

DISCIPLINE PEDIATRIC SURGERY

Select several correct answers:

1. The symptoms of acute appendicitis in school age children are:

- A. ☐ Migration of the pain to the right iliac fossa; Anorexia; Nausea/Vomiting;
- B. ☐ Tenderness in the right iliac fossa; Rebound pain ;
- C. ☐ Abdominal mass;
- D. ☐ Elevated temperature (fever);
- E. ☐ Leukocytosis; Shift of neutrophils to the left.

2. What symptoms are present in a child with diaphysial hematogenous osteomyelitis on the 3rd day from the disease onset?

- A. ☐ Local hyperemia
- B. ☐ Local fluctuation;
- C. ☐ Nearest joint dysfunction and pain on percussion;
- D. ☐ Pain on loading the extremity (during walking and standing)
- E. ☐ Pain on palpation;

3. Acute gastrointestinal hemorrhage could occur in a child with:

- A. ☐ Portal hypertension;
- B. ☐ Gastric and duodenal ulcer disease;
- C. ☐ Meckel's diverticulum;
- D. ☐ Peutz-Jeghers syndrome;
- E. ☐ Appendicitis.

4. Gardner's syndrome is characterized by:

- A. ☐ Multiple polyps in the colon;
- B. ☐ Tumors outside the colon;
- C. ☐ Nasal polyposis;
- D. ☐ Pigmented macules on the lips and digits;
- E. ☐ Gynecomastia.

5. Noncomplicated congenital hydrocele is characterized by:

- A. ☐ Borborygmus during reduction;
- B. ☐ Impossibility to reduce the formation;
- C. ☐ Transillumination symptom on diaphanoscopy;
- D. ☐ Enlargement of the external inguinal ring;
- E. ☐ Positive "cough" symptom on palpation;

6. The causes that contribute to the development of bowel intussusception in infants are:

- A. ☐ Morphologic and functional immaturity of the bowel wall;
- B. ☐ Aganglionosis of the bowel wall;
- C. ☐ Immaturity of the ileocecal valve;
- D. ☐ High colon mobility;
- E. ☐ Disturbances in the regulation of peristaltic activity;

7. A neonate with jejunoileal atresia shows the following:

- A. ☐ Non-bilious vomiting;

- B. ☐ Bilious vomiting;
- C. ☐ Abdominal distension;
- D. ☐ Meconium could appears normal;
- E. ☐ Gray mucus plugs passed via rectum;

8. The chronic constipation in children could be a result of:

- A. ☐ Intestinal neuronal dysplasia;
- B. ☐ Peritoneal adhesions;
- C. ☐ Nutrition factors;
- D. ☐ Intestinal dysbacteriosis;
- E. ☐ Hirschsprung's disease;

9. Suspicion of portal hypertension invokes the necessity of:

- A. ☐ Upper gastrointestinal endoscopy;
- B. ☐ Hemodynamic measurement of portal pressure;
- C. ☐ Duplex Doppler ultrasonography;
- D. ☐ Nasogastric tube insertion;
- E. ☐ Liver and spleen scan.

10. Intrahepatic (presinusoidal, sinusoidal and postsinusoidal) portal hypertension syndrome is caused by:

- A. ☐ Phlebitis of the portal vein;
- B. ☐ Chronic persistent hepatitis;
- C. ☐ Hepatic cirrhosis;
- D. ☐ Biliary atresia;
- E. ☐ Thrombotic or nonthrombotic occlusion of vena cava inferior.

11. Cystitis is characterized by:

- A. ☐ Leucocyturia
- B. ☐ Bacteriuria
- C. ☐ Proteinuria
- D. ☐ Painful urination
- E. ☐ Microhematuria

12. The characteristic clinical signs of bowel intussusception in infants include:

- A. ☐ Acute sudden onset;
- B. ☐ Fever;
- C. ☐ Periodic attacks of agitation;
- D. ☐ Intractable (recurrent) vomiting;
- E. ☐ Stool with blood and mucus ("currant jelly" stool).

