Chronic hepatites in children

Simple complement

1. The treatment of autoimmune hepatites in children includes the following remedies:
   A. ribavirin;
   B. interferon alpha 2 beta associated with ribavirin;
   C. interferon alpha 2 beta associated with lamivudine;
   D. glucocorticoids;
   E. lamivudine associated with ribavirin.
2. Indicates what signifies histologically the chain necrosis of hepatocytes in hepatic lobule:
   A. presence of fibrosis in portal space;
   B. bridges of necrosis between portal space and central lobular vein;
   C. intralobular necroses;
   D. focal necroses;
   E. portal inflammation.
3. Indicate the extrahepatic complication in viral chronic hepatitis C:
   A. polyarteriitis nodosa;
   B. cryoglobulinemia;
   C. leucocytoclastic vasculitis;
   D. autoimmune thyroiditis;
   E. hemolytic autoimmune anemia.
4. Indicate what from the following extrahepatic manifestations in viral chronic hepatitis C is mediated immunologically indirectly:
   A. Sjogren syndrome;
   B. flat lichen;
   C. tardy cutaneous porphiria;
   D. cryoglobulinemia;
   E. dermatomyositis.
5. The non-replicative phase (integration in host genome) of chronic viral hepatitis B is characterizing through the presence of following marker of VHB:
   A. presence of HBe Ag in serum;
   B. presence of DNA-VHB in serum;
   C. presence of intrahepatocytary HBc AG;
   D. positive anti-HBe AG;
   E. DNA-VHB negative.

6. Indicate what from enumerated signs is characteristic for mutant form of chronic
viral hepatitis B in children:
A. membranous glomerulonephritis;
B. positive HBsAg and HBeAG;
C. negative HBeAg and positive HBsAg;
D. positive antiHBeAg and HBsAg;
E. positive DNA VHB and HBsAg.
7. Select the paraclinical index obligatory for the initiation of antiviral therapy with interferons in chronic viral hepatitis B in children:
A. increased values of serum transaminases;
B. positive DNA VHB;
C. negative DNA VHB;
D. positive HBeAg;
E. positive antiHBs.
8. Precise the paraclinical determining index of replicative phase of chronic infection with hepatitis B virus in children:
A. presence in serum of HBeAg and DNA VHB;
B. alaninaminotransferase increased by 5 values comparatively to norm;
C. presence in serum of HBcAg;
D. minimal histologically determined hepatic lesion;
E. absence of intrahepatocytary HBcAg.
9. The optimal treatment of chronic viral hepatitis B in children with HBeAg negative is performed with:
A. ursodeoxycholic acid;
B. interferon alpha 2 beta pegylated in monotherapy;
C. interferon alpha 2 beta pegylated with lamivudin;
D. endovenous perfusions of 5% glucose solutions;
E. ribavirin.
10. The III degree of hepatic fibrosis (conformable to Knodell-Ishak score) corresponds to one of below-listed affirmations:
A. minimal fibrosis;
B. soft fibrosis;
C. moderated fibrosis;
D. fibrosis in bridges;
E. hepatic pseudolobules.

11. Precise what from following criteria determines the degree of chronic hepatitis histologic activity:
A. ALAT and ASAT increased by 10 values comparatively to norm;
B. the degree of necro-inflammatory process determined histologically;
C. hyperbilirubinemia more than 150 mcmol/l;
D. presence of hepatic encephalopathy;
E. hepatomegaly with 5 cm below right costal margin;
12. The most frequently met clinical symptom in chronic viral hepatitis C in children is:
A. jaundice;
B. physical asthenia;
C. nausea;
D. abdominal pain;
E. abdominal distension.
13. The duration of antiviral treatment in chronic viral hepatitis C depends on the following index:
A. advanced histologic hepatic lesion;
B. prolonged evolution of chronic viral hepatitis C;
C. high level of RNA-VHC
D genotype VHC;
E. patient's age.
14. Indicate what from following affirmations referring to pathogenesis of autoimmune hepatitis is <u>not</u> specific to this disease;
A. the hepatic histologic lesions are predominantly composed from plasmocytary infiltration in portal tracts;
B. it is associated with another autoimmune affections;
C. patients present antihepatic circulating autoantibodies;
D. presence of autoantibodies ANA and anti SMA in autoimmune hepatitis type I ("lipoid");
E. this type of chronic hepatitis does not respond to therapy with glucocorticoids/immunosuppressors;
15. Indicate what from indicated autoantibodies is not specific for autoimmune hepatitis in children:
A. antinuclear antibodies;
B. antimitochondrial antiAMA antibodies;
C. anti- smooth muscles antibodies;
D. antimicrosomal liver and kidney antibodies;
E. antibodies against "soluble hepatic antigen".

