Nephropathies. Simple complement:

1. For phosphaturic diabetes is characteristic:
   A. Hypophosphaturia
   B. Hyperphosphaturia
   C. Glucosuria
   D. Hypercalciuria
   E. Hyperminoaciduria

2. What biochemical change in blood serum is characteristic for phosphaturic diabetes?
   A. Hypophosphatemia
   B. Hyperphosphatemia
   C. Hypercalcemia
   D. Hyperkalemia
   E. Decreasing of alkaline phosphatase activity

3. De Toni-Debre-Fanconi syndrome is characterizing by the following biochemical changes in urine, except:
   A. Hypercalciuria
   B. Glucosuria
   C. Hyperminoaciduria
   D. Hyperphosphaturia
   E. Hypocalcemia

4. What is not characteristic for benign familial hematuria?
   A. Hematuria is found accidentally
   B. Microhematuria
   C. The disease is finding in males
   D. Hematuria is permanent
   E. The episodes of macrohematuria can be observed

5. Secondary syndrome De Toni-Debre-Fanconi is associated to the following diseases, except:
   A. Acute pneumonia
   B. Wilson-Konovalov disease
   C. Galactosemia
   D. Cystinosis
   E. Phenylketonuria

6. What calculi are not finding in renal lithiasis?
   A. Uric calculi
   B. Oxalic calculi
   C. Cystine calculi
   D. Phosphatic calculi
   E. Bilirubin calculi

7. In children secondary hyperoxaluria is finding in the following diseases, except:
   A. Chronic pancreatitis
   B. Acute bronchitis
   C. Liver affection
   D. Biliary ducts affection
   E. Enteritis

8. Renal saline diabetes is clinical manifesting by the following symptoms, except:
   A. Polyuria
   B. Adynamia
   C. Onset of disease in the first days of life
   D. Polydipsia
   E. Decreased diuresis
9. What is not characteristic for congenital nephrotic syndrome?
   A. Polyhydramnios
   B. Increased level of Br in serum
   C. Massive edemas
   D. Massive proteinuria
   E. Hypoalbuminemia

10. The following changes have place in renal phosphaturic diabetes, except:
   A. Glucosuria
   B. Rachitic changes in bones
   C. Hypophosphatemia
   D. Hyperphosphaturia
   E. Normal values of calcium in blood

11. The diagnosis of cystinosis is established in a 10 years aged child. What is the correct diet?
   A. Predominance of milk produces
   B. Predominance of such produces as eggs, flour foods, meat
   C. Predominance in diet of potatoes, cabbage, pumpkins and considerable reducing of meat, eggs and milk produces
   D. Diet nr. by Pavzner
   E. Diet nr. 7 by Pavzner

12. A 6 weeks aged child is hospitalized in severe state with generalized edemas, proteinuria until 8 g/l and expressed disorders of lipidic metabolism. What is the correct diagnosis?
   A. Congenital nephrotic syndrome
   B. Idiopathic nephrotic syndrome
   C. Acute glomerulonephritis with nephrotic syndrome
   D. Nephrotic syndrome by allergic genesis
   E. Secondary nephrotic syndrome associated with systemic lupus erythematosus

13. Renal osteopathy is the main clinical sign in the following tubular disorders, except:
   A. Renal glucosuria
   B. Syndrome de Toni-Debre-Fanconi
   C. Vitamin D-dependent rickets
   D. Distal tubular acidosis
   E. Phosphaturic renal diabetes

14. Polyuria is present in children in the following tubular disorders, except:
   A. Renal glucosuria
   B. Renal diabetes insipidus
   C. Renal saline diabetes
   D. Nephronophthysis Fanconi
   E. Renal phosphaturic diabetes

15. What manifestations are not characteristic for renal phosphaturic diabetes?
   A. More evident onset of clinical manifestations after 1 year of life
   B. Bone system affection
   C. Phosphaturia
   D. Failure to thrive
   E. Deafness

**Multiple complement:**

1. What factors determine the genesis of primary hereditary tubulopathies in children?
   A. Structural changes at the level of membranes-transport proteins
   B. Hereditary enzymopathy
   C. Decreasing of tubular epithelium receptors sensibility to hormones influence
D. Increasing of tubular epithelium receptors sensibility to hormons influence
E. Infection

2. The genesis of secondary tubulopathies in children depends on:
   A. Affection of transport systems by toxic substances
   B. Affection of transport systems due to inflammatory process
   C. Affection of tubular system in hypervitaminosis „D”
   D. Precipitation of solts crystals on the level of tubular system
   E. Intoxications (poisoning) with metal salts