13. The following is true in a newborn with duodenal atresia:

- A. ☐ Clear or bilious vomiting within hours of birth is present
- B. ☐ An output of more then 5 ml of gastric content is indicative for positive diagnosis
- C. ☐ An output of more then 20 ml of gastric content is indicative for positive diagnosis
- D. ☐ Meconium could appear normal
- E. ☐ Blood may be passed via rectum

14. The radiologic findings in Hirschsprung's disease include the following:

- A. ☐ The aganglionic bowel is small and contracted

- B. ☐ The proximal ganglionic colon is dilated
- C. ☐ Presence of a transition zone between the aganglionic and ganglionic colon
- D. ☐ Contrast material leakage in the abdominal cavity
- E. ☐ The aganglionic bowel is dilated

15. Patients with Peutz-Jeghers syndrome tend to present with the following symptoms:

- A. ☐ GI bleeding;
- B. ☐ Intussusception;
- C. ☐ Developmental delay;
- D. ☐ Nasal polyposis (chronic sinusitis);
- E. ☐ Pigmented macules on the lips and digits;

16. Budd-Chiari syndrome is caused by:

- A. ☐ Idiopathic transformation of the portal vein;
- B. ☐ Thrombosis of the portal vein;
- C. ☐ Phlebitis of the portal vein;
- D. ☐ Thrombotic or nonthrombotic occlusion of hepatic veins;
- E. ☐ Inferior vena cava stenosis;

17. The localization of the testis in cryptorchism could be:

- A. ☐ Inguinal;
- B. ☐ Pubic;
- C. ☐ Femoral;
- D. ☐ Perineal;
- E. ☐ Abdominal.

18. The acute appendicitis in a child of up to 3 years manifests itself by the following symptoms:

- A. ☐ Local pain in the right lower quadrant;
- B. ☐ Local pain in the epigastrium;
- C. ☐ Local pain in the paraumbelical region;
- D. ☐ Rebound tenderness in the right lower quadrant;
- E. ☐ Positive Blumberg sign;

19. The diagnosis of Hirschsprung's disease is established on the base of:

- A. ☐ Full-thickness rectal biopsy or rectal suction biopsy;
- B. ☐ Contrast enema;
- C. ☐ Anorectal manometry;
- D. ☐ Acetylcholinesterase staining;
- E. ☐ Computed tomography.

20. Chronic gastrointestinal hemorrhage could occur in a child with:

- A. ☐ Hemorrhagic disease of newborn;
- B. ☐ Portal hypertension;
- C. ☐ Ulcerative colitis;
- D. ☐ Peutz-Jeghers syndrome;
- E. ☐ Anal fissure.

21. Prehepatic portal hypertension syndrome is caused by:

- A. ☐ Portal vein thrombosis;
- B. ☐ Splenic vein thrombosis;
- C. ☐ Congenital atresia or stenosis of portal vein;
- D. ☐ Biliary atresia;
- E. ☐ Extrinsic compression (tumors) of the portal vein;

22. Pyelonephritis is characterized by:

- A. ☐ Leucocyturia;
- B. ☐ Bacteriuria;
- C. ☐ Proteinuria;
- D. ☐ Painful urination;
- E. ☐ Microhematuria

23. The compressive fracture of the bodies of thoracic vertebrae is characterized by:

- a) ☐ Trendelenburg's sign
- b) ☐ Posttraumatic apnoea (respiratory arrest)
- c) ☐ Pain and limited movements in the area of injured vertebrae
- d) ☐ Radiating, belting pain
- e) ☐ Muscle tightness in the affected area

23. First degree burns are usually:

- a) ☐ Red
- b) ☐ Dry
- c) ☐ Painful
- d) ☐ Wet
- e) ☐ With blisters

24. Second degree burns are usually:

- a) ☐ Red
- b) ☐ Dry
- c) ☐ Very painful
- d) ☐ Wet
- e) ☐ With blisters

25. Third degree burns are usually:

- a) ☐ Leathery in consistency
- b) ☐ Dry
- c) ☐ Insensate (painless)
- d) ☐ Painful
- e) ☐ Waxy

