

1.

Parents with 30-month child appealed to the admitting office of the hospital in 6 hours since the beginning of the disease with complaints on an abdominal pain, vomiting, body temperature 37,6°C. A duty doctor did not find out obvious acute surgical pathology. What should the actions of the surgeon be?

- a) to release the child home under the supervision of the family physician;
- b) to release the child home;
- c) to hospitalize and prolong the supervision;**
- d) the next examination in 12 hours;
- e) the next examination in 24 hours.

2.

A 10 year-old child entered the hospital with sharp abdominal pain. The examination showed tenderness widespread all over abdomen, flatulence, signs of peritonism. The body temperature was 38°C. Leucocytes was  $12,0 \times 10^9$  without the deviation of the differential count to the left. There were small hemorrhages on the oral mucosa, hemorrhagic exanthems on the symmetric areas of the body. Despite the intensive antibiotic treatment, the state of the patient keeps on worsening. An icterus joined. What disease do you think about in this case?

- a) Henoch-Schonlein's purpura (mixed form);**
- b) acute gastroenteritis;
- c) diffuse peritonitis ;
- d) dysentery;
- e) measles.

3.

3 hours ago a 14 year-old girl has suddenly felt sharp pains in the lower abdomen with vomiting, that was accompanied by losing consciousness. The examination results are: the temperature was normal, tenderness in the right lower quadrant of abdomen, positive symptoms of rebound tenderness. Your diagnosis?

- a) incarcerated inguinal right-side hernia;
- b) acute appendicitis;
- c) enterodynia;
- d) acute mesadenitis;
- e) rupture of right-side ovarian cyst.**

4.

A 3 year-old child fell ill 16 hours ago, when suddenly the temperature rose to 39°C, there occurred pain in the umbilical region. There was frequent vomiting, diarrhea. The examination results are: grave condition of the patient; pulse 140 beats per minute. Muscular tension is available in the right lower quadrant of abdomen. What might be the diagnosis in this case?

- a) acute gastritis;
- b) acute appendicitis;**
- c) gastroduodenitis;
- d) gastroenterocolitis;
- e) local peritonitis.

5.

At what nontypical location of vermiform appendix there can be diarrhea at acute appendicitis in children. In which cases does diarrhea confirm inflammation in the appendix?

- a) in junior children regardless of the location of the appendix;
- b) during the first day of the disease;
- c) at hyperthermia and typical location;
- d) pelvic location;**
- e) retroperitoneal location.

6.

14 hours ago at a 12 year-old boy felt persistent pain in the right lower quadrant of abdomen. For the last 2 hours the pain remitted. Acute appendicitis was diagnosed. What morphological form of acute appendicitis would result in remitting of intensity of abdominal pain?

- a) Empyema of vermiform appendix;
- b) Phlegmonous appendicitis;
- c) Catarrhal appendicitis;
- d) Perforating appendicitis;
- e) Gangrenous appendicitis.**

7.

A 8 year-old child complained on an abdominal pain, non-permanent vomiting, high body temperature. 18 hours have passed since he has fallen ill. What signs will most confirm the diagnosis of acute appendicitis?

- a) muscular tension in an epigastrium;
- b) local pain in the right lower quadrant of abdomen (without muscular tension);
- c) local pain and muscular tension in a mesogaster;
- d) tenderness in all parts of abdomen during deep palpation;
- e) local pain and muscular tension in the right lower quadrant of abdomen.**

8.

A 3 year-old child was hospitalized with suspicion on acute appendicitis. Which of the symptoms given below will be the most informing in the process of examining the child?

- a) symptom of comparative doped percussion (palpation) due to the method of Rozdolsky;**
- b) Shchotkin-Blumberg symptom;
- c) Sitkowsky's symptom;
- d) Rovsing's symptom;
- e) Pasternatsky's symptom.

9.

