ТЕСТЫ ПО ПЕДИАТРИИ

Учебно-методическое пособие
dля студентов 4–6 курсов факультета по подготовке специалистов
dля зарубежных стран, обучающихся на английском языке,
медицинских вузов

TESTS IN PEDIATRICS

Teaching workbook
for 4th–6th year students of the Faculty for training specialists
for foreign countries, studying in English,
of higher medical education institutions

Гомель
ГомГМУ
2018
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Представлены тесты по педиатрии для студентов 4–6 курсов факультета по подготовке специалистов для зарубежных стран, обучающихся на английском языке, медицинских вузов.

Утверждено и рекомендовано к изданию научно-методическим советом учреждения образования «Гомельский государственный медицинский университет» 27 октября 2017 г., протокол № 8.

УДК 616-053.2(076.1)=111
ББК 57.3я73

4th YEAR

Choose one correct answer

1. Anatomico-physiological skin peculiarities in children of early age predispose to:
   Variants of answer:
   a) getting minor skin injuries;
   b) inflammation;
   c) dermatitis, diaperrash;
   d) edematization;
   e) all listed above.

2. Skin elasticity is determined by:
   Variants of answer:
   a) the dorsal surface of the hand;
   b) the internal surface of the thigh;
   c) the internal surface of the shoulder;
   d) the external surface of the thigh;
   e) the external surface of the shoulder.

3. The peculiarity of fatty tissue in newborns is:
   Variants of answer:
   a) the presence of brown adipose tissue;
   b) the presence of adipose tissue in the thoracic and abdominal cavity;
   c) the ratio of subcutaneous fatty tissues to body weight is less than that in adults;
   d) the presence of adipose tissue in the retroperitoneum;
   e) all listed above.

4. The thickness of subcutaneous fatty tissue is recommended to determine:
   Variants of answer:
   a) at the angle of shoulder-blade;
   b) by the external surface of the thigh;
   c) by the dorsal surface of the hand, foot;
   d) along the edge of the oblique abdominal muscle;
   e) by the internal surface of the thigh.

5. Soft tissue turgor is determined:
   Variants of answer:
   a) by the anterior abdominal wall;
   b) by the internal surface of the thigh;
   c) at the edge of sternum;
6. In a newborn baby, muscle tone is determined:
Variants of answer:
- a) by using a dynamometer;
- b) by the hand traction method;
- c) by the return reaction;
- d) by means of leg muscles palpation;
- e) by means of hand muscles palpation.

7. Teething in children of the first year of life starts at the age of:
Variants of answer:
- a) 8 months;
- b) 10 months;
- c) 6 months;
- d) 4 months;
- e) 11 months.

8. A child starts holding a toy from the age of:
Variants of answer:
- a) 4 months;
- b) 5 months;
- c) 6 months;
- d) 7 months;
- e) 2 months.

9. Physiological spinal curvature is formed:
Variants of answer:
- a) by the time of birth;
- b) by the end of the first year of life;
- c) by the age of 3;
- d) at the age of 6;
- e) by 2 months.

10. The main organ of lymphoid system in children of the early age is:
Variants of answer:
- a) the spleen;
- b) the thymus gland;
- c) the lymph nodes;
- d) the pharyngeal lymphoid ring;
- e) the liver.
11. In healthy children of older age you can palpate:
Variants of answer:
a) more than 3 groups of lymph nodes;
b) 5 groups of lymph nodes;
c) no more than 3 groups of lymph nodes;
d) lymph nodes are not palpated;
e) more than 5 groups of lymph nodes.

12. A child starts smiling by the age of:
Variants of answer:
a) 2 months;
b) 1 month;
c) 1.5 months;
d) 3 months;
e) 8 months.

13. A child starts crawling by the age of:
Variants of answer:
a) 10 months;
b) 7 months;
c) 8 months;
d) 9 months;
e) 4 months.

14. The average body weight of a year-old child is:
Variants of answer:
a) 9 kg;
b) 10 kg;
c) 13 kg;
d) 14 kg;
e) 8.5 kg.

15. The average height of a year-old child is:
a) 70 cm;
b) 77 cm;
c) 83 cm;
d) 85 cm;
e) 75 cm.

16. The average body weight of a 5 year-old child is:
Variants of answer:
a) 15 kg;
b) 20 kg;
c) 25 kg;
d) 30 kg;
e) 25.5 kg.

17. **Sexual development of girls is evaluated from the age of:**
**Variants of answer:**
a) 12 years old;
b) 10 years old;
c) 8 years old;
d) 6 years old;
e) 9 years old.

18. **Sexual development of boys is evaluated from the age of:**
**Variants of answer:**
a) 7 years old;
b) 9 years old;
c) 8 years old;
d) 10 years old;
e) 11 years old.

19. **Respiration rate in 5–6-year-old children is:**
**Variants of answer:**
a) 35 per minute;
b) 25 per minute;
c) 15 per minute;
d) 40 per minute;
e) no correct answer.

20. **Respiration rate in newborns is:**
**Variants of answer:**
a) 15–20 per minute;
b) 25–35 per minute;
c) 40–60 per minute;
d) 60–70 per minute;
e) 20–25 per minute.

21. **In case of larynx stenosis, dyspnea has:**
**Variants of answer:**
a) inspiratory character;
b) expiratory character;
c) mixed character;
d) there is no correct answer;
e) all listed.
22. Expiratory dyspnea is the sign of:

Variants of answer:
- a) larynx stenosis;
- b) obstructive bronchitis;
- c) tracheitis;
- d) acute bronchitis;
- e) all listed.

23. Small bubbling rales in the lungs on auscultation are observed in:

Variants of answer:
- a) laryngotraceitis;
- b) bronchiolitis;
- c) bronchitis;
- d) tracheitis;
- e) all listed.

24. «Barking» cough is observed in case of:

Variants of answer:
- a) bronchitis;
- b) laryngotraceitis;
- c) obstructive bronchitis;
- d) pneumonia;
- e) all listed.

25. The heart rate (beats per minute) in newborns is:

Variants of answer:
- a) 100–110;
- b) 110–120;
- c) 120–140;
- d) 140–150;
- e) 115–120.

26. After the baby birth, an intense work is performed by:

Variants of answer:
- a) the right ventricle;
- b) the left ventricle;
- c) both ventricles perform the same load;
- d) the right atrium;
- e) all listed.

27. Anatomically, the heart of a newborn baby is located:

Variants of answer:
- a) lower than in adults;
- b) higher than in children of older age;
c) in the same position as in children of older age;

d) higher than in adults;

e) all listed.

28. Fast heart rate in newborns is associated with:
Variants of answer:
a) the influence of vagus nerve;
b) the influence of sympathetic innervation;
c) the influence of the vagus nerve and sympathetic innervation;
d) the decrease in environment temperature;
e) the increase of neuroreflex excitability.

29. Arterial pressure in a one-year old child is:
Variants of answer:
a) 80/55 mm Hg;
b) 90/60 mm Hg;
c) 100/65 mm Hg;
d) 110/70 mm Hg;
e) 100/90 mm. Art.

30. Arterial pressure in a 5-year old child is:
Variants of answer:
a) 120/70 mm Hg;
b) 110/70 mm Hg;
c) 100/60 mm Hg;
d) 80/50 mm Hg;
e) 115/80 mm Hg.

31. On auscultation functional murmur is characterized by:
Variants of answer:
a) instability;
b) low intensity;
c) a decrease on physical activity;
d) systolic character;
e) all listed.

32. In children of early age, the liver is involved in:
Variants of answer:
a) protein, fat, carbohydrate metabolism;
b) protein, fat, carbohydrate, water metabolism;
c) protein, fat, carbohydrate, water, vitamin metabolism;
d) protein and mineral metabolism;
e) all listed.
33. *Increased salivation in 4-6-month old babies is caused by:*
Variants of answer:
a) increased saliva production;
b) absence of swallowing ability;
c) irritation of the trigeminal nerve because of erupting teeth;
d) the salivary glands start active functioning;
e) all listed.