16. Indicate what from circulatory antibodies is characteristic for chronic viral hepatitis D:
A. anti-LKM_1 antibodies;
B. positive HBsAg and VHD IgG;
C. antinuclear antiANA antibodies;
D. antibodies anti- hepatic anti LC soluble antigen;
E. positive HBsAg.
17. Indicate the specific markers for type III of autoimmune hepatitis:
A. presence of anti-LKM_1 antibodies;
B. presence of circulating antibodies anti-hepatic soluble antigen;
C. anti CMV IgG;
D. anti VEB VCA IgG;
E. presence of anti- AMA mitochondrial antibodies.
18. Select the correct affirmation referring to the treatment of children with chronic viral hepatitis B in non-replicative phase:
A. long-term administration of prednisolone;
B. administration in injection of pegylated interferon alpha 2 beta daily;
C. administration of specific anti-hepatitis B immunoglobulins;
D. follow-up without medications;
E. administration of nucleosidic analogs (lamivudine) per os.
19. Indicate what from listed paraclinical indices is <u>not</u> characteristic for toxic drug-induced hepatitis:
A. presence of DNA VHB;
B. direct hyperbilirubinemia;
C. increased aminotransferases and tests for cholestasis;
D. histologically – presence of cholestasis and hepatic steatosis;
E. hepatosplenomegaly and jaundice.
20. Indicate what from listed indices is necessary for to determine the stage of chronic hepatitis:
A. determining of DNA VHC;
B. evaluation of necro-inflammatory process in hepatic tissue;
C. evaluation of aminotransferases increasing level;
D determination of hepatic fibrosis degree determined histologically or using elastometry;
E. appreciation of albumin serum level.

Multiple complement

1. Enumerate the antiviral remedies approved for the treatment of chronic viral hepatitis B in children:
   A. interferon alpha 2 and alpha 2b standard;
   B. acyclovir;
   C. interferon alpha 2b pegylated;
   D. entecavir;
   E. adefovir.
2. Indicate the characteristic signs for chronic active hepatitis in children:
   A. asteno-vegetative syndrome;
   B. necroses in bridges of hepatocytes;
   C. cholestasis syndrome;
   D. vegeto-vascular dystonia;
   E. respiratory distress.
3. Indicate the markers specific for cholestasis syndrome in children:
   A. hepatomegaly;
   B. increasing of gamma- GT (glutamyltranspeptidase);
   C. increasing of cholesterol;
   D. hepatic fibrosis of F3 degree;
   E. hypoalbuminemia.
4. What from below named histologic signs signify the histologic activity of chronic hepatitis in children?
   A. periportal necrosis;
   B. intralobular necrosis;
   C. inflammatory necrosis in portal tract;
   D. periportal fibrosis;
   E. kept architectonics of kept hepatic lobule with hepatocytes having radial location.
5. The monitoring of antiviral treatment of chronic viral hepatitis C in children includes the examination of following paraclinical parameters:
   A. monthly examination of ALAT and ASAT;
   B. repeated determination of VHC genotype;
   C. determination of hemogram, thrombocytes every 3 months;
   D. determination at 48 weeks of VHC RNA;
   E. determination at 12, 24, 48 weeks of VHC RNA.

