

Chronic gastritis. Ulcer disease in children
Simple choice tests

1. SC. Specify protective factors of gastric mucosa which are not present in children:
 - A. Prostaglandin
 - B. Mucous level
 - C. Local bicarbonate
 - D. Local blood circulation
 - E. Bifido- and lactobacteria

2. SC Select the physiopathological pathway to develop ulcer disease in children:
 - A. Hereditary predisposition
 - B. Decreased cardiac debit
 - C. Decreased serum amylase level
 - D. Disturbed balance between aggression and protective factors
 - E. Increased TSH blood level

3. SC Endoscopic types of chronic gastritis in children are as follows, except:
 - A. Primary
 - B. Superficial
 - C. Atrophic
 - D. Hypertrophic
 - E. Erosive

4. SC Select the most common ulcer disease in children:
 - A. Upper digestive bleeding
 - B. Peritonitis
 - C. Penetration
 - D. Pyloroduodenal stenosis
 - E. Malignity

5. SC Establish which of following is not an aggressive factor of the gastric mucosa in children:
 - A. Pepsinogen
 - B. Local secretion of bicarbonate
 - C. Hydrochloric acid
 - D. Gastrin
 - E. Helicobacter pylori

6. SC Specify the histological aspect of autoimmune gastritis in children:
 - A. Superficial
 - B. Hypertrophic
 - C. Eosinophilic
 - D. Atrophic
 - E. Metaplastic

7. CS Determine the characteristics of atrophic gastritis in children:
 - A. Gastric hyperacidity
 - B. Gastric metaplastic
 - C. Gastric hypoacidity
 - D. Edema and ascites
 - E. Upper digestive bleeding

8. SC Specify the etiology of chronic gastritis in children:
 - A. Candida albicans

- B. Escherichia coli
- C. Yersinia
- D. Streptococcus pyogenes
- E. Helicobacter pylori

9. SC Specify which clinical investigation will confirm the diagnostic of chronic gastritis in children:

- A. Radiology
- B. Histopathologic
- C. Endoscopic
- D. Bacteriology
- E. Clinic

10. SC Infection due to Helicobacter pylori in children can be confirmed through the following investigation, except:

- A. Coprology
- B. Antibody level evaluation
- C. Urease test
- D. Polymerase chain reaction
- E. Respiratory test with marked urease

11. SC Select the disease, with pyrosis as characteristic clinical sign (pathognomeric):

- A. Duodenal ulcer
- B. Functional dyspepsia
- C. Chronic gastroduodenitis
- D. Pathological gastroesophageal disease
- E. Pancreatitis

12. SC Select the most important stimulant of acid gastric secretion in children:

- A. Bicarbonate
- B. Histamine
- C. Secretin
- D. Somatostatin
- E. Gastrin

13. SC Specify the most constant clinical sign of duodenal ulcer in children:

- A. Alimentary vomiting
- B. Hematemesis
- C. Abdominal pain
- D. Nausea
- E. Decreased weight

14. SC Select the most common clinical sign of ulcer disease in children:

- A. Epigastric pain
- B. Alimentary vomiting
- C. Abdominal flatulence
- D. Anorexia
- E. Nausea

15. SC Specify the election method of duodenal ulcer diagnostic in children:

- A. Abdominal ultrasonography
- B. X ray examination with barium
- C. Lower gastrointestinal tract X-ray
- D. Gastrin serum level

E. Endoscopy

16. SC Specify which is the preferential localization of infectious process in chronic gastritis due to Helicobacter pylori.

- A. Antrum
- B. Gastric fundus
- C. Large stomach curvature
- D. Lesser stomach curvature
- E. Cardia

17. SC Establish the mechanism of action of omeprazole:

- A. To block the protonic pump
- B. To block gastrin receptors
- C. To block histaminic-H₂ receptors
- D. To block cholinergic receptors
- E. To block histaminic-H₁ receptors

18. SC Name the radiological sign of gastric or duodenal ulcer in children:

- A. The ulcerous niche
- B. clover-shaped bulb
- C. Gastric atony
- D. Pylorus asymmetry/pyloric spasm
- E. Increased bulbar transit

19. SC Determine the rhythm of abdominal pain in case of duodenal ulcer:

- A. Pain syndrome appear during spring/winter
- B. Pain syndrome appear during winter/summer
- C. Pain syndrome appear 30 minutes after alimentation
- D. Pain syndrome appear 1.5-4 hours after alimentation or during night
- E. Any rhythm of pain syndrome

20. SC Specify what to administer for ulcer prophylaxis in children with chronic steroid treatment (prednisolone):

- A. Omeprazole
- B. De-nol (bismuth subcitras)
- C. Drugs containing Iron
- D. Ursodeoxycholic acid
- E. Pancreatinum

Multiple choice tests

1. MC Select the pathologies which need to be differentiated with chronic gastritis in children:

- A. Ulcer disease
- B. Cholecystitis
- C. Pancreatitis
- D. Lambliasis
- E. Cardiac insufficiency