26. Fourth degree burns are usually:

- a) ☐ Extending through entire skin, and into underlying fat, muscle and bone

- b) ☐ Dry
- c) ☐ Insensate (painless)
- d) ☐ Painful
- e) ☐ Black, charred with eschar

27. The traumatic injury of the spleen is diagnosed by:

- a) ☐ Angiography
- b) ☐ Pneumoperitoneum
- c) ☐ Ultrasound examination
- d) ☐ Laparoscopy
- e) ☐ Air enema

28. The developmental hip dysplasia (previously congenital hip dislocation) in neonate should be treated by:

- a) ☐ Massage
- b) ☐ Abduction brace
- c) ☐ Pavlik harness
- d) ☐ Light immobilizing casts
- e) ☐ One stage reduction under general anesthesia

29. The developmental hip dysplasia (previously congenital hip dislocation) beginning from 6 months of age should be treated by:

- a) ☐ Physiotherapy and kinetotherapy
- b) ☐ Pavlik harness
- c) ☐ Massage
- d) ☐ Abduction brace
- e) ☐ One stage reduction under general anesthesia

30. The developmental hip dysplasia (previously congenital hip dislocation) in an infant of 1 month should be treated by:

- a) ☐ Physiotherapy
- b) ☐ Massage
- c) ☐ Pavlik harness
- d) ☐ Abduction brace
- e) ☐ One stage reduction under general anesthesia

31. The developmental hip dysplasia (previously congenital hip dislocation) in a child older than 2 years should be treated by:

- a) ☐ Physiotherapy and kinetotherapy
- b) ☐ Massage
- c) ☐ Orthopedic surgery
- d) ☐ Light immobilizing casts
- e) ☐ One stage reduction under general anesthesia

32. Classic findings characteristic for developmental hip dysplasia include:

- a) ☐ Ortolani sign
- b) ☐ Galeazzi sign
- c) ☐ Asymmetry of the gluteal thigh or labral skin folds
- d) ☐ Decreased abduction on the affected side
- e) ☐ Absolute leg-length inequality

33. The main symptoms of clubfoot are:

- a) ☐ Supination
- b) ☐ Pronation
- c) ☐ Equinus
- d) ☐ Adduction
- e) ☐ Abduction

34. The conservative treatment of clubfoot includes:

- a) ☐ Traditional casting methods
- b) ☐ Ponseti method
- c) ☐ Ligamentocapsulotomy
- d) ☐ Chemotherapy
- e) ☐ One stage reduction under general anesthesia

35. The congenital clubfoot should be differentiated from:

- a) ☐ Arthrogryposis
- b) ☐ Leg shortening
- c) ☐ Pes calcaneus
- d) ☐ Paralytic pes equinus
- e) ☐ Little disease (spastic dysplasia)

36. The onset of the Legg-Calve-Perthes disease is characterized by:

- a) ☐ Pain in the knee joint
- b) ☐ Claudication
- c) ☐ Pain in the hip joint
- d) ☐ Fever
- e) ☐ Restricted movements in the hip joint

37. The VACTERL association comprises the following constellation of abnormalities:

- a) ☐ Renal and cardiac malformations
- b) ☐ Anorectal malformations
- c) ☐ Posterior fossa malformations
- d) ☐ Vertebral and tracheoesophageal defects
- e) ☐ Limb deformities

38. Indicate the peculiarities of neuroblastoma:

- a) ☐ Could develop in a very young child (newborn – 3-4 years old child)

- b) ☐ Is localized exclusive in the retroperitoneal space
- c) ☐ Could develop everywhere, but mainly in the retroperitoneal space
- d) ☐ Is a invasive tumor without capsule
- e) ☐ Is a non-invasive tumor with capsule