34. *In infants, total calcium blood level is considered normal:*
Variants of answer:
a) 2.2–2.8 mmol/l;
b) 1.29–2.26 mmol/l;
c) 3.4–4.15 mmol/l;
d) 2.26–2.5 mmol/l;
e) 2.87–3.4 mmol/l.

35. *In infants, phosphorus blood level is considered normal:*
a) 2.5–2.87 mmol/l;
b) 1.2–1.8 mmol/l;
c) 0.65–1.62 mmol/l;
d) 1.29–1.64 mmol/l;
e) 2.26–2.5 mmol/l.

36. *Microbial-inflammatory process in the kidneys is predisposed by:*
Variants of answer:
a) hypotonic ureters;
b) high position of the bladder;
c) large size of the kidneys;
d) there is no correct answer;
e) all listed.

37. *In the oral cavity following breaks down:*
Variants of answer:
a) glycogen, amylum;
b) glycogen, disaccharides;
c) proteins;
d) fats;
e) proteins, fats.

38. *In newborns the number of urination is:*
Variants of answer:
a) 6–8;
b) 10–12;
c) 20–25;
d) 4–5;
e) 9–11.

39. In infants, sodium blood level is considered normal:
Variants of answer:
a) 110–115 mmol/l;
b) 120–125 mmol/l;
c) 135–145 mmol/l;
d) 122–129 mmol/l;
e) 120–130 mmol/l.

40. Polyuria is an increase of daily urine amount by:
Variants of answer:
a) 20%;
b) 50%;
c) 75%;
d) 100%;
e) 40%.

41. Oliguria is a decrease of daily urine volume by:
Variants of answer:
a) 75%;
b) 50%;
c) 25%;
d) 100%;
e) 30%.

42. Daily diuresis in one-year old child is:
Variants of answer:
a) 300 ml;
b) 600 ml;
c) 1 liter;
d) 0.5 liters;
e) 400 ml.

43. The first crossing in the leukocyte formula is noted:
Variants of answer:
a) on the 1st day of life;
b) on the 5th day of life;
c) at the age of 5 months;
d) at the age of five;
e) on the 10th day of life.
44. **The second crossing in the leukocyte formula is noted:**  
*Variants of answer:*
- a) at the age of two;
- b) at the age of three;
- c) at the age of five;
- d) at the age of seven;
- e) at the age of ten.

45. **In children under 6 years old the liver is:**  
*Variants of answer:*
- a) not palpated;
- b) palpated 2 cm below the edge of the costal arch;
- c) palpated 3.5 cm below the edge of the costal arch;
- d) palpated 4 cm below the edge of the costal arch;
- e) palpated 3 cm below the edge of the costal arch.

46. **In anemia, children of the first year of life have hemoglobin level:**  
*Variants of answer:*
- a) less than 110 g/l;
- b) less than 120 g/l;
- c) less than 100 g/l;
- d) less than 130 g/l;
- e) less than 115 g/l.

47. **Blood color index in children of older age is:**  
*Variants of answer:*
- a) 0.80–0.85;
- b) 0.85–1.05;
- c) 0.95–1.05;
- d) 1.05–1.10;
- e) 0.50–0.80.

48. **What hormones are involved in the growth and development of child skeleton system:**  
*Variants of answer:*
- a) thyroid hormones;
- b) chondrotropic hormone;
- c) reproductive hormones;
- d) calcitonin;
- e) all listed.

49. **Natural breastfeeding is:**  
*Variants of answer:*
- a) feeding by putting a baby to his mother’s breast;
- b) feeding by expressed breast milk;
c) feeding by donor human milk;
d) foster feeding;
e) all listed.

50. Complementary feeding is:

Variants of answer:
a) meat mash;
b) vegetable mash;
c) porridge;
d) fruit mash;
e) all listed.

51. The first complementary feeding of a child should be introduced:

Variants of answer:
a) at 1–2 months;
b) at 2–3 months;
c) at 4–6 months;
d) at 7–8 months;
e) at 9–10 months.

52. Advantages of natural breastfeeding:

Variants of answer:
a) mother's milk is sterile, always at the optimal temperature;
b) mother's milk contains enough water;
c) mother's milk contains biologically active substances, enzymes;
d) breast milk provides with lactobacteria in the intestinal biocenosis;
e) all listed.

53. Mistakes while introducing complementary feeding are:

Variants of answer:
a) new food product should be introduced in the amount equal to one feeding;
b) new food product should be introduced gradually by increasing the amount;
c) complementary feeding should be given before breastfeeding;
d) complementary feeding must be homogeneous;
e) complementary feeding should be given with a spoon.

54. Daily food volume for a year-old child is:

Variants of answer:
a) not more than 1 liter;
b) 1/5 of the required body weight;
c) 1/6 of the required body weight;
d) 1/7 of the required body weight;
e) all listed.
55. Compared to the cow milk, mature breast milk contains more:
Variants of answer:
   a) proteins;
   b) carbohydrates;
   c) fats;
   d) calcium;
   e) phosphorus.

56. The bacteriological system of breast milk is represented by:
Variants of answer:
   a) immunoglobulin A;
   b) lactoferrin;
   c) lysozyme;
   d) complement;
   e) all listed

57. Carbohydrates of breast milk are mainly represented by:
Variants of answer:
   a) α-lactose;
   b) β-lactose;
   c) glucose;
   d) oligosaccharide;
   e) galactose.

58. A healthy child aged 6 months should be fed:
Variants of answer:
   a) 4 times a day every 6 hours;
   b) 5 times a day every 4 hours;
   c) 6 times a day every 3.5 hours;
   d) 7 times a day every 3 hours;
   e) on request.

59. Breast milk includes:
Variants of answer:
   a) taurine;
   b) carnitine;
   c) Ig A;
   d) lactoferrin;
   e) all listed.

60. The ratio of the daily amount of breast milk (mixture) given to a 7-months-old baby by its body weight is:
Variants of answer:
   a) 1/8;
   b) 1/4;
c) 1/10;
d) 1/5;
e) 1/7.

61. The composition of colostrum differs from mature milk by a large content of:

Variants of answer:
- a) proteins;
- b) immunoglobulins;
- c) hormones;
- d) calcium;
- e) all listed.

62. Probable signs of insufficient lactation aren’t the following:

Variants of answer:
- a) the child's anxiety when feeding;
- b) the necessity of frequent applying to the breast;
- c) a sparse rare stool;
- d) the presence of sucking movements in the absence of swallowing ones;
- e) increased appetite.

63. Rickets is:

Variants of answer:
- a) an infectious disease;
- b) a chromosomal disease;
- c) a metabolism disease;
- d) an autoimmune disease;
- e) all listed.

64. Rickets is a disease of:

Variants of answer:
- a) newborn period;
- b) early childhood;
- c) pubertal period;
- d) school age;
- e) all listed.

65. Which of the signs is not typical for rickets:

Variants of answer:
- a) curvature of tubular bones;
- b) shortening of limbs;
- c) hypotension;
- d) enlargement of parenchymal organs (liver and spleen);
- e) all listed.
66. Regulators of phosphorus-calcium metabolism are:
Variants of answer:
a) calcitonin;
b) androgens;
c) estrogens;
d) parathyroid hormone;
e) all listed.

67. In rickets, the following changes in the bone system are possible:
Variants of answer:
a) craniotabes;
b) «Rachitic rosary»;
c) Rachitic «bracelets»;
d) O-, X-shaped curvatures of the lower extremities;
e) all listed.

68. The following clinical manifestations are typical for rickets I:
Variants of answer:
a) increased sweating;
b) presence of diaper rash;
c) baldness of the occiput;
d) sleep disturbance;
e) all listed.

69. The following clinical manifestations are typical for rickets II:
Variants of answer:
a) chest deformation;
b) muscle hypotension;
c) the frontal and parietal tubers of the skull are visualized;
d) baldness of the occiput;
e) all listed.

70. The typical features of rickets III are:
Variants of answer:
a) O-, X-shaped curvatures of the lower limbs;
b) muscle hypotension;
c) enlargement of the liver and spleen;
d) iron deficiency anemia;
e) all listed.

