

1. **Choose what kind of percussion data is in the acute period of obstructive bronchitis:**
 - A. Clear lung sound
 - B. Sound box
 - C. Dullness of lung sound
 - D. Dullness of lung sound in the lower sections
2. **Choose what is the auscultatory data in the acute phase of obstructive bronchitis:**
 - A. Continued inspiration
 - B. Weakening of breathing
 - C. Dry rales and moist diffuse rales
 - D. Crepitus
3. **Indicate what signs are present in the acute period of obstructive bronchitis on the radiograph:**
 - A. Perivascular and peribronchial infiltration, increased pulmonary pattern and expansion of the roots of the lungs
 - B. Very clear lung field
 - C. Hyperinflation
 - D. Randomly scattered patches of consolidation
4. **The chest falls on inspiration and rises on expiration. What type of respiration is it?**
 - A. Kussmaul's respiration
 - B. Paradoxical respiration
 - C. Normal respiration
 - D. Biot's respiration
5. **Choose what type of respiratory movements in children over 7 years of age?**
 - A. Thoracic region
 - B. Abdominal
 - S. Costal
 - D. Strictly
6. **Define what is tachypnea?**
 - A. Increased respiratory rate
 - B. Breathing distress
 - C. Decreased respiratory rate
 - D. Respiratory arrest
7. **What is the average respiratory rate for a one-year-old child?**
 - A. 20
 - B. 30
 - S. 18
 - D. 50
8. **Define what is sleep apnea?**
 - A. Increased respiratory rate
 - B. Breathing distress
 - C. Decreased respiratory rate
 - D. Respiratory arrest
9. **Define what is bradypnea?**
 - A. Increased respiratory rate
 - B. Breathing distress
 - C. Decreased respiratory rate
 - D. Respiratory arrest
10. **What is the average respiratory rate in children after 12 years of age?**
 - A. 22
 - B. 32
 - C. 18
 - D. 45
11. **What is the normal ratio of breaths to heartbeats?**
 - A. 1:1
 - B. 1:2
 - C. 1:3
 - D. 1:4
12. **What is the average respiratory rate of a newborn?**
 - A. 22
 - B. 30
 - S. 18
 - D. 45
13. **What are the main clinical signs useful in the diagnosis of bronchiolitis?**
 - A. Paroxysmal cough

- B. Wheezing
- C. Tachypnea
- D. Shortness of breath

14. Specify what are the main radiological signs useful in the diagnosis of acute bronchitis?

- A. Perivascular and peribronchial infiltration
- B. Extra clear lung field
- C. Hyperinflation
- D. Random scattered patches of consolidation

15. What examination is most important for bronchitis?

- A. Complete blood count
- B. Sputum culture
- C. Alveolar fluid culture
- D. Chest x-ray

16. Choose what most often causes Bronchitis:

- A. Mushrooms
- B. Viruses
- C. bacteria
- D. Parasites

17. Choose what sound is typical for obstructive bronchitis?

- A. Clear lung sound
- B. Sound box
- C. Localized dyspnoea lung sound
- D. Total dyspnoea lung sound

18. Indicate the auscultation data that cannot be determined in obstructive bronchitis:

- A. Local decrease in vesicular respiration
- B. Strengthen vesicular breathing
- C. Rough breathing
- D. Puerile breath

19. What is the main symptom of bronchiolitis?

- A. Puerile breath
- B. Dry Wheezing
- C. Blistering rales in the lower parts of the lungs
- D. Spilled small rales

20. Select which criterion is not acute obstructive bronchitis:

- A. Severe intoxication
- B. A large number of dry rales
- C. Unproductive cough
- D. Box sound on percussion

21. Choose what is not radiological criteria for acute bronchitis:

- A. Atelectasis
- B. Increased lung pattern
- C. Perivascular infiltration
- D. Peribronchial infiltration

22. Splenectomy in children with hemolytic anemia is possible from

- A) 1 year old
- B) 2 years old
- C) 5 years old
- D) 7 years old

23. Thrombocytopenia begins from the level of platelets

- A) $<300 \times 10^9/l$
- B) $<250 \times 10^9/l$
- D) $<150 \times 10^9/l$
- C) $<200 \times 10^9/l$