A 5 year-old girl applied to the admitting office of the hospital with complaints on an abdominal pain, vomiting. During the examination of the abdomen it was found out

local pain and positive symptom of comparative doped percussion due to the method of Rozdolsky. What is the most possible diagnosis?

- a) mesenteric adenitis;
- b) acute appendicitis;**
- c) ovarian cyst;
- d) acute gastroduodenitis;
- e) acute gastritis.

10.

For three days a 12 year-old boy suffered from abdominal pain, and high body temperature. The examination resulted in suspicion on infiltrate of abdominal region. What is the most effective method of verification of the diagnosis?

- a) plain X-ray of the abdomen;
- b) ultrasound diagnostic;**
- c) gastroduodenoscopy;
- d) X-ray of the gastrointestinal tract with contrast substance;
- e) rectoromanoscopy.

11.

A 5 year-old girl fell ill 2 hours ago, she suffered from pains in the right lower quadrant of abdomen and lower abdomen, followed by the headache. There was brief loss of consciousness, frequent vomiting, non-permanent diarrhea. Body temperature was 38,2. The abdomen was tense and there was tenderness in the umbilical region, more intense in the lower regions. The symptoms of rebound tenderness were positive. There was mucopurulent discharge from genitals. What is your initial diagnosis?

- a) primary (diplococcus) peritonitis of girls;**
- b) acute appendicitis;
- c) acute intestinal infection;
- d) acute mesenteric adenitis;
- e) enterovirus infection.

12.

In a 12 year-old girl on the 9-th day after operation for gangrenous appendicitis with the pelvic location despite the conducted treatment the Douglas abscess developed. The abdomen is soft, tender in the lower abdomen; during rectal examinations its front wall overhangs, infiltrate with softening of tissue and immobile mucosa inside was diagnosed. What must be subsequent tactics of a surgeon?

- a) laparotomy and opening of abscess (through abdomen);
- b) warm small enema and suppository with antibiotics;
- c) presacral novocaine blockade;
- d) puncture of the Douglas abscess with the following opening and drainage;**
- e) electrophoresis with antibiotics on the lower abdomen.

13.

Having had carrot puree a 5-month-infant became uneasy; there was a paroxysmal abdominal pain and frequent vomiting. During examination in 8 hours since he has fallen ill: state of moderate severity, the abdomen is not distended, soft. The rectal research showed the absence of excrements, though there was mucus with the admixture of blood. What disease do you think it is in this case?

- a) dyspepsia;
- b) intestinal infection;
- c) intestinal intussusception;**
- d) gastroenteric bleeding;
- e) intestinal polyposis.

14.

A 12 year-old boy was hospitalized with complaints on pain and swelling of the right half of scrotum, the body temperature was 37,9 °C. The day before there was an insignificant trauma. The right testis is dense, acutely tender; it is fixed in the region of the scrotum root in the external inguinal ring. The left testis is palpable on the bottom of scrotum, non-tender. What do you diagnose?

- a) orchiepididymitis;
- b) acute hydrocele of right testis;
- c) torsion right testis;**
- d) posttraumatic orchitis;
- e) torsion of the hydatid of Morgagni.

14.

The closed trauma of abdomen with the damage of hollow organ is characterized by:

- a) Blunted sound in sloping parts
- b) Positive symptoms of rebound tenderness
- c) Symptom «van'ka-vstan'ka» (doll with weight attached to base causing it always recover its standing position)
- d) Availability of free air in an abdominal cavity on the plain film**
- e) Unavailability of peristalses
- f) Symptom of disappearance of hepatic dullness.

15.

The closed trauma of spleen is characterized by the following symptoms:

- a) Phrenic sign
- b) Intense girdle pain
- c) Blunted sound in the left half of abdomen during percussion**
- d) Shchotkin-Blumberg symptom is poorly positive.
- e) Leucocytosis.
- f) Decreased arterial pressure

16.