71. The following laboratory findings are important for rickets diagnostics:
Variants of answer:
a) a decrease of phosphorus and calcium concentration, an increase of alkaline phosphatase in blood serum;
b) a decrease of phosphorus and alkaline phosphatase concentration in blood serum;
c) a decrease of phosphorus concentration and an increase of calcium concentration in blood serum;
d) a decrease of phosphorus and calcium concentration in blood serum;
e) all listed.

72. The prophylactic dose of vitamin D is:
Variants of answer:
a) 500–1000 iu daily;
b) 1500–2000 iu daily;
c) 2000 iu every other day;
d) 5000 iu once a week;
e) 3000–3500 IU daily.

73. The duration of rickets treatment with vitamin D is:
Variants of answer:
a) 7–10 days;
b) 30–45 days;
c) 6 months;
d) 1 year;
e) 2 months.

74. The clinical picture of hypervitaminosis D is characterized by:
Variants of answer:
a) iron deficiency anemia;
b) intestinal toxicosis;
c) respiratory insufficiency;
d) heart failure;
e) all listed.

75. Diagnosis of hypervitaminosis D is characterized by:
Variants of answer:
a) hypercalcemia, hyperphosphaturia, sulkovich's strong positive test;
b) sulkovich's negative test;
c) hypocalcemia;
d) hypophosphaturia;
e) hyponatremia.

76. Spasmophilia is manifested:
Variants of answer:
a) in the newborn period;
b) in the first half of infancy;
c) in the second half of infancy;
d) at the age of more than 2 years;
e) all listed.

77. The clinical manifestations of spasmophilia are:
Variants of answer:
a) laryngotraheitis;
b) bronchitis;
c) excoxicosis with toxicosis;
d) laryngospasm, eclampsia;
e) rhinitis, pharyngitis.

78. Treatment of spasmophilia involves using:
Variants of answer:
a) vitamin D, calcium drugs;
b) calcium drugs, vitamin D withdrawal;
c) iron drugs;
d) vitamins of group K and U;
e) all listed.

79. Vitamin D metabolism occurs in:
Variants of answer:
a) the liver, kidneys;
b) the spleen, kidneys;
c) in the heart;
d) the intestine;
e) all listed.

80. There are the following variants of rickets course:
Variants of answer:
a) acute, subacute, recurrent;
b) acute, subacute, recurrent, chronic;
c) recurrent, chronic;
d) acute, chronic;
e) all listed.

81. Antenatal prevention of rickets is carried out in pregnant women having:
Variants of answer:
a) 12 weeks of pregnancy;
b) 20 weeks of pregnancy;
c) 30 weeks of pregnancy;
d) 36 weeks of gestation;
e) 25 weeks of pregnancy.
82. Antagonists of vitamin D are:
   Variants of answer:
   a) ascorbic acid;
   b) retinol;
   c) pyridoxine;
   d) co-trimoxazole;
   e) all listed.

83. Prevention of rickets consists of:
   Variants of answer:
   a) antenatal;
   b) postnatal;
   c) specific;
   d) non-specific;
   e) all listed.

84. The drug of choice for specific postnatal rickets prevention is:
   Variants of answer:
   a) videcholum;
   b) oily solution of ergocalciferol;
   c) aqueous solution of vitamin D;
   d) spirituous solution of ergocalciferol;
   e) all listed.

85. The initial manifestations of rickets are:
   Variants of answer:
   a) excessive sweating;
   b) increased nervous excitability;
   c) slight «compliance» of the edges of the large fontanel;
   d) presence of diaper rash;
   e) all listed.

86. The signs of dehydration are the following:
   Variants of answer:
   a) reduction of body weight;
   b) dry skin and mucous membranes;
   c) decrease of soft tissue turgor;
   d) sunken large fontanel;
   e) all listed.

87. The typical clinical signs of neuro-arthritic diathesis are:
   Variants of answer:
   a) increased nervous excitability;
   b) acetonemic vomiting;
c) anorexia;
d) uraturia;
e) all listed.

88. Choose the dietary characteristics in children with lymphatic diathesis:
Variants of answer:
a) restriction of food products rich in purines;
b) meat restriction;
c) restriction of easily digestible carbohydrates;
d) a special diet is not provided;
e) all listed.

89. The most characteristic signs of spasmophilia are the following:
Variants of answer:
a) anxiety;
b) laryngospasm;
c) carpopedal spasm;
d) eclampsia;
e) all listed.

90. For children with neuro-arthritic diathesis, the following food products should be excluded:
Variants of answer:
a) spinach;
b) thick soup;
c) parsley;
d) sorrel;
e) all listed.

91. Non-typical clinical signs of increased neuro-reflex excitability in spasmophilia are:
Variants of answer:
a) anxiety;
b) increased tendon reflexes;
c) positive symptoms of Khvostek, Tissaur, Erba, Maslov;
d) muscle hypotension;
e) carpo-pedal spasm.

92. Hypotrophy is characterized by:
Variants of answer:
a) lagging of body weight from height;
b) equal lagging of body weight and height;
c) prevalence of body weight over height;
d) equally excessive body weight and height;  
e) normal body weight and height.

93. **Exogenous causes of hypotrophy include:**
*Variants of answer:*
- a) alimentary factors;
- b) infectious factors;
- c) toxic factors;
- d) regime disorder, upbringing defects;
- e) all listed.

94. **The signs of intrauterine hypotrophy exclude the following:**
*Variants of answer:*
- a) reduced nutrition;
- b) abundant lanugo on the skin;
- c) skin dystrophic changes;
- d) there is no correct answer;
- e) all listed.

95. **Clinical symptoms of hypotrophy III are:**
*Variants of answer:*
- a) vomiting;
- b) body mass deficiency more than 30%;
- c) anorexia;
- d) «famine» stool;
- e) all listed.

96. **For correcting the nutrition in case of paratrophy, it is recommended:**
*Variants of answer:*
- a) to calculate proteins for actual weight;
- b) to calculate carbohydrates for actual weight;
- c) to calculate fats for actual weight;
- d) there is no correct answer;
- e) all listed.

97. **Hypotrophy II is characterized by:**
*Variants of answer:*
- a) body weight deficiency up to 10%;
- b) body weight deficiency 10–20%;
- c) body weight deficiency 21–30%;
- d) body weight deficiency over 30%;
- e) all listed.
98. The first stage of diet therapy for hypotrophy is:
Variants of answer:
a) the stage of minimum nutrition;
b) fasting stage;
c) intermediate stage;
d) the stage of maximum nutrition;
e) all listed.

99. The signs of mother hypogalactia are:
Variants of answer:
a) the child's anxiety between feedings;
b) poor stool and rare urination;
c) flattened weight curve;
d) the need for frequent applying to the breast;
e) all listed.

100. What are the signs of exudative-catarrhal diathesis?
Variants of answer:
a) milk crust;
b) cradle cap;
c) dry skin;
d) strophulus;
e) all listed.

101. Common blood analysis in exudative-catarrhal diathesis is characterized by:
Variants of answer:
a) leukocytosis;
b) eosinophilia;
c) lymphocytosis;
d) increase in ESR;
e) hemoglobin reduction.

102. What are the non-typical signs for lymphohypoplastic diathesis?
Variants of answer:
a) polymorphous skin rashes;
b) an increase in all groups of lymph nodes;
c) tonsils hyperplasia;
d) hepatomegaly;
e) vomiting.

103. What are the non-typical signs for neuro-arthritic diathesis?
Variants of answer:
a) excessive body weight;
b) increased nervous excitability;
c) acetonemic vomiting;
d) anorexia;
e) all listed.

104. **Common urine analysis in exudative diathesis is characterized by increase in:**

Variants of answer:
- a) leukocytes;
- b) red blood cells;
- c) pavement epithelium;
- d) salts;
- e) protein.

105. **In nutrition of children with neuro-arthritic diathesis it is necessary to limit:**

Variants of answer:
- a) meat, spinach;
- b) cereals;
- c) vegetable oil;
- d) milk and dairy products;
- e) all listed.