6. What are the indications for the treatment with interferons of chronic viral hepatitis B in children?
   A. ALAT, ASAT increased more than 2 norms and HBsAg positive;
   B. viremia DNA VHB under 2000 iu/ml;
   C. viremia DNA VHB over 2000 iu/ml;
   D. presence of cytolysis syndrome, HBsAg negative, DNA VHB negative;
   E. phase of VHB viremia, cytolysis syndrome, Knodel score more than 15 points.
7. The antiviral treatment of chronic viral hepatitis B in children provides the following schemes:
   A. interferon alpha standard 3-6 IU/m^2 x 3 times/week during 6 months;
   B. interferon alpha standard 3-6 IU/m^2 x 3 times/week + ribavirin 1000 mg per day, during 1 year;
   C. administration of adefovir per os;
   D. interferon alpha 5 IU/m^2 + lamivudin 100 mg per day during 24 weeks;
   E. interferon alpha 2 beta pegylate 50-80 mck/week 24 weeks.
8. Indicate the affirmations corresponding to chronic viral hepatitis C in children:
   A. the chronicity of VHC acute infection appears in 70% of cases;
   B. in persons contacted with VHC infection through blood transfusions the evolution to hepatic cirrhosis in 10-20 years is 20%;
   C. the degree of hepatic disease progressing is higher in patients with high level of RNA HVC;
   D. the hepatic affection is more severe in patients infected with genotype 2;
   E. the evolution of chronic hepatitis with VHC is <u>not</u> influenced by alcohol consumption.
9. What are the clinical characteristics of autoimmune hepatitis in children?
   A. slow, vague onset with fatigue, loss of appetite, pains in right hypochondrium;
   B. onset with signs of acute hepatic failure;
   C. normal biochemical hepatic tests;
   D. presence of arthralgies, myalgies and subfebrility;
   E. presence of Raynaud syndrome
10. What below-named informations are positive for chronic VHD infection in children?
   A. superinfection with VHD in chronic viral hepatitis B leads in 70-80% of cases to hepatic cirrhosis forming;
   B. superinfection with VHD determines the progressing to hepatic cirrhosis during 5-10 years;
   C. the form chronic viral hepatitis D clinical manifestation is hepatosplenomegaly, cytolysis having 10-20 values comparable to norm;
   D. presence of autoantibodies anti-LKM 1;
   E. presence of hepatic failure signs.

11. Indicate the elements which define the phase of VHB infection replication:
A. presence in serum of DNA VHB;
B. HBeAg positive;
C. DNA VHB > 2000 IU/ml;
D. increased ALAT and ASAT;
E. hypoalbuminemia 28 g/l.
12. Indicate the schemes of antiviral treatment in chronic viral hepatitis C genotype 1 in children:
A. diet 5 (Pevzner), hepatoprotectors, symptomatic treatment;
B. combined therapy INF alpha 2b pegylate + ribavirin 24 weeks;
C. combined therapy INF alpha 2b pegylate + ribavirin 48 weeks;
D. monotherapy with ribavirin 48 weeks;
E. treatment with silimarin during 2 years.
13. The autoimmune hepatitis type II a has the following characteristics:
A. increased incidence in males;
B. evolves with increased titers of anti-LKM1 antibodies;
C. has positive effect to therapy with glucocorticoids;
D. presents normal titer of class IgG serum globulins;
E. frequently is associated with chronic viral hepatitis C.
14. For to determine the degree of chronic hepatites histologic activity in children it is necessary to determine the following parameters:
A. the degree of hepatocytes necrosis;
B. the degree of hepatic fibrosis;
C. the degree of portal inflammation process;
D. special coloration of hepatic tissue for to find the Cu accumulations presence;
E. structure and architectonic of hepatic lobule.
15. What are the instrumental methods necessary for to confirm the diagnosis of chronic hepatitis in children?
A. arteriography of hepatic vessels;
B. elastography of liver;
C. Blind method of hepatic biopsy with Menghini needle;
D. abdominal sonography and portal Doppler;
E. abdominal radiography.
16. The replicative phase of chronic viral hepatitis D is characterizing by the presence of following markers:
A. presence in serum of antiVHD IgM antibodies;
B. presence in serum of RNA VHD;
C. presence in liver of AgHVD;
D. presence in serum of HBsAg;
E. presence of summary antiVHD or IgG.

