МИНИСТЕРСТВО ОБРАЗОВАНИЯ И НАУКИ
КЫРГЫЗСКОЙ РЕСПУБЛИКИ
ОШСКИЙ ГОСУДАРСТВЕННЫЙ УНИВЕРСИТЕТ
МЕЖДУНАРОДНЫЙ МЕДИЦИНСКИЙ ФАКУЛЬТЕТ

«Согласовано»
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Программа

итоговой государственной аттестации выпускников на 2024-2025 учебный год по направлению подготовки 560001– «Лечебное дело» (для иностранных студентов)
Квалификация (степень) – Специалист (Врач)
Нормативный срок освоения программы – 5 лет
Форма обучения – очная

«Pediatrics»

г. Ош – 2025

MCQs for the discipline of pediatrics				
№	РО ООП	Компетенции	Вопросы и задания	Дисциплины
1	РО-5 РО-7 РО-8	ПК-2 ПК-11 ПК-14	A 10-year-old girl went to the doctor with complaints of abdominal pain, in the lumbar region on the right, an increase in body temperature to subfebrile numbers, frequent urination. He has a history of being ill for the first time, the disease began acutely, after hypothermia. In the anamnesis of life, heredity is not burdened. Objectively: weight 34 kg, correct build, skin and visible mucous membranes of normal color, tongue overlaid, abdomen of the correct shape, soft, easily amenable to deep palpation, painful in the projection area of the right kidney, a symptom of pounding «+» on the right Choose the most correct diagnosis. a) acute primary pyelonephritis b) chronic pyelonephritis c) urinary tract infection d) acute obstructive pyelonephritis e) acute glomerulonephritis	Child diseases 2 (faculty pediatrics 1)
2	РО-7 РО-8	ПК-2 ПК-11 ПК-14	The 5-month's child with the complaints of subfibrile fever, inefficient tussis, dyspnea is hospitalized. He was ill 3 days ago after a contact with ill on virus sister. Objectively: the condition is very severe, skin is cyanotic, considerable expiration dyspnea, oral crepitation. Percussion: sound boxes. Auscultation: prolonged expiratory, scattered whistling sounds, RR 80 per 1 minute. Choose the most correct diagnosis. a) Bronchial asthma b) Aspiration of a foreign body c) Acute bronchitis d) Bronchiolitis e) Acute pneumonia	Child diseases 2 (faculty pediatrics 1)
3	РО-7 РО-8	ПК-2 ПК-11 ПК-14	A child 10 months was entered to the hospital in severe condition with expiratory shortness of breath, dry cough, the temperature 38°C. At percussion over lungs there is tympanic sound. Auscultation reveals prolonged expiration, many dry wheezing and occasional wet rales on both sides. Choose the most correct diagnosis. a) Bronchial asthma b) Pneumonia c) Acute obstructive bronchitis d) Pertussis e) Acute bronchitis	Child diseases 2 (faculty pediatrics 1)
4	РО-5 РО-7 РО-8 РО-11	ПК-2 ПК-12 ПК-15 СЛК-3	A child is 11 months. He is ill ARI. On the second day it was marked the emergence of a barking cough, hoarse voice, stridor, breath difficulties, shortness of breath, cyanosis. In what department is hospitalized child? a) Pulmonary b) Infectious	Child diseases 2 (hospital pediatrics)

			c) Junior childhood d) Otolaryngology e) Intensive care unit	
5	PO-5 PO-7	ПК-2 ПК-12	The child 5 years was admitted to the hospital with rapid breathing disorders. Skin is pale, acrocyanosis, stenotic breathing, breathing with participation of auxiliary muscles, retractions at rest, hoarse voice. He has contact with ill ARI person. Put your diagnosis. a) Laryngotracheitis b) Laryngeal papillomatosis c) Bronchitis d) Foreign body of larynx e) Foreign body of trachea	Child diseases 2 (hospital pediatrics)
6	PO-5,	ПК-2, ПК-3	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 e) Chromosomal disease	Propedeutics of childhood diseases 1
7	PO-7	ПК-12	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 e) Decreased portion C	Propedeutics of childhood diseases 1
8	PO-7 PO-8	ПК-2 ПК-11	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 e) Intense night pain	Child diseases 2 (faculty pediatrics 1)
9	PO-5 PO-7	ПК-2 ПК-12	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 27x109/l, ESR - 65mm/hour, increased immunoglobulin M and G. a) Sepsis b) Systemic lupus erythematosus c) Systemic juvenile rheumatoid arthritis d) Rheumatc fever e) Leukemia	Child diseases 2 (hospital pediatrics)

10	РО-7	ПК-12	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 e) Order CT	Neonatology with clinical genetics
11	РО-5 РО-7	ПК-2 ПК-11	Child 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. For acute nonrheumatic carditis is not characteristic: a) Tachycardia b) Cardiomegalia c) Dullness of heart tones d) Pain in joints e) Bradycardia	Child diseases 2 (faculty pediatrics 1)
12	РО-5, РО-7	ПК-2, ПК-11	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) Systemic scleroderma e) Rheumatoid arthritis	Child diseases 2 (hospital pediatrics)
13	РО-8 РО-11	ПК-15 СЛК-3	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/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 e) Supportive care for red blood cell transfusion	Child diseases 2 (hospital pediatrics)
14	РО-5 РО-7	ПК-2 ПК-12	Determine the resulted symptoms is the criterion of acute glomerulonephritis, nephritic syndrome. a) Hematuria b) Leucocyturia c) Bacteruria d) Anasarca e) Proteinuria more than 3 g per day	Child diseases 2 (hospital pediatrics)

15	РО-5 РО-7	ПК-2 ПК-11	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) Nausea, vomiting e) Normal body temperature	Child diseases 2 (faculty pediatrics 1)
16	РО-5, РО-7	ПК-2, ПК-11	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 x109/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 e) Polycystic kidney degeneration	Child diseases 2 (faculty pediatrics 1)
17	РО-5, РО-7	ПК-2, ПК-11	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 ° = 37,0°C, PR 94 per minute, BP 125/75. Skin is pale, pain in the epigastrium, right and left hypochondrium. In the blood test: Leuk. 10.4 x 109/l, ESR 22 mm/hour. a) Stomach ulcer b) Chronic gastritis c) Chronic cholecystitis d) Chronic pancreatitis e) Chronic enterocolitis	Child diseases 2 (faculty pediatrics 1)
18	РО-8,	ПК-14 ПК-15	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) Spasmolitics and choleretics b) Sedative and cholikinetics c) Choleretics and cholikinetics d) Antioxidants e) Antibiotics	Child diseases 2 (faculty pediatrics 1)
19	РО-5, РО-8	ПК-2, ПК-15	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 back pain. What is the next management? a) ECG b) Stop transfusion and look for clerical errors	Child diseases 2 (hospital pediatrics)

			c) Continue transfusion while monitoring for vitals d) Check for reddish discolouration of urine e) CT	
20	PO-5, PO-7	ПК-2, ПК-11	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) Blood cell count e) Ultrasound examination of the gallbladder	Child diseases 2 (faculty pediatrics 1)
21	PO-5, PO-7	ПК-2, ПК-11	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) Appendicitis e) Peptic ulcer	Child diseases 2 (faculty pediatrics 1)
22	PO-5, PO-7	ПК-2, ПК-11	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) Increase in total peripheral resistance e) Acute left ventricular failure	Child diseases 2 (faculty pediatrics 1)
23	PO-5, PO-7	ПК-2, ПК-11	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) Fallout tetralogy b) Pulmonary stenosis c) Atrial septal defect d) Tricuspid atresia e) Aortic stenosis	Child diseases 2 (faculty pediatrics 1)
24	PO-5, PO-7	ПК-2, ПК-11	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	Child diseases 2 (faculty pediatrics 1)

			c) Acyanotic heart defect with left-to-right shunt d) Acyanotic heart defect without shunt e) Complication of the congenital heart disease	
25	PO-5, PO-7	ПК-2, ПК-11	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 e) Acute bronchitis	Child diseases 2 (faculty pediatrics 1)
26	PO-5, PO-8	ПК-2, ПК-15	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 e) Spot urine sample for creatinine ratio	Child diseases 2 (faculty pediatrics 1)
27	PO-5,	ПК-2 ПК-3	The infant can sit without support, roll over and crawl, but cannot stand on his own. He responds to his own name. Give the most likely age for this baby. a) 3 months b) 6 months c) 9 months d) 15 months e) 4 months	Propedeutics of childhood diseases 1
28	PO-5,	ПК-2 ПК-3	The child can walk well holding on to furniture, but wobbles slightly when walking alone. She uses a gentle claw grip to pick up the marble, and can release the cube into the cup after being shown to do so. The chief tries to build a two-dice tower with mixed success. Give the most likely age for this baby. a) 2 months b) 4 months c) 6 months d) 9 months e) 12 months	Propedeutics of childhood diseases 1
29	PO-5,	ПК-2	Define the diseases which usually appear in the neonatal period. a) Embriopathy b) Chronic somatic diseases c) Acute children infections d) Food poisoning e) All answers are correct	Propedeutics of childhood diseases 1
30	PO-5	ПК-2	Describe the laboratory signs that indicate pyuria in children.	Propedeutics of

	PO-7	ПК-12	a) leukocytes 20 in vision, E/Coli more than 100 thousand \ ml b) leukocytes entirely, bacteria entirely c) erythrocytes entirely d) leukocytes 5-7 in n \ vision e) E/Coli less than 100 thousand \ ml	childhood diseases 1
31	PO-5 PO-7	ПК-2 ПК-12	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 e) Local moist rales	Propedeutics of childhood diseases 1
32	PO-5 PO-7	ПК-2 ПК-12	Specify 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 e) Local infiltration of lung tissue	Propedeutics of childhood diseases 1
33	PO-5 PO-7	ПК-2 ПК-12	Specify what is the most typical sign of tricuspid insufficiency: a) Systolic murmur b) Diastolic murmur c) Loud heart sounds d) Pulsation of the neck veins and liver e) Peripheral edema	Propedeutics of childhood diseases 1
34	PO-5 PO-7	ПК-2 ПК-12	A patient with acquired heart failure has a diastolic pressure of 0 mm Hg. What kind of heart failure does the child have? a) Rheumatic heart disease b) Aortic stenosis c) Mitral regurgitation d) Mitral stenosis e) Aortic insufficiency	Propedeutics of childhood diseases 1
35	PO-5, PO-7	ПК-2, ПК-11	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 e) Atrial septal defect	Child diseases 2 (faculty pediatrics 1)
36	PO-5 PO-7	ПК-2 ПК-12	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,	Neonatology with clinical