39. Choose the symptoms of omphalocele:

- a) ☐ Herniation of abdominal organs through a very enlarged umbilical ring
- b) ☐ Exteriorization of the small bowel through a paraumbelical abdominal wall defect
- c) ☐ Eviscerated organs are covered by avascular membrane
- d) ☐ Eviscerated intestinal loops are retracted and edematous.
- e) ☐ The belly button is of normal appearance

40. The symptoms of gastroschisis are as follows:

- a) ☐ Herniation of abdominal organs through a very enlarged umbilical ring
- b) ☐ Exteriorization of the small bowel through a paraumbelical abdominal wall defect
- c) ☐ Eviscerated organs are covered by avascular membrane
- d) ☐ Eviscerated intestinal loops are retracted and edematous.
- e) ☐ The belly button is of normal appearance

41. The symptoms of testicular torsion are as follows:

- a) ☐ Abrupt and brutal onset in a child who was previously well.
- b) ☐ Violent pain in the hemiscrotum with irradiation in the inguinal and hip regions
- c) ☐ Gradual onset with mild pain in the hemiscrotum
- d) ☐ Mildly enlarged and edematous hemiscrotum
- e) ☐ On palpation the testicle is enlarged and in a higher position

42. The following affirmations regarding hemangiomas are true:

- a) ☐ The natural evolution of hemangioma is towards spontaneous resolution
- b) ☐ The hemangiomas could spread from skin and mucosa to the internal organs
- c) ☐ The evolution of hemangiomas is mainly unpredictable
- d) ☐ The hemangioma is a contraindication for immunization
- e) ☐ The hemangioma could be complicated by hemorrhage and infection

43. The main symptoms of lymphangiomas are as follows:

- a) ☐ Neck tumor presented at birth
- b) ☐ Elastic, painless neck tumor with fluctuation
- c) ☐ Hard, painful on palpation neck tumor
- d) ☐ Hard neck tumor with a diameter of 1-3 cm
- e) ☐ Hard neck tumors adherent to the skin

44. Symptoms of congenital hip dysplasia are as follows:

- a) ☐ Asymmetrical hip skin folds
- b) ☐ Internal rotation of the involved extremity
- c) ☐ External rotation of the involved extremity
- d) ☐ Limitation of the abduction in the involved hip joint
- e) ☐ Limitation of the adduction in the involved hip joint

45. Choose the specific symptoms of perforated ulcerative-necrotic enterocolitis in an infant:

- a) ☐ Fecaloid vomiting
- b) ☐ Significantly distended abdomen with tensioned skin, visible venous circulation on the abdominal wall
- c) ☐ Abundant diarrheic foul smelling stools
- d) ☐ Abundant rectorrhagia
- e) ☐ Lack of intestinal transit for gases and fecal matter

46. Complications of the necrotizing pneumonia are as follows:

- a) ☐ Sepsis
- b) ☐ Mediastinitis
- c) ☐ Mediastinal emphysema
- d) ☐ Lobar emphysema
- e) ☐ Pulmonary hemorrhage

47. Pneumomediastinitis in children could be caused by:

- a) ☐ Necrotizing pneumonitis
- b) ☐ Mediastinal tumors
- c) ☐ Bronchiectasis
- d) ☐ Traumatic injuries of the esophagus
- e) ☐ Traumatic injuries of the trachea

48. Main symptoms of the left sided congenital diaphragmatic hernia with acute onset are as follows:

- a. ☐ Progressive dyspnea and cyanosis
- b. ☐ Difficult polypneic respirations
- c. ☐ Regurgitation with modified blood
- d. ☐ Dysphagia
- e. ☐ The tachycardic heart sounds are auscultated on the right side

49. The main symptoms of congenital lobar emphysema are as follows:

- a) ☐ Dyspnea, polypnea
- b) ☐ Cyanosis
- c) ☐ Bulging of the involved hemithorax
- d) ☐ Cough with mucous purulent sputum
- e) ☐ Fever

50. The differential diagnosis of the congenital diaphragmatic hernia should be done with:

- a) ☐ Pulmonary atelectasis of newborn
- b) ☐ Congenital lobar emphysema
- c) ☐ Congenital bronchiectasis
- d) ☐ Pneumonia of the newborn
- e) ☐ Cyanotic cardiac malformation

