**Biliary tract disease. Gallbladder dysfunction. Cholecystitis in children**

***Single Choice***

1. SC Select the main etiological factor of acute cholecystitis in children:

A. Alimentary factor

B. Traumatisms

C. Physical effort

D. Neuropsychological stress

E. Bacterial infection

2. SC Select the main factor which contribute to stimulation of biliary excretion:

A. Secretin

B. Amylase

C. Cholecystokinin

D. Gastrin

E. Oddi sphincter

3. SC Choose the clinical form of acute cholecystitis in children when surgical treatment is indicated:

A. Gangrenous

B. Catarrhal

C. Erythematous

D. Granulomatosis

E. Unspecific

4. SC The treatment of acute cholecystitis in children does not include:

A. Antibiotics

B. Non-steroidal antiinflammatory drugs

C. Antispastic drugs

D. Analgesic drugs

E. Hygiene-dietetic regime

5. SC Select the clinical form of acute cholecystitis with a mild evolution:

A. Phlegmonous

B. Gangrenous

C. Unspecific

D. Catarrhal

E. Specific

6. SC. With what clinical manifested deficiencies can be associated the prolonged biliary obstruction of the secondary hepatic cirrhosis:

A. A, D and k vitamin

B. B and C vitamin

C. Proteins

D. Carbohydrates

E. Potassium

7. SC Mark the first choice investigation to detect gallstones:

A. Oral cholecystography

B. Abdominal simple X-ray

C. Gallbladder ultrasonography

D. Radioisotopic scintigraphy

E. abdominal computer tomography

**8.** SC Determine the modification of the complete blood count in patients with chronic cholecystitis in remission:

A. Increased ESR

B. Leukocytosis

C. Anemia

D. Normal values

E. It presents unspecific changes

**9.** SC The ultrasonography criteria of chronic cholecystitis are all of following, except:

A. Increased of gallbladder’s dimensions

B. Thickening (≥3mm) and deformation of gallbladder walls

C. Forbearance and/or stratification on gallbladder’s walls

D. Decreased of gallbladder’s dimensions

E. Nonhomogeneous of gallbladder’s cavity

**10.** SC Complaints of patients with chronic cholecystitis are following, except:

A. Headache

B. Feverish

C. Nausea

D. Stool instability

E. Fever 39-40 0 C

**11.** SC Specify clinical situation when a regime to bed is indicated in chronic cholecystitis:

A. In case of fever and pain syndrome

B. At the disappearance of fever and pain syndrome

C. At fever disappearance

D. At pain syndrome dissapearance

E. In remission

**12.** SC Determine what can be present in the complete blood count of patients with biliary dyskinesia:

A. Increased ESR

B. Leukocytosis

C. Anemia

D. With normal indices

E. It presents unspecific modifications

**13.** SC Specify the characteristic of hypertonic-hyperkinetic biliary dyskinesia in children:

A. Hypotonic Oddi sphincter

B. Increased tonus of the gallbladder and Oddi sphincter

C. Hypotonic gallbladder

D. Increased volume of gallbladder

E. Dull and annoying pain

**14.** SC Select the characteristic of hypotonic-hypokinetic biliary dyskinesia in children:

A. The spasm of the Oddi sphincter

B. Continuous hyper tonus of gallbladder

C. Decreased tonus of the gallbladder and Oddi sphincter

D. Decreased volume of gallbladder

E. Intrahepatic biliary ducts atresia

**15.** SC Specify which of following clinical signs are not specific for hypotonic biliary dyskinesia in children:

A. A dull right hypocondrium pain

B. Nausea, lack of appetite

C. Bitter taste in the morning

D. Violent, acute pain

E. Flatulence, constipation

**16.** SC The etiology of biliary dyskinesia in children is the following, except:

A. Neurovegetative dysfunction

B. supported viral hepatitis

C. Traumatisms

D. Food allergy

E. Endocrine diseases

**17.** SC Risk factor to develop biliary dyskinesia in children are the following, except:

A. Sedentary life

B. Solar plexus trauma

C. Anomalies of gallbladder and biliary tract

D. Hereditary predisposition

E. Cystitis

**18.** SC Which clinical signs are not characteristic for hypertonic (hyperkinetic) biliary dyskinesia in children:

A. Nausea, bile vomiting

B. Acute, colicative, violent pain in the right hypocondrium

C. Acute, colicative pain in the left hypochondrium