			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: a) Transient weight loss, toxic erythema, uric acid infarction b) Physiological erythema, transient weight loss, oliguria c) Transient loss of body weight, uric acid infarction, melanoma d) Meconium, physiological erythema, transient weight loss e) Transient weight loss, oliguria, sweating	genetics
37	PO-5 PO-7	ПК-2 ПК-11	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. a) 1 point b) 3 points c) 5 points d) 7 points e) 9 points	Neonatology with clinical genetics
38	PO-7, PO-8	ПК-12 СЛК-15	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? a) Acute obstructive bronchitis b) Acute bronchopneumonia c) Resedive bronchitis d) Acute bronchitis e) Acute tracheitis	Child diseases 2 (hospital pediatrics 1)
39	PO-5, PO-7	ПК-2, ПК-11	The 5-months' old child has subfibrile 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? a) Bronchial asthma b) Aspiration of a foreign body c) Bronchiolitis d) Acute pneumonia e) Allergic bronchitis	Child diseases 2 (faculty pediatrics 1)
40	PO-5	ПК-2 ПК-3	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 e) 60 months	Propedeutics of childhood diseases 1
41	PO-5	ПК-2	A district pediatrician examined a 9-year-old child who was troubled by a wet cough and shortness of breath during physical	Propedeutics of

	РО-7	ПК-12	exertion. The child has been sick for 6 years: frequent respiratory diseases, 1-2 times a year - pneumonia. After analyzing the anamnesis and clinical examination, a chronic lung disease was diagnosed. What is the most characteristic symptom of this disease? a) Shortness of breath b) Perioral cyanosis c) Pale skin d) Persistent cough e) Subfebrile temperature	childhood diseases 2
42	РО-5 РО-7	ПК-2 ПК-12	A child is 3 months old. He is hospitalized to determine the cause of the heart murmur. Complaints of parents: low weight gain, bouts of shortness of breath and cyanosis, which are aggravated by physical exertion. Systolic murmur in the 3rd intercostal space on the left, systolic murmur under the 2nd intercostal space to the right of the sternum, right ventricular hypertrophy. What diagnosis should be suspected? a) Tetralogy of Fallot b) Infective endocarditis c) Ventricular septal defect d) Hypertrophic cardiomyopathy e) Atrial septal defect	Propedeutics of childhood diseases 2
43	РО-7	ПК-13	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 e) ≥12 yr of age	Child diseases 2 (hospital pediatrics 1)
44	РО-78	ПК-15	Hypertrophic cardiomyopathy in children is a recognized association with: a) Infant of diabetic mother b) Marfan syndrome c) William syndrome d) Trisomy 21 (Down syndrome) e) XO (Turner syndrome)	Child diseases 2 (hospital pediatrics 1)
45	РО-8 РО-11	ПК-15 СЛК-3	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 e) In children over 6 month	Child diseases 2 (hospital pediatrics 1)
46	РО-7	ПК-11	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?	Child diseases 2 (hospital

			a) Fanconi anemia b) Dyskeratosis congenita c) Tuberous sclerosis d) Osteogenesis imperfect e) Sickle cell anemia	pediatrics 1)
47	PO-7	ПК-11	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 e) Cardiomyopathy	Child diseases 2 (hospital pediatrics 1)
48	PO-5	ПК-2 ПК-3	Complaints in the pathology of the nervous system are: a) Cough with copious sputum, headaches, runny nose b) Headaches, sore throat, changes in muscle tone c) Headaches, runny nose, cough with copious sputum d) Headaches, impaired consciousness, changes in muscle tone e) Cough with copious sputum, changes in muscle tone, runny nose	Propedeutics of childhood diseases 1
49	PO-5 PO-7	ПК-2 ПК-11	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 e) Pterygoid fold of the neck	Child diseases 2 (hospital pediatrics 1)
50	PO-8 PO-11	ПК-15 СЛК-3	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 2weeks 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 e) Antihistamines’	Child diseases 2 (hospital pediatrics 1)
51	PO-5 PO-7	ПК-2 ПК-12	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	Neonatology with clinical genetics

			d) Dead born e) Prematurity of 1 degree	
52	PO-5	ПК-2	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 e) The number of children who died during the first full 7 days (6 days 23 hours. 59 min.) Lives of 1,000 live births	Neonatology with clinical genetics
53	PO-5	ПК-2	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 e) 1-2 weeks	Neonatology with clinical genetics
54	PO-5	ПК-2 ПК-12	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 e) Long stature with short trunk	Propedeutics of childhood diseases 2
55	PO-5 PO-7	ПК-2 ПК-11	Determine the drinking regime in the initial period of acute glomerulonephritis in children. a) less needs of the body b) is equal to the diuresis of the previous day c) is equal to the diuresis of the previous day + 10 % d) must comply with the child's desire e) does not depend on the needs of the body	Child diseases 2 (faculty pediatrics 1)
56	PO-5 PO-8	ПК-2 ПК-14 ПК-15	Make a metronidazole calculation for a child with chronic gastritis weighing 20 kg. a)250mg 2 times b)400 mg 2 times c) 500mg 2 times d) 1000mg 2 times d)1500mg 2 times	Child diseases 2 (faculty pediatrics 1)
57	PO-5 PO-8	ПК-2 ПК-14 ПК-15	Make a calculation of clarithromycin in the treatment of peptic ulcer disease to a child weighing 20 kg. a) a)150mg 2 times b) b)300mg 2 times c) 500mg 2 times d) 1000mg 2 times e) d)1000mg 1 time	Child diseases 2 (faculty pediatrics 1)

58	PO-5 PO-8	ПК-2 ПК-14 ПК-15	A girl of 11 years old, sick for 1 year, complaints of hunger pains on the epigastrium, appear in the morning on an empty stomach, 1.5-2 hours after eating, at night, are stopped by eating, acid belching worries, regular stools, decorated. The first visit to the doctor was a week ago. The child's mother has a stomach ulcer, the father has gastritis. On objective examination: pain on the epigastrium and pyloroduodenal region, in other organs without pathology. On esophagogastroduodenoscopy: the mucous membrane of the esophagus is pink, the cardia closes. There is cloudy mucus in the stomach, mucosa with focal hyperemia, the mucous membrane of the duodenal bulb is edematous, there is an ulcer defect on the back wall, size 0.8 x 0.8 cm, rounded shape with a hyperemic roller, the bottom is covered with fibrin. Grigersen's reaction is negative. Choose the most correct diagnosis: a) Peptic ulcer of the duodenal bulb, first identified, in the stage of fresh ulcers, Hp +, uncomplicated b) Gastric ulcer and duodenal ulcer, first identified, at the stage of epithelization c) Duodenal ulcer, first identified, at the stage of epithelization , Hp + d) Duodenal ulcer, in the stage of fresh ulcer , unrelated to Hp , complicated e) Duodenal ulcer, in the stage of epithelization, associated with Hp	Child diseases 2 (faculty pediatrics 1)
59	PO-5 PO-7	ПК-2 ПК-11	Define the most causative agents of acute non-obstructive pyelonephritis in children. a) E. Coli b) Staphylococcus c) streptococcus d) Pseudomonas aeruginosa e) Rotovirus	Child diseases 2 (faculty pediatrics 1)
60	PO-5 PO-7	ПК-2 ПК-11	Choose the most characteristic dyspeptic syndrome in gastroduodenitis in children. a) decreased appetite, nausea, vomiting b) vomiting, with an admixture of bile, belching, heartburn c) vomiting, belching, decreased appetite d) decreased appetite, diarrhea e) nausea, vomiting, constipation	Child diseases 2 (faculty pediatrics 1)
61	PO-5 PO-7	ПК-2 ПК-12	Describe the laboratory signs that indicate pyuria in children. a) leukocytes 20 in vision, E/Coli more than 100 thousand \ ml b) leukocytes entirely, bacteria entirely c) erythrocytes entirely d) leukocytes 5-7 in n \ vision e) E/Coli less than 100 thousand \ ml	Propedeutics of childhood diseases 1
62	PO-5 PO-7	ПК-2 ПК-11	Classify the reflux gastritis in children. a) chronic gastritis A b) chronic gastritis C c) chronic gastritis C d) chronic gastritis e) idiopathic gastritis	Child diseases 2 (faculty pediatrics 1)

63	PO-5	ПК-2 ПК-3	Explain the mechanism of crepitation (due to) in children. a) obstruction syndrome b) paresis of the respiratory muscles c) the separation of the alveoli themselves d) the detachment of secretions from the alveoli on inspiration e) croup syndrome	Propedeutics of childhood diseases 1
64	PO-5	ПК-2 ПК-3	Determine the timing of formation of the fetal heart in intrauterine period. a) in the 1st week b) from the 2nd to the 8th week c) from the 8th to the 12th week d) after the 12th week e) after the 16th week	Propedeutics of childhood diseases 1
65	PO-5	ПК-2 ПК-12	Describe the percussion data in obstructive bronchitis in children. a) local dullness b) box sound c) pulmonary sound d) dull sound e) crepitation	Propedeutics of childhood diseases 1
66	PO-5	ПК-2	Choose a characteristic symptom of acute obstructive bronchitis in children. a) inspiratory dyspnea b) expiratory dyspnea c) small bubbly wheezing d) dulling of percussion sound e) crepitation	Child diseases 2 (faculty pediatrics 1)
67	PO-7 PO-8	ПК-12 ПК-15	A 6-year-old girl complains of a paroxysmal cough, wheezing. In anamnesis, she suffered from food allergies until the age of 1 year, after 1 year she was treated three times for bronchitis. The mother has chronic obstructive pulmonary disease. Objectively, the state of moderate severity, wheezing, breathing rate of 28 per minute, percussion sound with a boxy tinge over the lungs, auscultation - a mass of dry wheezing over the entire surface of the lungs. Make a preliminary diagnosis: a) acute bronchitis b) bronchial asthma c) foreign body d) pneumonia e) tuberculosis	Child diseases 2 (hospital pediatrics)
68	PO-7	ПК-12	Indicate the necessary time for diagnosing Asthmatic status in children with an intractable attack of bronchial asthma. a) 2 hours b) 4 hours c) 6 hours or more d) more than a day	Child diseases 2 (hospital pediatrics)