For diagnosing traumatic damage of spleen the following methods are used:

- a) Angiography
- b) Laparoscopy

- c) **Ultrasound diagnostic**
- d) Pneumoperitoneum
- e) Arterial pressure check
- f) Plain X-ray of the abdomen
- j) Pneumoirygraphy

16.

The closed trauma of liver is characterized by the following symptoms:

- a) Posttraumatic shock phenomena
- b) **Phrenic sign**
- c) Tenderness and poorly positive Shchotkin-Blumberg symptom in the right under the ribs
- d) Availability of free air in an abdominal cavity
- e) Blunted sound in the right side channel during percussion.
- f) Pasternatsky's symptom is positive.

17.

A red painful spot appeared near the anus of the 1-month-old infant. A subcutaneous fat tissue is infiltrated under it. The body temperature is 38,9 °C. What disease do you think it is in this case?

- a) carbuncle;
- b) hemangioma;
- c) furuncle;
- d) **acute paraproctitis;**
- e) haematoma.

18.

A 21 day-old infant's umbilicus is edematic, hyperemia spreads on the umbilical fossula, purulent discharge from umbilicus is being visualized. What disease can be diagnosed?

- a) **phlegmonous omphalitis;**
- b) umbilical fistula;
- c) furuncle;
- d) carbuncle;
- e) necrotizing phlegmon of new-born ones.

19.

An 8 year-old child has fallen down at the lesson of physical education. In the evening he felt weak, sluggish, the temperature was 39,9. His right leg is adducted to the abdomen. Palpation of the top third of his thigh, and motions in the coxofemoral joint are acutely painful. Hemorrhagic exanthems on the skin of the trunk and limbs are visualized. The proposed diagnosis is acute gematogenic osteoyelitis of femoral neck. What treatment is recommended in the first place?

- a) hormonotherapy (corticosteroid);
- b) detoxication therapy;
- c) antibacterial therapy;
- d) **osteoperforation of femoral neck;**

e) diagnostic spinal puncture.

20.

A hospitalized child complains about a permanent intensive pain in the top third of his shin which is edematic, malfunction of the limb, increase of temperature to 38°C for 5 days. The proposed diagnosis is acute hematogenous osteomyelitis of top third of the tibia, local form. It is known that earlier a paediatrician prescribed ibuprofen, suprastin, analgin, and compresses for the treatment of acute arthritis of knee-joint. In 12 hours the pain remitted. What caused the abatement?

- a) the breach of pus in subperiosteal space with the decline of intraosseous pressure;**
- b) distribution of phlegmon on to the fascial space;
- c) destruction of cortical layer of bone with the decline of intraosseous pressure;
- d) the use of nonsteroid drugs;
- e) any of the mentioned above

21.

A 4 year-old boy in grave condition has been hospitalized in the surgical department. He raves sometimes. The day before the temperature rose to 39°C, there was the fever, weakness, vomiting. The examination showed: the child was pale, his eyes were hollow, lips of cyanotic, the skin was dry. The pulse was 110 beats per minute, the arterial pressure was 80/60 mm Hg., the breathing was frequent, superficial. The tongue was dry. The top third of the right tibia is painful, painfulness increases at percussion. Leucocytes was  $20 \times 10^9$ . What disease is diagnosed?

- a) flu;
- b) pneumonia;
- c) toxic dyspepsia;
- d) acute hematogenous osteomyelitis of right tibia, toxic form;**
- e) sepsis.

22.

A 7 year-old girl has been hospitalized in the clinic with complaints about the pain in her right lower limb, high temperature (40°), headache, nausea, vomiting. Week ago she fell ill with a virus infection. The proposed diagnosis is acute hematogenous osteomyelitis of the right thigh. What additional method of early diagnostics is appropriate for verification of the diagnosis?

- a) bone puncture with measuring of the intraosseous pressure;**
- b) X-ray of the right thigh;
- c) USD of the right thigh;
- d) contact thermometry;
- e) liquid-crystal thermography.

23.

