Acute rheumatic fever (ARF)

Simple complement

1. The onset of acute rheumatic fever achieves the peak between the following ages:
   A. 3-7 years
   B. 5-15 years
   C. 13-17 years
   D. 2-10 years
   E. 10-18 years

2. The etiologic agent of acute rheumatic fever is:
   A. Staphylococcus aureus
   B. Streptococcus epidermidis
   C. β-hemolytic streptococcus group A
   D. β-hemolytic streptococcus group B
   E. Enterococcus

3. At which term after streptococcal angina supporting can develop acute rheumatic fever?
   A. 2-4 weeks
   B. 2-4 months
   C. 1-2 weeks
   D. 3 months
   E. 5-6 weeks

4. Which pathogenetic mechanism of acute rheumatic fever development do you know?
   A. Autoimmune
   B. Infectious-immunologic
   C. Infectious-allergic
   D. Allergic-immunologic
   E. Immunologic

5. The following major criteria of acute rheumatic fever diagnosis are, except:
   A. Polyarthritis
   B. Arthralgies
   C. Chorea
   D. Subcutaneous nodules
   E. Erythema marginatum

6. The following minor criteria of acute rheumatic fever diagnosis are, except:
   A. Fever
   B. Arthralgies
C. Leucocytosis
D. Increased PR interval on ECG
E. Chorea

7. Duration of secondary prophylaxis in children with acute rheumatic fever with carditis is the following:
   A. 10 years or until 25 years
   B. 5 years or until 20 years
   C. All life
   D. 10 years or until 18 years
   E. 5 years or until 18 years

8. Duration of secondary prophylaxis in children with acute rheumatic fever without carditis is the following:
   A. 10 years or until 25 years
   B. 5 years or until 18 years
   C. 5 years or until 25 years
   D. 10 years or until 18 years
   E. All life

Multiple complement

1. Arthritis in acute rheumatic fever has the following characteristics:
   A. Affection of big and medium articulations
   B. Multiple articular affection
   C. Migratory articular affection
   D. Erosive arthritis
   E. Affection of small articulations

2. The major criteria of acute rheumatic fever diagnosis are the follows:
   A. Carditis
   B. Chorea Sydenham
   C. Erythema marginatum
   D. Arthralgies
   E. Leucocytosis

3. The minor criteria of acute rheumatic fever diagnosis are the follows:
   A. Arthralgies
   B. Fever
   C. Carditis
   D. Increased PR interval on ECG
   E. Increasing of ESR and C-reactive protein (CRP)

4. Classification of acute rheumatic fever is performing on the basis of follows:
   A. Clinical syndrome
B. Degree of activity
C. Evolution
D. Stage of cardiac failure (NYHA)
E. Presence of streptococcal infection

5. The subcutaneous nodules Meynet in acute rheumatic fever have the following characteristics:
   A. Localization in hypoderma
   B. Are painless
   C. Are prominent above bones in extension zones
   D. Are adherent
   E. Are painful

6. Erythema marginatum in acute rheumatic fever has the following characteristics:
   A. Represents erythematous zones
   B. Is localized on thorax, proximal parts of members
   C. Is migratory
   D. Becomes white at pressure
   E. Is pruriginous

7. The pleuropulmonary manifestations in acute rheumatic fever are the follows:
   A. Interstitial pneumonia
   B. Pulmonary vasculitis
   C. Aspiration pneumonia
   D. Fibrinous pleuresy
   E. Exudative pleuresy

8. Chorea Sydenham in acute rheumatic fever has the following characteristics:
   A. Appears more frequently in girls
   B. Appears especially in 9–14 years age
   C. Appears over 2–6 months after streptococcal infection
   D. Appears over 2–4 weeks after streptococcal infection
   E. Has risk of long-term affection

9. Chorea Sydenham in acute rheumatic fever has the following characteristics:
   A. Chorea manifestations appear gradually
   B. Involuntary, sudden, repeating movements
   C. Coordinated movements of members
   D. Grimaces, inadequate smiling
   E. Movements are accentuated by emotions and physical activity

10. Diffuse myocarditis in acute rheumatic fever has the following signs:
    A. Dyspnea at minimal physical effort
    B. Attenuation of I sound
    C. Systolic murmur
D. Diastolic murmur
E. Cardiomegaly

11. The evolution of acute rheumatic fever conformable to classification has following variants:
   A. Acute
   B. Subacute
   C. Chronic
   D. Long-term
   E. Latent

12. The active inflammatory process in acute rheumatic fever is characterized by the following signs:
   A. Increasing of CRP and ESR
   B. Globulins increasing
   C. Leucocytosis
   D. Fibrinogen increasing
   E. Thrombocytosis

13. Streptococcal infection confirming in acute rheumatic fever is based on the follows:
   A. Streptococcus culture from pharyngeal exudate
   B. ASL-O antibodies level increasing
   C. Antistreptohialuronidase antibodies titers increasing
   D. Anti-ANA antibodies titers increasing
   E. Anti-ADN antibodies titers increasing

14. The diagnosis of acute rheumatic fever is establishing when are present the following conditions:
   A. 2 major criteria + one proof of streptococcal infection
   B. 1 major criterion + 2 minor criteria + one proof of streptococcal infection
   C. 1 major criterion + 3 minor criteria + one proof of streptococcal infection
   D. 2 major criteria + 2 minor criteria
   E. 1 major criteria+1 minor criterion + one proof of streptococcal infection

15. The medicamentous treatment in acute rheumatic fever has the following goals:
   A. Eradication of streptococcal infection and its prophylaxis
   B. Suppression of inflammation in autoimmune response
   C. Treatment of congestive cardiac failure
   D. Diminishing of disease activity signs
   E. Vitaminotherapy and increasing of umoral immunity

16. The management of Sydenham chorea includes the follows:
   A. Antibacterial treatment
   B. Antiinflammatory treatment
   C. Benzodiazepine
D. Corticosteroids
E. Immunosuppressors

17. The typical complications of acute rheumatic fever are:
   A. Congestive cardiac failure
   B. Infectious endocarditis
   C. Intracavitary thrombosis
   D. Polyarthritis
   E. Chorea Sydenham

18. The criteria of acute rheumatic fever (ARF) in patients for hospitalization are the follows:
   A. Primary addressing with clinical signs of ARF
   B. Primary addressing with clinical signs of improvement
   C. Important comorbidities
   D. Subcutaneous nodules
   E. Erythema marginatum