Pancreatites in children

Simple complement

1. The causes of acute pancreatitis in children are the follows, except:
   A. viral, bacterial infections;
   B. abdominal traumatism;
   C. obstructive causes with increased pressure in pancreatic duct;
   D. neuro-psychical affections;
   E. toxic, allergic affections.
2. The factors stimulating tripsin activity are the follows, except:
   A. abuse of sweets and fatty foods;
   B. vegeto-vascular dystonia;
   C. toxico-medicamentous factors;
   D. allergic factors;
   E. hunger.
3. The prognostic index for chronicity in the case of severe pancreatitis is:
   A. hyperfermentemia;
   B. hyperproteinemia, hypoalbuminemia;
   C. hypofermentemia;
   D. hyperlipidemia, glucosuria;
   E. hypocalcemia, proteinuria.
4. The treatment of acute pancreatitis in children provides the following principles, except:
   A. frequent alimentation with dairy products, fruit purees from first day;
   B. rest in bed, analgetics administration;
   C. pancreatic secretion inhibition;
   D. secretion pump inhibitors administration;
   E. spasmolytic preparations administration.
5. Recurrent chronic pancreatitis in children is characterized by follows, except:
   A. alternation of exacerbation and remission periods;
   B. the clinical picture in exacerbation resembles to that of acute pancreatitis;
   C. dyspeptic syndrome (nausea, vomits, bitterness in mouth);
   D. increased bicarbonates secretion;
   E. relapses of abdominal pains.
6. What <u>does not</u> find the abdominal ultrasonography in children with chronic pancreatitis?
   A. increased echogenity;
   B. hypo- and hyperechogenic areas;
   C. modifying of pancreatic duct;
   D. functional pancreatic disorders;
   E. changed size and contour of pancreas.
7. The reactive pancreatitis in children is <u>not</u> a disease:
   A. primary;
   B. secondary;
   C. associated with chronic gastroduodenitis;
   D. manifested with dyspeptic syndrome;
   E. with increased size of pancreas (USG).

8. What is not characteristic for chronic latent pancreatitis in children?
   A. absence of dolor syndrome;
   B. accesses of repeated vomits;
   C. positive clinical pancreatic signs;
   D. cases of endocrine insufficiency;
   E. progressing of exocrine insufficiency.
9. The most typical and constant symptom in the dolorous form of chronic pancreatitis in children is:
   A. watery diarrhea;
   B. persistent nocturnal abdominal pain;
   C. chronic constipation;
   D. jaundice of sclera and teguments;
   E. intermittent or persistent abdominal pain.
10. Select the basic clinical syndrome in acute pancreatitis:
   A. febrile;
   B. toxic;
   C. dolorous;
   D. dyspeptic;
   E. metabolic.
11. Select the moment of pain appearance in the case of chronic pancreatitis:
   A. in morning, postprandial;
   B. after meal and in the second half of day;
   C. in the first half of day;
   D. in the second half of day, in the absence of meal;
   E. in night, after soft meals.
12. Select the basic clinical syndrome in acute phase of chronic pancreatitis:
   A. febrile;
   B. toxic;
   C. dolorous;
   D. dyspeptic;
   E. metabolic.
13. Select the preparation indicated for amelioration of pain in the case of pancreatitis:
   A. analgetics, spasmolytics, pancreatic ferments;
   B. pancreatic ferments, sedatives;
   C. spasmolytics, antidiarrheics;
   D. analgetics, pancreatic ferments, insulin;
   E. sedatives, spasmolytics, antiflatulents.
14. What represents Culen symptom?
   A. hyperpigmentation in the region of face and members;
   B. grayish pigmentation in the pancreas projection;
   C. hyperpigmentation in the left lateral part of abdomen;
   D. hyperpigmentation around umbilicus;
   E. hyperpigmentation in the region of distal phalanges.

