Biliary tract disease. Gallbladder dysfunction. Cholecystitis in children

Single Choice

1. SC Select the main etiological factor of acute cholecystitis in children:
   A. Alimentary factor
   B. Traumatisms
   C. Physical effort
   D. Neuropsychological stress
   E. Bacterial infection

2. SC Select the main factor which contribute to stimulation of biliary excretion:
   A. Secretin
   B. Amylase
   C. Cholecystokinin
   D. Gastrin
   E. Oddi sphincter

3. SC Choose the clinical form of acute cholecystitis in children when surgical treatment is indicated:
   A. Gangrenous
   B. Catarrhal
   C. Erythematous
   D. Granulomatosis
   E. Unspecific

4. SC The treatment of acute cholecystitis in children does not include:
   A. Antibiotics
   B. Non-steroidal antiinflammatory drugs
   C. Antispastic drugs
   D. Analgesic drugs
   E. Hygiene-dietetic regime

5. SC Select the clinical form of acute cholecystitis with a mild evolution:
   A. Phlegmonous
   B. Gangrenous
   C. Unspecific
   D. Catarrhal
   E. Specific

6. SC. With what clinical manifested deficiencies can be associated the prolonged biliary obstruction of the secondary hepatic cirrhosis:
   A. A, D and k vitamin
   B. B and C vitamin
   C. Proteins
   D. Carbohydrates
   E. Potassium

7. SC Mark the first choice investigation to detect gallstones:
   A. Oral cholecystography
   B. Abdominal simple X-ray
   C. Gallbladder ultrasonography
   D. Radioisotopic scintigraphy
   E. abdominal computer tomography
8. SC Determine the modification of the complete blood count in patients with chronic cholecystitis in remission:
A. Increased ESR
B. Leukocytosis
C. Anemia
D. Normal values
E. It presents unspecific changes

9. SC The ultrasonography criteria of chronic cholecystitis are all of following, except:
A. Increased of gallbladder’s dimensions
B. Thickening (≥3mm) and deformation of gallbladder walls
C. Forbearance and/or stratification on gallbladder’s walls
D. Decreased of gallbladder’s dimensions
E. Nonhomogeneous of gallbladder’s cavity

10. SC Complaints of patients with chronic cholecystitis are following, except:
A. Headache
B. Feverish
C. Nausea
D. Stool instability
E. Fever 39-40 °C

11. SC Specify clinical situation when a regime to bed is indicated in chronic cholecystitis:
A. In case of fever and pain syndrome
B. At the disappearance of fever and pain syndrome
C. At fever disappearance
D. At pain syndrome dissapearance
E. In remission

12. SC Determine what can be present in the complete blood count of patients with biliary dyskinesia:
A. Increased ESR
B. Leukocytosis
C. Anemia
D. With normal indices
E. It presents unspecific modifications

13. SC Specify the characteristic of hypertonic-hyperkinetic biliary dyskinesia in children:
A. Hypotonic Oddi sphincter
B. Increased tonus of the gallbladder and Oddi sphincter
C. Hypotonic gallbladder
D. Increased volume of gallbladder
E. Dull and annoying pain

14. SC Select the characteristic of hypotonic-hypokinetic biliary dyskinesia in children:
A. The spasm of the Oddi sphincter
B. Continuous hyper tonus of gallbladder
C. Decreased tonus of the gallbladder and Oddi sphincter
D. Decreased volume of gallbladder
E. Intrahepatic biliary ducts atresia

15. SC Specify which of following clinical signs are not specific for hypotonic biliary dyskinesia in children:
A. A dull right hypocondrium pain
B. Nausea, lack of appetite
C. Bitter taste in the morning
D. Violent, acute pain
E. Flatulence, constipation

16. SC The etiology of biliary dyskinesia in children is the following, except:
A. Neurovegetative dysfunction
B. supported viral hepatitis
C. Traumatisms
D. Food allergy
E. Endocrine diseases