24. Differential sign between thrombocytopenic purpura (TP) and leukemia

- A) Petechiae
- B) Ecchymosis
- C) Lymphadenopathy
- D) Bleeding

25. Differential sign between thrombocytopenic purpura and leukemia

- a) Hepatosplenomegaly
- b) Petechiae
- c) Ecchymosis
- d) Bleeding

26. Differential sign between thrombocytopenic purpura and leukemia

- A) Petechiae
- B) Ecchymosis
- C) Bleeding
- D) Bone pain

27. Function of platelets is

- A) Hemostatic
- B) Immunological
- C) Homeostatic
- D) Participation in the exchange of Ca and P

28. Autor first described clinical picture of thrombocytopenic purpura

- a) Fanconi
- b) Werlhof
- c) Dimond
- d) Blacfan

29. The most common type of thrombocytopenic purpura

- A) Neonatal thrombocytopenia
- B) Secondary thrombocytopenia
- D) Non-immune thrombocytopenia
- C) Autoimmune (idiopathic) thrombocytopenia

30. Destruction of platelets in thrombocytopenic purpura depends on

- a) Fc receptors of lymph nodes
- b) Fc receptors of splenic macrophages
- c) Fc receptors of liver macrophages
- d) Fc receptors of bone macrophages

31. Season of more often cases of TP is

- A) Summer
- B) Early spring
- C) Late spring, Autumn
- D) Late spring

32. Test for differentiation immune and non-immune thrombocytopenic purpura

- A) Coombs
- B) Bleeding time
- C) Clothing time
- D) Level of thrombocytes

33. Type of bleeding in children with thrombocytopenic purpura

- A) Petechial
- B) Petechial- spotty
- C) Spotty
- D) Hematoma

34. Treatment of mild autoimmune thrombocytopenic purpura

- A) Do not treat
B) Ig i/v
- C) Prednisolone
D) Erythrocytes
- E) Rituximab
- 35. Treatment of moderate autoimmune thrombocytopenic purpura without bleeding**
- A) Do not treat
B) Ig i/v
- C) Prednisolone
D) Erythrocytes
- E) Rituximab
- 36. First line of treatment of severe autoimmune thrombocytopenic purpura**
- A) Antibiotics
B) Ig i/v
- C) Prednisolone
D) Erythrocytes
- E) Rituximab
- 37. Dosage of Ig i/v in children with autoimmune thrombocytopenic purpura**
- A) 0.1 -0.2 g/kg/1-2 days
B) 0.5 -0.7 g/kg/1-2 days
C) 0.8 -1 g/kg/1-2 days
D) 0.5 -2 g/kg/1-2 days
- 38. Treatment of chronic severe forms of autoimmune thrombocytopenic purpura**
- A) Prednisolone
B) Ig i/v
- C) Antibiotics
D) Rituximab
- E) Vitamins
- 39. Reason of platelets destruction in autoimmune thrombocytopenic purpura**
- A) Antibodies
B) T-lymphocytes
- C) Complement
D) Neutrophils
- E) Eosinophils
- 40. Bleeding in children with thrombocytopenic purpura usually begins from the level of platelets**
- A) $100 \times 10^9/l$
B) $150 \times 10^9/l$
- C) $50 \times 10^9/l$
D) $10 \times 10^9/l$
- E) $5 \times 10^9/l$
- 41. Severity of thrombocytopenic purpura depends on**
- A) Hemorrhagic rash
B) Bleeding
- C) Anemia
D) Splenomegaly
- E) Hepatomegaly
- 42. Chronic course of autoimmune thrombocytopenic purpura more often occur in**
- A) Virus infections
B) Bacterial infections
- C) Drugs
D) Vaccines
- E) Systemic lupus erythematosus
- 43. Severity of Hemophilia A when FVIII = 10%**
- A) Mild
B) Moderate
- C) Severe
D) Very severe
- E) Asymptomatic
- 44. Parameters changed in Hemophilia**
- A) Clotting time
B) Bleeding time
C) Level of platelets
- D) Retraction of a blood clot
E) D-dimer
- 45. Which situation the girls may suffer from Hemophilia?**
- A) Dad is healthy, mother is a carrier of pathological gene
B) Dad is sick, mother is healthy
C) Dad is sick, mother is a carrier of pathological gene
D) Dad is a carrier of pathological gene, mother is a carrier of pathological gene
E) Dad is a carrier of pathological gene, mother is healthy
- 46. The 1-st symptom of Hemophilia in children usually is**
- A) Nose bleeding
B) GI bleeding
- C) UT bleeding
D) Hemarthrosis
- E) Petechiae
- 47. Method of administration of factors in Hemophilia (H)**
- A) Subcutaneous
B) Intramuscular
- C) Intravenous jet
D) Intravenous drip
- E) Per os
- 48. The pathway of Hemophilia**
- A) Autosomal -recessive
B) Autosomal-dominant
C) Recessive, X chromosome linked
- D) Dominant, X chromosome linked
E) Sporadic

49. Coagulation factor, which is reduced in hemophilia A

A) V

C) VIII

B) VII

D) IX

50. Coagulation factor, which is reduced in hemophilia B

A) V

B) VII

C) VIII

D) IX

51. A child's growth velocity is normal but bone developments is not according to the chronological age. Determine the diagnosis of the child.