			e) more than 48 hours	
69	PO-5 PO-7	ПК-2 ПК-11	A sick child, 3 months of age, complaints of dyspnea- cyanotic attacks. Objectively: hypotrophic, acrocyanosis, expansion of the boundaries of the heart, systolic noise, weakening of the 2nd tone over the pulmonary artery. Specify the most probable heart defect in this child. a) Atrial septal defect b) Ventricular septal defect c) Tetralogy of Fallot d) Transposition of the greet vessels e) Coarctation of the aorta	Child diseases 2 (faculty pediatrics 1)
70	PO-5 PO-7	ПК-2 ПК-11	A one year old boy is brought to the Emergency Department with a 3 day history of rhinorrhoea, wheeze, fever and cough. The most likely diagnosis is: a) Asthma b) Bronchiolitis c) Influenza d) Pertussis infection e) Respiratory infection	Child diseases 2 (faculty pediatrics 1)
71	PO-7 PO-8 PO-11	ПК-12 ПК-15 СЛК-3	A 4-month-old formula-fed infant presents with rectal bleeding without emesis or diarrhea. She was the product of a benign term pregnancy and has not been previously ill. Her weight gain has been appropriate since birth, tracking in the 75th percentile on standardized growth curves. The child is afebrile, with normal vital signs, and appears normal on examination. Of the following which is the most likely diagnosis? a) Necrotizing enterocolitis b) Ulcerative colitis (UC) c) Swallowed maternal blood d) Salmonella gastroenteritis e) Milk protein allergy	Child diseases 2 (hospital pediatrics)
72	PO-8	ПК-15	A 7 year old male presents to physician with the chief complaint of dark "cola colored" urine, facial puffiness and abdominal pain for the past 2 days. 14 days ago he had a sore throat and fever. He has had abdominal pain. His urine is dark. Urine analysis shows an increased specific gravity, RBCs are too numerous to count. What is the most probable diagnosis? a) Glomerulonephritis. Nephritic Syndrome b) Glomerulonephritis. Nephrotic Syndrome c) Acute heart failure d) Acute infection of urinary tract e) Hemolytic uremic syndrome	Child diseases 2 (faculty pediatrics 1)
73	PO-7 PO-8	ПК-11 ПК-15	The polycystic kidney disease was diagnosed at the boy of 3 years old. Mother complaints that the boy has growth retardation, poor appetite, vomiting. Skin is pale, turgor of soft tissues is reduced, heart rate - 120 per minute, harsh breathing at auscultation, abdomen is enlarged, soft. Biochemical tests – urea – 14 mmol/l, creatinine – 0,130 mmol/l, protein – 58 g/l. Which condition has been developed?	Child diseases 2 (faculty pediatrics 1)

			a) Chronic kidney disease b) Encephalopathy c) Interstitial nephritis d) Pyelonephritis e) Juvenile idiopathic arthritis	
74	РО-5	ПК-3	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 e) Decreased portion C	Propedeutics of childhood diseases 2
75	РО-8 РО-11	ПК-15 СЛК-3	Juvenile idiopathic arthritis has many subtypes. Arthritis must be present to make a diagnosis of any subtype; involved joints oftenly have the following signs except: a) Swelling b) Warm c) Erythema d) Limitation of movement e) Pain on movement	Child diseases 2 (hospital pediatrics)
76	РО-5, РО-7	ПК -3 ПК-11	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 e) Prematurity of 1 degree	Neonatology with clinical genetics
77	РО-8	ПК-15	A follow up two-dimensional echocardiography is performed to a 1.5-year-old boy with Kawasaki disease (KD) 3 weeks after the diagnosis; it shows a small solitary aneurysm of the left anterior descending coronary artery without thrombosis. Of the following, the most appropriate therapy for this child is. a) Aspirin for 6 months b) Life-long aspirin c) IVIG and aspirin for 14 days d) Aspirin for 8 weeks e) Aspirin and warfarin for 6 months	Child diseases 2 (hospital pediatrics)
78	РО-8	ПК-15	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	Child diseases 2 (hospital pediatrics)

			c) Idiopathic fibroalveolitis d) Congenital carditis e) Cardiomyopathy	
79	РО-7 РО-11	ПК-12 СЛК-27	How long should be present arthritis in children to diagnose JRA (according WHO criteria)? a) More than 1 month b) More than 2 months c) More than 3 months d) More than 6 months e) More than 1 year	Child diseases 2 (hospital pediatrics)
80	РО-7	ПК-12	A child, 5 years old, was admitted to hospital on the 7th day of illness with complaints of an increase in body temperature to 37.5 ° C, shortness of breath, cough, aggravated by changing the position of the body. On examination, catarrhal changes were found in the throat, a little shortened percussion tone in the back areas was observed above the lungs, fine rhonchi were heard, the respiration rate was 40 per min. The left border of the heart is shifted by 2 cm to the left of the midclavicular line, the heart rate is 126 per min. The liver is 2 cm below the costal arch. Daily diuresis is reduced, urination is normal . What diagnosis can be established ? a) Acute pneumonia b) Acute bronchiolitis c) Acute obstructive bronchitis d) Rheumatic carditis e) Acute non-rheumatic carditis	Child diseases 2 (hospital pediatrics)
81	РО-8	ПК-15	159. A child was taken to a hospital with focal changes in the skin folds. The child was anxious during examination, examination revealed dry skin with solitary papulous elements and ill-defined lichenification zones. Skin eruption was accompanied by strong itch. The child usually feels better in summer, his condition is getting worse in winter. The child has been artificially fed since he was 2 months old. He has a history of exudative diathesis. Grandmother by his mother's side has bronchial asthma. What is the most likely diagnosis? a) Urticaria b) Contact dermatitis c) Atopic dermatitis d) Seborrheal eczema e) Strophulus	Child diseases 2 (hospital pediatrics)
82	РО-8	ПК-14	Perform secondary prevention of Acute rheumatic fever in children. a) bicillin b) penicillin c) azithromycin d) ceftriaxone e) amikacin	Child diseases 2 (faculty pediatrics 1)
83	РО-7 РО-8	ПК-12 ПК-15	Identify diagnostic examinations indicating the presence of atopy in children. a) clinical blood test	Child diseases 2 (hospital

			b) determination of specific Ig A, M c) determination of the level of general and specific IgE d) enzyme immunoassays e) blood for electrolytes	pediatrics)
84	PO-8	ПК-15	Indicate the complications that are not observed in Layel syndrome in children. a) Pneumonia b) Renal failure c) Liver failure d) Purulent infection of the skin and mucous membranes e) Purulent otitis, sinusitis	Child diseases 2 (hospital pediatrics)
85	PO-5 PO-7	ПК-2 ПК-11	Specify the clinical sign corresponding to vitamin B2 deficiency in children. a) square head b) depigmentation foci c) muscle weakness d) inflammation of the tongue e) petechiae on the trunk	Child diseases 2 (faculty pediatrics 1)
86	PO-5 PO-7	ПК-2 ПК-11	Specify the clinical sign corresponding to vitamin E deficiency in children. a) square head b) rickety rosary beads c) ecchymosis on the trunk d) kwashiorkor e) spinal hernia	Child diseases 2 (faculty pediatrics 1)
87	PO-7 PO-8	ПК-12 ПК-15	A 11-year-old boy has a history of allergic reaction to penicillin in the form of urticaria. Intramuscular administration of ceftriaxone after 30 minutes there was weakness, headache, palpitations, a feeling of horror. administration of the drug hyperemia 10 cm AD-80/40 mm Hg, heart rate-120. Determine the diagnosis. a) Vegetative-vascular dystonic b) Anaphylactic shock c) Anaphylactoid shock d) Hemorrhage in the brain e) Contact dermatitis	Child diseases 2 (hospital pediatrics)
88	PO-8	ПК-15	Determine the most effective treatment for aplastic anemia in children. a) Prednisone b) Cytostatics c) Antibiotics d) BM (Bone marrow) transplantation e) Non-steroidal anti-inflammatory drugs	Child diseases 2 (hospital pediatrics)
89	PO-7 PO-8	ПК-12 ПК-15	Identify the most common cause of hemolysis in children.	Child diseases 2 (hospital

			a) Elliptocytosis b) Hereditary spherocytosis c) Hemoglobinopathies d) Deficiency of enzymes of RBC e) Deficiency of folic acid	pediatrics)
90	PO-8	ПК-15	Determine the most common type of thrombocytopenic purpura in children. a) Neonatal thrombocytopenia b) Secondary thrombocytopenia c) Autoimmune (idiopathic) thrombocytopenia d) Non-immune thrombocytopenia e) Congenital thrombocytopenia	Child diseases 2 (hospital pediatrics)
91	PO-7	ПК-12	Do the differential sign between thrombocytopenic purpura and leukemia in children. a) Petechiae b) Ecchymosis c) Bleeding d) Pallor e) Hepatosplenomegaly	Child diseases 2 (hospital pediatrics)
92	PO-8	ПК-15	Identify the treatment of chronic severe forms of autoimmune thrombocytopenic purpura in children. a) Prednisolone b) IG I/V c) Antibiotics d) Rituximab e) Vitamins	Child diseases 2 (hospital pediatrics)
93	PO-7 PO-11	ПК-12 СЛК-3	Find a situation when female child can have a 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	Child diseases 2 (hospital pediatrics)
94	PO-7	ПК-12	Determine the malignant disease that is more common in children. a) Hodgkin lymphoma b) Non-Hodgkin lymphoma c) Leukemia d) Sarcoma	Child diseases 2 (hospital pediatrics)

			e) Sarcoma Kaposi	
95	PO-7	ПК-12	Determine the clinical symptom for hypocoagulation in DIC-syndrome in children. a) Marbling of the skin b) Increase in blood pressure c) Increased thrombus formation with intravenous administration d) Bleeding from injection sites e) Pallor	Child diseases 2 (hospital pediatrics)
96	PO-7	ПК-12	Identify the most common ethiology of disseminated intravascular coagulation (DIC) in children. a) Pneumonia b) Sepsis c) Otitis d) Influenza e) Hemolytic anemia	Child diseases 2 (hospital pediatrics)
97	PO-7 PO-11	ПК-12 СЛК-3	Specify the time of blood glucose assessment In children with ketoacidosis. a) 30 min b) 1 hour c) 2 hours d) 3 hours e) 5 hours	Child diseases 2 (hospital pediatrics)
98	PO-7	ПК-12	Define the complication that may be in children with diabetic ketoacidosis during quick I/V administration of 0.9% NaCl. a) Edema of low extremities b) Ascites c) Cerebral edema d) Lung edema e) Heart edema	Child diseases 2 (hospital pediatrics)
99	PO-7	ПК-12	Specify the state when Kussmaul's dyspnea appears in children. a) Hyperglycemia b) Ketoacidosis c) Hypoglycemia d) Hypernatremia e) Hyponatremia	Child diseases 2 (hospital pediatrics)
100	PO-7 PO-11	ПК-12 СЛК-3	Determine the main sign of hypoparathyroidism in children. a) Seizures b) Muscles hypotonia c) Tachycardia d) Bradycardia e) Decrease BP	Child diseases 2 (hospital pediatrics)