D. Epigastric heartburns

E. The pain arises postprandial, after stress

**19.** SC The treatment of biliary hypotonic dyskinesia in children will not include:

A. Antispastic drugs

B. Biliary drainage (sounding)

C. Hygienic-dietetic regime

D. Tonus increasing physiotherapy

E. Prokinetic medication

**20.** SC The treatment of hypertonic biliary dyskinesia in children will not include:

A. Hygienic-dietetic regime

B. Biliary drainage (sounding)

C. Antispastic drugs

D. Choleretic drugs

E. Neurotropic – sedative drugs

**Multiple choices**

**1.** MC Specify which can be the etiology of acute cholecistitis:

A. Bacteria

B. Viral

C. Parasitic

D. Autoimmune

E. Alimentary

**2.** MCMark the ways of infection transmission to the gallbladder:

A. Hematogenous

B. Lymphogenous

C. Ascendant from duodenum

D. Transcutaneous

E. By direct inoculation

**3.** MC Mark risk factors to develop acute cholecystitis:

A. Inflexion at different level of the gallbladder

B. Intravesical septum

C. Normokinetic biliary ducts

D. Exocrinous pancreas hypofunction

E. Gastric hypermotility

**4.** MC Select clinical syndromes describing a typical case of acute cholecystitis in children:

A. Abdominal pain syndrome

B. Hemorrhagic syndrome

C. Dyspeptic syndrome

D. Intoxication syndrome

E. Edematous syndrome

**5.** MC Specify the characteristic of the abdominal pain syndromein case of acute cholecystitis in children:

A. Suprapubic pain

B. Left hypocondrium pain

C. Right hypocondrium pain

D. The pain radiates to the right side of the thorax

E. The pain radiates to the left side of the thorax.

**6.** MC Mark positive clinical signs of acute cholecystitis in children:

A. Merphy

B. Ortner

C. Kehr

D. Lepine

E. Giordano

**7.** MC Select clinical forms of acute cholecystitis in children:

A. Catarrhal

B. Phlegmonous

C. Gangrenous

D. Granulomatosis

E. Erosive

**8.** MC Specify laboratory findings in the complete blood count characteristic for acute bacterian cholecystitis in children:

A. Erythrocytosis

B. Anemia

C. Leukocytosis

D. Neutrophilia

E. Increased ESR

**9.** MC Determine which are ultrasonography modifications expected in case of acute cholecystitis in children:

A. Increased volume of gallbladder and thickening of it’s walls more than 3 mm

B. Thickening and splitting of gallbladder’s walls

C. Thinning of gallbladder’s walls

D. Motility disorders with biliary stasis

E. Possible gallbladder’s development anomalies are present

**10.** MC Select treatment components in mild forms of acute cholecystitis in children:

A. Regime at bed

B. Nr 5 alimentary regime according Pevsner

C. Infusion therapy

D. Antibiotics

E. Spasmolytic drugs

**11.** MC Mark etiological types of chronic cholecystitis:

A. Genetics

B. Non-infectious

C. Thermics

D. Infectious

E. Actinic

**12.** MC Select etiological factors of infectious chronic cholecystitis:

A. Virus

B. Mycotic

C. Bacteria

D. Protozoa

E. Chlamydia

**13.** MC Select non-infectious causes of chronic cholecystitis:

A. Biliary lithiasis

B. Duodenal-gastric reflux

C. Duodenal-biliary reflux

D. Allergic reactions in atopic diathesis

E. Chronic colitis

**14.** MC Select clinical forms of chronic cholecystitis:

A. Calculous

B. Icteric

C. Non-calculous

D. Non-specified

E. Anicteric

**15.** MC Mark risk factors to develop chronic cholecystitis:

A. Intestinal dysbacteriosis

B. Discholia

C. Reflux esophagitis

D. Development anomalies of gallbladder and biliary ducts

E. Chronic colitis

**16.** MC Select the principal clinical syndrome identified in case of chronic cholecystitis:

A. Dyspeptic syndrome.

B. Pain syndrome.

C. hepatic insufficiency syndrome

D. Astheno-vegetative syndrome

E. Intoxication syndrome

**17.** MC Specify the characteristic of pain syndrome from chronic cholecystitis in children:

A. Annoying, dull pain, compression

B. Acute, violent

C. Accentuated at 20-30 min after cold, fatty and spicy food

D. Accentuated after intense physical effort

E. Can be localized in the right hypocondrium

**18.** MC Determine what we can expect on clinical examination in chronic cholecystitis in children: A. Slowly increased liver