- a) Genetic disease
- b) Dwarfism
- c) Constitutional delay
- d) Family short stature

52. Indicate the signs of hypertonic biliary dyskinesia in duodenal probing in children.

- a) Decreased portion B
- b) Increased portion A
- c) Increased portion B
- d) Increased portion C

53. Find the characteristic symptom for the gallstone disease in children.

- a) Arching, constant pain in the abdomen
- b) Dull, aching pain in right hypochondrium
- c) Hungry pain in right hypochondrium
- d) Intense, cramping pain in the right hypochondrium

54. Identify the following diagnoses is most probable. A boy 12 years old admitted to the hospital with intermittent high fever, allergic rash, pain and swelling in the knee and ankle joints, increase of peripheral lymph nodes, liver and spleen. In blood test - leukocytes $27 \times 10^9/l$, ESR - 65 mm/hour , increased immunoglobulin M and G.

- a) Sepsis
- b) Systemic lupus erythematosus
- c) Systemic juvenile rheumatoid arthritis
- d) Rheumatic fever

55. A newborn is noted to have a large head and short limbs. On further examination, short broad fingers, a small face, and low-normal length are noted. The trunk appears long and narrow, to confirm the diagnosis you should:

- a) Order an ophthalmologic examination
- b) Obtain skeletal radiographs
- c) Order chromosome analysis
- d) Examine the parents

56. Determine the preliminary diagnosis. An infant is 6 months, he has artificial feeding (cow's milk, cream of wheat). He entered the hospital with fever up to $37,8^\circ\text{C}$, brief bouts of tonic-clonic seizures, signs of rickets 2 degree.

- a) Renal eclampsia
- b) Hyperthermia
- c) Spasmophilia
- d) Meningoencephalitis

57. Put a preliminary diagnosis. A 6 years old boy was hospitalized with complaints of pain and swelling in the right knee and an ankle joints, morning stiffness, rapid fatigue, subfebrile temperature. He is ill for 4 months. Beginning of illness she connects with ARI. The disease began with a knee violation. She received aspirin, but the effect was absent. After 3 months the process has spread to the radiocarpal joint.

- a) Rheumatic fever
- b) Infectious-allergic arthritis
- c) Systemic juvenile rheumatoid arthritis
- d) Rheumatoid arthritis

58. A 7 month old infant is evaluated for gastrointestinal bleeding and easy bruising. Physical examination shows shortened forearms, bruising and petechiae Her complete blood count

(CBC) is normal with the exception of a platelet count of $13,000/\text{mm}^3$. Based on these findings what management do you offer to the family?

- a) Gene testing to confirm the diagnosis
- b) Supportive care with platelet transfusions
- c) Referral for bone marrow transplantation
- d) Splenectomy

59. Determine the resulted symptoms is the criterion of acute glomerulonephritis, nephritic syndrome.

- a) Hematuria
- b) Leucocyturia
- c) Bacteruria
- d) Anasarca

60. Sick boy 7 years old has pyelonephritis. The illness is manifested by sweating, aching pain in lumbar area, a discomfort in urination and frequent urination. Identify symptom not typical for acute pyelonephritis.

- a) Beginning of illness on a background of an acute bacterial infection
- b) Dysuria
- c) Pain in the lower back
- d) Normal body temperature

61. Put a preliminary diagnosis. Patient 14yrs old complained of intense pain in the right lumbar region, chills, accompanied by fever up to 39°C . The abdomen is soft, painful in the right area. Palpation of right kidney is painful. In the blood: leukocytes $30.0 \times 10^9/\text{L}$, ESR - 50 mm/hour. In urine an.: acid reaction, leukocytes in the entire field of vision. According to the US - the left kidney is normal, the contours of the right kidney are increased.