106. **Nasopharynx structure features in children of early age predispose to:**

Variants of answer:
- a) frequent sinusitis;
- b) frequent nasal bleeding;
- c) frequent conjunctivitis during rhinitis;
- d) frequent tonsillitis;
- e) frequent bronchitis.

107. **Respiration rate of 5–6-year-old children is:**

Variants of answer:
- a) 15 per minute;
- b) 25 per minute;
- c) 35 per minute;
- d) 40 per minute;
- e) 45 per minute.

108. **Respiration rate in newborns is:**

Variants of answer:
- a) 15–20 per minute;
- b) 20–25 per minute;
- c) 25–35 per minute;
d) 40–60 per minute;
e) 60–70 per minute.

109. **In case of larynx stenosis, dyspnea has:**
*Variants of answer:*
a) inspirational character;
b) expiratory character;
c) mixed character;
d) respiratory character;
e) obstructive character.

110. **Expiratory dyspnea is observed incase of:**
*Variants of answer:*
a) larynx stenosis;
b) obstructive bronchitis;
c) tracheitis;
d) rhinitis;
e) pleurisy.

111. **Small bubbling rales on auscultation are typical for:**
*Variants of answer:*
a) laryngotracheitis;
b) bronchiolitis;
c) bronchitis;
d) tracheitis;
e) pleurisy.

112. «**Barking**» cough is observed in case of:
*Variants of answer:*
a) bronchitis;
b) laryngotracheitis;
c) obstructive bronchitis;
d) pneumonia;
e) pharyngitis.

113. **Bacterial pneumonia agent in children of older age is often:**
*Variants of answer:*
a) streptococcus group A;
b) Staphylococcus aureus;
c) pneumococcus;
d) hemophilic rod;
e) streptococcus group B.
114. If dyspnea and sibilant rales are observed, the bronchi are affected:
Variants of answer:
a) large size;
b) medium size;
c) small size;
d) small and medium size;
e) all parts of the bronchi.

115. In bronchial asthma pathogenesis, all the mechanisms are observed except:
Variants of answer:
a) bronchospasm;
b) edema;
c) hypersecretion;
d) emphysema;
e) sclerosis of the bronchial tree.

116. The displacement of the mediastinum towards the lesion can be observed in case of:
Variants of answer:
a) hemothorax;
b) pneumothorax;
c) hydropneumothorax;
d) lobar emphysema;
e) atelectasis of the lung.

117. Which kind of investigation is the most correct for diagnostics of respiratory failure?
Variants of answer:
a) anamnesis;
b) physical examination of the patient;
c) radiographic examination of the chest;
d) spirographic investigation;
e) investigation of arterial blood gases (KHS).

118. For aetiotropic diagnostics of a viral infection, the following method is not used:
Variants of answer:
a) immunofluorescence;
b) study of blood serum (DSC, RPGA);
c) polymerase chain reaction (PCR);
d) serological;
e) common blood test.
119. Which of these pathogens is the often cause for developing acute stenosing laryngotracheitis (croup)?
Variants of answer:
a) influenza virus;
b) parainfluenza virus;
c) respiratory syncytial virus;
d) diphtheria agent;
e) haemophilus influenzae.

120. The main indication for diagnostic bronchoscopy in children is:
Variants of answer:
a) bronchial asthma;
b) acute bronchitis;
c) suspicion of aspiration of a foreign body;
d) acute pneumonia, complicated by pleurisy;
e) obstructive bronchitis.

121. In acute pneumonia, the early symptom is:
Variants of answer:
a) presence of dry, widespread rales from both sides;
b) irregular large bubbling rales on both sides;
c) skin pallor;
d) percussion sound shortening;
e) box-note sound.

122. There are the following forms of bronchial asthma in children:
Variants of answer:
a) atopic (allergic);
b) infectious;
c) viral-bacterial;
d) adult type;
e) child type.

123. Choose the clinical signs which are typical for bronchial asthma in children:
Variants of answer:
a) symptoms during neonatal period;
b) wheezing, resistant to bronchodilator;
c) wheezing, associated with food intake or vomiting;
d) sudden onset of cough and asphyxia;
e) expiratory dyspnea.
124. Prolonged β-2 agonists include:
Variants of answer:
a) salbutamol;
b) salmeterol;
c) berodual;
d) atrovent;
e) seretide.

125. Choose M-cholinolytic drugs used in the treatment of patients with bronchial asthma:
Variants of answer:
a) nedocromil-sodium;
b) histaglobulin;
c) ipratropium bromide;
d) salbutamol;
e) euphylline.

126. In asthmatic status, the following is not prescribed:
Variants of answer:
a) intravenous administration of aminophylline;
b) oxygen therapy;
c) histamine H1 receptor antagonists;
d) intravenous glucocorticoids;
e) oral glucocorticoids.

127. The first aid drug for asthma attacks in children is:
Variants of answer:
a) phencarol;
b) nedocromil-sodium;
c) salbutamol;
d) aminophylline;
e) sodium cromoglycate.

128. Indications for prescribing inhaled glucocorticoids in bronchial asthma are:
Variants of answer:
a) mild disease form;
b) intense recurrence;
c) moderate or severe course;
d) paroxysmal night cough;
e) expiratory dyspnea.
129. **Indications for prescribing systemic glucocorticoids in bronchial asthma are:**

*Variants of answer:*
- a) paroxysmal night cough;
- b) asthmatic status;
- c) absence of effect when using adrenomimetics;
- d) aspirin-sensitive asthma;
- e) combination of asthma with atopic dermatitis.

130. **The most common agent of «home-acquired» pneumonia in children aged 1 year and older is:**

*Variants of answer:*
- a) streptococcus A;
- b) staphylococcus aureus;
- c) pneumococcus;
- d) haemophilus influenzae;
- e) streptococcus B.

131. **The right lung consists of:**

*Variants of answer:*
- a) 8 segments;
- b) 9 segments;
- c) 10 segments;
- d) 1 segment;
- e) 12 segments.

132. **Crackling rale is formed in:**

*Variants of answer:*
- a) the larynx;
- b) the trachea;
- c) the bronchioles;
- d) the pleural cavity;
- e) the alveoli.

133. **The displacement of the mediastinal towards the lesion can be observed in case of:**

*Variants of answer:*
- a) hemothorax;
- b) pneumothorax;
- c) hydropneumothorax;
- d) lobar emphysema;
- e) lung atelectasis.
134. *Cystic fibrosis refers to hereditary diseases with the following type of inheritance:*

*Variants of answer:*
- a) autosomal dominant, y-chromosome linked;
- b) autosomal dominant, x chromosome linked;
- c) autosomal recessive, x chromosome linked;
- d) autosomal recessive;
- e) autosomal dominant.

135. «Protected» *penicillins are:*

*Variants of answer:*
- a) ampicillin;
- b) oxacillin;
- c) amoxicillin;
- d) gentamycin;
- e) amoxiklav.

136. *Gastrointestinal diseases can be dependent on:*

*Variants of answer:*
- a) low enzymatic activity of saliva;
- b) low enzymatic activity of gastric acid;
- c) high permeability of the gastric mucosa;
- d) helminthic infection;
- e) all listed.

137. *Chronic inflammatory diseases of the gastrointestinal tract are more often diagnosed at the age of:*

*Variants of answer:*
- a) 6–8 months;
- b) 1–2 years old;
- c) 7–10 years old;
- d) 11–13 years old;
- e) 14–18 years old.

138. «Aggression» *factors in the development of stomach inflammatory diseases include:*

*Variants of answer:*
- a) mucin, sialic acids;
- b) bile;
- c) prostaglandins;
- d) bicarbonates;
- e) antroduodenal acid brake.
139. Factors contributing to the stomach and duodenum disease include:
Variants of answer:
a) misuse of drugs;
b) endocrine system diseases;
c) infection chronic nidi;
d) psycho-emotional stress;
e) all listed.

140. Methods of Helicobacter pylori diagnosis are:
Variants of answer:
a) bacterioscopic method;
b) histological method;
c) serological method;
d) respiratory method;
e) all listed.