B. Pallor of the skin

C. Jugular turgescence

D. Positive Ortner sign

E. Acrocyanosis

**19.** MC Select positive indices to confirm diagnosis in gallbladder diseases in children:

A. Anamnesis

B. Complete blood count, serum biochemical indices

C. Coproculture

D. Ultrasonography

E. Cholecystography, hepato-bilio-scintigraphy

**20.** MC Specify ultrasonography criteria for chronic cholecystitis:

A. Increased gallbladder dimensions

B. Thickening (› 3mm) and deformation of gallbladder’s walls

C. Induration and/or stratification of gallbladder’s walls

D. Decreased gallbladder dimensions

E. Non-homogenous gallbladder cavity

**21.** MC The differential diagnosis of chronic cholecystitis in children is performing with following diseases:

A. Gastroduodenitis;

B. Appendicitis;

C. Ulcerative disease;

D. Cystitis;

E. Proctosigmoiditis

**22.** MC Select categories of drugs used for the treatment of chronic cholecystitis in children:

A. Antiemetic

B. Antifungal

C. Antibiotics

D. Choleretic

E. Nr 5 alimentary regime according Pevsner

**23.** MC Specify prevent methods for chronic cholecystitis in children:

A. Increased consumption of fatty food (animal origin of lipids)

B. Treatment of chronic infectious sources

C. Rational alimentation according the age

D. Prophylactic administration of antibiotics

E. Active style of life

**24.** MC Mark CBC findings present in case of chronic cholecystitis in acute phase:

A. Reticulocytosis

B. Poikilocytosis

C. Some cases of anemia

D. Leukocytosis

E. Increased ESR

**25.** MCSelect gallbladder dyskinesias:

A. Hypertonic gallbladder

B. Normotonic gallbladder

C. Biliary stasis

D. Hypotonic gallbladder

E. Hypertonic Oddi sphincter

**26.** MC Select which are dyskinesias of principal biliary ducts:

A. Normotonic Oddi sphincter

B. Hypertonic gallbladder

C. Hypertonic Oddi sphincter

D. Hypotonic Oddi sphincter

E. Biliary stasis

**27.** MC Mark etiological factors of biliary dyskinesias:

A. Antecedents of acute viral hepatitis

B. Various etiologies of neurocirculatory dysfunction

C. Endocrine diseases

D. Chronic diseases of gastrointestinal tract

E. Pneumonia

**28.** MC Select characteristics of pain syndrome in hypertonic dyskinesias:

A. Localized in the right hypocondrium

B. Manifested by short time accesses

C. Post-prandial appearance or related to psychoemotional stress

D. Dull pain as weight sensation in the right hypocondrium

E. Manifested like a “punched in the gut” sensation

**29.** MC Select characteristics of pain syndrome in hypotonic dyskinesias:

A. Localized in the right hypocondrium

B. Manifested by short time accesses

C. Post-prandial appearance or related to psychoemotional stress

D. Dull pain as weight sensation in the right hypocondrium

E. Manifested like a “punched in the gut” sensation

**30.** MCWhich are clinical signs expected in case of biliary dyskinesia:

A. Giordano

B. Koher

C. Ortner

D. Kehr

E. Murphy

**31.** MCSelect investigations which can establish positive diagnostic of biliary dyskinesia in children:

A. Ultrasonography

B. Endoscopic examination

C. Abdominal X-ray investigation

D. Complete blood count

E. Biochemical blood exam

**32.** MC Mark ultrasonography signs of hypotonic-hypokinetic biliary dyskinesiain children:

A. Increased volume of gallbladder

B. Decreased gallbladder’s volume more than ½, 1 hour after the breakfast

C. Triangularly configuration of the urinary vesicle

D. Decreased gallbladder’s volume less than ½, 1 hour after eating

E. Small gallbladder

**33.** MCMark ultrasonography signs of hypotonic-hypokinetic biliary dyskinesiain children:

A. Decreased biliary excretion

B. Decreased gallbladder’s volume more than ½, 1 hour after eating

C. Decreased gallbladder’s volume more than 2/3, 1 hour after the breakfast

D. Small gallbladder;

E. Abdominal flatulence

**34.** MC The differential diagnosis of biliary dyskinesia in children is performing with following diseases:

A. Perforated gastric ulcer

B. Cholecystitis

C. Biliary lithiasis

D. Basal pneumonia on the right side

E. Acute pyelonephritis

**35.** MC Select treatment component of hypertonic dyskinesia:

A. Nr 5 alimentary regime according Pevsner

B. Stimulating neurotrope drugs

C. Sedative neurotrope drugs

D. Spasmolytic drugs

E. Mineral water with low level of mineralization, non-sparkling, warm

**36.** MCSelect treatment components of hypotonic dyskinesias:

A. Nr 5 alimentary regime according Pevsner

B. Stimulating neurotrope drugs

C. Sedative neurotrope drugs

D. Spasmolytic drugs

E. Mineral water with medium and high level of mineralization

**37.** CM Mark the effects of cholecystokinin:

1. Stimulating gallbladder contraction
2. Stimulating Oddi sphincter contraction
3. Stimulating biliary secretion
4. Inhibiting Oddi sphincter tonus
5. Inhibiting gallbladder contraction

**38.** CMSpecify biliary components:

A. biliary acids

B. Cholesterol

C. Immunoglobulin A

D. Hemoglobin

E. Lecithin

**39.** MC Determine possible complications of chronic cholecystitis in children:

A. biliary lithiasis

B. Dermatitis

C. Hepatitis

D. Urethritis

E. Duodenitis

**40.** MCSelect risk factors for biliary dyskinesia appearance in children:

A. Sedentary life style

B. Solar plexus trauma

C. Gallbladder and biliary ducts anomalies

D. Hereditary predisposition

E. Cystitis

**Maladiile căilor biliare la copii. Disfuncţia vezicii biliare. Colecistitele la copii**

**Complement simplu**

1. E
2. C
3. A
4. B
5. D

6.A

7.C

8. D

9. A

10.E

11.A

 12.D

 13.B

 14.C

 15.D

 16.C

 17.E

 18.C

 19.A

 20.B

**Complement multiplu**

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