The state of a 3 year-old child with the right-side acute pneumonia has worsened suddenly – dyspnea increased, cyanosis and anxiety developed. On the X-ray of

thoracic organs on the right: a lung pattern is not traced, some level of liquid is visualised; mediastinum is acutely displaced to the left. Tense right-side pyopneumothorax is diagnosed. What subsequent medical tactics would you choose?

- a) bronchoocclusion by Heras'kin;
- b) pleura puncture;
- c) therapeutic bronchoscopy;
- d) intensification of antibacterial therapy;
- e) drainage of pleura cavity with a passive aspiration by Biulau.**

24.

A tumor in a sacrococcygeal area has been discovered in a 1-month-old infant. The general state of the child is satisfactory. The blood and urine test are in the norm. The size of the tumor is 11×6 cm, it is uneven, immobile, painless. The skin above the tumor is of natural color. The rectal examination found out the inside of this tumor between a coccygeal bone and rectum. What is your proposed diagnosis?

- a) lipoma;
- b) cyst of coccyx;
- c) inflammatory infiltration;
- d) teratoma;**
- e) paraproctitis.

25.

For the last three months a 3 year-old girl became inert, pale, her appetite went down, abdominal pains developed. At palpation of abdomen a dense tumor occupying almost all right half of abdomen was identified. In the blood test of ESR – 18 mm/hour, in the urinalysis –4-5 red cells. What is your proposed diagnosis?

- a) tumor of the intestine;
- b) tumor of liver;
- c) Wilms tumor;**
- d) rightside hydronephrosis;
- e) rightside ovarian cyst.

26.

Specify the basic sign of commissural ileus

- a) Postoperative scar of any remoteness available on the abdominal wall**
- b) Paroxysmal abdominal pain
- c) Nausea and vomiting
- d) Retention of stools and gases
- e) Asymmetry of abdomen or flatulence

27.

An infant's right top limp moves badly, the child is inert, sleeps all the time, the body temperature is 37,6°C, there is an edema in the area of humeral joint. On the X-ray film one can see expansion of interarticular fissure. What disease can you diagnose?

- a) acute hematogenous osteomyelitis**

- b) Erba paralysis
- c) Shoulder phlegmon
- d) Shoulder dislocation
- e) haematoma

28.

A 10-month-infant suddenly grew blue, and had a fit of coughing while playing. Some time later breathing frequency multiplied and the attacks of stuffiness occurred. The child was hospitalized to a somatic department with suspicion on the right side pneumonia. What research is required to set the right diagnosis ?

- a) **Plain film**
- b) ECG
- c) bronchoscopy
- d) bronchography
- e) USD

29.

A child has been ill for a week with complaints about permanent pulsating pain in the left shin, the child cannot walk and sleep at night. The body temperature is 39°C, a shin is enlarged, edematic, of pink color, the symptom of fluctuation has been discovered in the middle area. The blood test showed leucocytes was  $18,0 \times 10^9$ . What is in the first place?

- a) **puncture of the bone**
- b) Incision of soft tissues
- c) Incision of soft tissues
- d) Compress on the shin
- e) puncture of soft tissues

30.

An 8-month-infant, which was treated from the right side focal pneumonia, the general state is slowly worsening, in the evenings the body temperature rises, stuffiness has occurred. gives increasing Sound shortening, dullness in the lower departments of the chest are identified during percussion, the left boundary of the heart is located on the front axillary line on the left. Breathing is sharply weakened during auscultation. What is your pervious diagnosis?

- a) **Pleurisy**
- b) Pneumothorax
- c) Myocarditis
- d) Pyopneumothorax
- e) Pericarditis

31.

A 2,5 year-old child, which is being treated in the children's department from the left-side focal confluent pneumonia the general state has suddenly worsened, stuffiness increased, the laboured breathing, cyanosis and tachycardia appeared. Percussion showed tympanic sound, dullness on the left below the corner of the shoulder-blade, auscultation showed breathing above the left lung is not heard. What research must



be quickly executed?