2. MC Select morphological variants of chronic gastritis in children:

- A. Superficial
- B. Atrophic
- C. In focus
- D. Phlegmonous
- E. Metaplastic

3. MC Select which of following drugs are H2-histamine-blocking drugs:

- A. Ranitidine
- B. Famotidine
- C. Omeprazole
- D. Maalox
- E. Lansoprazole

4. MC Name aggressive factors for gastric mucosa in children:

- A. Biliary salts
- B. Local production of bicarbonate
- C. Hydrochloric acid
- D. Local blood microcirculation
- E. Pepsinogen

5. MC Select protective factors of gastric and duodenal mucosa in children:

- A. Pepsinogen
- B. Prostaglandin
- C. Biliary salts
- D. Local blood microcirculation
- E. Local production of bicarbonate

6. MC Specify which from following characteristics of Helicobacter pylori are correct:

- A. It is a ciliary and spiral bacterium
- B. It is a gram-negative bacterium
- C. It is a gram-positive bacterium
- D. Pathway of acquisition is hematogenous
- E. Pathway of acquisition is fecal-oral

7. MC Specify functions of helicobacter pylori which assure the capacity to resist in the gastric acid medium:

- A. by stimulating mucus and mucin production
- B. Urease synthesis
- C. Protease secretion
- D. Increased local blood circulation
- E. Adhesion at epithelium of gastric mucosa

8. MC Select methods of confirmation of Helicobacter pylori infection in children:

- A. Evaluate serum antibody level

- B. Evaluate the level of antibody in the saliva
- C. DNA evaluation of Helicobacter pylori in faeces
- D. Serum elastase evaluation
- E. Urease test

9. MC Specify what include the pathogenic treatment of ulcer disease in children:

- A. Inhibitors of prostaglandin production
- B. Non-steroid antiinflammatory
- C. Neutralization of acid gastric secretion
- D. Gastric mucosa protection
- E. Gastric secretion inhibition

10. MC Select which of the followings represents anti-secretory drugs used in the ulcer disease treatment in children:

- A. Antagonists of H2 histaminic receptors
- B. Selective Anticholinergics
- C. Antagonists of H1 histaminic receptors
- D. Synthetic analogs of prostaglandins
- E. Inhibitors of proton pump

11. MC Select morphological variants of chronic gastritis in children:

- A. Superficial
- B. Atrophic
- C. Dysplastic
- D. Hyperplastic
- E. Metaplastic

12. MC Acid gastric secretion is stimulated by followings, except:

- A. Coffee, tea
- B. Wine, beer
- C. Oral Calcium intake
- D. Lipids
- E. Hyperglycemia

13. MC Mark gastric functions:

- A. Secretory
- B. Concentration
- C. Motoric
- D. Filtration
- E. Immune

14. MC Specify drugs with anti-helicobacter action in children:

- A. Famotidine
- B. Almagel
- C. Bismuth drugs
- D. Amoxicillin
- E. Clarithromycin

15. MC Specify the characteristic of Helicobacter pylori:

- A. It is a gram-positive bacillus
- B. It is a gram-negative bacillus
- C. Is has flagella
- D. It has a spiraled form

E. It has ovoid form

16. MC Determine clinical signs established by esophagogastroduodenoscopy:

- A. Ulcer localization
- B. Ulcer extension
- C. Ulcer complication
- D. Treatment response
- E. Next recidive

17. MC Select indirect radiological findings of gastric or duodenal ulcer in children:

- A. Ulcerous niche
- B. Clover-shaped bulb
- C. Gastric atony
- D. Pyloric asymmetry / pyloric spasm
- E. Increased bulb transit

18. MC Name which are antibiotics used in treatment schema of ulcer disease in children:

- A. Amoxicillin
- B. Omeprazole
- C. Metronidazole
- D. Tetracycline
- E. Clarithromycin

19. MC Select drugs which are components of triple standard therapy (1st line) used in ulcer disease treatment in children:

- A. Omeprazole
- B. Amoxicillin
- C. Clarithromycin
- D. Tetracycline
- E. Levofloxacin

20. MC **The mother of a child treated by standard anti-ulcerous therapy (amoxicillin, clarithromycin, lansoprazole) is worried because her son has 4 stools per day (usually he has had 1-2 stools). Which is the most probably cause and what recommendation will you give to the mother?**

- A. Suspend treatment
- B. Amoxicillin therapy intolerance
- C. Anti-diarrheic therapy
- D. Adverse reaction to clarithromycin
- E. Continue the treatment

21. MC Specify which are treatment components for ulcer disease caused by non-steroid anti-inflammatory drugs:

- A. Proton pump inhibitors;
- B. H2 blockers;
- C. Prostaglandin
- D. Amoxicillin
- E. Clarithromycin

22. MC Select hospitalization criteria for children with ulcer disease:

- A. Acute phase of ulcer disease
- B. Primary ulcer;
- C. Multiple ulcers;
- D. Gigantic ulcer;

E. More than 3 acute phases per year.

23. MC Specify methods of treatment of ulcer disease in children:

- A. Non-drug treatment
- B. Surgical
- C. Drug treatment
- D. Biologic
- E. Endoscopic