51. The following affirmations regarding biliary atresia are true:

- a) ☐ From the birth the child always has persistent, progressive jaundice
- b) ☐ From the birth the child sometimes has persistent, progressive jaundice

- c) ☐ The child develops persistent progressive jaundice on the 10-15 days of life
- d) ☐ The meconium is colorless
- e) ☐ The urine is dark

52. Choose the right affirmations regarding acute appendicitis in children:

- a) ☐ Is the most seldom surgical pathology of childhood
- b) ☐ Is the most frequent surgical pathology of childhood
- c) ☐ Never develops in newborns and infants
- d) ☐ The maximal incidence is in the 8-15 years age group
- e) ☐ The evolution is faster and more severe than in adult

53. The characteristic clinical signs of bowel intussusception in infants include:

- a) ☐ Acute sudden onset
- b) ☐ Fever
- c) ☐ Periodic attacks of agitation
- d) ☐ Intractable (recurrent) vomiting
- e) ☐ Stool with blood and mucus ("currant jelly" stool)

54. The symptoms included in Alvarado Score for appendicitis are:

- a) ☐ Migration of the pain to the right iliac fossa
- b) ☐ Anorexia, Nausea/Vomiting
- c) ☐ Tenderness in the right iliac fossa, Rebound pain
- d) ☐ Elevated temperature (fever), Leukocytosis, Shift to the left of neutrophils
- e) ☐ Constipation or diarrhea

55. The acute appendicitis in a child of up to 3 years manifests itself by the following symptoms:

- a) ☐ Local pain in the right lower quadrant
- b) ☐ Local pain in the epigastrium
- c) ☐ Local pain in the paraumbilical region
- d) ☐ Rebound tenderness in the right lower quadrant
- e) ☐ Positive Blumberg sign

56. A neonate with jejunoileal atresia shows the following:

- a) ☐ Non-bilious vomiting
- b) ☐ Bilious vomiting
- c) ☐ Abdominal distension
- d) ☐ Meconium could appear normal
- e) ☐ Gray mucus plugs passed via rectum

57. The following is true in a newborn with duodenal atresia:

- a) ☐ Clear or bilious vomiting within hours of birth is present
- b) ☐ An output of more than 5 ml of gastric content is indicative for positive diagnosis
- c) ☐ An output of more than 20 ml of gastric content is indicative for positive diagnosis
- d) ☐ Meconium could appear normal

e) ☐ Blood may be passed via rectum

58. What symptoms are present in a child with diaphysial hematogenous osteomyelitis on the 3rd day from the disease onset?

- a) ☐ Local hyperemia
- b) ☐ Local fluctuation
- c) ☐ Nearest joint dysfunction
- d) ☐ Pain on palpation
- e) ☐ Pain on percussion

59. The diagnosis of Hirschsprung's disease is established on the base of:

- a) ☐ Full-thickness rectal biopsy or rectal suction biopsy
- b) ☐ Contrast enema
- c) ☐ Anorectal manometry
- d) ☐ Acetylcholinesterase staining
- e) ☐ Computed tomography

61. The chronic constipation in children could be a result of:

- a) ☐ Megadolichosigma, megarectum
- b) ☐ Inflammatory bowel disease
- c) ☐ Intestinal neuronal dysplasia
- d) ☐ Nutritional factors
- e) ☐ Hirschsprung's disease

62. The radiologic findings in Hirschsprung's disease include the following:

- a) ☐ Hemorrhagic disease of newborn
- b) ☐ Portal hypertension
- c) ☐ Gastric and duodenal ulcer disease
- d) ☐ Ulcerative colitis
- e) ☐ Meckel's diverticulum

63. Chronic gastrointestinal hemorrhage could occur in a child with:

- a) ☐ Portal hypertension
- b) ☐ Ulcerative colitis
- c) ☐ Meckel's diverticulum
- d) ☐ Peutz-Jeghers syndrome
- e) ☐ Anal fissure