Coagulopathies: Hemophilia, Von Willebrand disease, DIC

**Simple complement**

1. Select the manifestation that is NOT characteristic for petechial-macular bleeding type:
   A. Epistaxis
   B. Petechiae
   C. Ecchymoses
   D. Hemarthrosis
   E. Menorrhagia

2. The bleeding in hemophilia is by the following type:
   A. Petechial-macular
   B. Hematoma
   C. Mixt
   D. Vascular-purpural
   E. Angiomatous

3. The bleeding in Von Willebrand disease is by the following type:
   A. Petechial-macular
   B. Vascular-purpural
   C. Hematoma
   D. Mixt
   E. Angiomatous

4. In hemophilia A the result of following test is NOT modified:
   A. Lee-White Coagulation time
   B. VIII coagulation factor level
   C. Partial Activated Thromboplastin Time
   D. Activated Plasma Recalcification Time
   E. Aggregation of thrombocytes with ristocetin

5. In the treatment of hemophilia A principal recommendation is:
   A. Fresh Frozen Plasma
   B. Cryoprecipitate
   C. Lyophilized VIII Factor Concentrate
   D. Lyophilized IX Factor Concentrate
   E. Fibrinogen

6. For hemophilia C is NOT characteristic:
   A. Affects both males, and females
   B. It is determined by XI coagulation factor deficit
   C. It has severe evolution, with complications and sequelae
   D. Bleedings appear only after traumas
   E. Hemarthroses are rare

7. For Von Willebrand disease is NOT characteristic:
   A. Reduced level of the coagulation factor VIII
   B. Prolonged Coagulation Time
   C. Aggregation of thrombocytes with ristocetin is reduced
   D. Thrombocytopenia
   E. Prolonged skin bleeding time

8. Severity of the hemophilia evolution is established on the basis of:
   A. Level of coagulation factor remaining in plasma
   B. Intensity of clinical manifestations
   C. Intensity of changes in laboratory tests
   A. Deficient factor in plasma
   B. Complains presented by the patient

9. For Von Willebrand disease is NOT characteristic:
   A. Diminished aggregation of thrombocytes with ristomicine
   B. Decreased quantity of coagulation factor VIII
   C. Decreased quantity of coagulation factor IX
   D. Prolonged coagulation time
E. Prolonged skin bleeding time

10. Identify the most frequent coagulopathy:
   A. Hypofibrinogenemia
   B. Hemophilia A
   C. Hemophilia B
   D. Hemophilia C
   E. Factor V deficit (parahemophilia)

11. In Disseminated Intravascular Coagulation syndrome the bleeding type is:
   A. Petechial-macular
   B. Vascular-purpurral
   C. Hematoma
   D. Mixt
   E. Angiomatous

12. The basic role in Disseminated Intravascular Coagulation syndrome triggering has:
   A. Acidosis
   B. Alkalosis
   C. Hypercoagulation
   D. Hypoxia
   E. Hypercapnia

13. Select the medication with highest content of antithrombins:
   A. Integral blood
   B. Fresh frozen plasma
   C. Cryoprecipitate
   D. Red blood cells pack
   E. Cryoconcentrate

Multiple complement

1. Evaluation of coagulation intrinsec mechanism includes:
   A. Partial Activated Thromboplastin Time determining
   B. Thrombin Time appreciation
   C. Prothrombin Time determining
   D. VIII coagulation factor level appreciation
   E. IX coagulation factor level appreciation

2. Evaluation of coagulation extrinsec mechanism includes:
   A. Prothrombin Time appreciation
   B. Thrombin Time appreciation
   C. Fibrinogen level determining
   D. VII factor level appreciation
   E. Plasma tolerance to heparin determining

3. For evaluation of coagulation common pathway are used:
   A. Prothrombin Time
   B. Thrombin Time
   C. Partial Activated Thromboplastin Time
   D. Fibrinogen level determining
   E. Plasma tolerance to heparin determining

4. For appreciation of the anticoagulant system functional state are using:
   A. Appreciation of fibrin-stabilizer factor
   B. Protein C determining
   C. Protein S determining
   D. Appreciation of platelets count
   E. AT III determining

5. For appreciation of fibrinolytic system functional state are using:
   A. Fibrinogen plasmatic level appreciation
   B. Fibrinogen Degradation Produces appreciation
   C. Euglobulinic clot lysis time determining
D. Plasma tolerance to heparin determining
E. AT III determining