17. SC Risk factor to develop biliary dyskinesia in children are the following, except:
A. Sedentary life
B. Solar plexus trauma
C. Anomalies of gallbladder and biliary tract
D. Hereditary predisposition
E. Cystitis

18. SC Which clinical signs are not characteristic for hypertonic (hyperkinetic) biliary dyskinesia in children:
A. Nausea, bile vomiting
B. Acute, colicative, violent pain in the right hypocondrium
C. Acute, colicative pain in the left hypochondrium
D. Epigastric heartburns
E. The pain arises postprandial, after stress

19. SC The treatment of biliary hypotonic dyskinesia in children will not include:
A. Antispastic drugs
B. Biliary drainage (sounding)
C. Hygienic-dietetic regime
D. Tonus increasing physiotherapy
E. Prokinetic medication

20. SC The treatment of hypertonic biliary dyskinesia in children will not include:
A. Hygienic-dietetic regime
B. Biliary drainage (sounding)
C. Antispastic drugs
D. Choleretic drugs
E. Neurotropic – sedative drugs

Multiple choices
1. MC Specify which can be the etiology of acute cholecistitis:
A. Bacteria
B. Viral
C. Parasitic
D. Autoimmune
E. Alimentary

2. MC Mark the ways of infection transmission to the gallbladder:
A. Hematogenous
B. Lymphogenous
C. Ascendant from duodenum
D. Transcutaneous
E. By direct inoculation

3. MC Mark risk factors to develop acute cholecystitis:
   A. Infexion at different level of the gallbladder
   B. Intravesical septum
   C. Normokinetic biliary ducts
   D. Exocrinous pancreas hypofunction
   E. Gastric hypermotility

4. MC Select clinical syndromes describing a typical case of acute cholecystitis in children:
   A. Abdominal pain syndrome
   B. Hemorrhagic syndrome
   C. Dyspeptic syndrome
   D. Intoxication syndrome
   E. Edematous syndrome

5. MC Specify the characteristic of the abdominal pain syndrome in case of acute cholecystitis in children:
   A. Suprapubic pain
   B. Left hypocondrium pain
   C. Right hypocondrium pain
   D. The pain radiates to the right side of the thorax
   E. The pain radiates to the left side of the thorax.

6. MC Mark positive clinical signs of acute cholecystitis in children:
   A. Merphy
   B. Ortner
   C. Kehr
   D. Lepine
   E. Giordano

7. MC Select clinical forms of acute cholecystitis in children:
   A. Catarrhal
   B. Phlegmonous
   C. Gangrenous
   D. Granulomatosis
   E. Erosive

8. MC Specify laboratory findings in the complete blood count characteristic for acute bacterian cholecystitis in children:
   A. Erythrocytosis
   B. Anemia
   C. Leukocytosis
   D. Neutrophilia
   E. Increased ESR

9. MC Determine which are ultrasonography modifications expected in case of acute cholecystitis in children:
   A. Increased volume of gallbladder and thickening of it’s walls more than 3 mm
   B. Thickening and splitting of gallbladder’s walls
   C. Thinning of gallbladder’s walls
   D. Motility disorders with biliary stasis
   E. Possible gallbladder’s development anomalies are present
10. MC Select treatment components in mild forms of acute cholecystitis in children:
A. Regime at bed
B. Nr 5 alimentary regime according Pevsner
C. Infusion therapy
D. Antibiotics
E. Spasmolytic drugs

11. MC Mark etiological types of chronic cholecystitis:
A. Genetics
B. Non-infectious
C. Thermics
D. Infectious
E. Actinic

12. MC Select etiological factors of infectious chronic cholecystitis:
A. Virus
B. Mycotic
C. Bacteria
D. Protozoa
E. Chlamydia