15. What represents Turner symptom?
A. hyperpigmentation in the region of face and members;
B. grayish pigmentation in the pancreas projection;
C. hyperpigmentation in the left lateral part of abdomen;
D. hyperpigmentation around umbilicus;
E. hyperpigmentation in the region of distal phalanges.
16. What represent J. Bartelheimer symptom?
A. hyperpigmentation in the region of face and members;
B. grayish pigmentation in the pancreas projection;
C. hyperpigmentation in the left lateral part of abdomen;
D. hyperpigmentation around umbilicus;
E. hyperpigmentation in the region of distal phalanges.
17. What is the golden standard in the diagnosis of excretory pancreatic insufficiency?
A. determining of elastase-1 in fecal masses;
B. determining of elastase-2 and 3 in fecal masses;
C. determining of elastase-1 in blood;
D. determining of lipase in fecal masses;
E. determining of amylase in blood.
18. Establish in what diet are included the aliments allowed in acute and chronic pancreatitis in exacerbation;
A. 5P;
B. 5;
C. 5A;
D. 1;
E. 1B.
19. Where is projecting Desjardin painful point?
A. on the line that unites umbilicus with right axillary fossa, 6 cm above umbilicus;
B. in the region of left costo-vertebral angle;
C. in epigastrium, 6 cm below xiphoid appendix;
D. on the line that units the umbilicus with left axillary fossa, 6 cm above umbilicus;
E. in the region of right costo-vertebral angle, 6 cm above umbilicus.
20. Where is projecting Mayo-Robson painful point?
A. on the line that unites umbilicus with right axillary fossa, 6 cm above umbilicus;
B. in the region of left costo-vertebral angle;
C. in epigastrium, 6 cm below xiphoid appendix;
D. on the line that units the umbilicus with left axillary fossa, 6 cm above umbilicus;
E. in the region of right costo-vertebral angle, 6 cm above umbilicus.

Multiple complement

1. What etiologic factors can initiate the lesion of pancreatic gland tissue in children?
   A. viral, bacterial infections;
   B. abdominal traumatism;
   C. obstructive causes, allergy;
   D. gastro-esophageal reflux;
   E. neuro-vegetative dystonia.
2. How are manifesting the patho-morphologic modifications in the initial phase of acute pancreatitis in children?
   A. degeneration and lipidic infiltration;
   B. edema, leuco-lymphocytary and erythrocytary infiltration;
   C. fibrosis;
   D. hemorrhagic exudation;
   E. decreasing in volume of pancreatic gland.
3. Which will be the paraclinical indices at onset of pancreatitis (in first hours) in children?
   A. amylasemia;
   B. amylasuria;
   C. hypermagnesemia;
   D. hypocalcemia;
   E. elastasemia.
4. Enumerate the factors which predispose to chronicity of pancreatitis evolution in children:
   A. genetic predisposing;
   B. atopic dermatitis, repeated allergic reactions;
   C. stable hypertension in pancreatic duct;
   D. dysmetabolic disorder;
   E. weather dependence.
5. Note the symptoms of chronic pancreatitis exacerbation in children:
   A. moderately distended and painful at palpation abdomen;
   B. bulimia;
   C. weak perceptible pulsation of aorta;
   D. visible pulsation of aorta;
   E. slowed intestinal peristalsis.
6. Mark the signs of exocrine pancreatic insufficiency in children:
   A. polyfecalia;
   B. hypoglycemia after food intake over 1-2 hours;
   C. steatorrhea, creatorrhea;
   D. presence of iodophilic flora;
   E. neutral fats in stools.