- a) Right paranephritis
- b) Acute right-sided pyelonephritis
- c) Tuberculosis of the right kidney
- d) Swelling of the right kidney

Polycystic kidney degeneration

62. Find the disease that led to the current state of the patient. 13 years old girl was hospitalized with straining pain in the left hypochondrium, which irradiates to the back. He notes nausea, decreased appetite, weight loss, vomiting without relief, diarrhea. He has been ill for over 5 years. Exacerbation has developed because of errors in the diet. Objective: $t^\circ = 37,0^\circ\text{C}$, pulse rate 94 per minute, BP 125/75. Skin is pale, pain in the epigastrium, right and left hypochondrium. In the blood test: Leuk. $10.4 \times 10^9/\text{l}$, ESR 22 mm/hour.

- a) Stomach ulcer
- b) Chronic gastritis
- c) Chronic cholecystitis
- d) Chronic pancreatitis

Chronic enterocolitis

63. Indicate the drug which should be prescribed primarily for treatment. 6 years old boy complains of an acute abdominal pain, which arises after mental loading, use of cold drinks, ice-cream. The diagnosis: Dyskinesia of gallbladder, hypertonic type.

- a) Spasmolytics and cholagogues
- b) Sedative and cholagogues
- c) Cholagogues and cholagogues
- d) Antioxidants

64. A child with Thalassemia major has a history of treatment for cardiac arrhythmia due to iron overload. Now the child came for regular transfusion and while transfusion the child became anxious and developed complaints of backpain. What is the next management ?

- a) ECG
- b) Stop transfusion and look for clerical errors
- c) Continue transfusion while monitoring for vitals
- d) Check for reddish discolouration of urine

65. Choose from the following that is the stimulus for closure of the ductus arteriosus.

- a) Increased O₂ tension
- b) Hypoxia
- c) Prematurity
- d) Hypercapnia

66. Recommend diagnostic study. A 9 year old boy complained of attacks of right subcostal pain after fatty meal she has been suffering from for a year. Last week the attacks repeated every day and became more painful.

- a) X-ray examination of the gastrointestinal tract
- b) Ultrasound study of the pancreas
- c) Liver function tests
- d) Ultrasound examination of the gallbladder
- e)

67. Find the probable diagnosis. 11-year-old girl during a month is complaining of pain in the upper abdomen. They appears at any time of the day: morning on an empty stomach, at night, after 1-1.5 hours after eating. Gregersen test is positive. He is emotionally labile. Temperature is normal. There is a tendency to constipation. The father of a boy also has frequent abdominal pain.

- a) Gallstone disease
- b) Biliary dyskinesia
- c) Ulcerative colitis
- d) Peptic ulcer

68. Indicate the reason for the deterioration of the patient. A 16-year old girl with mitral stenosis after exercise there was a mixed attack of breathlessness, cough with frothy sputum release. AP is 140/95mm Hg.

- a) Left auricular acute failure
- b) Bronchoobstructive syndrome
- c) Acute right ventricular failure
- d) Acute left ventricular failure

69. Clinical examination of child has revealed tachycardia, cardiomegaly, dyspnea at physical activity. Instrumental observations were prescribed. Identify the heart defect is characterized by round, apple-shaped heart during X-ray examination.

- a) Fallot tetralogy
- b) Pulmonary stenosis
- c) Atrial septal defect
- d) Tricuspid atresia

70. Describe the CHD patient ductus arteriosus. The neonate was born in term. Clinically it is observed tachycardia, arrhythmia, respiratory problems, shortness of breath, continuous machine-like murmur. Patent ductus arteriosus is diagnosed clinically.

- a) Cyanotic heart defect with right-to-left shunt
- b) Acquired heart disease
- c) Acyanotic heart defect with left-to-right shunt
- d) Acyanotic heart defect without shunt

71. Indicate an uncharacteristic sign of non-rheumatic carditis. Boy 5 yrs old was entered to the hospital with complaints of weakness, decline of appetite, shortness of breath. Clinically it was revealed cardiomegaly, weakness of heart tones, arrhythmias, soft systolic murmur on the apex. Acute nonrheumatic carditis was diagnosed.

- a) Tachycardia
- b) Cardiomegaly
- c) Dullness of heart tones
- d) Pain in joints

72. An infant presents with 15-20 watery stools since 9 days. Along with Zinc, what else should be given to the patient?

- a) Oral rehydration salts alone
- b) Oral rehydration salts and low lactose feed
- c) Oral rehydration salts with antibiotics
- d) Oral rehydration salts with probiotics

73. Put the diagnosis. Child is 2 years. He is ill at the first time. Sick 2 days: t° - 37.4°C, dry cough, RR 60 per min, expiratory dyspnea. There is box sound over lungs. Auscultation reveals hard breathing, crepitation and dry whistling.