Pediatrics practical work				
№	**РО ООП**	**Компетенции**	**Вопросы и задания**	**Дисциплины**
1	РО-5	ПК-2	Demonstrate and explain the method of breastfeeding.	Propedeutics of childhood diseases
2	РО-5	ПК-2	Demonstrate and tell the first (A) step of the primary resuscitation of newborns. Explain Apgar score for newborns. Show and explain what tools are needed for primary resuscitation of newborns.	Propedeutics of childhood diseases
3	РО-5	ПК-2	Show the methods of palpation, percussion of the kidneys in children.	Propedeutics of childhood diseases
4	РО-5	ПК-2	Show the methods of palpation of the endocrine system in children.	Propedeutics of childhood diseases
5	РО-7	ПК-12	Show the methods determining the main symptoms of acute appendicitis in children.	Propedeutics of childhood diseases
6	РО-5	ПК-2, ПК-4	Show the technique of anthropometric measurements in children.	Propedeutics of childhood diseases
7	РО-5	ПК-2	Show the methods determining of the pulse on the arteries in children.	Propedeutics of childhood diseases
8	РО-5	ПК-2	Show the methods of palpation, percussion, auscultation of the cardiovascular system in children.	Propedeutics of childhood diseases
9	РО-5	ПК-2	Show and explain the second step (B) of primary neonatal resuscitation. Explain Apgar score for newborns.	Propedeutics of childhood diseases
10	РО-5	ПК-2	Show and explain the third (C) step of primary neonatal resuscitation. Explain Apgar score for newborns.	Propedeutics of childhood diseases
11	РО-5	ПК-2	Demonstrate and explain the primary toilet of newborns.	Propedeutics of childhood diseases
12	РО-5	ПК-2	Show the method of palpation, percussion, auscultation of the abdominal cavity in children.	Propedeutics of childhood diseases
13	РО-5	ПК-2	Demonstrate and explain percussion of liver sizes according to Kurlov in children.	Propedeutics of childhood diseases
14	РО-5	ПК-2	Demonstrate and explain heart rate estimation techniques in children.	Propedeutics of childhood diseases
15	РО-5	ПК-2	Show the techniques for auscultation of pulmonary, cardiac and intestinal sounds.	Propedeutics of childhood diseases
16	РО-5	ПК-2	Demonstrate and explain conditioned and unconditioned reflexes research techniques.	Propedeutics of childhood diseases
17	РО-5	ПК-4	Show and explain dental hygiene in children.	Propedeutics of childhood diseases
18	РО-5, РО-7	ПК-2, ПК-3,	You are a local pediatrician at a local polyclinic. In the office, a mother with a child is waiting for you, who came for a preventive examination before vaccination. It is necessary, having received consent from the legal representatives	Propedeutics of childhood diseases

		ПК-12,	for the examination, to conduct a physical examination of the child, to evaluate the data of anthropometry. Give an opinion on the health status of the child. During the inspection, voice all necessary actions.	
19	РО-5, РО-7	ПК-2, ПК-3, ПК-12	You are a district pediatrician at a children's polyclinic, you were urgently called to the filter box for a child who has an obsessive cough with a small amount of mucous sputum and nasal breathing is difficult. On examination: temperature 37.6°C, slight cyanosis of the nasolabial triangle, respiratory rate - 34 per minute, expiratory dyspnea, during auscultation - the exhalation is lengthened, against the background of hard breathing, whistling dry and mild medium bubbling wet rales are heard. Your task is to assess the clinical picture and conduct inhalation therapy for a patient with an obstructive syndrome. All actions that you will perform must be voiced.	Propedeutics of childhood diseases
20	РО-5, РО-7, РО-8	ПК-2, ПК-3, ПК-15	You are a local pediatrician. You have a patient in front of you. You need to conduct a physical examination of the child's respiratory system. Introductory information about the complaints made by the child, the history of life and the history of the disease is presented in writing. Say whatever you think is necessary when communicating with the patient. Girl, 10 years old. Complaints of a wet cough, fever up to 39oC, general weakness, loss of appetite, lethargy, fatigue. Anamnesis: fell ill 5 days ago, when a rare dry cough appeared. After 2 days the body temperature rose to 39oC, the cough became wet. According to the results of a physical examination of the respiratory organs formulate the expected (preliminary) diagnosis.	Child diseases 2 (faculty pediatrics 1)
21	РО-5, РО-7, РО-8	ПК-2, ПК-3, ПК-15	You are a local pediatrician. You have a patient in front of you. You need to conduct a physical examination of the child's digestive system. Introductory information about the complaints made by the child, the history of life and the history of the disease is presented in writing. Say whatever you think is necessary when communicating with the patient. Boy, 13 years old. He complained of headaches, lethargy, loss of appetite, nausea, abdominal pain, localized in the upper abdomen, occurring on an empty stomach and at night. Pain is relieved by eating, antisecretory drugs. The pain has been bothering me for several years. Episodes of pain syndrome for 3-4 weeks with a frequency of 3-4 times a year. During the last week, the pain has intensified. Based on the results of a physical examination of the digestive system, formulate a proposed (preliminary) diagnosis.	Child diseases 2 (faculty pediatrics 1)
22	РО-7, РО-8, РО-11	ПК-12, ПК-14, СЛК-3	You are a district pediatrician at a children's polyclinic, you were urgently called to the filter box, where there is a child suffering from bronchial asthma with a dry paroxysmal cough that started while walking in the park and continues to this day. On examination: the temperature is 36.8°C, cyanosis of the nasolabial triangle is pronounced, the respiratory rate is 30 per minute, expiratory dyspnea, during auscultation, the exhalation is elongated, harsh breathing and a large number of wheezing rales are heard above the symmetrical parts of the chest. With peak flowmetry, PEF (peak expiratory flow rate) is 60%. Your task is to assess the clinical picture and conduct inhalation therapy for a patient with an obstructive syndrome. All actions that you will perform must be voiced.	Child diseases 2 (hospital pediatrics)
23	РО-5, РО-7	ПК-2, ПК-3, ПК-12,	*Physical examination of the respiratory system of a pediatric patient in norm.* You are a local pediatrician. You have a patient. You need to conduct a physical examination of the child's respiratory system. Boy V., 10 years old, came with his mother with a complaint of a rare dry cough for 2 days. According to his mother, the boy tried to hide the symptoms, justifying himself by saying that he had choked. The mother insists on being examined because the boy's grandfather died from tuberculosis. 1. Conduct a physical examination of the respiratory organs of a pediatric patient. 2. Familiarize the patient's parent with the results of the objective examination.	Propedeutics of childhood diseases
24	РО-5,	ПК-2,	*Acute bronchitis*	Child diseases 2 (faculty

	РО-7, РО-8	ПК-3, ПК-15	You are a local pediatrician. You have a patient. You need to conduct a physical examination of the child's respiratory system. . Introductory information about the complaints made by the child, the history of life, the history of the disease is presented in writing. Voice whatever you feel is necessary when communicating with the patient. A father brought his son A., about 7 years old, with complaints of an attack-like cough with difficult to expectorate sputum, dyspnea for a week. The temperature rose to 37.7 °C 2 days ago. According to the parent, similar symptoms occurred a year ago, in connection with which they were hospitalized in a private clinic. The father notes that the aforesaid complaints started after a picnic during the poplar blossom. Make a preliminary diagnosis based on the results of the examination, indicating the form, course of the disease.	pediatrics 1)
25	РО-5, РО-7, РО-8	ПК-2, ПК-3, ПК-15	*Left-sided lower lobe pneumonia* You are a local pediatrician. You have a patient. You need to conduct a physical examination of the child's respiratory system. . Introductory information about the complaints made by the child, the history of life, the history of the disease is presented in writing. Voice whatever you feel is necessary when communicating with the patient. An 11-year-old boy E. came with his mother complaining of cough with greenish sputum, shortness of breath, body temperature up to 38.9oC, loss of appetite, general weakness, sluggishness for a week. According to the mother's words, he suffered from flu last week. Due to his parents' work schedule, he was not examined by a doctor about the flu. He received treatment at home and took antigrippin for children. Due to the worsening of the child's condition, the mother went to the Family Medicine Center. Make a preliminary diagnosis based on the results of physical examination with indication of form, etiology, localization	Child diseases 2 (faculty pediatrics 1)
26	РО-5, РО-7, РО-8	ПК-2, ПК-3, ПК-15	*Acute obstructive laryngitis (false croup)* You are a local pediatrician. You have a patient. You need to conduct a physical examination of the child's respiratory system. . Introductory information about the complaints made by the child, the history of life, the history of the disease is presented in writing. Voice whatever you feel is necessary when communicating with the patient. Patient A., 35 years old, came to the emergency department with complaints of difficulty breathing and noisy breathing in her three-year-old son. She reported that over the past 24 hours the boy had developed a sharp pain in his throat, began breathing noisily and snoring frequently during sleep. The mother also noted that her son had a recent cold with runny nose and cough. 1. Perform a physical examination. 2. Make a preliminary diagnosis.	Child diseases 2 (faculty pediatrics 1)

Situational tasks in pediatrics				
№	РО ООП	Компетенции	Вопросы и задания	Дисциплины
1	РО-5, РО-7, РО-8	ПК-2, ПК-11, ПК-14	A 14-year-old boy has been suffering from type 1 diabetes mellitus for 8 years. Five days ago he fell ill with severe pneumonia, against the background of which appeared thirst, polyuria, weakness, deterioration of appetite, nausea. All phenomena were increasing and shortly before hospitalization the child fell into unconsciousness. **Objectively:** the patient is unconscious. Dry skin and mucous membranes, hypotonia of muscles and eyeballs, tachycardia - 120 per 1 min, pulse very weak filling. BP 90/50 mm Hg, odor of "fresh fruit" in the exhaled air, blood glucose level 28 mmol/L, pH=7.35, glucosuria, acetone - +++. **THE TASK:**	Child diseases 2 (faculty pediatrics 1)