13. MC Select non-infectious causes of chronic cholecystitis:
A. Biliary lithiasis
B. Duodenal-gastric reflux
C. Duodenal-biliary reflux
D. Allergic reactions in atopic diathesis
E. Chronic colitis

14. MC Select clinical forms of chronic cholecystitis:
A. Calculous
B. Icteric
C. Non-calculous
D. Non-specified
E. Anicteric

15. MC Mark risk factors to develop chronic cholecystitis:
A. Intestinal dysbacteriosis
B. Discholia
C. Reflux esophagitis
D. Development anomalies of gallbladder and biliary ducts
E. Chronic colitis

16. MC Select the principal clinical syndrome identified in case of chronic cholecystitis:
A. Dyspeptic syndrome.
B. Pain syndrome.
C. Hepatic insufficiency syndrome
D. Asthenovegetative syndrome
E. Intoxication syndrome

17. MC Specify the characteristic of pain syndrome from chronic cholecystitis in children:
A. Annoying, dull pain, compression
B. Acute, violent
C. Accentuated at 20-30 min after cold, fatty and spicy food
D. Accentuated after intense physical effort
E. Can be localized in the right hypocondrium

18. MC Determine what we can expect on clinical examination in chronic cholecystitis in children:
A. Slowly increased liver
B. Pallor of the skin
C. Jugular turgescence
D. Positive Ortner sign
E. Acrocyanosis

19. MC Select positive indices to confirm diagnosis in gallbladder diseases in children:
A. Anamnesis
B. Complete blood count, serum biochemical indices
C. Coproculture
D. Ultrasonography
E. Cholecystography, hepato-bilio-scintigraphy

20. MC Specify ultrasonography criteria for chronic cholecystitis:
A. Increased gallbladder dimensions
B. Thickening (> 3mm) and deformation of gallbladder’s walls
C. Induration and/or stratification of gallbladder’s walls
D. Decreased gallbladder dimensions
E. Non-homogenous gallbladder cavity

21. MC The differential diagnosis of chronic cholecystitis in children is performing with following diseases:
A. Gastroduodenitis;
B. Appendicitis;
C. Ulcerative disease;
D. Cystitis;
E. Proctosigmoiditis

22. MC Select categories of drugs used for the treatment of chronic cholecystitis in children:
A. Antiemetic
B. Antifungal
C. Antibiotics
D. Choleretic
E. Nr 5 alimentary regime according Pevsner

23. MC Specify prevent methods for chronic cholecystitis in children:
A. Increased consumption of fatty food (animal origin of lipids)
B. Treatment of chronic infectious sources
C. Rational alimentation according the age
D. Prophylactic administration of antibiotics
E. Active style of life

24. MC Mark CBC findings present in case of chronic cholecystitis in acute phase:
A. Reticulocytosis
B. Poikilocytosis
C. Some cases of anemia
D. Leukocytosis
E. Increased ESR

25. MC Select gallbladder dyskinesias:
A. Hypertonic gallbladder
B. Normotonic gallbladder  
C. Biliary stasis  
D. Hypotonic gallbladder  
E. Hypertonic Oddi sphincter

26. MC Select which are dyskinesias of principal biliary ducts:  
A. Normotonic Oddi sphincter  
B. Hypertonic gallbladder  
C. Hypertonic Oddi sphincter  
D. Hypotonic Oddi sphincter  
E. Biliary stasis

27. MC Mark etiological factors of biliary dyskinesias:  
A. Antecedents of acute viral hepatitis  
B. Various etiologies of neurocirculatory dysfunction  
C. Endocrine diseases  
D. Chronic diseases of gastrointestinal tract  
E. Pneumonia

28. MC Select characteristics of pain syndrome in hypertonic dyskinesias:  
A. Localized in the right hypocondrium  
B. Manifested by short time accesses  
C. Post-prandial appearance or related to psychoemotional stress  
D. Dull pain as weight sensation in the right hypocondrium  
E. Manifested like a “punched in the gut” sensation

