Chronic bronchopulmonary pathology

Simple complement

1. In which pathology finger clubbing is not present?
   A. Bronchiectatic disease
   B. Cystic fibrosis
   C. Obliterative bronchiolitis
   D. Unilateral, lobular bronchiectasis
   E. Primary ciliary dyskinesia (imotile cilia syndrome)

2. Which clinical sign of bronchiectatic disease exacerbation in children is not characteristic?
   A. Persistent wet cough
   B. Mucopurulent expectorations
   C. Recurrent infections with fever
   D. Nocturnal wet cough
   E. Finger clubbing

3. Radiological signs specific for the presence of bronchiectasis is:
   A. Focal pneumosclerosis whit decreased lung volume
   B. Pulmonary interstitial condensation
   C. Radiological ‘honeycomb’ lung
   D. Deformation of the diaphragm dome
   E. Compensatory hyperinflation in adjacent segments

4. What disease is the main cause of primary chronic lung pathology?
   A. Cystic fibrosis
   B. Kartagener syndrome
   C. Immotile cilia syndrome
   D. Tracheobronchomegaly
   E. Middle lobe syndrome

5. Chronic obstructive bronchitis in children is characterized by following signs, except:
   A. Crepitant localized rales
   B. Harsh breath sound on auscultation
   C. Dry rales
   D. Wheezing
   E. Expiratory dyspnea

6. What disease is the cause of secondary chronic lung pathology?
   A. Cystic fibrosis
   B. Segmental pneumonia
   C. Middle lobe syndrome
   D. Destructive pneumonia
   E. Long-term focal pneumonia

7. Bronchopulmonary anomalies include the following medical conditions, except:
   A. Macleod syndrome
   B. Unilateral lobar agenesis
   C. Pulmonary hypoplasia
   D. Congenital lobar emphysema
   E. Pulmonary arteriovenous malformations

8. Which clinical sign is characteristic for chronic lung pathology?
   A. Flat foot
   B. Finger clubbing
   C. Arachnodactyly
   D. Brachydactyly
   E. Rachitic rosary
9. The method of choice in diagnosis of bronchial deformations is:
A. Pulmonary scintigraphy
B. Pulmonary radioscopy
C. Chest X-ray
D. Bronchoscopy
E. Pulmonary CT scan

10. Which signs is not characteristic for cystic fibrosis in children:
A. Chronic exocrine pancreatic insufficiency
B. Overweight in infant period
C. Mucopurulent, viscous, persistent expectorations
D. Signs of focal pneumosclerosis on chest X-ray
E. Cylindrical, saccular or cystic, bilateral bronchiectasis

11. Which metabolic disorder is not characteristic for children with cystic fibrosis:
A. Edemas, hypoproteinemia
B. Chronic nutritional disorders
C. Osteoporosis
D. Hypercalcemia
E. Salt crystals on the skin

12. Therapeutic management of chronic pulmonary pathology in remission:
A. Prophylactic antibiotic therapy
B. Stimulating the child's body reactivity
C. Speleotherapy
D. Symptomatic treatment
E. Therapeutic measures are not required

13. The gold standard for diagnosis of cystic fibrosis is:
A. Positive family history of cystic fibrosis
B. Finger clubbing
C. Chloride level greater than or equal to 60 mmol/L on sweat test
D. Radiographic signs of bronchiectasis
E. *Wheeze*

14. To confirm the diagnosis of chronic lung in a 2 years old child following investigations will be performed, except:
A. Chest X-ray
B. Complete blood count
C. Sweat test
D. Sputum culture
E. Pulmonary function tests

**Multiple complement**

1. Hippocratic fingers are characterized by:
A. Soft nail bed and shiny skin next to the nail bed
B. The ends of the fingers are larger than the medium regions
C. The diamond window (when the dorsum of 2 fingers from the opposite hands are opposed) is obliterated
D. Fingers with aspect of drumsticks at birth
E. Presence of chronic pulmonary or cardiac pathology

2. What characteristics determine the unfavorable evolution of cystic fibrosis in children:
A. Chronic lung infection with *Pseudomonas aeruginosa, Burkholderia cepacia*
B. Presence of nasal polyps
C. Cor pulmonale
D. Chronic respiratory failure
E. Negative dynamics of respiratory function tests
3. What are the indications for repeat chest X-ray after pneumonia treatment:
   A. Pleural effusion
   B. Compromised immune status
   C. Segmental pneumonias
   D. Broncho-obstructive syndrome
   E. Absence of clinical manifestations during 3-4 weeks

4. Which are the clinical signs in Kartagener syndrome?
   A. Broncho-obstructive syndrome
   B. Bronchiectasis
   C. Chronic sinusitis
   D. Chronic tonsillitis
   E. Situs viscerum inversus