- a) **Plain film of thoracic organs**
- b) thermography
- c) USD thorax
- d) gastroduodenoscopy
- e) ECG

32

A 2,5 year-old child, which is being treated in the children's department from the left-side focal confluent pneumonia the general state has suddenly worsened, stuffiness increased, the laboured breathing, cyanosis and tachycardia appeared. Percussion showed tympanic sound, dullness on the left below the corner of the shoulder-blade, auscultation showed breathing above the left lung is not heard. Your previous diagnosis?

- a) **Left-side pneumothorax**
- b) Left-side exsudative pleurisy
- c) Left-side pneumonia
- d) Myocarditis
- e) Pericarditis

33.

A 5-month-infant has been hospitalized to the clinic in 36 hours since the beginning of the disease, the child is pale, with repeated vomiting. Last emptying was 34 hours ago, mucus with blood looking like «currant jelly ». It is known that, the child first got semolina porridge as weaning period food.. The abdomen is distended, bowel sounds are not heard, positive symptom of Schotkin and “hepatic dullness” is absent during the percussion of abdomen. What research must quickly be conducted?

- a) **plain film of organs of thorax and abdominal region in vertical position**
- b) USD of abdominal region
- c) blood test
- d) ECG
- e) Rektoromanoskopy

34.

The doctor paid attention to the 16-year-old boy who was operated concerning acute appendicitis the day before. The patient was uneasy, twirled from pain in the abdomen. Breathing was frequent, superficial. The tongue was dry, pulse - 120 beats per minute. The abdomen was tense, the bowel sounds were not heard. The body temperature was 39°C. Shchotkin-Blumberg symptom is acutely positive. Hepatic dullness is determined, there is no liquid in the free abdominal cavity. What is happening to the patient?

- a) **Peritonitis, insolvency of appendicular stump**
- b) Continuing peritonitis
- c) Acute ileus
- d) Paresis of intestine, retention of gases.
- e) Perforative ulcer of the duodenum.

35.

The perforation of colon at necrotizing enterocolitis has been diagnosed in a new-born child. What is the right tactics?

- a) **Resection of the changed bowel, anastomosis**
- b) Conservative treatment
- c) Laparotomy, suture is placed on the perforative ulcer and colostomy
- d) suture is placed on the perforative ulcer without colostomy
- e) Dynamic supervision

36.

In a new-born child at necrotizing enterocolitis fecal vomiting and retention of stool and gases occurred. The abdomen is distended and tense, the bowel sounds were not heard, positive symptom of Schotkin and "hepatic dullness" are absent during percussion of abdomen. What is the reason of these symptoms?

- a) **Perforation of bowel**
- b) Sepsis
- c) pneumothorax
- d) pneumomediastinum
- e) hepatic coma

37.

In a new-born child at necrotizing enterocolitis fecal vomiting and retention of stool and gases occurred. The abdomen is distended and tense, the bowel sounds were not heard, positive symptom of Schotkin and "hepatic dullness" are absent during percussion of abdomen. What research must quickly be conducted?

- a) **plain film of organs of thorax and abdominal region in vertical position**
- b) USD abdominal cavity
- c) Blood test
- d) ECG
- e) rectoromanoscopy

38.

A three year-old girl fell ill 3 days ago: frequent vomiting, liquid emptying with mucus, high temperature over 38,5 °C. The abdominal pain increased on the 4th day of the disease, a disturbance appeared resulting from the change of body position. There are signs of intoxication: sharp features, dryness of mucous coat of the mouth. Pulse - 120 beats per minute. The abdomen was tense and there was tenderness in the umbilical region and in the lower departments. What acute pathology of abdominal cavity organs can be diagnosed?

- a) **Appendicular peritonitis**
- b) flu, toxic form
- c) Acute dysentery, grave course
- d) Intussusceptions
- e) Acute pancreatitis