Acute pneumonia

Simple complement
1. Clinical variants of acute pneumonia in children are, except:
   A. Bronchopneumonia
   B. Lobar confluent pneumonia
   C. Viral pneumonia
   D. Interstitial pneumonia
   E. Chronic pneumonia

2. Pneumococcal pneumonia in infants evolves the follows, except:
   A. It is developed after viral infection of upper respiratory system
   B. Increased body’s temperature
   C. Polypnea > 40 resp/min
   D. It is developed after suffering conjunctivitis resistant to standard treatment
   E. Positive response to antibacterial treatment with penicillins and cephalosporins

3. What from the follows isn’t characteristic for bronchopneumonia:
   A. Severe toxic-infectious syndrome, identified at physical pulmonary examination
   B. The most common form of pediatric pneumonia
   C. Is located bilaterally, disseminated or paravertebral
   D. Is more common in children older than 5 years.
   E. Opacities with diameter until 2-3 cm on chest X ray

4. Which etiologic factor is less common in the etiology of nosocomial pneumonias:
   A. Streptococcus pneumoniae
   B. Pseudomonas aeruginosa
   C. Staphylococcus
   D. Anaerobic flora
   E. Enterobacteriaceae

5. Which type of pneumonia evolves with abdominal syndrome:
   A. Polysegmental pneumonia
   B. Interstitial pneumonia
   C. Pneumonia in basal segments
   D. Destructive pneumonia
   E. Pneumonia in middle lobe with atelectatic component

6. Indicate specific clinical sign for acute non-complicated pneumonia:
   A. Prolonged expiration followed by moan
   B. Accentuation of respiratory sounds
   C. Increasing of respiratory excursions in affected area
   D. Diffuse crackles
   E. Moist small and crepitant localized rales, that aren’t disappear after cough

7. The risk factor for middle lobe syndrome development is:
   A. Acute pneumonia complicated with pleurisy
   B. Pulmonary destructions
   C. Anatomo-functional peculiarities of bronchial tree
   D. Acute pneumonia in middle lobe
   E. Middle lobe interstitial pneumonia

8. Which sign is not characteristic for segmentary pneumonia:
   A. One or a several segments are affected
   B. Mild general signs in clinical picture
   C. Expressed pulmonary signs
   D. Often evolves with atelectatic component
   E. An triangle shaped opacity with the basis to the lung’s hilus on radiological film
9. The etiologic factor in lobar pneumonia is:
   A. Staphylococcus aureus  
   B. Haemophilus influenzae  
   C. Klebsiella pneumoniae  
   D. Hemolytic streptococcus  
   E. Pneumococcus

10. The risk factors for acute pneumonia in little infants are, except:
   A. Malnutrition  
   B. Constitutional diatheses  
   C. Perinatal encephalopathy  
   D. Rickets  
   E. Prematurity

11. The final diagnosis of acute pneumonia is based on:
   A. Pulmonary scintigraphy  
   B. Spirography  
   C. Bronchoscopy  
   D. Chest X-ray  
   E. Pulmonary bronchography

12. Therapeutic inefficiency in acute pneumonia is demonstrated by the following statements, except:
   A. Rebel febrile syndrome  
   B. Reduced pulmonary infiltration on chest X-ray control  
   C. Progressive leukocytosis with shift to the left of the leukocyte formula  
   D. Worsening of the patient  
   E. The progression of pulmonary symptoms

13. General signs of danger are the follows, except:
   A. The child is unable to drink or breastfeed  
   B. The child vomits everything  
   C. The child is lethargic or unconscious  
   D. The child does not present convulsions at the moment  
   E. The child has had convulsions with this illness

14. Which of the following statements is not characteristic of pleural exudate:
   A. Specific weight over 1015 g/L  
   B. Albumins over 30 g/L  
   C. Is a complication of pneumonia  
   D. It is observed in pleural empiema  
   E. Albumins less than 30 g/L

15. Which pathogenic agent is more common etiological factor for pneumonia complicated with pleural effusion?
   A. Staphylococcus aureus  
   B. Streptococcus pneumoniae  
   C. Mycobacterium tuberculosis  
   D. Pseudomonas aeruginosa  
   E. Haemophilus influenzae
Multiple complement

1. For destructive pneumonia is characteristic:
   A. Leucopenia
   B. Leucocytosis >20×10⁹/l
   C. Neutrophilosis 70-85%
   D. Increased ESR 40-60 mm/hour
   E. Disabled infant death

2. Follow up of children after acute non-complicated pneumonia includes:
   A. Family doctor follow up for a 3 months period
   B. Perform of chest X-ray in dynamics
   C. Pulmonary functional tests in dynamics
   D. Correction of background pathological states (anemia, rickets etc.)
   E. Metabolic and immunologic recovering measures by vitamins administration (A, B₅, B₁₂, E), microelements, physiotherapy.