6. For hematoma bleeding type are characteristic:
   A. Epistaxis
   B. Hematomas
   C. Petechiae and ecchymoses
   D. Hemarthroses
   E. Menorrhagia

7. Hemophilia is characterized by the following:
   A. Severe bleeding
   B. Petechiae and ecchymoses
   C. Hemarthroses
   D. Prolonged Coagulation time
   E. Prolonged bleeding time

8. For hemophilia the following coagulation tests have diagnostic value:
   A. Prolonged bleeding time
   B. Prolonged Coagulation time
   C. Prolonged Partial Activated Thromboplastin Time
   D. Prolonged Prothrombin Time
   E. Shortened Thrombin Time

9. In the case of hemorrhage in children with hemophilia, in the absence of the lyophilized VIII factor concentrate, is recommended:
   A. Direct blood transfusion
   B. Direct blood transfusion from close relatives
   C. Fresh frozen plasma transfusion
   D. Cryoprecipitate transfusion
   E. Platelet transfusion

10. For hemophilia C is characteristic:
    A. Only males suffer
    B. Benign evolution
    C. Hemarthroses are rare
    D. Only posttraumatic bleeding appearance
    E. It is determined by IX coagulation factor deficit

11. For hemophilia the following statements are correct:
    A. Hemarthrosis – is a characteristic manifestation
    B. Bleeding begins immediately after trauma
    C. Mixt type of bleeding
    D. Tooth extraction is performing after prophylactic treatment
    E. The immobilization of the joint in hemarthrosis for a short period of time

12. For Von Willebrand disease are characteristic:
    A. Autosomal type of inheritance
    B. X-linked type of inheritance
    C. Decreasing of thrombocytes ristomicine aggregation function
    D. Increased bleeding time
    E. Hematoma bleeding type

13. The typical clinical manifestations of Von Willebrand disease are:
    A. Oral mucosa bleeding
    B. Epistaxis
    C. Hematomas
    D. Hemarthroses
    E. Petechiae

14. The program of acute hemarthrosis therapy in patients with hemophilia includes:
    A. Perfusion of lyophilized coagulation factor concentrate
    B. Heparin administration
    C. Immobilization of the joint for 3-4 days
    D. Puncture of the affected articulation
15. The following statements are true for hemophilia:
   A. Hemophilia C – males and females manifest the disease
   B. Hemarthrosis – characteristic disease manifestation
   C. Hemorrhages appear immediately after trauma
   D. Hemophilia B – the most frequent type of hemophilia
   E. In hemophilia the intramuscular injections are contraindicated

16. The following statements are true for hemophilia A:
   A. X-linked inheritance
   B. Autosomal-dominant inheritance
   C. Decreased platelet adhesion and aggregation
   D. Mixt type of bleeding
   E. Frequent hemarthroses

17. The evolutive phases of the Disseminated Intravascular Coagulation syndrome are the following:
   A. Prodromal
   B. Hypercoagulation
   C. Consumption coagulopathy
   D. Pathologic fibrinolysis
   E. Restoring

18. In the first phase of Disseminated Intravascular Coagulation syndrome (hypercoagulation phase) can be appreciated:
   A. Increased number of thrombocytes
   B. Very short coagulation time
   C. Normal antithrombin quantity
   D. Positive fibrin degradation produces
   E. Increased fibrinogen

19. In the second phase of the Disseminated Intravascular Coagulation syndrome (consumption of thrombocytes and coagulation factors) can be present:
   A. Petechiae and ecchimoses
   B. Hematomas
   C. Hemarthroses
   D. Pallor of teguments
   E. Hypothermia of extremities

20. Laboratory tests typical for the third phase of the Disseminated Intravascular Coagulation syndrome are the following:
   A. Prolonged bleeding time
   B. Prolonged coagulation time
   C. Normal antithrombinic potential
   D. Presence of fibrin degradation produces
   E. Normal fibrinolytic activity

21. The Disseminated Intravascular Coagulation syndrome is confirmed by the following diagnostic tests:
   A. Normal fibrinolytic activity
   B. Short coagulation time
   C. Positive autocoagulation test
   D. Normal antithrombinic potential
   E. Positive fibrin degradation produces
### COAGULOPATHIES

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