B.** short-acting beta-blocker.
- **C.** theophylline.
- **D.** oral glucocorticoids.
- E. antihistamine drugs.

**No 15.** The typical features for the recognition of Wiskott-Aldrich syndrome are:

- A. girl, recurrent skin abscesses, impaired neutrophil function.
- **B.** facial dysmorphia, weight and height deficiency, IgG subclass deficiency.
- **C.** boy, thrombocytopenia, atopic dermatitis, persistent infections.
- **D.** facial dysmorphia, congenital heart disease, tetany, absence or hypoplasia of the thymus gland.
- **E.** mental retardation, thrombocytopenia, megaloblastic anemia.

**No 16.** The enlargement of lymh nodes in Hodgkin's lymphoma typically progresses:

- **A.** slowly the medical history is usually long.
- **B.** rapidly nodal lesions can double in size within a dozen or so hours.
- **C.** in young children quickly, and in adolescents slowly.
- **D.** in young children slowly, and in adolescents quickly.
- **E.** in Hodgkin's lymphoma, lymph nodes are rarely enlarged.

**No 17.** What is a typical primary location of T-line lymphoblastic lymphoma?

- **A.** mesenteric lymph nodes.
- **B.** mediastinal lymph nodes and the thymus gland.
- C. skin and subcutaneous tissue.
- **D.** bones.
- **E.** brain.

No 18. Metabolic markers of tumour lysis syndrome do not include.

- A. hyperphosphatemia.
- B. hypernatremia.
- C. hyperkaliemia.
- **D.** hyperuricemia.
- E. hypocalcemia.

No 19. The most common type of soft tissue sarcoma in children is:

- **A.** rhabdomyosarcoma (RMS).
- B. synovial sarcoma (SS).
- C. primitive neuroectodermal tumour (PNET).
- **D.** fibrosarcoma.
- **E.** Ewing sarcoma.

- **No 20.** An increased pulmonary flow in congenital heart defects with the left-right leakage leads to structural changes in the pulmonary arterioles, which results in the development of irreversible pulmonary hypertension, and that leads to a change in blood leakage to the right-left. Indicate the syndrome which these symptoms are characteristic for.
  - A. Asperger.
  - B. Eisenhower.
  - **C.** Eisenmenger.
  - **D.** Tourette.
  - E. Downa.
- **No 21.** If the incidental glucose concentration is 14 mmol / L and pollakiuria and polyuria occur, then to confirm the diagnosis of type I diabetes mellitus the following should be done:
  - **A.** determine glucose 2 hours after meals.
  - **B.** perform OGTT test.
  - **C.** repeat the fasting or incidental glucose test.
  - **D.** make the diagnosis of diabetes without performing additional tests.
  - **E.** perform a general urine test.
- **No 22.** A 13-year-old girl reported to the pediatrician with the following history: decreased concentration, deterioration of learning performance, hair loss and hands trembling, sweating. The pediatrician found a weight loss of about 3 kg over a period of 6 months. On physical examination, heart rate of 120/min at rest, blood pressure of 130/50, warm and moist skin, trembling of fingers were found. Indicate the disease which is accompanied by such symptoms.
  - A. Hashimoto disease.
  - **B.** type 1 diabetes mellitus.
  - C. medullary thyroid cancer.
  - D. Graves disease.
  - **E.** hypothyroidism.
- **No 23.** In the diagnosis of sympathetic embryonal neuroblastoma (neuroblastoma) in children, the determination of the following is of great diagnostic importance.
  - A. serum adrenaline and noradrenaline.
  - **B.** vanillylmandelic and homovanillic acids in daily urine collection.
  - **C.** fasting serum glucose.
  - **D.** ACTH and serum calcitonin.
  - **E.** uric acid in daily urine collection.
- **No 24.** The adrenal medulla, the sympathetic nervous system and one of the malignant tumours in children derive from the primary neural strip. Indicate the tumour.
  - A. nephroblastoma.
  - **B.** hepatoblastoma.
  - **C.** retinoblastoma.
  - **D.** non-Hodgkin lymphoma.
  - E. neuroblastoma.
- No 25. Wilm's tumour is a cancer of:
  - **A.** ovary.
  - **B.** kidney.
  - C. adrenals.
  - D. bones.
  - **E.** brain.
- No 26. In haemophilia B, the deficiency relates to the factor:
  - A. VII.
  - B. VIII.
  - C. IX.
  - D. XI.
  - E. XII.

- No 27. In the course of B19 parvovirus infection, the development of the following may occur.
  - A. red cell aplasia.
  - B. Diamond-Blackfan anaemia.
  - C. sickle cell disease.
  - **D.** hereditary spherocytosis.
  - E. haemophilia A.
- No 28. The Apgar scoring includes an assessment of the following features except for:
  - A. skin colour.
  - **B.** respiration.
  - C. reaction to irritation with a catheter.
  - **D.** pulse.
  - E. temperature.
- No 29. Hypotrophic newborn is one with a birth weight:
  - **A.** <10 percentile.
  - **B.** >10 percentile.
  - **C.** >2000 g.
  - **D.** that is correct.
  - **E.** the definition of hypertrophy is not related to birth weight.