5. Which clinical forms of acute pneumonia can lead to the development of chronic bronchopulmonary processes:
   A. Long-term segmental pneumonia complicated with atelectasis
   B. Acute segmental pneumonia
   C. Destructive pneumonia
   D. Interstitial pneumonia
   E. Middle lobe syndrome

6. Which radiological signs are suggestive for the bronchiectasis presence?
   A. Image of honeycombs lungs
   B. Thickening of bronchial wall
   C. Mediastinal organs shift
   D. Unclear heart contour
   E. Dilated bronchi with liquid content

7. Which radiologic changes are suggestive for pneumosclerosis?
   A. Pulmonary emphysema
   B. Mediastinal organs shift
   C. Decreased lung volume
   D. Reticular opacities (network of curvilinear opacities)
   E. Diffuse ground-glass opacity of the lung

8. Chronic bronchopulmonary pathology is characterizing by:
   A. Specific chronic bronchopulmonary inflammation
   B. Reversible morphological lesions
   C. Bronchial deformations
   D. Pneumosclerosis
   E. Recurrent evolution

9. Which affirmations are correct for restrictive pulmonary changes?
   A. Reduced FVC and VC
   B. FEV1/CVF×100 is normal or easy increased
   C. FEV1 marked reduced
   D. FEV1/CVF×100 (Ghensler index) reduced more than 80%
   E. PEF less than < 50%

10. What are the follow-up measures in a child with chronic bronchitis?
    A. Follow-up by the Family Doctor Center (FDC) ones in three months
    B. Follow-up by the pediatrician, pulmonologist two times per year
    C. Inpatient treatment if necessary
    D. Daily physiotherapy and respiratory gymnastics
    E. Follow-up by the Family Doctor Center ones per month

11. The absolute indications for diagnostic bronchoscopy are:
    A. Pneumonia complicated by atelectasis and ineffective of classical treatment
B. Acute unilateral emphysema with shift of mediastinal structures  
C. Foreign body aspiration  
D. Chronic cough  
E. Segmental pneumonia  

12. The major indications for surgical treatment in chronic bronchopulmonary pathology are:  
A. Pulmonary echinococcosis  
B. Diffuse chronic bronchopulmonary processes  
C. Life-threatening hemoptysis  
D. Local polycystosis  
E. Chronic bronchopulmonary disease in children with cystic fibrosis  

13. Which antibacterial drugs are indicated in children with chronic bronchitis exacerbation at FDC?  
A. Amoxiclav *per os*  
B. Ciprofloxacin *i.v.*  
C. Cephalexin  
D. Metronidazol  
E. Azithromycin  

14. What investigations will confirm the diagnosis of cystic fibrosis:  
A. Blood electrolytes  
B. Quantity of chlorides in sweat test  
C. Coprological examination  
D. Immunoglobulines A, M, G  
E. DNA molecular diagnosis  

15. Which of the following diseases affect the lung?  
A. Crigler-Najjar syndrome  
B. Makleod syndrome  
C. Wilson-Mikity syndrome  
D. Hamman-Rich syndrome  
E. Kartagener syndrome  

16. Which statements are characteristic for bronchiectasis:  
A. Bronchiectasis are only congenital  
B. Bronchiectasis are only acquired  
C. Bronchiectasis can be in the saccular form  
D. Bronchiectasis are characteristic for Kartagener syndrome  
E. Bronchiectasis are characteristic for immotile cilia syndrome  

17. Medical follow-up of the child after complicated pneumonia include:  
A. Follow-up during 3 months  
B. Follow-up during 1 year  
C. Radiologic control in dynamics  
D. Spirography  
E. Balneotherapy  

18. Which statements are correct for extrapulmonary manifestations of chronic pulmonary pathology:  
A. They develop after a long period of chronic lung pathology  
B. They are manifested by abnormal growth  
C. They are manifested by mental retardation  
D. They are manifested by asthenia  
E. They are manifested by secondary pulmonary hypertension  

19. Which clinical manifestations are characteristic for chronic pulmonary emphysema:  
A. Dyspnea  
B. Chest deformities  
C. Enlargement of relative heart dullness  
D. Diffuse bullous rales of different caliber  
E. Box sound on percussion
20. What is characteristic of chronic pulmonary heart syndrome:
A. Dyspnea persist in disease remission
B. Enlargement of left heart borders
C. Enlargement of right heart borders
D. Diminishing of II sound on pulmonary artery
E. Acrocyanosis

21. Emergency measures in the case of foreign body aspiration in the upper respiratory tract include:
A. Foreign body extraction
B. Heimlich Maneuver
C. Outpatient patient follow-up
D. Emergency transportation to specialized medical institution
E. Bronchoscopy

**Chronic bronchopulmonary pathology**

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