141. The main methods for diagnosing stomach and duodenum diseases include:
Variants of answer:
a) fiberogastroduodenoscopy with targeted biopsy of the stomach and duodenum mucous membrane;
b) ultrasound investigation of the abdominal cavity;
c) glucose tolerance test;
d) complete blood test;
e) stool test.

142. Repair components of the gastrointestinal mucous membrane are:
Variants of answer:
a) gastropharm;
b) pentoxyl;
c) inosine;
d) solcoseryl;
e) all listed.

143. Anti-Helicobacter quadrotherapy includes:
Variants of answer:
a) amoxicillin, alumag, omeprazole, de-nol;
b) amoxicillin, motilium, omeprazole, de-nol;
c) amoxicillin, clarithromycin, omeprazole, de-nol;
d) amoxicillin, alumag, motilium, de-nol;
e) clarithromycin, alumag, omeprazole, de-nol.
144. Stomach protecting factors are:
Variants of answer:
a) mucus barrier;
b) sufficient blood supply;
c) active regeneration;
d) antroduodenal acid brake;
e) all listed.

145. The plan of examining a patient with gastric ulcer doesn’t include:
Variants of answer:
a) common blood test;
b) colonoscopy;
c) stomach secretion study;
d) EGDS(esophagastroduodenoscopy) with a Helicobacter pylori test;
e) feces occult blood test.

146. What medications belong to the group of H-2 receptor antagonists:
Variants of answer:
a) sucralfate;
b) clemastin;
c) famotidine;
d) cetirizine;
e) gastal.

147. Carbohydrates breakdown occurs in the following sections of GIT:
Variants of answer:
a) oral cavity, small bowel;
b) stomach, large bowel;
c) small bowel, large bowel;
d) oral cavity, large bowel;
e) stomach.

148. Protein breakdown occurs in the following sections of GIT:
Variants of answer:
a) oral cavity, stomach;
b) oral cavity, small bowel;
c) stomach, large bowel;
d) stomach, small bowel;
e) small bowel, large bowel.

149. Protein breakdown is influenced by:
Variants of answer:
a) chymosin;
b) pepsin;
c) trypsin;
d) gastricsin;
e) all listed.

150. Gastric ulcer can’t be complicated by:
Variants of answer:
a) bleeding;
b) perforation;
c) duodenum bulb deformation;
d) penetration;
e) stenosis.

151. Size of a large duodenum bulb ulcer is:
Variants of answer:
a) 1.0–1.5 cm;
b) up to 1.0 cm;
c) up to 0.5 cm;
d) 0.5–1.0 cm;
e) over 1.5 cm.

152. Cystic fibrosis is diagnosed by:
Variants of answer:
a) fiberoptic gastroduodenoscopy with biopsy;
b) pilocarpine test;
c) glucose tolerance test;
d) lactose tolerant test;
e) intestinal microflora test.

153. Malabsorption after introducing cereals is typical for:
Variants of answer:
a) celiac disease
b) cystic fibrosis;
c) lactase insufficiency;
d) Gilbert's syndrome;
e) all listed.

154. What disease, accompanied by malabsorption syndrome, is characterized by steatorrhea:
Variants of answer:
a) lactase deficiency;
b) celiac disease;
c) cystic fibrosis;
d) cow's milk protein intolerance;
e) all listed.
155. **There are the following forms of cystic fibrosis:**
Variants of answer:
a) pulmonary;
b) intestinal;
c) mixed;
d) meconium ileus;
e) all listed.

156. **The drug of choice in cystic fibrosis is:**
Variants of answer:
a) pancreatin;
b) mezim-forte;
c) creon;
d) 3rd generation cephalosporins;
e) lidase.

157. **On performing a sweat test for diagnosing cystic fibrosis, the following is used:**
Variants of answer:
a) magnesia electrophoresis;
b) pilocarpine electrophoresis;
c) adrenal inductothermy;
d) calcium electrophoresis;
e) all listed.

158. **In celiac disease the following sections of GIT are damaged:**
Variants of answer:
a) esophagus;
b) stomach;
c) duodenum;
d) small bowel;
e) large bowel.

159. **The treatment of celiac disease primarily includes:**
Variants of answer:
a) hypoallergic diet;
b) gluten-free diet;
c) digestive enzymes;
d) antibiotics;
e) dairy-free diet.

160. **In lactase deficiency, the following sections of GIT are damaged:**
Variants of answer:
a) esophagus;
b) stomach;
c) small bowel;
d) duodenum;
e) large bowel.

161. The treatment of lactase deficiency primarily includes:
Variants of answer:
a) hypoallergenic diet;
b) gluten-free diet;
c) dairy-free diet;
d) digestive enzymes;
e) antibiotics.

162. Patients with celiac disease are contraindicated to eat:
Variants of answer:
a) bakery;
b) millet;
c) oatmeal cookies;
d) semolina;
e) all listed.

163. Pyelonephritis affects:
Variants of answer:
a) bladder mucous membrane;
b) circulatory and lymphatic system of the kidneys;
c) tubules, calyx-pelvic apparatus and interstitial tissue;
d) calyx-pelvic apparatus;
e) glomeruli.

164. Acute glomerulonephritis affects:
Variants of answer:
a) interstitial tissue of the kidneys;
b) glomeruli;
c) tubules, calyx-pelvic apparatus, interstitial tissue;
d) cortical and cerebral substance of the kidneys;
e) bladder mucous membrane.

165. The most common cause of acute renal failure in children of early age is:
Variants of answer:
a) pyelonephritis;
b) glomerulonephritis;
c) hemolytic-uremic syndrome;
d) poisoning;
e) urinary tract infection.
166. The most relevant causative agent of pyelonephritis in children is:
Variants of answer:
a) staphylococcus;
b) klebsiella;
c) chlamydia;
d) proteus;
e) escherichia coli.

167. The most common way of urinary system infection in girls is:
Variants of answer:
a) ascending;
b) hematogenous;
c) lymphogenous;
d) sexual;
e) mixed.

168. Which stage does not refer to the stages of acute renal failure:
Variants of answer:
a) initial;
b) oligoanuretic;
c) restoration of diuresis with polyuria;
d) regression;
e) recovery.

169. Fast heart rate in newborns is associated with:
Variants of answer:
a) the influence of the vagus nerve;
b) the influence of sympathetic innervation;
c) the influence of the vagus nerve and sympathetic innervation;
d) the decrease of environment temperature;
e) the increase of neuroreflex excitability.

170. ECG of children of early age is characterized by:
Variants of answer:
a) axis deviation to the right;
b) axis deviation to the left;
c) horizontal axis position;
d) axis deviation upwards;
e) all listed.

171. The most common CHD is:
Variants of answer:
a) atrial septal defect;
b) aorta coarctation;
c) great vessels transposition;
d) left heart hypoplasia;
e) AV communication.

172. The signs of atrial septal defect are:
Variants of answer:
a) ECG dextrogram;
b) left ventricle overload;
c) right ventricle overload;
d) right atrium overload;
e) all listed.

173. The most typical index for Fallot's tetralogy is:
Variants of answer:
a) decrease in the number of erythrocytes, hemoglobin;
b) heart shadow shape of a «wooden shoe» on the X-ray;
c) axis deviation to the left;
d) axis deviation to the right;
e) sphere-shaped heart on the X-ray.

174. Fallot's tetralogy is not characterized by the following sign:
Variants of answer:
a) myocardial hypertrophy of the right ventricle;
b) ventricular septal defect;
c) hypoxic-cyanotic attacks;
d) enrichment of the pulmonary pattern on the X-ray;
e) erythrocythemia.

175. Heart rate per 1 minute in a healthy a year-old child is:
Variants of answer:
a) 120–140;
b) 120;
c) 100;
d) 85;
e) 78.

176. Heart rate per 1 minute in a healthy 5-year-old child is:
Variants of answer:
a) 120–140;
b) 120;
c) 100;
d) 85;
e) 78.
177. In VSD (ventricular septal defect) murmur is well auscultated in the:  
Variants of answer:  
a) the apex of the heart;  
b) secondary aortic area (Erb’s point);  
c) second intercostal space to the right of the sternum;  
d) second intercostal space to the left of the sternum;  
e) base of the xiphoid process.  