17. What chronic hepatites in children can be treated by the administration of antiviral remedies such as interferon alpha 2 beta standard or pegylated in monotherapy?
A. autoimmune hepatitis;
B. acute drug-induced hepatites;
C. chronic viral hepatitis B in replicative phase;
D. chronic viral hepatitis C in replicative phase;
E. chronic metabolic hepatitis in Girke glycogenosis.
18. The etiopathogenetic treatment of autoimmune hepatitis in children includes the administration of following medications:
A. prednisolone;
B. interferon alpha 2 beta pegylated;
C. levamisole;
D. albendazole;
E. azathioprine.
19. The syndrome of hepatocytolysis and cholestasis in chronic hepatitis in children is characterized by the following laboratory signs:
A. increased level of ALAT and ASAT transaminases;
B. high level of VHC or VHB RNA;
C. increased level of lactatdehydrogenase LDH4 and LDH5;
D. increased level of total bilirubin from the account of direct fraction;
E. increased level of gamma-glutamiltranspeptidase (GGTP).
20. Indicate the criteria of eligibility accepted for the initiation of antiviral treatment with interferons of chronic viral hepatitis C in children:
A. decompensated hepatic cirrhosis;
B. increased level of ALAT 1,5 times over superior limit of norm;
C. chronic viral hepatitis C with histologic activity;
D. hepatic fibrosis F2 or F3;
E. detectable RNA VHC.
21. The syndrome of cholestasis in chronic hepatitis in children is manifested by the following modifications:
A. increased serum level of prothrombin index;
B. decreased serum level of gamma glutamiltranspeptidase (GGTP);
C. increased serum level of alkaline phosphatase;
D. increased level of total bilirubin from the account of direct fraction;
E. increased serum level of cholesterol.

22. The hepatoprive syndrome in chronic hepatitis in children is characterized by the following modifications:
A. increased serum level of transaminases;
B. presence of hypoalbuminemia;
C. increased serum level of alkaline phosphatase;
D. presence of hypofibrinogenemia;
E. presence of hypoprothrombinemia.
23. The markers of immuno-inflammatory syndrome in chronic hepatitis in children are as follows:
A. hypergammaglobulinemia;
B. hypoalbuminemia;
C. increased level of serum immunoglobulins;
D. leucocytosis and lymphocytosis;
E. increased titer of complement C3.
24. What below mentioned clinical signs are considered as extrahepatic manifestations of autoimmune hepatitis in children?
A. jaundice of sclera and teguments;
B. arthralgies and arthrites;
C. violet abdominal striae;
D. maculo-papulous cutaneous eruptions;
E. essential cryoglobulinemia.
25. What are the contraindications for antiviral treatment with interferons in chronic viral hepatitis B in children?
A. presence in blood of positive HBeAg;
B. Presence of autoimmune hepatitis or another autoimmune diseases signs;
C. presence in patients of psychical and behavioral disorders signs
D. female sex;
E. severe leucopenia and severe thrombocytopenia.
26. The predictive factors for favorable response to antiviral therapy in chronic viral hepatitis C (CVHC) in children are:
A. 2-5 times increased level of ALAT;
B. short duration of CVHC evolution;
C. low VHC viral charge;
D. VHC genotype 1a and 1b;
E. VHC genotype 2 and 3.
27. What from below listed criteria are <u>not</u> characteristic for diagnosis of autoimmune hepatitis in children?
A. hypergammaglobulinemia;
B. presence of antinuclear antibodies;
C. presence of viral hepatites VHB or VHC markers;
D. favorable response to corticosteroids administration;
E. presence of cupruria, cupremia, of diminished serum ceruloplasmin.