3. Criteria for stopping the antibacterial treatment in acute pneumonia are:
   A. Temperature normalization in 2-3 days
   B. Reabsorption of acute pneumonia infiltrates on chest radiography
   C. Normalization of the ESR in infants or tend to normalize in older children
   D. Persistence of febrile (subfebrile) syndrome more than 3-5 days
   E. Partial improvement of general symptoms

4. Criteria of complete therapeutic efficiency in acute pneumonia are:
   A. Reduction of febrile syndrome (<38°) in 24-48 hours for uncomplicated pneumonia and in 3-4 days for complicated pneumonia
   B. Absence of dyspnea, of chest retractions
   C. Persistence of febrile syndrome more than 4-5 days
   D. Improvement in patient’s general state
   E. Reduction in the intensity of lung infiltrates or at least their stabilization on chest radiography

5. WHO criteria for diagnosis of acute pneumonia in primary medicine are:
   A. Cough
   B. Tachypnea over > 50 res/min in 2 months aged infant
   C. Presence of obstructive syndrome
   D. Dyspnea, tachypnea, intercostal and subcostal retraction
   E. Refusing to suck

6. Sings characteristic for acute pneumonia are:
   A. Dyspnea in the absence of obstructive syndrome
   B. Preinspiratory inflations of nostrils
   C. Moist bullous little localized rales
   D. Pulmonary emphysema
   E. Chest and costal retraction

7. The I degree respiratory insufficiency characteristics are:
   A. The absence of dyspnea at rest
   B. Periaral constant cyanosis
   C. Decreased blood pressure
   D. Blood gases are normal or slightly decreased
   E. Periaral cyanosis is maintained at 40-50% oxygen therapy

8. Severe forms of acute pneumonia are characterized by:
   A. Tachypnea > 50 resp/min in child of 2 months - 2 years old
   B. Systemic toxicosis
   C. Acute dehydration
   D. Persistence of febrile (subfebrile) syndrome during 3-5 days
   E. Impairment of consciousness
9. Clinical variants of acute non-complicated pneumonia are:
A.Interstitial pneumonia
B. Lobar pneumonia
C. Destructive pneumonia
D. Confluent bronchopneumonia
E. Pleuropneumonia

10. Indications for pleural puncture are:
A. Destructive pneumonia
B. Fibrinous pleuresy
C. Pithorax
D. Middle lobe atelectasis
E. Exudative pleuresy

11. For confluent pneumonia is characteristic:
A. Areas of massive pulmonary infiltrates
B. Bilateral affection
C. Condensation areas tend to destructive processes and abscesses
D. Evolve with obstructive syndrome
E. Evolve with severe toxic-infectious syndrome

12. Which type of acute pneumonia may progress to chronic lung processes:
A. Lobar pneumonias
B. Bronchopneumonia
C. Segmental pneumonia with acute evolution
D. Confluent pneumonia
E. Middle lobe syndrome

13. The clinical signs characteristic for interstitial pneumonia are:
A. Clinical signs characteristic for viral infection of lower respiratory tract
B. Costal and intercostal retraction
C. Wheezing
D. Diminished breathing sounds
E. Crepitant localized rales

14. The moderate forms of pneumonia are characterized by the following criteria:
A. Respiratory failure sings
B. Absence of infectious-toxic syndrome
C. Presence of lower respiratory tract infection
D. Presence of any general danger signs
E. The oxygenotherapy is not necessary

15. Which affirmations for segmental pneumonia are not correct?
A. It is complicated by pulmonary destructions
B. Long-term evolution
C. It is complicated by purulent exudative pleurisy
D. It is complicated by atelectasis
E. It is a cause of chronic bronchopulmonary disease development

16. Which affirmations for metapneumonic pleurisy are correct:
A. It develops along with the pulmonary inflammation
B. Pleurisy develops within 2-3 weeks after the onset of pneumonia
C. The character of pleural exudate is serous-fibrinous
D. The ESR in blood test is significantly increased (40-60 mm/ min)
E. High values of immunocirculating complexes
17. Diagnostic criteria for acute pneumonia in children are:
A. Presence of cough
B. Accelerated respiratory rate
C. Depression of intercostal spaces
D. Expiratory dyspnea
E. Generalized cyanosis

18. Which affirmations for streptococcal pneumonia are correct:
A. The infection spreads through the lymphatic flow
B. The process occurs with a pronounced interstitial component
C. Silent onset of the disease, without symptoms
D. Lung examination is less informative
E. The pleura is rarely affected

19. Which affirmations for staphylococcal pneumonia are correct:
A. It is more common in preschool and school age children
B. Sudden onset of the disease
C. Radiography provides less data than physical examination
D. Often evolves with massive pleurisy
E. It is manifested by severe toxic-infectious syndrome

20. What signs confirm the diagnosis of exudative pleurisy as a complication of acute pneumonia:
A. Dyspnea
B. Localized dullness
C. ‘Honeycomb’ lung in radiology
D. Persistent leukocytosis
E. Worsening of toxic-infectious syndrome

20. Which affirmations for pneumonia with long-term evolution are correct:
A. It is genetically determined
B. It is determined by bronchial obstruction
C. It is determined by anatomo-physiological peculiarities of bronchial tree
D. It is determined by causal etiologic factor
E. It is determined by atelectatic component

22. What situations can predispose to the development of middle lobe syndrome:
A. Bronchopneumonia in the middle lobe
B. Aspiration of a foreign body in the middle bronchi
C. Destructive pneumonia in the middle lobe
D. Segmental pneumonia in the middle lobe
E. S4-S5 segmental pneumonia with atelectatic component

23. Destructive pneumonia is characterized by:
A. Severe toxic-infectious syndrome
B. Neutrophilia 70-85%
C. Increased ESR (40-60 mm/h)
D. Hemothysis
E. Bronchophonia

24. Which physical signs are characteristic for lobar pneumonia:
A. Harsh breath sounds on auscultation
B. Rusty sputum
C. Pulmonary emphysema
D. Crepitatio index
E. Crepitatio redux
Acute pneumonia

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