178. A patient with an open arterial duct doesn’t have the following sign:  
Variants of answer:  
a) physical development lag;  
b) skin pallor;  
c) systolic blood pressure reduction;  
d) systolic-diastolic murmur;  
e) frequent respiratory diseases.  

179. Fallot's tetralogy doesn’t include the following defect:  
Variants of answer:  
a) ASD (atrial septal defect);  
b) VSD (ventricular septal defect);  
c) pulmonary artery stenosis;  
d) right ventricle hypotrophy;  
e) aortic dextraposition.  

180. Aortic insufficiency occurs in:  
Variants of answer:  
a) rheumatism;  
b) congenital bicuspid aortic valve;  
c) Marfan syndrome;  
d) syphilitic arthritis;  
e) all listed.  

181. Rheumatic arthritis is children is not characterized by:  
Variants of answer:  
a) large joints disease;  
b) volatile character of arthritis;  
c) involvement of several joints;  
d) small joints disease;  
e) rapid course on the treatment background.  

182. In subacute course of acute rheumatic fever the duration of the attack is:  
Variants of answer:  
a) 2–3 months;  
b) 3–6 months;
c) 6–12 months;
d) more than 1 year;
e) 1 month.

183. The clinical signs of carditis are all listed, except for:
Variants of answer:
a) heart border dilation;
b) systolic murmur;
c) muffled heart sounds;
d) tachycardia;
e) bradycardia.

184. The secondary prevention of rheumatic fever in a school-aged patient includes:
Variants of answer:
a) year-round use of non-steroid anti-inflammatory drugs;
b) year-round use of aminoquinoline drugs;
c) monthly administration of bicillin-5 for 1.5 million units;
d) monthly administration of bicillin-5 for 750 000 units, once in 2 weeks;
e) seasonal administration of bicillin.

185. On secondary prevention contraindication of administering bicillin to patients with acute rheumatic fever is:
Variants of answer:
a) lack of activity within a year after the attack;
b) absence of pathological changes on heart ultrasound examination;
c) individual intolerance to penicillin drugs;
d) latent course of rheumatism;
e) heart failure.

186. In case of intolerance to penicillin antibiotics the patients with acute rheumatic fever are prescribed:
Variants of answer:
a) cephalosparins;
b) macrolides;
c) lincomycin;
d) gentamycin;
e) tetracycline.

187. While treating acute rheumatic fever the reasons for prescribing hormonal drugs are:
Variants of answer:
a) recurrent rheumatic carditis;
b) heart failure;
c) high disease activity;
d) heartbeat violation;
e) all listed.

188. The clinical signs of aorta coarctation are all listed except for:
Variants of answer:
a) difference in physical development of the upper and lower half of the body;
b) presence of pedal pulse
c) increased blood pressure in upper limbs;
d) systolic murmur in the interscapular area;
e) pressure decrease in lower limbs.

189. The most typical changes in the peripheral blood test for systemic lupus erythematosus are all listed except:
Variants of answer:
a) leukopenia;
b) leukocytosis;
c) increase in ESR;
d) lymphopenia;
e) hemolytic anemia.

190. The most characteristic skin changes in SLE are:
Variants of answer:
a) «butterfly»-shaped erythema on the face;
b) anuricular erythema;
c) urticaria rash;
d) bullous rash;
e) Paprubular rash.

191. The factors provoking the development of JRA are:
Variants of answer:
a) hyperinsolation;
b) hypothermia;
c) viral infections;
d) all listed;
e) vaccination.
5th YEAR

1. Breathing rate in newborns is:
   Variants of answer:
   a) 15–20 per minute;
   b) 25–35 per minute;
   c) 40–60 per minute;
   d) 60–70 per minute;
   e) 20–25 per minute.

2. In a healthy newborn pulse rate per minute is:
   Variants of answer:
   a) 130–140;
   b) 120;
   c) 100;
   d) 85;
   e) 80.

3. Neonatal jaundice in full-term babies appears:
   Variants of answer:
   a) since birth and disappears on the 4th – 5th day of life;
   b) on the 2nd – 3rd day and disappears on the 7–10th day of life;
   c) on the 5th – 6th and disappears on the 7–10th day of life;
   d) on the 10th day of life and disappears by 1 month;
   e) appears on the first day after birth and gradually increases.

4. Straight after birth hemoglobin content (g/L) is:
   Variants of answer:
   a) 80-100;
   b) 100-120;
   c) 120-150;
   d) 150-180;
   e) 180-240.

5. Crossing in the leukocyte formula is noted at the age of:
   Variants of answer:
   a) 4–5 days;
   b) 4–5 months;
   c) 2–3 years;
   d) 1 month;
   e) 1 year.
6. **Transient loss of initial birth weight is:**
Variants of answer:
- a) 5–8%;
- b) 8–12%;
- c) more than 12%;
- d) 2–3%;
- e) more than 10%.

7. **In hemolytic disease newborn jaundice appears:**
Variants of answer:
- a) on the 1st–2nd day of life;
- b) on the 3rd–4th day of life;
- c) on the 4th–6th day of life;
- d) on the 7th day of life;
- e) on the 10th day of life.

8. **What is the indication for exchange blood transfusion in HDN in the first day of life is:**
Variants of answer:
- a) total bilirubin level in cord blood is more than 70 μmol/l;
- b) total bilirubin level in peripheral blood is more than 170 μmol/l;
- c) hourly increase of bilirubin is more than 7 μmol/l;
- d) hemoglobin level is less than 130 g/l;
- e) all listed.

9. **Intrauterine hypotrophy is not characterized by:**
Variants of answer:
- a) decreased nutrition;
- b) abundant lanugo on the skin;
- c) skin dystrophic changes;
- d) multiple stigmas of dysembryogenesis;
- e) muscular hypotonia.

10. **If there is contradiction, a woman can start breast-feeding of a healthy newborn:**
Variants of answer:
- a) in an hour after baby birth;
- b) in no later than 2 hours after baby birth;
- c) in 6 hours;
- d) in 12 hours;
- e) in a day.
11. What is the most frequent cause of death in newborns having a delay in intrauterine development in the first days of life:

Variants of answer:
- a) perinatal asphyxia;
- b) meconium aspiration
- c) hyaline membrane disease;
- d) hypoglycemia;
- e) edematic syndrome.

12. The umbilical cord remainder of a full-term newborn usually goes off:

Variants of answer:
- a) on the 2\textsuperscript{nd} – 3\textsuperscript{rd} day;
- b) on the 4\textsuperscript{th} – 7\textsuperscript{th} days;
- c) on the 8\textsuperscript{th} – 10\textsuperscript{th} days;
- d) on the 11\textsuperscript{th} – 15\textsuperscript{th} day;
- e) in 2 weeks.

13. On transition from fetal to neonatal circulation, the following changes are noted:

Variants of answer:
- a) closure of the oval window;
- b) closure of the arterial duct;
- c) increase of pulmonary blood flow;
- d) closure of the venous duct;
- e) all listed.

14. In hemolytic disease complicated by cholestasis, the following blood indices can be found:

Variants of answer:
- a) only indirect bilirubin;
- b) direct and indirect bilirubin;
- c) only direct bilirubin;
- d) increased level of AST;
- e) increased level of ALT.

15. What biochemical parameters of blood serum can indicate to cholestasis?

Variants of answer:
- a) total protein;
- b) alkaline phosphatase;
- c) thymol test;
- d) bilirubin;
- e) glucose level.
16. Bilirubinuria occurs in case of:
Variants of answer:
a) obstructive jaundice;
b) hemolytic jaundice;
c) both obstructive and hemolytic jaundice;
d) conjugated jaundice;
e) carotenodermia.

17. Which drug is the initial one for arresting the convulsive syndrome:
Variants of answer:
a) calcium gluconate;
b) relanium;
c) barbiturates;
d) droperidol;
e) aminazine.