3. What includes the prophylaxis of urolithiasis?
   A. Respecting of voiding rhythm
   B. Maintaining of good diuresis
   C. Adequate treatment of urinary tract infections
   D. Removing of vitamin deficiencies
   E. Reducing of proteins in children’s food

4. What is characteristic for renal glucosuria?
   A. It’s not influenced by diet
   B. Normal glycemic curb
   C. Glucosuria is present in all portions of urine
   D. The organism of patient suffering by renal glucosuria is able to remake a normal quantity of glucose
   E. Glucosuria is not present in all portions of urine

5. What is characteristic for clinical picture of severe form of renal glucosuria in children?
   A. Weakness
   B. Thirst sensation
   C. Skeleton deformations
   D. Exicosis
   E. Failure to thrive

6. Renal proximal acidosis in children is characterised by:
   A. Decreasing of hydrocarbonates reabsorption
   B. Hyperchloremic acidosis
   C. Urine pH decreasing
   D. Hydrocarbonates blood level decreasing
   E. Hydrocarbonates urine level decreasing

7. What are the hereditary diseases with glomerular basal membrane disorders?
   A. Alport syndrome
   B. Benign familial hematuria
   C. Pyelonephritis
   D. Acute glomerulonephritis
   E. Secondary hyperoxaluria

8. Congenital nephrotic syndrome is characterized by:
   A. Disease onset in the age of 6-8 weeks
   B. Increased proteinuria
   C. Moderate glucosuria
   D. Generalized edemas
   E. Hyperlipidemia

9. What complications can be in proximal tubular acidosis in children?
   A. Nephrocalcinosis
   B. Paralysis
   C. Osteomalacia
   D. Interstitial nephritis
10. What clinical manifestations are characteristic for renal lithiasis?
   A. Acute abdominal pains
   B. Dysuria
   C. Accesses of renal colic
   D. Deafness
   E. Eyes affection

11. What is the clinical picture of proximal renal tubular acidosis?
   A. Rachitic type changes of skeleton
   B. Vomit with accesses of exicosis
   C. Urolithiasis
   D. Delayed staturoponderal development
   E. Edemas

12. 2 years aged child is hospitalized in severe state with diagnosis of phosphaturic diabetes. What is the correct treatment?
   A. Daily administration of phosphorus preparations
   B. Administration of vitamin „D”
   C. The dose of vitamin „D” is increased under Sulckowitsch reaction control
   D. Administration of calcium preparations
   E. Administration of prednisolon

13. What is characteristic for clinical and paraclinical picture in benign familial hematuria?
   A. The pathology is persistent in females
   B. Hematuria more frequent is found in routine urine analyses
   C. Proteinuria is absent
   D. The extrarenal symptoms are present
   E. The disease does not progress

14. Alport syndrome is characterized by:
   A. Kidneys affection
   B. Eyes affection
   C. Neurosensorial hypoacusia (deafness)
   D. Liver affection
   E. Favourable prognosis for Alport syndrome

15. What are administered in the treatment of de Toni-Debre-Fanconi syndrome?
   A. Alkaline solutions for acidosis combating
   B. Kalium preparations for hypokalemia liquidation
   C. Calcium preparations for hypocalcemia liquidation
   D. High doses of vitamin „D”
   E. Antibacterial therapy

16. What includes the treatment of pituitrine resistant diabetes insipidus?
   A. Alimentary regime without water restriction
   B. Reduced salt intake
   C. Reducing of aliments, which component can lead to increasing of natremia and chloremia
   D. Using of antibiotics
   E. Periodic using of drugs with diuretic action

17. What are the predisposing factors in renal lithiasis?
   A. Infection
   B. Familial nephrolithiasis
   C. Gout
   D. Bronhopneumonia
E. Alport syndrome

18. Alport syndrome is characterized by:
   A. Hereditary predisposing
   B. Dysembryogenetic stigmas
   C. Deafness
   D. Hematuria
   E. Negative proteinuria

19. What is the goal of Alport syndrome treatment?
   A. Supporting of cellular vitality with pyridoxine, cocarboxilase, ATP
   B. Symptomatic treatment
   C. Stopping of kidneys sclerosing process
   D. Antibacterial therapy
   E. Hyposensibilisant therapy

20. What are the principal signs of renal saline diabetes?
   A. Decreased sensibility of epithelial tubular cells receptors to aldosteron
   B. Insufficiency of sodium facultative reabsorbtion in distal tubes
   C. Only females suffer
   D. Clinical picture appears already in the first days of life
   E. The first symptoms are polyuria, polydipsia, anorexia, adynamia

Nephropathies

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