Acute bronchitis

Simple complement
1. In the treatment of simple acute bronchitis in children is used:
   A. Antibiotics
   B. Cardiac glycosides
   C. Anticoagulants
   D. Cough suppressants (antitussives)
   E. Expectorants

2. The examination of children with simple acute bronchitis will find the following modification:
   A. Crepitation
   B. Unilateral dullness
   C. Vesicular sounds
   D. Diffuse rales
   E. Localized rales

3. The character of cough in children with acute simple bronchitis is:
   A. Productive with expectorations
   B. Barking (spastic)
   C. Paroxystic (tormenting)
   D. Dry
   E. Mixed

4. The prophylaxis of which pathological state is performed in acute phase of respiratory infection?
   A. Anemia
   B. Is not performing
   C. Rickets
   D. Helminths infestation
   E. Immun prophylaxis

5. Which sign makes the difference between obstructive and simple bronchitis in children?
   A. Prolonged expiration, dry diffuse rales
   B. Productive cough
   C. Dullness on percussion
   D. Bitonal cough
   E. Dry cough

6. Which is the most common cause of inferior respiratory infections in suckling babies?
   A. Respiratory syncytial virus
   B. Influenza virus
   C. Pneumococcus
   D. Pseudomonas aeruginosa
   E. Enteroviruses

7. Which index does not characterize the bronchiolitis severity?
   A. SaO₂ < 95%
   B. PaO₂ ≤ 65 mmHg
   C. PaCO₂ > 40 mmHg
   D. Prematurity (< 34 weeks)
   E. Child’s age of 5-7 years

8. The following radiological aspect isn’t characteristic for bronchiolites:
   A. Accentuated pulmonary pattern
   B. Confluent lobar opacity
   C. Bilateral interstitial modifications with peribronchial infiltration
   D. In 20% cases the segmentary/subsegmentary opacity is possible
   E. Pulmonary hyperinflation
9. Which instrumental investigations are indicated in acute bronchites in children?
A. X-ray chest  
B. Spirometry  
C. Pulmonary scintigraphy  
D. ECG  
E. Instrumental investigations are not necessary

10. Tachypnea is considered accelerated respiratory rate, except:
A. Until 2 months – 60 and more respirations per minute  
B. From 2 months till 1 year – 50 and more respirations per minute  
C. From 2 months till 1 year – 60 and more respirations per minute  
D. From 1 year till 5 years – 40 and more respirations per minute  
E. From 5 years – 30 and more respirations per minute

**Multiple complement**

1. The risk factors for obstructive bronchitis are:
A. Malnutrition  
B. Rickets  
C. Atopic dermatitis  
D. Passive smoking  
E. Artificial alimentation

2. Which are the mechanisms stimulating the first inspiration after umbilical vessels ligature?
A. Increasing of pCO₂ from 40 mmHg till 70 mmHg  
B. Reducing of pO₂ from 80 mmHg till 15 mmHg  
C. Increasing of blood pH more than 7.35  
D. Reducing of pCO₂ from 80 mmHg till 15 mmHg  
E. Stimulation of carotid sinus and aortic arch chemoreceptors

3. Pectoral fremitus can be assessed by:
A. Chest auscultation of a sound called pectoral fremitus  
B. Transmission of a sound from vocal cords through airways through pulmonary parenchima  
C. Symmetrical, bilateral and successive application of the palm on patient’s chest  
D. The patient is asked to repeat with same voice, clear and well articulated the word „33” (diphthong phrases)  
E. The examiner feels vibrations (pectoral fremitus or vocal vibration) by placing a hand over the patient’s chest

4. Pulmonary dullness, sub-dullness (diminish or disappearance of the sound) is defined as:
A. Chest wall modifications: obesity, edemas, tumors  
B. Interstitial pathologic modifications in pulmonary parenchyma (interstitial pneumonia)  
C. Pathologic modifications in pulmonary parenchyma (pulmonary atelectasis)  
D. Pulmonary condensation of inflammatory cause (pneumonias, bronchopneumonias, pulmonary abscess)  
E. Pulmonary condensation of non-inflammatory cause (acute pulmonary edema, pulmonary fibrosis)

5. Superposed respiratory sounds in lung auscultation:
A. Coarse crackles are formed in middle caliber bronchi and are high-pitched  
B. Coarse crackles are formed in big bronchi and trachea, are low-pitch  
C. Coarse crackles appear in bronchial and pulmonary affections  
D. Subcrepitant rales are formed in terminal bronchi  
E. Pectoral fremitus appears in pleural lifelets inflammation with fibrinous exudates production

6. The respiratory function in children is assessed by:
A. PEF-metry  
B. Spirometry  
C. Chest X ray  
D. Pulmonary CT scan  
E. Pulmonary scintigraphy
7. Criteria of respiratory failure are:
A. Involvement of auxiliary musculature in respiratory act
B. Respiratory rate
C. Teguments color
D. Body temperature control
E. Blood gases parameters

8. Criteria of toxic syndrome (body reaction to infectious agent) are:
A. CNS affection (neurotoxicosis)
B. Child’s neuropsychical development appreciation
C. Hemodynamic disorders
D. Respiratory failure
E. Bronchial obstruction

9. General state of child with bronchopulmonary pathology is performed by:
A. Degree of toxic syndrome
B. Degree of functional disorder in affected system
C. Assessment of physical development
D. Apgar scale in newborns
E. Degree of cardio-vascular failure