18. Newborn baby, 60 seconds after birth: heart rate - 70 beats / min, weak irregular breathing, weak flexion of lower limbs, grimace reaction to mucus aspiration, acrocyanosis. Indicate Apgar score:
Variants of answer:
a) 2 points;
b) 10 points;
c) 5 points;
d) 9 points;
e) 1 point.

19. In case of convulsive syndrome, first of all it is necessary:
Variants of answer:
a) to restore airway patency;
b) to administer seduxen;
c) to administer Lasix;
d) to perform craniocerebral hypothermia;
e) to administer cardiac glycosides.

20. Which body system is most often damaged during the childbirth:
Variants of answer:
a) the respiratory system;
b) the cardiovascular system;
c) the nervous system;
d) the genitourinary system;
e) the locomotor system.

21. Which of the following is used for treating neonatal apnea:
Variants of answer:
a) oxygen therapy, maintaining a constant increased exhalation pressure;
b) glucocorticoid drugs;
c) beta adrenergic agonists
d) glucose intravenously;
e) caffeine.

22. While treating hemorrhagic disease of newborns, the following measures can be recommended, except for:

Variants of answer:
a) vitamin K dosed from 1 to 5 mg intravenously;
b) transfusion of freshly frozen plasma;
c) transfusion of preserved blood;
d) in case of local bleeding — applying pressure bandage;
e) cryoprecipitate.

23. What is the time of neonatal jaundice disappearing:

Variants of answer:
a) up to 4 days of life;
b) up to 10 days of life;
c) up to 14 days of life;
d) up to the end of a neonatal period;
e) up to 21 days of life.

24. Appearance of jaundice in the first day after baby birth indicates to:

Variants of answer:
a) biliary tract atresia;
b) hemolytic newborn disease;
c) Kriegler-Nayyar syndrome;
d) erythrocyte membranopathy;
e) physiologic jaundice.

25. All of the following are included in the Apgar evaluation, except for:

Variants of answer:
a) heart rate;
b) muscle tone;
c) blood pressure;
d) vivid reflexes;
e) skin color.

26. The most typical feature for physiologic jaundice of full-term newborns is:

Variants of answer:
a) the appearance of jaundice 12 hours after birth;
b) duration of jaundice at least 1 week;
c) increase in both direct and indirect bilirubin in blood serum;
d) lowering of serum bilirubin level after stopping breast-feeding;
e) jaundice appearance by the end of the 2
day and the beginning of the 3
day.

27. What are the most probable terms for the onset of hemorrhagic disease in newborns:
Variants of answer:
a) 1–2 days;
b) 2–4 days;
c) 6–10 days;
d) more than 1 month;
ed) during 2 weeks.

28. What are the main pathogenetic mechanisms of hemorrhagic disease in newborns:
Variants of answer:
a) absence of fibrinogen deficiency;
b) deficiency of vitamin K-dependent blood factors;
c) neonatal transient thrombostenosis;
d) micro-ulceration of the gastric mucosa;
e) all listed.

29. The Abta test is carried out for:
Variants of answer:
a) determining the blood admixture in meconium;
b) determining the amount of blood loss;
c) differential diagnosis of true and false melena;
d) determining the surfactant deficiency;
e) determining bilirubin level.

30. The laboratory tests for hemorrhagic disease of newborns are:
Variants of answer:
a) fibrinogen reduction;
b) decrease of prothrombin index;
c) thrombocytopenia;
d) normal amount of platelets;
e) shortening of partial thromboplastin time.

31. Indicate the most typical clinical manifestation of hemorrhagic disease of newborns:
Variants of answer:
a) nose bleed;
b) pulmonary hemorrhage;
c) gastrointestinal bleeding;
d) shortness of breath;
e) hepatosplenomegaly.

32. The drugs used for treating hemorrhagic neonatal disease are:
Variants of answer:
a) pentoxyl;
b) vicasol, quarantine fresh-frozen plasma, dicinone, sodium etamsylate;
c) calcium gluconate;
d) seduxen;
e) heparin.

33. At what grade by Apgar scale, asphyxia is considered to be severe after 1 minute of life (according to ICD-10)?
Variants of answer:
a) 1–4 points;
b) 2–4 points;
c) 0–3 points;
d) 4 points;
e) 5 points.

34. At what grade by Apgar scale, asphyxia is considered moderate or mild after 1 minute of life (according to ICD-10)?
Variants of answer:
a) 3 points;
b) 4 points;
c) 5 points;
d) 6–7 points;
e) 7–8 points.

35. Indications for tracheobronchial sanitation in newborns having birth asphyxia are:
Variants of answer:
a) transient apnea;
b) aspiration syndrome;
c) anesthesia depression;
d) hyaline membrane disease;
e) all listed.

36. Hypertension-hydrocephalic syndrome is characterized by:
Variants of answer:
a) an increase in the ventricular index;
b) dilation of brain ventricles;
c) cranial sutures disruption;
d) increase of the head circumference
e) all listed.

37. What are the main mechanisms of fresh-frozen plasma action?
Variants of answer:
a) decrease in acidosis;
b) increase in coagulation potential;
c) immunomodulatory effect
d) protein provision for parenteral nutrition;
e) correction of electrolyte balance.

38. What are the main mechanisms of albumin solutions action?
Variants of answer:
a) oncotic effect;
b) immune correction
c) protein provision for parenteral nutrition;
d) increase of coagulation potential;
e) all listed.

39. In case of pneumonia the main factor of hypoxia onset is:
Variants of answer:
a) temperature increase;
b) hypopnoe;
c) increased metabolism;
d) tachycardia;
e) tachypnea.

40. Paradoxical respiration is frequently observed in case of:
Variants of answer:
a) pneumothorax;
b) lungs emphysema;
c) laryngospasm;
d) pneumonia;
e) pneumopathy.

41. Which combination of antibiotics is the most balanced?
Variants of answer:
a) penicillin + cefazolin;
b) penicillin + ristomycin;
c) penicillin + erythromycin;
d) penicillin + lincomycin;
e) penicillin + amikacin.
42. Which of the following drugs stimulates the formation of surfactant?
Variants of answer:
   a) mucosolvin;
   b) mucodin;
   c) solutan;
   d) bromhexine;
   e) lazolvan.

43. The most preferable antibiotic in mycoplasmal pneumonia is:
Variants of answer:
   a) tetracycline;
   b) erythromycin;
   c) levomycetin;
   d) aminoglycosides;
   e) amoxicillin.

44. Hyaline membrane syndrome is not characterized by:
Variants of answer:
   a) pulmonary hypertension;
   b) left-right shunt;
   c) right-left shunt;
   d) developing mainly in premature infants;
   e) high risk of pneumonia.

45. What disease is characterized by the emergence of a respiratory distress syndrome in newborns during the first 2–4 hours after birth?
Variants of answer:
   a) atelectasis of the lungs;
   b) congenital heart disease;
   c) intrauterine pneumonia;
   d) hyaline membrane syndrome;
   e) asphyxia of a newborn.

46. In newborns, prolonged inhalation of high oxygen concentrations may cause the following complications:
   a) pneumothorax;
   b) apnea;
   c) bronchopulmonary dysplasia;
   d) pneumonia;
   e) intraventricular hemorrhage IVH.

47. Bronchopulmonary dysplasia:
Variants of answer:
   a) is often observed in preterm infants while treating hyaline membrane disease;
   b) develops during oxygen therapy by a high oxygen content;
c) develops in case of artificial pulmonary ventilation /APV/ with high inspiratory pressure;
d) develops in case of prolonged APV;
e) all listed.

48. Synthesis and secretion of surfactant is carried out by the following cells:
Variants of answer:
a) alveolocytes of the first type;
b) alveolocytes of the second type;
c) alveolar macrophages;
d) epithelium of the bronchial tree;
e) cells of goblet glands.

49. The complex of treating neonatal pneumonia includes all the listed activities, except for:
Variants of answer:
a) therapeutic and protective regimen;
b) oxygen therapy;
c) antibacterial therapy;
d) sanatorium treatment;
e) physiotherapy treatment.