			1) Make a preliminary diagnosis. 2) Explain meaning of analysis' results 3) Emergency therapy.	
2	PO-7, PO-8, PO-11	ПК-11, ПК-14, ПК-15, СЛК-3	A 12-year-old boy often complains of feeling unwell, she almost constantly has subfebrile temperature, which does not decrease after taking antipyretics. From the anamnesis it is known that pregnancy and childbirth proceeded normally, ARVI was often ill, croup syndrome was repeatedly noted at an early age. Thymomegaly was noted up to 3 years. She had chickenpox at the age of 5, without complications, vaccinated according to her age, at 6 months after DTP vaccination there was hyperthermia, accompanied by an attack of clonic-tonic convulsions. Currently studying at school, often tired. **Examination:** Correct body type, body temperature 37.9 C, on the skin of the face on the bridge of the nose and zygomatic arches there are symmetrically located papular rashes that merge. The pharynx is pink, there are no edema, the joints are not changed. In the lungs, vesicular breathing, no wheezing, respiratory rate 18 per minute. The boundaries of relative cardiac dullness of the heart: right - along the right parasternal line, upper - II rib, left - 0.5 cm outward from the mid-clavicular line, heart rate 90 beats per min., muffled heart sounds, systolic murmur takes 2/3 of systole, is carried out on aorta. The abdomen is soft, the liver protrudes 3 cm from under the rib along the midclavicular line. Pasternatsky's symptom (a symptom of pounding) is positive on both sides, gross hematuria. The chair is normal. From the side of the nervous system, no pathology was detected. **THE TASK:** 1. Probable diagnosis. 2. What examinations can confirm the diagnosis? 3. What drugs can reduce the temperature? 4. Principles of treatment of this disease. 5. Forecast.	Child diseases 2 (hospital pediatrics)
3	PO-5, PO-7, PO-8	ПК-2, ПК-11, ПК-14,15	A one-year-old child with complaints of poor appetite, general weakness, pallor is admitted to the hematology department. From the anamnesis: the child was born in the first pregnancy with anemia in the mother. Since birth the girl has been on artificial feeding. **On examination** the child is lethargic, leaning weakly on the legs, no teeth, hair on the head is sparse, dull. The skin and visible mucous membranes are pale. Heart tones are muffled, systolic murmur at the apex. **THE TASK:** 1. Which of the following diagnoses is most likely? 2. Which diseases should it be differentiated with? 3. Designate the main directions of therapy.	Child diseases 2 (faculty pediatrics 1)
4	PO-7, PO-8, PO-11	ПК-11, ПК-14, ПК-15, СЛК-3	A healthy 9-year-old male presents for evaluation with a 3-year history of an asymptomatic and progressive, mildly pruritic rash over his head and trunk. The first lesion appeared on his back 3 years ago, and numerous other lesions developed insidiously afterward. The patient's father states that the lesions fade during the winter and become more prominent during the summer. Failed treatment included hydrocortisone. Physical exam revealed well-circumscribed, annular, erythematous plaques with adherent scale and atrophy on the patient's right forehead, cheeks, bilateral medial canthi, bilateral conchal bowls, and back. The rest of the physical exam was unremarkable. There was no recent travel, and the patient did not take any medications. There was no evidence of uveitis or arthritis. **THE TASK:** 1. What is the differential diagnosis? 2. What will be the patient outcome? 3. What will be the evaluation testing ?	Child diseases 2 (hospital pediatrics)

			4. What will be the diagnosis?	
5.	РО-7, РО-8, РО-11	ПК-11, ПК-14, ПК-15, СЛК-3	A 15-year old male had a syncope while playing football a day before and experienced multiple episodes of syncope in the past year. He has a known family history of sudden cardiac death. The patient complains of exertional chest pain, dyspnea, palpitation, general weakness, transient dizziness. Examination: BP 135/75 mm Hg, HR 96, RR 18 per min. The first heart sound is normal, the second heart sound is split; the apical precordial impulse is displaced laterally, forceful and enlarged. Loud systolic ejection crescendo-decrescendo murmur over heart is heard best between the apex and left sternal border; it radiates to the suprasternal notch, left heart border – 2 cm to the left in the 5-th intercostal space on the l.medioclavicularis sinistra, liver +1 cm below costal margin, no any swelling was revealed. 2- dimensional echocardiography: ejection fraction 91%, hypertrophy of myocardium of the posterior wall of the left ventricle, marked septal hypertrophy (interventricular septum thickness 24 mm), the mitral valve is drawn toward the septum, left ventricular outflow tract gradient of 68 mm Hg, left ventricular outlet obstruction was worsened by prior administration of amyl nitrate, which decreases preload. ECG: signs of left ventricular hypertrophy, hypertrophy and left atrial overload, T waves inversion, pathological Q waves in V4-6. 24-hour Holter monitoring shows frequent premature ventricular contractions. **THE TASK:** 1. What is the diagnosis and the origin? What are the risk factors? 2. What diseases it should be differentiated with? What are the complications? 3. What are the principles of treatment?	Child diseases 2 (hospital pediatrics)
6.	РО-7, РО-8, РО-11	ПК-11, ПК-14, ПК-15, СЛК-3	A 15-year old boy complains of swelling, severe pain and tenderness of the right elbow and knee joints which occurred after injury. Anamnesis: intermuscular hematomas were noticed in the child for the first time at the age of 1 year. Examination: skin and visible mucous membranes are pale, swelling and tension of the skin over the elbow and knee joints on the right (see fig.). BP 105/65 mmHg, HR 110 per min. Other organs and systems: no any pathological manifestations were found. CBC: Hb – 90 g/l, RBC – 3,0 T/l, reticulocytes – 0,5%, platelets – 220 G/l, WBC - 8 G/l, neutrophils: stabs - 7%, segmented - 62%; eosinophils – 1%, lymphocytes - 24%, monocytes - 6%, ESR - 13 mm/hour. Coagulogram: clotting time (by Lee-White) – 60 min., prothrombin time – 28 sec, prothrombin index - 60%, thrombin time – 17 sec, activated partial (kefalin-kaolin) thromboplastin time - 3 minutes (normal 45-55 sec), fibrinogen – 3,4 g/l. Hemostatic disorders are corrected by adding adsorbed plasma. 1. What is the most likely diagnosis? What is the type of inheritance of this disease, if the father and mother of a sick child are clinically healthy? What type of bleeding characterizes this group of hemorrhagic diseases? 2. The principles of treatment of the patient. 3. What is the criterion for severe disease?	Child diseases 2 (hospital pediatrics)
7.	РО-5, РО-7, РО-8	ПК-2, ПК-11, ПК-14	A 2 years old boy was born at term gestation of 36 weeks and up to 6 months of age was breastfed. Complaints: pallor, loss of appetite, predominantly is fed by whole cow's milk, sometimes eats paper. **Examination:** T 37,5°C, BP 90/52 mm Hg, HR 145, RR 32, height 87 cm (50%), weight 13.6 kg (75%). Severe pallor of the skin and mucous membranes, cheilitis, hair is dry, dull, coilonichia, lymph nodes are not palpable. Breathing is puerile. Cardiac tones are rhythmic, systolic murmur of II degree at the apex. Liver +1 cm below costal arch, spleen is not palpable. Stool is of normal color. CBC: Hb 62 g/l, Ht 19,8%, MCV 54 fL, RDW 17%, 1,8% of reticulocytes, platelets 589 G/l, leukocytes 4.8 G/l. Blood smear: microcytosis, hypochromia, moderate anisocytosis polychromasia. **THE TASK:** 1. What is the most likely previous diagnosis? 2. Evaluate the CBC. What lab methods may confirm the diagnosis? What diseases are in the list for the differential diagnosis? 3. What is the treatment and its approximate duration? Evaluate the effectiveness of treatment if after three days of treatment -	Child diseases 2 (faculty pediatrics 1)

			RDW 27%, reticulocytes 17%, and in 2 weeks - Hb 85 g/l, MCV 64 fL.	
8.	РО-7, РО-8, РО-11	ПК-11, ПК-14, ПК-15, СЛК-3	A 17-year-old African American male who was previously healthy with the exception of high blood pressure presented to a referring hospital with a 4-day history of coughing, vomiting, headache, facial edema, and lower extremity cramping. One day prior to admission, he also had noticed decreased urine output. At the referring hospital, he was found to be hypertensive with a serum creatinine of 52 mg/dL (4597 µmol/L) and was transferred to our pediatric intensive care unit for further evaluation and treatment. Patient was born at term gestation and there were no significant health problems. Patient during his routine clinic visits was noted to have high blood pressure by his primary care physician but no further evaluation was done as the blood pressure was attributed to his obesity. Patient did not have any prior surgeries and was not taking any medications. There was no significant history of renal disease, dialysis, or kidney transplant in any of the family members. **THE TASK:** 1. What will be the diagnosis? 2. What will be the epidemiology? 3. What will be the etiology? 4. What will be the screening startegies of CKD?	Child diseases 2 (hospital pediatrics
9.	РО-5, РО-7, РО-8	ПК-2, ПК-12, ПК-15	An 12-year old boy complains of the body rash and nasal bleeding. **Examination:** T 36,5ºC, BP 100/65, cuff-test is strongly positive (multiple perechiae appeared after taking BP), skin and mucous membranes are pale, there are asymmetrically localised multiple petechiae and purpura, single ecchymosis at different stages of reverse development in the skin of the upper and lower extremities. On the back of the throat there is a blood clot, multiple hemorrhages on the mucous membrane of the mouth. Lymph nodes are not palpable. HR 90 per min, clean, rhythmic tones. RR 18 per min, clear percussion sound, vesicular breathing. The abdomen is soft, painless, liver +1 cm below the costal arch, spleen is not palpable. Urine is normal. CBC: Hb – 93 g/l, RBC – 3,1 T/l, reticulocytes - 5%, platelets – 2 G/l, WBC - 8 G/l, neutrophils: stabs - 7%, segmented - 72%; eosinophils – 0%, lymphocytes - 20%, monocytes - 1%, ESR - 10 mm/hour. Bleeding time (by Duke) – 20 min, coagulogram - within normal limits. **THE TASK:** 1. What is the most likely diagnosis? What diseases are accompanied by qualitative and quantitative changes of platelets? 2. Describe the changes in laboratory values. 3. The principles of treatment.	Child diseases 2 (hospital pediatrics)
10.	РО-5, РО-7, РО-8	ПК-2, ПК-12, ПК-15	A 14-year-old boy was admitted to the clinic with complaints of headaches, dizziness, periodic short-term loss of consciousness, pain in the heart area, general weakness. He had been ill for 1 year. Objectively revealed only systolic murmur in the III-IV intercostal space on the left edge of the sternum and at the apex. Electrocardiography showed signs of left heart hypertrophy, pronounced bradycardia. On echocardiography the interventricular septum and left ventricle are thickened, the internal diameter of the left ventricle is reduced, dilatation of the left atrial cavity, pressure gradient in the left ventricular outflow tract, mitral regurgitation. THE TASK: 1. What is the probable cause of transient loss of consciousness in this patient? 2. Make a preliminary diagnosis. 3. What are the criteria of the diagnosis? 4. Describe the treatment. The child was born from the I pregnancy and I delivery; gestation age is 40 weeks, body weight - 3850 g, length - 55 cm. Delivery was with complications: primary weakness of labor and labor induction; meconial amniotic fluid. **Physical examination** of the baby at birth: tactile reaction and primitive reflexes are absent, diffuse cyanosis and diffuse muscle atony. Head: large fontanel 2×2 cm, big labor tumor of skull skin with hemorrhagic rash; myosis, photoreaction of	Child diseases 2 (hospital pediatrics)