29. MC Select characteristics of pain syndrome in hypotonic dyskinesias:  
A. Localized in the right hypocondrium  
B. Manifested by short time accesses  
C. Post-prandial appearance or related to psychoemotional stress  
D. Dull pain as weight sensation in the right hypocondrium  
E. Manifested like a “punched in the gut” sensation

30. MC Which are clinical signs expected in case of biliary dyskinesia:  
A. Giordano  
B. Koher  
C. Ortner  
D. Kehr  
E. Murphy

31. MC Select investigations which can establish positive diagnostic of biliary dyskinesia in children:  
A. Ultrasonography  
B. Endoscopic examination  
C. Abdominal X-ray investigation  
D. Complete blood count  
E. Biochemical blood exam

32. MC Mark ultrasonography signs of hypotonic-hypokinetic biliary dyskinesia in children:  
A. Increased volume of gallbladder  
B. Decreased gallbladder’s volume more than ½, 1 hour after the breakfast  
C. Triangularly configuration of the urinary vesicle  
D. Decreased gallbladder’s volume less than ½, 1 hour after eating  
E. Small gallbladder
33. MC Mark ultrasonography signs of hypotonic-hypokinetic biliary dyskinesia in children:
A. Decreased biliary excretion
B. Decreased gallbladder’s volume more than ½, 1 hour after eating
C. Decreased gallbladder’s volume more than 2/3, 1 hour after the breakfast
D. Small gallbladder;
E. Abdominal flatulence

34. MC The differential diagnosis of biliary dyskinesia in children is performing with following
diseases:
A. Perforated gastric ulcer
B. Cholecystitis
C. Biliary lithiasis
D. Basal pneumonia on the right side
E. Acute pyelonephritis

35. MC Select treatment component of hypertonic dyskinesia:
A. Nr 5 alimentary regime according Pevsner
B. Stimulating neurotrope drugs
C. Sedative neurotrope drugs
D. Spasmolytic drugs
E. Mineral water with low level of mineralization, non-sparkling, warm

36. MC Select treatment components of hypotonic dyskinesias:
A. Nr 5 alimentary regime according Pevsner
B. Stimulating neurotrope drugs
C. Sedative neurotrope drugs
D. Spasmolytic drugs
E. Mineral water with medium and high level of mineralization

37. CM Mark the effects of cholecystokinin:
A. Stimulating gallbladder contraction
B. Stimulating Oddi sphincter contraction
C. Stimulating biliary secretion
D. Inhibiting Oddi sphincter tonus
E. Inhibiting gallbladder contraction

38. CM Specify biliary components:
A. biliary acids
B. Cholesterol
C. Immunoglobulin A
D. Hemoglobin
E. Lecithin

39. MC Determine possible complications of chronic cholecystitis in children:
A. biliary lithiasis
B. Dermatitis
C. Hepatitis
D. Urethritis
E. Duodenitis

40. MC Select risk factors for biliary dyskinesia appearance in children:
A. Sedentary life style
B. Solar plexus trauma
C. Gallbladder and biliary ducts anomalies
D. Hereditary predisposition
E. Cystitis

Maladiile căilor biliare la copii. Disfuncția vezicii biliare. Colecistitele la copii
Complement simplu

1. E
2. C
3. A
4. B
5. D
6. A
7. C
8. D
9. A
10. E
11. A
12. D
13. B
14. C
15. D
16. C
17. E
18. C
19. A
20. B

Complement multiplu

1. A,B,C 18. A,B,D
2. A,B,C 19. A,B,D,E
5. C,D 22. C,D,E
8. C,D,E 25. A,D
15. A,B,D 32. A,D
16. A,B,D,E 33. C,D
17. A,C,D,E 34. B,C
35. A, C, D, E
36. A, B, E
37. A, C, D
38. A, B, C, E
39. A, B, E
40. A, B, C, D