- a) Bronchiolitis
- b) Congenital stridor
- c) Acute obstructive bronchitis
- d) Pneumonia

74. Indicate the best method for estimating the amount of proteinuria in a 2-year-old child with nephrotic syndrome.

- a) Dipstick testing
- b) 24 hr urine protein
- c) Spot urine sample for protein/creatinine ratio
- d) Microalbuminuria

75. A 5-year-old boy presents with hematuria 2 days after sore throat. Find the most probable cause.

- a) Post-streptococcal glomerulonephritis
- b) Berger disease
- c) Paroxysmal nocturnal Hemoglobinuria
- d) Microscopic polyangitis

76. Determine the cause of this disease. Child is 6 months. He is acutely ill with fever to 37.8°C, coughing. On 3d day cough increased, shortness of breath appeared, percussion tympanic sound over lungs, auscultation: on both sides a large number of fine wet and wheezing rales on exhalation. Acute bronchiolitis was diagnosed.

- a) Rinovirus
- b) Flu
- c) Respiratory syncytial virus
- d) Virus parainfluenza

77. A 29-day-old child presents with features of congestive cardiac failure and left ventricular hypertrophy. Auscultation shows a short systolic murmur. Most likely diagnosis is:

- a) Rheumatic fever
- b) Tetralogy of Fallot
- c) Transposition of great arteries
- d) Ventricular septal defect

- 78. The baby was born at term 40 weeks of gestation with a mass of 3750g. Shouted at once. Applied to the chest in the first day, the chest took well, sucked actively. On the 3rd day of life body weight was 3600g. On the skin of the chest, abdomen, limbs marked spotted papular rash pink color. During the inspection of the diaper revealed the spots are brick-red in color. The most likely answer is:**
- Transient weight loss, toxic erythema, uric acid infarction
 - Physiological erythema, transient weight loss, oliguria
 - Transient loss of body weight, uric acid infarction, melanoma
 - Meconium, physiological erythema, transient weight loss
- 79. Rate the baby by the Apgar scale - A newborn baby 1 minute after birth is noted irregular breathing, heart rate less than 100 per minute, acrocyanosis. To the irritation of the soles responds with a grimace.**
- 1 point
 - 3 points
 - 5 points
 - 7 points
- 80. A child with fever and barky cough presented to emergency at 3 am. His respiratory rate is 36/min, stridor only on coughing, fever 39 degrees celsius. No other abnormality. What is the next logical step?**
- Dexamethasone
 - Racemized epinephrine
 - Do nothing, just reassure
 - Give surfactant
- 81. Define the provocative allergic tests are appropriate for allergic contact dermatitis.**
- Inhalation
 - Intranasal
 - Conjunctival
 - Application
- 82. Find a characteristic feature for the sensitization pollen allergens.**
- High eosinophilia
 - Allergy most often manifests itself in the form of rhinoconjunctival syndrome
 - Allergy most often manifests itself in the form of dermatitis
 - Exacerbations are provoked by hyperventilation
- 83. Pediatrician was called to the 2-years old child who's mother complaints of a subfebrile temperature, rhinitis, dry cough. He is ill for 3 days. During percussion: a clear pulmonary sound without dullness. During auscultation: puerile breathing. Laboratory findings: leukopenia, lymphocytosis, increased ESR. What disease is possible first of all?**
- Acute obstructive bronchitis
 - Acute bronchopneumonia
 - Resedive bronchitis
 - Acute tracheitis
- 84. The 5-months' old child has subfebrile temperature, paroxysmal cough, and dyspnea. He is hospitalized. 3 days ago he was in a contact with sister ill on acute upper respiratory tract viral infection. Objectively: the condition is severe skin is cyanotic, considerable expiration dyspnea, oral crepitation. Percussion: dull sound. Auscultation: a plenty of wet rales in both sides, respiratory rate is 80 per 1 minute. What disease is possible?**
- Bronchial asthma
 - Aspiration of a foreign body
 - Bronchiolitis