			pupils is weak. Heart rate – 61 per min, muffled heart sounds; respiratory rate – 20 per min, arrhythmic breathing (gasping respiration). **THE TASK:** 1. What is the most likely provisional diagnosis? 2. Basic steps of neonatal resuscitation. 3. What additional methods of investigation are needed to confirm the diagnosis?	
11.	РО-5, РО-7, РО-8	ПК-2, ПК-11, ПК-14	A girl is 15 months old. He was hospitalized because of her parents' complaints about her fatigue during feeding, sudden intensification of cyanosis and dyspnea while crying, increased sweating and retardation in physical development. The murmur over the heart was heard since birth. **Examination:** delayed physical and psychomotor development. There is diffuse cyanosis of the skin and mucous membranes. During the examination when the child was anxious cyanosis increased significantly, tachypnoe appeared, the child became very restless. The infant calmed a little bit after taking a position with legs pressed to the abdomen (the knee-chest or squatting position). T 36,6°C, HR 178 per min, BP 80/45 mm Hg, RR 64 per min. The left heart border reaches an anterior axillary line and right border is 1,5 cm externally from the right parasternal line. The loud harsh systolic murmur is auscultated over the heart, it is transmitted widely but most intensely is heard in the second intercostal space along the left edge of the sternum. Clear lung sounds are heard above lungs on percussion, auscultatory - vesicular breathing. CBC: Hb - 184 g/l, RBC - 5,8 T/l, WBC – 7,8 G/l, neutrophils: stabs - 5%, segmented – 39%; eosinophils - 3%, lymphocytes - 50%, monocytes - 3%, ESR - 4 mm/hour. Chest X-ray - see pic. Oxygen saturation - 83% on oxygen by nasal prongs. **THE TASK:** 1. What is the most possible preliminary diagnosis? What complications have developed in the child? How is it possible to differentiate pulmonary from cardiac causes of cyanosis in the newborn? 2. Describe pathological changes of the heart shadow on X-ray (see picture). 3. What medications do you recommend for the treatment of the tet spells (cyanotic-tachypneic attacks) in the child? What is urgent medical aid?	Child diseases 2 (faculty pediatrics 1)
12.	РО-7, РО-8, РО-11	ПК-11, ПК-14, ПК-15, СЛК-3	A 14-year-old male patient presented to the emergency department complaining of four days of increasing dysphagia, dysuria, photophobia, and a macular rash extending from the trunk toward the extremities. The only medication used by the patient was tetracycline, which he had been taking for two weeks as treatment for facial acne. Vital signs were normal except for a temperature of 103.1°F. He appeared ill and had copious amounts of ocular drainage as well as small vesicles on the nasal and oral mucosa. An erythematous rash on his chest coalesced on the trunk with many small vesicles, some forming bullae. Vesicles were also present on the penis and scrotum. The white blood cell count was slightly elevated at 11.7 × 109/L. Blood, herpes, and mycoplasma cultures as well as results of both rapid plasma reagin test and anti-DNA test were negative; and results of a skin biopsy were consistent with Stevens-Johnson syndrome. The presumptive cause was tetracycline. Empirical therapy with acyclovir was started but was discontinued after results of herpes culture proved negative. The area of denuded skin increased, and this development required even more labor-intensive treatment; the patient was therefore transferred to the county burn unit for wound management. His condition improved during the next two weeks, and he eventually recovered with minimal scarring on the back. Follow up continued on an outpatient basis in the ophthalmology, dermatology, and urology departments. **THE TASK:** 1. What is course and incidence of this disease? 2. What is the etiology? 3. What is the treatment ? 4. Treatment with steroids will be helpful or not ?	Child diseases 2 (hospital pediatrics

13.	РО-7, РО-8, РО-11	ПК-11, ПК-14, ПК-15, СЛК-3	A 11-year old girl complains of paroxysmal cough, wheezing (mainly early morning and at night) and chest tightness occurring several times a day during last week. Administration of salbutamol gave some relief for 2-3 hours. She experiences such recurrent episodes of cough, wheezing and expiratory dyspnea during last 5 years, especially after physical activity. The girl had atopic dermatitis since 3 month till 2 years of age. The mother of the child is suffering from chronic urticaria, and grandmother of the girl had hay fever. **Physical examination:** T= 37,2ºC, hyperemia of pharyngeal mucus membrane, rhinitis. RR=40 per min, prolonged expiratory phase. Lung percussion: tympanic sound; lung auscultation: a lot of whistling expiratory rhonchi over the all lung fields. Muffled heart sounds during heart auscultation, HR – 100 per min. Abdomen is soft during palpation, liver + 2 cm below right arch of the ribs. CBC: Hb - 128 g/L, Er - 4,3 x l0 12/L, WBC - 5,8 x 109/L , neutrophils: stabs - 1%, segments 48%, eosinophils - 14%, limphocytes - 29%, monocytes - 8%; ESR - 3 mm/h. **THE TASK:** 1. What is the most likely provisional diagnosis? 2. Which additional investigation should be done for verification of disease etiology and severity? 3. What are the principles of initial treatment for this patient?	Child diseases 2 (hospital pediatrics
14.	РО-7, РО-8, РО-11	ПК-11, ПК-14, ПК-15, СЛК-3	A.M was a 3 year old female child of African ethnicity who presented in July 2012 with a 8 day history of high grade fever and a 1 day history of swelling of the hands and feet. She had received oral antibiotics, anti malarials and antihistamines with no improvement in symptoms. Her past medical history had been uneventful and her vaccinations were up to date. **On examination**, she was alert, had dry, red lips and non pitting edema on her hands and feet. She had cervical nodes measuring about 0.5 cm. Her cardiovascular exam was normal. She was admitted for further work up for the cause of her fever. Her results showed an elevated WBC count of 36,000/µl, Hb of 9.1 g/dl and platelets of 380,000/µl. Her CRP was 173 mg/l. Malaria antigen and slide were both negative. Her urinalysis was normal. She was started empirically on ceftriaxone for presumed bacteremia and blood and urine cultures were sent. A differential diagnosis of sickle cell anaemia with dactylitis was also made and a peripheral smear, reticulocyte count and sickling test were requested. The reticulocyte count was low with a percentage of 0.38. Sickling test was negative and the peripheral smear was normal. She continued to have fever spikes despite the antibiotics and then developed a maculopapular hyperemic rash on her chest. A diagnosis of incomplete kawasaki disease was now made which met 3 out of the 5 required criteria. An echocardiogram was done which showed normal coronary arteries. High dose aspirin was started at 80 mg/kg/day. IVIG was not available at the institution at that time. A repeat complete blood count showed some improvement in white blood cells (28000/µl) but elevated platelets of 644000/µl. The blood and urine culture were both reported as negative after 48 h. The child was then flown out to Nairobi, Kenya for IVIG treatment which she received uneventfully. She was discharged on low dose aspirin and subsequent echocardiograms remained normal. **THE TASK:** 1. What causes Kawasaki disease? 2. What are the signs and symptoms? 3. How did the disease get its name? 4. How does a doctor determine if a child has Kawasaki disease?	Child diseases 2 (hospital pediatrics
15.	РО-5, РО-7, РО-8	ПК-2, ПК-11, ПК-14	Parents of a 3,5-year old boy complain of his nonproductive cough, noisy breathing and fever up to 37,8°C during the last 2 days. Previously healthy boy has become sick acutely, his family and individual allergological anamnesis are not burdened. **Objectively:** pale skin, rhinitis, the chest is in inspiration position, hyperinflated, excess use of accessory muscles. RR = 38 per min, HR = 118 per min. Tympanic sound elicited symmetrically by lung percussion. Lung auscultation reveals prolonged expiratory phase, bronchial breathing and moderate amount of dry whistling and moist rales over the all lung fields, without	Child diseases 2 (faculty pediatrics 1)