50. The terms of carrying out BCG vaccination are:
a) the 6th – 7th day of life;
b) the 3rd – 4th day of life;
c) the 1st day of life;
d) the 14th day of life;
e) 1 month.

51. The criteria for including children in the risk group for CNS pathology are:
Variants of answer:
a) prolonged pregnancy;
b) rapid childbirth;
c) operative maternity aid;
d) breech presentation;
e) all listed.

52. The criteria for including children in the risk group for intrauterine infection are:
Variants of answer:
a) the presence of miscarriages, stillbirths in the mother's anamnesis;
b) mother’s infections in the postnatal period;
c) childbirth at home;
d) duration of the first childbirth is more than 16–18 hours, the repeated childbirths more than 10–12 hours;

e) all listed.

53. **Criteria for including children in the risk group for anemia:**

Variants of answer:

a) early placental abruption;
b) cesarean operation;
c) cephalohematoma;
d) pregnant women anemia;
e) all listed.

54. **The first home nursing to a healthy newborn is carried out on:**

Variants of answer:

a) the first day after discharge from the hospital;
b) the first 2 days after discharge from the hospital;
c) the first 3 days after discharge from the hospital;
d) the first 4 days after discharge from the hospital;
e) the first 7 days after discharge from the hospital.

55. **In newborns, the DIC syndrome often occurs in case of:**

Variants of answer:

a) hemophilia;
b) sepsis;
c) congenital angiopathy;
d) birth injuries;
e) surgical operations.

56. **In what period after vaccination, antituberculous immunity is formed:**

Variants of answer:

a) in 1 month;
b) in 2 months;
c) in 2 weeks;
d) in 6 months;
e) during the year.

57. **Absolute contraindications for DTP vaccination are:**

Variants of answer:

a) progressive disease of the nervous system;
b) diabetes mellitus;
c) peptic ulcer of the duodenum;
d) acute rheumatic fever;
e) compensated heart defects.
58. Which of the following refers to local reactions to vaccination:
Variants of answer:
a) algetic infiltration, skin hyperemia, local lymphadenitis;
b) nettle rash, hyperthermia, generalized lymphadenopathy;
c) abscess, necrotic tissue damage;
d) anaphylactic shock;
e) phlegmon, hyperthermia, hepatosplenomegaly.

59. Post-vaccinal reaction is:
Variants of answer:
a) a permanent health damage due to introducing a non-qualitative immunobiological drug;
b) a reaction associated with immunization and manifested by marked changes in a patient’s functional state, not exceeding the limits of the physiological standard;
c) a clinical manifestation of persistent pathological changes in patient's body related to vaccination, which threatens patient’s life regardless of the immunobiological drug type;
d) all listed;
e) anaphylactic shock.

60. Post-vaccinal complication is:
Variants of answer:
a) a permanent health damage due to introducing a non-qualitative immunobiological drug;
b) a reaction associated with immunization and manifested by marked changes in a patient’s functional state, not exceeding the limits of the physiological standard;
c) a clinical manifestation of persistent pathological changes in patient's body related to vaccination, which threatens patient’s life regardless of the immunobiological drug type;
d) all listed;
e) algetic infiltration, skin hyperemia, local lymphadenitis.

61. Children suffering from bronchial asthma are removed from dispensary records in the absence of clinical and functional changes in the period of:
Variants of answer:
a) 2–3 years;
b) 5 years;
c) 7 years;
d) 1 year;
e) are not taken off the records before being referred to a therapist.
62. **Children with peptic ulcer are removed from dispensary records:**

Variants of answer:

a) in 5 years;
b) they are not removed from dispensary records;
c) in 3 years;
d) in 7 years;
e) in a year.

63. **Children suffering from chronic gastroduodenitis are removed from dispensary records in the absence of clinical and functional changes in the period of:**

Variants of answer:

a) 5 years after recurrence;
b) 2 years after recurrence;
c) are not removed;
d) 3 years after recurrence and restoration of the morphological pattern;
e) 1 year after recurrence.

64. **The first neonatal nursing is carried out:**

Variants of answer:

a) on the first day after discharge from a maternity hospital;
b) in the first 2 days after discharge from a maternity hospital;
c) in the first 3 days after discharge from a maternity hospital;
d) in the first 3 weeks after discharge from a maternity hospital;
e) in a month after discharge from a maternity hospital.

65. **Blood reticulocytes increase is characteristic of:**

Variants of answer:

a) chronic blood loss;
b) aplastic anemia;
c) hemolytic anemia;
d) fanconi anemia;
e) protein deficiency anemia.

66. **Iron deficiency anemia is characterized by:**

Variants of answer:

a) hypochromia, microcytosis, sideroblasts in the sternal punctate;
b) hypochromia, microcytosis, target red blood cells;
c) hypochromia, microcytosis, decreased serum iron-binding capacity;
d) hypochromia, microcytosis, positive desferal test;
e) hypochromia, microcytosis, increased serum iron-binding capacity.

67. **Iron is absorbed:**

Variants of answer:

a) in the esophagus;
b) in the stomach;
c) in the small bowel;
d) in the large bowel;
e) in the small and large bowel.

**68. Sideroblasts are:**
*Variants of answer:*
a) erythrocytes containing a small amount of hemoglobin;
b) red cell precursors containing nonheme iron;
c) red cell precursors containing a large amount of hemoglobin;
d) reticulocytes;
e) thrombocytes.

**69. Target red blood cells are typical for:**
*Variants of answer:*
a) iron deficiency anemia;
b) sideroblastosis anemia;
c) hereditary spherocytosis;
d) sickle cell anemia;
e) thalassemia.

**70. To make a diagnosis of acute leukemia, it is necessary:**
*Variants of answer:*
a) to reveal leukocytosis in the peripheral blood test;
b) to reveal anemia;
c) to reveal thrombocytopenia;
d) to detect increased number of blasts in the myelogram;
e) to detect increased ESR.

**71. If a patient suffers from anemia, thrombocytopenia, blastosis in the peripheral blood, then it’s a sign of:**
*Variants of answer:*
a) erythremia;
b) aplastic anemia;
c) acute leukemia;
d) idiopathic thrombocytopenic purpura;
e) B_{12}-deficiency anemia.

**72. Hemorrhagic vasculitis is characterized by:**
*Variants of answer:*
a) hematoma type bleeding;
b) vasculitic-purple type bleeding;
c) thrombocytopenia;
d) thrombin clotting time extension;
e) prothrombin index decrease.

73. Hemorrhagic vasculitis affects:
Variants of answer:
a) large-sized arteries;
b) medium-sized arteries;
c) medium-sized veins;
d) small-sized veins;
e) small-sized arteries and capillaries.

74. If a patient has a petechial skin rash and bleeding gums after taking acetylsalicylic acid, he is likely to suffer from:
Variants of answer:
a) suppression of megakaryocytic hematopoietic lineage;
b) thrombocytopathy;
c) autoimmune thrombocytopenia;
d) hemorrhagic vasculitis;
e) hemophiliaC.
# STANDARD OF ANSWERS TO THE TEST TASKS

## 4th YEAR

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Учебное издание

Малолетникова Ирина Михайловна
Кривицкая Людмила Васильевна
Киселевич Ирина Николаевна

ТЕСТЫ ПО ПЕДИАТРИИ
(на английском языке)

Учебно-методическое пособие
для студентов 4–6 курсов факультета по подготовке специалистов
для зарубежных стран, обучающихся на английском языке,
медицинских вузов

Редактор Т. М. Кожемякина
Компьютерная верстка Ж. И. Цырыкова

Подписано в печать 04.04.2018.
Формат 60×84 1/16. Бумага офсетная 65 г/м². Гарнитура «Таймс».
Усл. печ. л. 3,26. Уч.-изд. л. 3,56. Тираж 80 экз. Заказ № 164.

Издатель и полиграфическое исполнение:
учреждение образования «Гомельский государственный медицинский университет».
Свидетельство о государственной регистрации издателя,
изготовителя, распространителя печатных изданий № 1/46 от 03.10.2013.
Ул. Ланге, 5, 246000, Гомель.