- d) Acute pneumonia
- 85. Determine the age of the child when he can ride a tricycle, copy the circle and know his age and gender for his age.**
- a) 30 months
 - b) 42 months
 - c) 36 months
 - d) 48 months
- 86. Spirometry is a helpful objective measure of airflow limitation; it depends on patient's ability to properly perform a full, forceful, and prolonged expiratory maneuver. Spirometry usually feasible in children**
- a) ≥ 4 yr of age
 - b) ≥ 6 yr of age
 - c) ≥ 8 yr of age
 - d) ≥ 10 yr of age
- 87. Hypertrophic cardiomyopathy is a recognized association with**
- a) Infant of diabetic mother
 - b) Marfan syndrome
 - c) William syndrome
 - d) Trisomy 21 (Down syndrome)
- 88. A girl child comes with complaints of involuntary movements and is diagnosed as a case of Sydenham chorea, suggestive of a diagnosis of acute rheumatic fever. There is no complaint of carditis or arthritis. Throat culture is negative. Which of the following will most likely suggest recent streptococcal infection ?**
- a) Antistreptolysin S
 - b) ASLO
 - c) PCR for M protein
 - d) Antihyaluronidase
- 89. Indicate the peak incidence of Kawasaki disease in children.**
- a) Under 1 year
 - b) From 1.5 to 2 years
 - c) Adolescence
 - d) In children over 5 years old
- 90. 2-years-old child presents with short stature and café-au lait spots. Bone marrow aspiration yields a little material and mostly containing fat. What is your diagnosis?**
- a) Fanconi anemia
 - b) Dyskeratosis congenita
 - c) Tuberous sclerosis
 - d) Osteogenesis imperfect
- 91. The child is admitted to hospital with malnutrition and persistent diarrhea. Indicate medications that can be added to treatment other than antibiotics.**
- a) Zinc, Vit A, Iron
 - b) Zinc, Iron
 - c) Zinc, Vit A
 - d) B complex, Zinc
- 92. Child is 6 years old. He has frequent respiratory diseases. There is a poor tolerance to physical activity, development of shortness of breath, sometimes accompanied by attacks of breathlessness. Syncope often appears at an exercise, heart failure signs are present. Put the most probable diagnosis.**

- a) Idiopathic pulmonary hypertension
- b) Idiopathic hemosiderosis
- c) Idiopathic fibroalveolitis
- d) Congenital carditis

93. Indicate an uncharacteristic sign of non-rheumatic carditis. Boy 5 yrs old was entered to the hospital with complaints of weakness, decline of appetite, shortness of breath. Clinically it was revealed cardiomegaly, weakness of heart tones, arrhythmias, soft systolic murmur on the apex. Acute nonrheumatic carditis was diagnosed.

- a) Tachycardia
- b) Cardiomegaly
- c) Dullness of heart tones
- d) Pain in joints

94. In what cases is it permissible to treat of acute pneumonia in children at home?

- a) Uncomplicated form in a child under 1 year of age
- b) Pneumonia complicated by cardiovascular syndrome
- c) Uncomplicated form of pneumonia in a 4-year-old child
- d) Pneumonia in a child from a socially disadvantaged family

95. Specify a symptom not typical for Turner syndrome in children

- a) Male karyotype according to chromatin analysis
- b) Amenorrhea
- c) High growth
- d) Malformations of the cardiovascular system

96. A 20 months old female child is brought for routine check-up. Complete blood count (CBC) shows moderate neutropenia. Child looks healthy & eats well. Family history is unremarkable. CBC after 1 and 2 weeks shows same results. Bone marrow examination is normal. Decide your next step.

- a) Corticosteroid administration
- b) Multivitamin administration
- c) Watch and wait strategy
- d) Antibiotic to prevent infection

97. Put your preliminary diagnosis of the child. The newborn has no signs of breathing, he Immature child is cyanotic, does not respond to irritation, the pulse is about 90 beats per 1 minute, the limbs hang down.

- a) Severe asphyxia
- b) Immature child
- c) Moderate asphyxia
- d) Dead born

98. Neonatal mortality is defined as:

- a) Number of children under 1 month of age who died out of 1,000 live births
- b) Number of children who died during the first full 28 days (27 days 23 hours. 59 min.) Lives of 1,000 live births
- c) Number of children who died at the age of 1 month out of 1000 born alive and dead
- d) Number of children who died during the first full 7 days (6 days 23 hours. 59 min.) Lives of 1,000 live births

99. Specify the time of disappearance of cephalohematoma in newborns.

- a) 3-5 months
- b) 2-5 weeks
- c) 3-5 weeks
- d) 5-7 weeks

100. Determine the signs of Cretinism in children.

- a) Disproportionate dwarfism
- b) Short stature with long trunk
- c) Short stature with short trunk
- d) Long stature with long trunk