			asymmetry. Heart tones are clear, rhythmic. Abdomen is soft during palpation, liver + 1,5 cm below right arch of the ribs. CBC: Hb - 120 g/L, Er - 5,3 x l0 12/L, WBC - 4,8 x 109/L , neutrophils: stabs - 2%, segments 38%, eosinophils -3%, lymphocytes - 48%, monocytes - 9%; ESR - 12 mm/h. **THE TASK:** 1. What is the most likely diagnosis? What is the main clinical syndrome? 2. Which diseases should it be differentiated with? 3. What are the principles of initial treatment for this patient?	
16.	РО-5, РО-7, РО-8	ПК-2, ПК-11, ПК-14	The disease of a 8-year old child started suddenly with a shaking chill followed by high fever (39,2°C), dry, hacking, unproductive cough and progressive dyspnea. Objectively: body temperature 39,5°C, RR = 44 per min., pulse – 148 per min. General condition of the child is severe: pale skin with circumoral cyanosis, adynamia, anorexia, respiratory distress syndrome and mixed dyspnea. Mucous membranes of the oral cavity are dry, lips are crackled. **During the examination** intercostal chest retractions and groaning breathing have been revealed. Physical findings are asymmetrical: respiratory excursion lag on the left side, dullness on percussion and diminished breath sounds with accompanying fine bubbling crackles during inspiration on auscultation were noted over the lower third of the left lung field. Heart sounds are muffled. Abdomen is soft during palpation. Liver and spleen are not palpable. Urination occurred 3 times for the last 24 hours. CBC: Нь - 100 g/L, Er - 3,3 x 1012/L, WBC - 19,2 x 109 /L, neutrophils: stabs - 24%, segments 57%, eosinophils - 1%, lymphocytes - 15%, monocytes - 2%; ESR - 38 mm/h, toxic granulation of leukocytes. Chest radiography reveals consolidation in the left lower lobe. **THE TASK:** 1. What is the most likely diagnosis? 2. What are the most common complications of this disorder? 3. What are the principles of treatment of this disorder?	Child diseases 2 (faculty pediatrics 1)
17.	РО-7, РО-8, РО-11	ПК-11, ПК-14, ПК-15, СЛК-3	A 9-year old boy complains of intermittent nasal congestion and itching, sneezing, clear rhinorrhea and conjunctival irritation. These symptoms are seasonal (spring-summer time). **Objectively:** continuous open-mouth breathing, rhinorrhea with clear nasal secretions, rise to the nasal crease, dark circles under the eyes, conjunctival edema and mild hyperemia. RR=22 per min. Lung auscultation reveals vesicular breathing; additional sounds (rales, rhonchi) are absent. HR=88 per min. Heart sounds are clear and rhythmic during auscultation. Lung auscultation reveals vesicular breathing; additional sounds (rales, rhonchi) are absent. Abdomen is soft during palpation. CBC: Hb - 122 g/L, Er - 4,3 x l0 12/L, WBC - 6,8 x 109/L , neutrophils: stabs - 1%, segments 49%, eosinophils - 7%, lymphocytes - 37%, monocytes - 6%; ESR - 3 mm/h. Total serum IgE = 503U/ml. Allergen-specific IgE: cows milk +, cats dander +, house dust mites ++, molds ++, mix of trees pollinate +++, mix of grasses pollens ++++. **THE TASK:** 1. What is the most likely diagnosis? 2. What are the principles of treatment of this disorder? 3. What specific preventive method of treatment should be recommended for this patient?	Child diseases 2 (hospital pediatrics
18.	РО-5, РО-7, РО-8	ПК-2, ПК-11, ПК-14,15	The boy who is 10 years old complains of pain in the epigastric area. Sometimes the child at night wakes up because of pain with hypersalivation, occasionally - nausea, accompanied by discomfort in the epigastric area. The boy is sick for 2 months, it started in spring. The child did not receive any treatment. **Examination:** T 36,2°C, RR - 42 per min., HR – 132 per min., BP - 90/50 mmHg. Skin is clean, pale. Tongue is dry, near the root is whitish-yellow. Abdomen is scaphoid, soft. Palpation of the abdomen reveals pain reaction in the pyloroduodenal zone. The liver and spleen are not enlarged. Stool is unstable, dark recently. On examination - defecation, stool was like melena. CBC: Hb - 90 g/l, RBC – 2,83 T/l, reticulocytes – 3%, platelets - 190 G/l, WBC -11 G/l, neutrophils: stabs - 7%, segmented -	Child diseases 2 (hospital pediatrics)

			49%, eosinophils - 3%, lymphocytes - 38%, monocytes - 3%, ESR - 12 mm/hour. Coprogram - 5-6 leukocytes in visual field, the positive Gregerson test (for occult blood in feces). **THE TASK:** 1. What is the preliminary diagnosis? 2. What additional methods of investigation are the most informative in this case? Is melena indicative of upper or lower GI bleeding? 3. What complication has developed in this case and what are the signs of it? What's your tactic in this situation?	
19.	PO-7, PO-8, PO-11	ПК-11, ПК-14, ПК-15, СЛК-3	A 10-year old girl complains of poor appetite, nausea, sour taste in the mouth, general weakness and dull abdominal pain usually 1,5 hours after eating. Abdominal pain periodically disturbed throughout the year, worsening were associated with the violations in diet. Family history is not remarkable. **Examination:** skin pale is pink, clean, tongue with thick gray coating, abdomen is soft, painful on palpation in the epigastric, pyloroduodenal area, positive Mendel's symptom. pH metry: basal pH of the fundus of the stomach – 1,2, basal pH of the antral part – 4,0. Urea breath test is negative. Gastroscopy: mucous membrane of the antrum is red, swollen, thickened folds, duodenal mucosa without lesions. **THE TASK:** 1. Formulate the clinical diagnosis according to modern classification. 2. Assess acidity. What does urea breath test determine? 3. What medications may be recommended in this case?	Child diseases 2 (hospital pediatrics)
20.	PO-7, PO-8, PO-11	ПК-11, ПК-14, ПК-15, СЛК-3	A girl of 13 years old complains of almost constant pain in the right upper quadrant, nausea, bitter taste in the mouth, headache, drowsiness. Sick for three years, worsening is provoked by food poisoning. **Examination:** T 37,5°C, HR 92, RR 22 per min, BP 100/65 mm Hg, skin is pale-pink, clean, tongue with whitish coating, dry. Abdomen is soft, painful in the right upper quadrant, positive Ker, Murphy, Ortner symptoms, liver, spleen are not enlarged. CBC: WBC – 12,2 G/l, ESR - 20 mm/hour. Biochemical analysis of blood: total bilirubin – 20,5 mcM/l, AlAT – 0,68 mcM /hour x ml, cholesterol – 5,3 mM/l. Duodenal tube biliary tract drainage: the portion B of bile is muddy, contains mucus, in the sediment - leucocytes and epithelial cells. **THE TASK:** 1. Formulate the clinical diagnosis according to modern classification. 2. Assess laboratory findings. What are the ultrasound criteria of the disease? 3. The principles of drug therapy.	Child diseases 2 (hospital pediatrics)
21.	PO-7, PO-8, PO-11	ПК-11, ПК-14, ПК-15, СЛК-3	A 10-year old boy 2 weeks after experienced pharyngitis developed the following symptoms: fever, weakness and poor appetite, swelling of the face and hematuria. Poststreptococcal glomerulonephritis was diagnosed. The patient's condition has become worse in 2 days after admission to hospital: oliguria, headache and lethargy appeared. **Objectively:** body temperature 37,8°C, HR=65 per min, RR=32 per min, BP=140/85 mmHg. Skin is pale, peripheral edema (especially periorbital). Heart sounds are weakened, arrhythmic. Lung auscultation reveals bronchial breathing and diffuse moist rales. Abdomen is soft during palpation; liver + 6 cm below right arch of the ribs, not painful. Urine analysis: cola-like color, specific gravity - 1028, protein - 1,5 g/l, sugar - not found, bile pigments – negative, WBC - 15-20 in field of view, RBC – covering all field of view, RBC casts. Serum biochemistry: urea – 9,0 mM/L, creatinine - 135 mcM/L, cholesterol – 5,2 mM/l, K+=6,6 mM/L, Na+=120 mM, Ca+=2,0 mmol/L. **THE TASK:** 1. What complication has developed in this patient? 2. What are the electrocardiographic signs of hyperkalemia? 3. What are the principles of treatment for hyperkalemia?	Child diseases 2 (hospital pediatrics)

22.	РО-7, РО-8, РО-11	ПК-11, ПК-14, ПК-15, СЛК-3	A 12 year old boy who presented at the Paediatric Nephrology Clinic with a day history of periorbital swelling, skin rash, pruritus and low grade fever. A day prior to the onset of these symptoms, he had been given mebendazole tablets as anti-helminthic – 300mg in the morning and in the evening. The following morning, he was noticed to have peri-orbital swelling and subsequently facial swelling. He was also noticed to have pruritic rash about the same time. This involved the face, trunk and upper limbs. The upper part of the child's body was also noticed to have been bigger than normal. There was no preceding insect bite, ingestion of a new type of food or contact with latex. There was also no family history of such ailment. This was the first episode of body swelling and first episode of Mebendazole intake. He had been given oral cotrimoxazole, vitamin c and bitter leaf extracts before presentation in the hospital. **THE TASK:** 1. What are the physical examinations of this condition? 2. What will be the diagnosis and differential diagnosis? 3. What will be the immediate management? 4. What will be the treatment of choice?	Child diseases 2 (hospital pediatrics)
23.	РО-7, РО-8, РО-11	ПК-11, ПК-14, ПК-15, СЛК-3	A 12-year old boy complains of overweight, increased appetite, fatigue. Boy's parents and sister are overweight. The family take a lot of sweet, fat, baked products. Child's birth weight was 4000 g, body length 52 cm. Examination: height 142 cm, weight 60 kg. HR 86 per min, RR 22 per min, BP 110/70 mmHg. Skin color is normal, subcutaneous fat layer is overdeveloped with preferential deposition on the chest and abdomen. Cardiac sounds are muffled, rhythmic, clean, clear lung percussion sounds, auscultatory – pulmonary breath. Abdomen is soft, distended. Liver +2 cm lower the costal edge, painless, spleen is not palpable. CBC: Hb 110 g/l, RBC 4.2 T/l, leucocytes 8 G/l, neutrophils: stabs 8%, segmented 45%, eosinophils 1%, lymphocytes 34%, monocytes 12%, ESR 4 mm/h. Biochemical analysis of blood: glucose – 5,2 mM/l, sodium -137 mM/l, potassium - 5 mM/l, total protein - 65 g/l, cholesterol - 7.6 mM/l. **THE TASK:** 1. What is the most likely diagnosis in this patient? Evaluate the physical development of the child. 2. What additional tests are necessary to confirm the diagnosis? What should the disease be differentiated with? 3. What are the complications of obesity? What are the main principles of treatment for this patient?	Child diseases 2 (hospital pediatrics)
24.	РО-7, РО-8, РО-11	ПК-11, ПК-14, ПК-15, СЛК-3	A 12-year old boy complains of overweight, increased appetite, fatigue. Boy's parents and sister are overweight. The family take a lot of sweet, fat, baked products. Child's birth weight was 4000 g, body length 52 cm. **Examination:** height 142 cm, weight 60 kg. HR 86 per min, RR 22 per min, BP 110/70 mmHg. Skin color is normal, subcutaneous fat layer is overdeveloped with preferential deposition on the chest and abdomen. Cardiac sounds are muffled, rhythmic, clean, clear lung percussion sounds, auscultatory – pulmonary breath. Abdomen is soft, distended. Liver +2 cm lower the costal edge, painless, spleen is not palpable. CBC: Hb 110 g/l, RBC 4.2 T/l, leucocytes 8 G/l, neutrophils: stabs 8%, segmented 45%, eosinophils 1%, lymphocytes 34%, monocytes 12%, ESR 4 mm/h. Biochemical analysis of blood: glucose – 5,2 mM/l, sodium -137 mM/l, potassium - 5 mM/l, total protein - 65 g/l, cholesterol - 7.6 mM/l. **THE TASK:** 1. What is the most likely diagnosis in this patient? Evaluate the physical development of the child. 2. What additional tests are necessary to confirm the diagnosis? What should the disease be differentiated with? 3. What are the complications of obesity? What are the main principles of treatment for this patient?	Child diseases 2 (hospital pediatrics)
25.	РО-5, РО-7, РО-8	ПК-2, ПК-11, ПК-14	A 12-year old boy complains of fever up to 40°C, joint pain and swelling, shortness of breath for 4 days. Two weeks ago the child was sick with pharyngitis. **Examination:** T 39,1°C, HR 156, RR 36 per min, BP 105/65, enlarged, erythematosus tonsils with exudates. Lungs are clear, heart sounds are rhythmic with a loud holosystolic murmur on the apex with radiation to axilla. Heart point of maximum impulse is prominent at the 6th intercostal space in the mid-axillary line. Abdomen is soft, liver edge is 6 cm below the costal	Child diseases 2 (faculty pediatrics 1)