10. Definition of polypnea is:
A. Respiratory arrest (stop)
B. Superficial respiration and high respiratory rate
C. Diminished ventilatory cycle
D. Slow inspiration and expiration
E. Tachypnea

11. Definition of chest wall retraction is:
A. Expiratory sound due to partial glotta occlusion
B. Depression of thoracic wall, which is supple in children
C. Retiring of the inferior part of thorax during inspiration
D. Sign of respiratory failure
E. Acceleration of respiratory rate: frequent sign in cardiopathy

12. Acute bronchitis in children is characterized by the following physical data:
A. Unilateral dullness
B. Harsh respiration
C. Crepitation
D. Moist bilateral rales
E. Bronchophonia

13. Which are the clinical manifestations of obstructive bronchitis in children?
A. Harsh respiration
B. Attenuated respiration
C. Wheezing
D. Bubbling rales
E. Localized crepitant rales

14. The respiratory center in reticular formation of cerebral trunk (IV ventricle) is formed by:
A. Medullar center, responsive for the inspiration and expiration
B. Apneic center, that induce long-term inspiratory spasm
C. Oculomotor center
D. Pontocerebellous center
E. Pneumotaxic – antiapneic center
15. The obstruction signs in children are:
A. Prolonged inspiration
B. Prolonged expiration
C. Expiratory dyspnea
D. Noisy respiration
E. Moist, diffuse crackles (small and medium caliber) in infants

16. The principal pathogenic mechanisms in acute bronchitis are:
A. Tissular hydrophility induced by marked inflammatory edema
B. Disturbance of bronchial ciliar epithelium function
C. Immaturity of cellular and humoral immune mechanisms
D. Development of allergic inflammation
E. Immaturity of surfactant system

17. Which pathogenic mechanisms are involved in the development of obstructive bronchitis in children?
A. Well developed collateral ventilation (Kohn pores)
B. Trigger factors: viral agents, atypical germs
C. Disorders of local protection mechanisms of respiratory system
D. Edema of bronchial mucosa and submucosa
E. Bronchial spasm

18. Clinical signs of bronchiolitis in children are:
A. Marked dyspnea
B. Crepitant rales
C. Shortened expiration
D. “Box” sound
E. Intercostal depression

19. The character of cough in acute obstructive bronchitis in children is:
A. Dry
B. Jerky
C. Persistent
D. Appears after physical effort
E. Productive with mucopurulent expectorations

20. Is creating long-term immunity after supported syncytial respiratory virus infection (SRV)?
A. Not, frequent reinfection, especially in children collectivities
B. 75% of children that suffered SRV infections in the I year of life will be reinfected in next 2 years
C. The major risk has the first episode of SRV infection that needs hospitalization
D. SRV reinfections are characterized by mild manifestations
E. Long-term immunity development

21. Acute bronchiolitis has following characteristics:
A. Is more common in infants
B. Is more common in children
C. It has severe evolution
D. It has mild evolution
E. It is complicating with metapneumonic pleuresy

22. Clinical signs of obstructive bronchitis in children are:
A. Prolonged expiration
B. Prolonged inspiration
C. Localized rales
D. Diffuse rales
E. Wheezing at distance
23. The indications for ribavirin treatment are:
   A. Small child with severe respiratory manifestations induced by SRV infection
   B. Premature newborn that suffers SRV infection
   C. Small child with mild respiratory disease caused by SRV infection
   D. Small child with CHD and severe respiratory manifestations induced by SRV infection
   E. Preschool age child with confluent pneumonia

24. The treatment of bronchiolitis in children includes:
   A. Oxygenotherapy
   B. Cardiac glycosides
   C. Glucocorticosteroids
   D. Antibiotics
   E. Bronchodilators

25. Select types of the obstructive bronchitis evolution:
   A. Complete healing
   B. Recurrent episodes of *wheezeing*
   C. Bronchial asthma
   D. Chronic pneumonia
   E. Cystic fibrosis

26. The treatment of acute bronchitis with purulent expectorations includes:
   A. Antibiotic therapy
   B. Remantadin
   C. Mucolytics
   D. Aspirin
   E. Don’t need medication

27. Medical management of febrile syndrome in children with acute bronchitis includes:
   A. Removing clothing
   B. Tepid sponging
   C. Hot tea drinking
   D. Paracetamol administration
   E. Aspirin administration

28. The treatment of bronchoobstructive syndrome in respiratory infections includes:
   A. Hypoallergenic diet
   B. Administration of inhalatory $\beta_2$-agonists
   C. Inhalatory GCS
   D. Etiologic treatment
   E. Inhalations with antibiotics

29. The hospitalization criteria for children with acute obstructive bronchitis are:
   A. Chest wall depression
   B. Toxic complications: toxico-infectious encephalopathy, convulsive syndrome, respiratory failure
   C. Severe malnutrition
   D. Social-vulnerable or non-compliant families
   E. *Wheezeing* and coarse crackles resistant to treatment with inhalatory $\beta_2$-agonists in out-patients

30. What rehabilitation measures in children who suffered obstructive bronchitis are indicated?
   A. Hypoallergenic regimen
   B. Ketotifien medication
   C. Systemic corticotherapy
   D. Speleotherapy
   E. Don’t need restoring measures.