28. What from hepatic viruses have demonstrated potential of chronicity?
A. VHB;
B. VHC;
C. VHA;
D. VHE;
E. VHD.
29. Select the autoantibodies specific for autoimmune hepatites in children:
A. anti-smooth muscle antibodies (SMA);
B. antinuclear antibodies (ANA);
C. anti-mitochondrial antibodies (AMA);
D. anti-soluble hepatic antigen antibodies (SLA);
E. antimicrosomal hepatic and renal antibodies (LKM).
30. What informations referring to the therapy of autoimmune hepatites are true?
A. corticotheray represents the principal therapeutic method;
B. the prednisolone maintaining dose is selected individually;
C. the prednisolone maintaining dose can be 10 mg/day if is associated with azathioprine;
D. azathioprine can be used in monotherapy, in dose of 50 mg/day;
E. patients resistant to corticotherapy need passing to antiviral remedies.
31. The following affirmations referring to classification of chronic hepatites are true:
A. the degree of histologic activity is determined by fibrosis severity;
B. hepatic fibrosis is used for to classify the stage of disease;
C. piece-meal necrosis defines the periportal necrosis;
D. classification of chronic hepatitis in function of severity degree takes into account the fibrosis and hepatic steatosis degree;
E. bridging necrosis confirms the severe degree of histologic activity and defines the bridges of necrosis between portal tract and central vein.
32. What affirmations referring to chronic hepatites are true?
A. chronic viral hepatitis C evolves rarely with anti-LKM1 antibodies;
B. the antibodies anti-LKM3 and ANA are present in autoimmune hepatites;
C. antinuclear antibodies are present in autoimmune hepatites type III;
D. in autoimmune hepatites type III the antihepatic antiSLA autoantibodies are present;
E. autoimmune hepatitis type IV evolves with antiVHD and antiLKM3.

33. What markers represent serologic diagnostic tests positive for chronic viral hepatitis B?
A. negative RNA-VHD;
B. positive HBsAg;
C. positive intrahepatic HBcAg;
D. anti-HBc IgM antibodies;
E. HBeAg.
34. What affirmations referring to the stage of chronic hepatites are true?
A. stage I represents the absence of fibrosis;
B. stage I represents soft periportal fibrosis;
C. stage III represents severe fibrosis and "fibrosis bridging";
D. stage II represents moderate fibrosis with porto-portal septae;
E. stage III represents severe fibrosis and cirrhosis.
35. What affirmations referring to active chronic hepatitis are true?
A. preserved architectonic of hepatic lobule structure without necro-inflammatory activity;
B. focal necrosis inside of hepatic lobule;
C. periportal necrosis with bridge necrosis;
D. necrotic inflammatory process is extended in the interior of focal lobule;
E. the histopathologic examination finds the presence of hepatic steatorrhea.
36. The chronic hepatitis in children in remission period is characterized by the following clinic-paraclinical signs:
A. moderately increased ALAT and ASAT;
B. normal serum levels of ALAT and ASAT;
C. presence of asthenia, loss of appetite, pains in right hypochondrium;
D. prothrombin index 95%;
E. prothrombin index under 60%.
37. What markers signify the status of anti-HVB vaccinated child?
A. absence in serum of HBsAg;
B. presence in serum of antiHBs in titer more than 10 IU/ml;
C. absence in serum of HBeAg;
D. absence in serum of summary antiHBcore or IgG;
E. presence of antiHBe.
38. The specific prophylaxis of VHB and VHD infection in children includes the following measures:
A. administration in the first 12-24 hours of antiHVB vaccine after scheme 0,1,2,12;
B. administration of antiHVB specific immunoglobulin;
C. antiHVB vaccination of new-born over 48 hours after birth;
D. administration by new-born of human immunoglobulin in the first 48 hours;
E. excluding of breastfeeding from mother with positive HBsAg.

39. The prophylaxis of VHC infection in children includes the following measures:

A. antiHVB vaccination;
B. use of qualitatively sterilized and by one-self using instrumentation;
C. avoidance of muco-cutaneous microtraumatism, tattoo, piercing in adolescents;
D. individualization of common use objects using (teeth brushes, scissors, earrings etc.);
E. performing of general blood analysis.

40. The prophylaxis of VHD infection in children includes the following measures:

A. administration of human immunoglobulin at postexposure;
B. vaccination and revaccination anti VHB of children;
C. determination of antiVHD IgM and summary;
D. quantitative determination of DNA VHB;
E. use of diagnostic qualitatively sterilized and by one-self using instrumentation.

CHRONIC HEPATITES
SIMPLE COMPLEMENT

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

MULTIPLE COMPLEMENT

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