			margin. Child's left knee and right ankle are swollen, warm and extremely tender. ESR 28 mm/hour, a CRP of 11 mg/dl, chest X-ray: cardiomegaly. ECG: PR interval 0,22 sec. Antistreptolysin O titer is 750. **THE TASK:** 1. What is the diagnosis? What are the criteria of the diagnosis? 2. What is the most common valvulitis in this disease? 3. Describe the treatment.	
26.	PO-7, PO-8, PO-11	ПК-11, ПК-14, ПК-15, СЛК-3	A 13-year old female with a 4 day history of fever, nausea, vomiting, anorexia, shortness of breath, chills and night sweats. Her past medical history is remarkable for minor ventricular septal defect. **Examination:** T 38,9°C, HR 144, RR 40 per min, BP 95/50 mm Hg, oxygen saturation 92% in room air. She is toxic in appearance, mild conjunctival hemorrhages. Lung exam reveals coarse bibasilar breath sounds, cardiac exam reveals loud, harsh, blowing holosystolic murmur, heard best over the lower left sternal border, no gallops. Her abdominal exam is normal. Chest X-ray: multiple delicate nodular opacities bilaterally. CBC: Hb 124 g/l, platelet count 300 G/l, WBC 25,5 G/l, 28% stabs, 57% segs, 10% lymphs, 5% monos. ESR – 38 mm/hour. Urinalysis: microscopic hematuria. CT of the chest: septic emboli in both lungs. Blood culture: Staph. aureus grows out. **THE TASK:** 1. What is the diagnosis? What is the etiology and what are the criteria of the diagnosis? What are the types of carditis? 2. What are the criteria of the diagnosis? 3. Describe the treatment.	Child diseases 2 (hospital pediatrics)
27.	PO-7, PO-8, PO-11	ПК-11, ПК-14, ПК-15, СЛК-3	A 10-year old boy complains of weight loss despite of increased appetite, nicturia and polyuria started 3 months ago, abdominal pain. **Examination:** T 37,1°C, RR 42, HR 104, BP110/65. His weight is 26 kg (25%tile). Oral mucous membranes are tacky, skin pinch goes back more than 2 sec (see fig.). His capillary refill is 3 seconds. Heart tones are clear, rate is regular; over the lungs – clear breath sounds. Reflexes are normal. Abdomen – normal bowel sounds, no tenderness. Biochemistry (serum): glucose 23 mM/l, urea 8 mM/l, creatinine 40 mcM/l, Na 131, K3,2, Cl 98 and bicarbonate 12 mM/l, CBC: Hb - 146 g/l, RBC – 4,8 T/l, WBC – 7,9 G/l, eosinophils - 5%, neutrophil stabs - 6%, segments - 40%, lymphocytes - 48%, monocytes - 1% ESR- 3 mm/hour. Urinalysis: specific gravity 1032, acidic, acetone + +, glucose – 3,1%. **THE TASK:** 1. What is the preliminary diagnosis? What complication has developed? 2. What is hemoglobin A1C? 3. List the principles of treatment including complications.  Fig. Skin pinch.	Child diseases 2 (hospital pediatrics)

28.	РО-7, РО-8, РО-11	ПК-11, ПК-14, ПК-15, СЛК-3	A 10-month-old child fell ill acutely: from a rise in temperature to 39.5ºC, lethargy appeared, refusal to eat, mucous discharge from the nose, coughing. A child from the first pregnancy, which proceeded without pathology. The birth is independent. Birth weight 4500 g, body length 53 cm. Breastfeeding up to 1 month, then - artificial. From 3 months diaper rash is noted. The mother has a food allergy to a chicken egg; in childhood, an allergy to cow's milk protein was noted. **On examination,** it is noted: pallor, cyanosis of the nasolabial triangle, respiratory rate 48 in 1 minute, breathing is heard at a distance. On the skin of the cheeks there is a bright hyperemia, peeling, weeping in the natural folds of the skin. Above the lungs percussion sound with a box shade, shortened to the right downwards from the angle of the scapula. On both sides, scattered dry and medium bubbling wet rales are heard at the height of inspiration. Small bubbling wet rales are heard above the zone of percussion sound shortening at the height of inspiration. HR - 160 beats/min, muffled heart sounds. The abdomen is somewhat swollen. The liver protrudes 3 cm from under the costal margin. There was no stool for 1 day. Enough to urinate. **THE TASK:** Make a preliminary diagnosis. Make a survey plan. Determine the stage of treatment for the child. Designate the main directions of therapy.	Child diseases 2 (hospital pediatrics)
29.	РО-5, РО-7, РО-8	ПК-2, ПК-11, ПК-14	A 16-year-old boy complains of weakness, poor appetite, constant nausea, skin itching, small amount of urine, swelling of eyelids. He has been suffering from chronic glomerulonephritis for many years. The patient is lethargic. Skin and mucous membranes are pale, traces of scratching on the skin. The face is edematous. BP 180/100 mm Hg. Heart tones are muffled, rhythmic. Vesicular respiration. Diuresis over 24 hours - 600 ml. Serum creatinine - 800 µmol/L. HGB 80g/l, red blood cells 3.0 mln. Urine analysis: specific gravity 1010, protein - 1.6 g/l, red blood cells - 10-15 in the field of view, leukocytes - 2-3 in the field of view, hyaline cylinders - 2-3 in the field of view. Ultrasound of abdominal cavity organs: kidneys are reduced in size. **THE TASK:** 1. What is the preliminary diagnosis? What complication has developed? 2. What are the criteria of the diagnosis? 3. What treatment should be given to the patient?	Child diseases 2 (faculty pediatrics 1)
30.	РО-7, РО-8, РО-11	ПК-11, ПК-14, ПК-15, СЛК-3	Endocrinologist sees a 14-year-old boy with his mother. Complaints about small penis size, absence of secondary sexual characteristics. **From anamnesis:** at the age of 5 years he was operated for unilateral cryptorchidism. On examination: limbs are long, thin, thin, eunuchoid type of physique. Fat deposition of the female type is noted. Sexual development according to Tanner score are GO, PO, Ah 0, penis length 5 cm, testicles - the volume of the right and left 2 ml each. You suspect hypogonadism. **THE TASK:** 1. Make a preliminary diagnosis. 2. What hormones should be tested to confirm the diagnosis? 3. What does Tanner score show? 4. Designate the main directions of therapy.	Child diseases 2 (hospital pediatrics)
31.	РО-5, РО-7, РО-8	ПК-2, ПК-11, ПК-14,15	Mitral valve prolapse (460)	DIMEDUS Child diseases 2 (faculty pediatrics 1)
32.	РО-5,	ПК-2,	Fallot~s tetrada in a child (443)	DIMEDUS

	PO-7, PO-8	ПК-11, ПК-14,15		Child diseases 2 (faculty pediatrics 1)
33.	PO-5, PO-7, PO-8	ПК-2, ПК-11, ПК-14	Coartaction of the aorta in a child (438)	DIMEDUS Child diseases 2 (faculty pediatrics 1)
34.	PO-5, PO-7, PO-8	ПК-2, ПК-11, ПК-14	Mitral valve prolapse in a child (442)	DIMEDUS Child diseases 2 (faculty pediatrics 1)
35.	PO-5, PO-7, PO-8	ПК-2, ПК-11, ПК-14	Pulmonary hypertension in a child (439)	DIMEDUS Child diseases 2 (faculty pediatrics 1)
36.	PO-7, PO-8, PO-11	ПК-11, ПК-14, ПК-15, СЛК-3	Hypertrophic cardiomyopathy in a child (465)	DIMEDUS Child diseases 2 (hospital pediatrics)
37.	PO-5, PO-7, PO-8	ПК-2, ПК-11, ПК-14,15	Intraventricular septal defect in a child (436)	DIMEDUS Child diseases 2 (faculty pediatrics 1)
38.	PO-5, PO-7, PO-8	ПК-2, ПК-11, ПК-14	Atrial septal defect in a child (437)	DIMEDUS Child diseases 2 (faculty pediatrics 1)
39.	PO-5, PO-7, PO-8	ПК-2, ПК-11, ПК-14	Acute aortic valve insufficiency in a child (440)	DIMEDUS Child diseases 2 (faculty pediatrics 1)
40.	PO-5, PO-7, PO-8	ПК-2, ПК-11, ПК-14,15	Cardiological exam of a pediatric patient : Fallot~s tetrad (452)	DIMEDUS Child diseases 2 (faculty pediatrics 1)
41.	PO-5, PO-7, PO-8	ПК-2, ПК-11, ПК-14,15	Acute bronchitis in a child patient (572)	DIMEDUS Child diseases 2 (faculty pediatrics 1)
42.	PO-5, PO-7, PO-8	ПК-2, ПК-11, ПК-14,15	Acute intestinal obstruction in a child patient (541)	DIMEDUS Child diseases 2 (faculty pediatrics

				1)
43.	РО-5, РО-7, РО-8	ПК-2, ПК-11, ПК-14,15	Acute nasopharyngitis in a child patient (540)	DIMEDUS Child diseases 2 (faculty pediatrics 1)
44.	РО-5, РО-7, РО-8	ПК-2, ПК-11, ПК-14,15	Acute rheumatic fever in a child patient (587)	DIMEDUS Child diseases 2 (faculty pediatrics 1)
45.	РО-7, РО-8, РО-11	ПК-11, ПК-14, ПК-15, СЛК-3	Anaphylactic shock in a child patient (437)	DIMEDUS Child diseases 2 (hospital pediatrics)
46.	РО-5, РО-7, РО-8	ПК-2, ПК-11, ПК-14,15	Chronic mitral regurgitation in a child (444)	DIMEDUS Child diseases 2 (faculty pediatrics 1)
47.	РО-5, РО-7, РО-8	ПК-2, ПК-11, ПК-14,15	Pneumonia in a child patient (547)	DIMEDUS Child diseases 2 (faculty pediatrics 1)
48.	РО-7, РО-8, РО-11	ПК-11, ПК-14, ПК-15, СЛК-3	Type 1 Diabetes Mellitus in a child patient (577)	DIMEDUS Child diseases 2 (hospital pediatrics)

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