7. Which are the most useful methods for argumentation of chronic pancreatitis exacerbation in children?
   A. finding of pancreatic enzymes increased concentration in blood (amylase, lipase);
   B. provoking test with pancreasimin or glucose;
   C. coprologic examination having a goal to appreciate the pancreatic exocrine function;
   D. esophagogastroduodenoscopy;
   E. abdominal radiography.
8. How is characterized the chronic pancreatitis with persistent pain in children?
   A. it presents a high activity inflammatory process;
   B. it presents a slow (more often autoimmune) immunopathologic process;
   C. it manifests visible exacerbations and remissions;
   D. it doesn't manifest visible exacerbations and remissions;
   E. the pain lasts weeks and even months successively.
9. Indicate the signs which differentiate chronic pancreatitis from acute pancreatitis:
   A. dull permanent abdominal pains;
   B. periodic steatorrhea;
   C. stable steatorrhea;
   D. dilated, large pancreatic duct;
   E. fibrosis found pathomorphologically.
10. What include the treatment of chronic pancreatitis in children?
   A. administration of low sodium diet Nr.7;
   B. diet Nr. 5P, after Pevzner;
   C. restoring of intestinal flora with probiotics;
   D. stimulation of stomach secretion;
   E. administration of pancreatic enzymes.
11. Which is the role of pancreatic juice?
   A. cholekinetic stimulation;
   B. alkalinization of acide alimentary bolus;
   C. maintaining of constant pH in alimentary bolus;
   D. decomposition of aliments in absorbable forms;
   E. activation of duodenal ferments.
12. Select the correct affirmations referring to chronic pancreatitis in children:
   A. duration of evolution until 3 months;
   B. chronic inflammation of pancreas;
   C. component of progressive fibrosis;
   D. association with exocrine pancreatic insufficiency;
   E. there is not association with exocrine pancreatic insufficiency.
13. Select the characteristics of exocrine pancreatic insufficiency in chronic Pancreatitis in children:
   A. malabsorption;
   B. maldigestion;
   C. diarrhea with steatorrhea;
   D. watery diarrhea;
   E. abdominal meteorism.

14. Note the types of pancreatitis after the character of secretion:
A. hypersecretory;
B. normosecretory;
C. hyposecretory;
D. asecretory;
E. obstructive.
15. For the appreciation of pancreatic gland incretory function we must determine the levels of:
A. insulin;
B. C-peptide;
C. glucagon;
D. glucose in blood and urine;
E. elastase-1 in fecal masses.
16. Select the etiology of acute pancreatitis:
A. traumas;
B. inferior digestive hemorrhage;
C. infections;
D. allergic diseases;
E. mumps.
17. Mark the more frequent causes of secondary chronic pancreatitis:
A. bowel affections;
B. pathology of sphincter Oddi;
C. hepatic and biliary pathways diseases;
D. infections (viruses, bacteria, parasites);
E. endocrine diseases.
18. Mark the more frequent causes of secondary chronic pancreatitis:
A. chronic gastroduodenitis;
B. congenital gallbladder diseases;
C. chronic constipation;
D. chronic cholecystitis;
E. irritable bowel syndrome.
19. Select the more frequently infections involved in pancreatitis pathogenesis:
A. mumps;
B. hepatitis;
C. enteroviral infections;
D. parasites (opistarhosis, ascaridosis);
E. smallpox.
20. Select the morphologic forms of acute pancreatitis:
A. abscess of pancreas;
B. necrosis of pancreas;
C. pancreatic pseudocysts;
D. pancreatic fistula;
E. hemorrhagic pancreatitis.

21. Select the morphologic forms of chronic pancreatitis:
A. chronic pancreatitis provoked by alcohol;
B. pancreatic cyst;
C. pancreatic pseudocyst;
D. chronic infectious pancreatitis;
E. pancreatic necrosis.
22. Select the complications of chronic pancreatitis:
A. pseudocysts;
B. jaundice;
C. diabetes mellitus;
D. fistula;
E. renal failure.
23. Select the pathogenetic variants of chronic pancreatitis:
A. obstructive;
B. immunopathologic;
C. dismetabolic;
D. allergic;
E. destructive.
24. Select the morphopathologic characteristics of chronic pancreatitis:
A. fibrosis;
B. inflammation;
C. pancreatic gland in the form of balloon;
D. glandular atrophy;
E. inflammatory chronic sclerosant process.
25. Select the basic syndromes in the clinical picture of acute pancreatitis (AP) and chronic pancreatitis (CP) in acute phase:
A. algic;
B. dyspeptic;
C. metabolic;
D. modifications from the part of systems and internal organs;
E. hemorrhagic.
26. Select the basic syndromes in the clinical picture of acute pancreatitis (AP) and chronic pancreatitis (CP) in acute phase:
A. algic;
B. dyspeptic;
C. uremic;
D. hemolytic;
E. toxic.
27. Select the character of pains in chronic pancreatitis:
A. they increase after meal and in the second half of day (in CP);
B. they increase after meal and in the first half of day;
C. they appear after fatty, roasted dishes;
D. they appear on the background of dietetic disorders (sweet, cool dishes);
E. they appear on the background of dietetic disorders (dishes prepared on steam, baked dishes, corresponding temperature);