24. MC Name two pathologies which first of all need to be differentiated with chronic gastritis in children:

- A. Chronic hepatitis
- B. Acute pancreatitis
- C. Functional disorders
- D. Ulcer disease
- E. Ulcerous colitis

25. MC Specify principles of treatment for chronic gastritis:

- A. Antacid drugs
- B. Helicobacter pylori eradication
- C. Correction of motoric disorders
- D. Amelioration of mucosal metabolic processes
- E. Reepithelialization of ulcerous defect

26. MC Specify three most common symptoms of ulcer disease:

- A. Astheno-vegetative
- B. Icteric
- C. Dyspeptic
- D. Pain syndrome
- E. Edematous

27. MC Mark endoscopic evolution phases of the ulcer:

- A. Acute pain
- B. Epithelialization
- C. Healing
- D. Relapse
- E. Stenosis

28. MC Name risk factors of primary acute gastritis (exogenous):

- A. Infection
- B. Drugs
- C. Chemical
- D. Food allergy
- E. Acute renal insufficiency

29. MC Name special forms of chronic gastritis:

- A. Eosinophilic
- B. Lymphocytic
- C. Granulomatous
- D. Atrophic
- E. With Helicobacter pylori

30. MC Specify treatment components of acute gastritis:

- A. To eliminate causative agents
- B. Adequate rehydration
- C. Miotropic spasmolytic agents
- D. Antibiotics
- E. Antacids

31. MC Determine positive findings at endoscopic examination in children with chronic gastritis with positive Helicobacter pylori:

- A. Hyperemia
- B. Edema
- C. Hypertrophic gastric rugae
- D. Circularly or ovoid lesion, which pass through muscular lamina
- E. Duodenal bulb deformation

32. MC name methods of evaluation of incretory function in children:

- A. Evaluate serum pepsinogen level
- B. Evaluate urinary pepsinogen level
- C. Endoscopic exam
- D. Urease test
- E. Barium radiological exam

33. MC Specify the classification of diagnostic methods of Helicobacter pylori:

- A. Invasive
- B. Direct
- C. Indirect
- D. Non-invasive
- E. Probable

34. MC Specify methods which can correct motoric disorders in chronic gastritis in children:

- A. Spasmolytic
- B. Prokinetic
- C. Anti-diarrheic
- D. Anti-flatulent
- E. Protonic pomp inhibitors

35. MC Specify which of following signs are used for clinic interpretation of ulcer disease:

- A. Complex etiology affection
- B. It is connected to local gastroduodenal hemostasis disorders
- C. The ulceration represents a common lesion
- D. Determine by hydrochloric auto-digestion of gastric or duodenal mucosa in situ of minimal resistance.
- E. Doesn't cross submucosal level of the stomach.

36. MC Specify the pathologies which need to be differentiated from upper digestive bleeding caused by gastric or duodenal ulcer in children:

- A. Mallory-Weiss syndrome
- B. Zollinger-Ellison syndrome
- C. Hemorrhagic gastritis
- D. Ulcerous colitis
- E. Esophageal diverticulum

37. MC The treatment of gastric and duodenal ulcer need to be done in complex and individually by stages. Specify those stages:

- A. Treatment of the acute stage of the disease;
- B. Support treatment;
- C. Prophylactic therapy
- D. Balneary treatment;
- E. Treatment of induction.

38. MC Specify dietary regimes (according Pevsner) used in case of gastro-duodenal pathology:

- A. 1a
- B. 1b
- C. 2
- D. 8
- E. 10

39. MC Mark obligatory tests used in case of hospitalization of children with ulcer disease:

- A. Esophagogastroduodenoscopy
- B. Helicobacter pylori test
- C. Ultrasonography of abdominal organs
- D. Stomach radioscopy
- E. Barium examination of stomach

40. MC Specify types of chronic gastritis according the localization:

- A. Antral
- B. Of stomach body
- C. Pangastritis
- D. Cardial
- E. Bulbar

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

Multiple choice tests

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|----------------|-------------|
| 1. A, B, C, D; | 37. A B C D |
| 2. A, B, E; | 38. A B C |
| 3. A, B; | 39. A B |
| 4. A, C, E; | 40. A B C |
| 5. B, D, E; | |
| 6. A, B, E; | |
| 7. B, C, E; | |
| 8. A, C, E; | |
| 9. C, D, E; | |
| 10. A, B, E; | |
| 11. A,B,D | |
| 12. D,E | |
| 13. A,C | |
| 14. C,D,E | |
| 15. B,C,D | |
| 16. A, B, C,D | |
| 17. B, C, D, E | |
| 18. A, D, E | |
| 19. A B C | |
| 20. D E | |
| 21. A B C | |
| 22. C D E | |
| 23. A B C E | |
| 24. C D | |
| 25. A B C D | |
| 26. A C D | |
| 27. B, C, E | |
| 28. A B C D | |
| 29. A B C | |
| 30. A B C E | |
| 31. A B C | |
| 32. A B | |
| 33. A D | |
| 34. A B | |
| 35. A B C D | |
| 36. A B C | |