28. Select the pathologic symptoms in the case of CP:
A. J. Bartelheimer symptom;
B. Culen symptom;
C. Turner symptom
D. Blumberg symptom;
E. Ortner symptom.
29. Select the painful points on abdominal anterior wall in the case of pancreatites:
A. Desjardins point;
B. Voskresenschi point;
C. Mayo-Robson point;
D. Cacia point;
E. Turner point.
30. Note the types of complications in the case of pancreonecrosis:
A. precocious;
B. late;
C. tardy;
D. minor;
E. major.
31. Select the precocious complications in the cases of pancreonecrosis:
A. Shock state;
B. respiratory failure;
C. hydro-electrolytic and acido-basic imbalances;
D. DIC syndrome;
E. ascitis.
32. Select the precocious complications in the case of pancreonecrosis:
A. hypomagnesemia;
B. hyperglycemia;
C. hydro-electrolytic and acido-basic imbalances;
D. hemorrhages,
E. fistulae.
33. Select the tardy complications in the case of pancreonecrosis:
A. fistulae,
B. peritonitis;
C. pancreatic pseudocysts;
D. pancreatic abscess;
E. hypomagnesemia.
34. Select the tardy complications in the case of pancreonecrosis:
A. hemorrhages;
B. dyspepsia;
C. pancreatic pseudocysts
D. pancreatic abscess;
E. DIC syndrome.

35. Select the pathologies for which the differential diagnosis with pancreatitis must be performed:
A. perforated duodenal ulcer;
B. mechanical intestinal occlusion;
C. entero-mesenteric infarction;
D. myocardial infarction;
E. chronic appendicitis.
36. Select the relevant elements in the study of fermentative spectrum in blood and urine in the case of pancreatitis:
A. amylase, tripsin and its inhibitors, elastase-1, lipase;
B. decreasing of coefficient inhibitor/tripsin;
C. increasing of coefficient inhibitor/tripsin;
D. the level of tripsin and lipase in coprofiltrate;
E. the level of tripsin and lipase in the cese of coprologic examination.
37. Select the relevant elements in the study of fermentative spectrum in blood and urine:
A. decreasing of coefficient inhibitor/tripsin;
B. increasing of coefficient inhibitor/tripsin;
C. the test with pancreosimin;
D. the level of tripsin and lipase in coprofiltrate;
E. coprologic syndrome of secretory pancreatic insufficiency (steatorrhea, creatorrhea, amylorrhea);
38. Mark the methods of pancreatitis treatment:
A. conservative;
B. endoscopic;
C. surgical;
D. homeopathic;
E. physiotherapeutic.
39. Indicate the objectives of conservative treatment in the cases of acute pancreatites:
A. the combating of algic syndrome;
B. creation of pancreatic gland functional repose;
C. decreasing of pancreatic gland exocrine activity;
D. correction of proteic metabolism;
E. correction of circulation at the level of pancreatic gland.
40. Indicate the objectives of conservative treatment in the case of chronic pancreatites:
A. the combating of febrile syndrome;
B. creation of pancreatic gland functional repose;
C. increasing of pancreatic gland secretory activity;
D. correction of glucidic metabolism;
E. correction of malabsorption syndrome.

Pancreatites in children.

Simple complement

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

Multiple complement

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