**Chronic gastritis. Ulcer disease in children**

**Simple choice tests**

1. SC. Specify protective factors of gastric mucosa which are not present in children:

A. Prostaglandin

B. Mucous level

C. Local bicarbonate

D. Local blood circulation

E. Bifido- and lactobacteria

2. SC Select the physiopathological pathway to develop ulcer disease in children:

A. Hereditary predisposition

B. Decreased cardiac debit

C. Decreased serum amylase level

D. Disturbed balance between aggression and protective factors

E. Increased TSH blood level

3. SC Endoscopic types of chronic gastritis in children are as follows, except:

A. Primary

B. Superficial

C. Atrophic

D. Hypertrophic

E. Erosive

4. SC Select the most common ulcer disease in children:

A. Upper digestive bleeding

B. Peritonitis

C. Penetration

D. Pyloroduodenal stenosis

E. Malignity

5. SC Establish which of following is not an aggressive factor of the gastric mucosa in children:

A. Pepsinogen

B. Local secretion of bicarbonate

C. Hydrochloric acid

D. Gastrin

E. Helicobacter pylori

6. SC Specify the histological aspect of autoimmune gastritis in children:

A. Superficial

B. Hypertrophic

C. Eosinophilic

D. Atrophic

E. Metaplastic

7. CS Determine the characteristics of atrophic gastritis in children:

A. Gastric hyperacidity

B. Gastric metaplastic

C. Gastric hypoacidity

D. Edema and ascites

E. Upper digestive bleeding

8. SC Specify the etiology of chronic gastritis in children:

A. Candida albicans

B. Escherichia coli

C. Yersinia

D. Streptococcus pyogenes

E. Helicobacter pylori

9. SC Specify which clinical investigation will confirm the diagnostic of chronic gastritis in children: A. Radiology

B. Histopathologic

C. Endoscopic

D. Bacteriology

E. Clinic

10. SC Infection due to Helicobacter pylori in children can be confirmed through the following investigation, except:

A. Coprology

B. Antibody level evaluation

C. Urease test

D. Polymerase chain reaction

E. Respiratory test with marked urease

11. SC Select the disease, with pyrosis as characteristic clinical sign (pathognomic):

A. Duodenal ulcer

B. Functional dyspepsia

C. Chronic gastroduodenitis

D. Pathological gastroesophageal disease

E. Pancreatitis

12. SC Select the most important stimulant of acid gastric secretion in children:

A. Bicarbonate

B. Histamine

C. Secretin

D. Somatostatin

E. Gastrin

13. SC Specify the most constant clinical sign of duodenal ulcer in children:

A. Alimentary vomiting

B. Hematemesis

C. Abdominal pain

D. Nausea

E. Decreased weight

14. SC Select the most common clinical sign of ulcer disease in children:

A. Epigastric pain

B. Alimentary vomiting

C. Abdominal flatulence

D. Anorexia

E. Nausea

15. SC Specify the election method of duodenal ulcer diagnostic in children:

A. Abdominal ultrasonography

B. X ray examination with barium

C. Lower gastrointestinal tract X-ray

D. Gastrin serum level

E. Endoscopy

16. SC Specify which is the preferential localization of infectious process in chronic gastritis due to Helicobacter pylori.

1. Antrum
2. Gastric fundus
3. Large stomach curvature
4. Lesser stomach curvature
5. Cardia

17. SC Establish the mechanism of action of omeprazole:

1. To block the protonic pomp
2. To block gastrinic receptors
3. To block histaminic-Н2 receptors
4. To block cholinergic receptors
5. To block histaminic-Н1 receptors

18. SC Name the radiological sign of gastric or duodenal ulcer in children:

1. The ulcerous niche
2. clover-shaped bulb
3. Gastric atony
4. Pylorus asymmetry/pyloric spasm
5. Increased bulbar transit

19. SC Determine the rhythm of abdominal pain in case of duodenal ulcer:

1. Pain syndrome appear during spring/winter
2. Pain syndrome appear during winter/summer
3. Pain syndrome appear 30 minutes after alimentation
4. Pain syndrome appear 1.5-4 hours after alimentation or during night
5. Any rhythm of pain syndrome

20. SC Specify what to administer for ulcer prophylaxis in children with chronic steroid treatment (prednisolone):

1. Omeprazole
2. De-nol (bismuth subcitras)
3. Drugs containing Iron
4. Ursodeoxycholic acid
5. Pancreatinum

**Multiple choice tests**

1. MC Select the pathologies which need to be differentiated with chronic gastritis in children:

A. Ulcer disease

B. Cholecystitis

C. Pancreatitis

D. Lambliasis

E. Cardiac insufficiency

2. MC Select morphological variants of chronic gastritis in children:

A. Superficial

B. Atrophic

C. In focus

D. Phlegmonous

E. Metaplastic

3. MC Select which of following drugs are H2-histamine-blocking drugs:

A. Ranitidine

B. Famotidine

C. Omeprazole

D. Maalox

E. Lansoprazole

4. MC Name aggressive factors for gastric mucosa in children:

A. Biliary salts

B. Local production of bicarbonate

C. Hydrochloric acid

D. Local blood microcirculation

E. Pepsinogen

5. MC Select protective factors of gastric and duodenal mucosa in children:

A. Pepsinogen

B. Prostaglandin

C. Biliary salts

D. Local blood microcirculation

E. Local production of bicarbonate

6. MC Specify which from following characteristics of Helicobacter pylori are correct:

A. It is a ciliary and spiral bacterium

B. It is a gram-negative bacterium

C. It is a gram-positive bacterium

D. Pathway of acquisition is hematogenous

E. Pathway of acquisition is fecal-oral

7. MC Specify functions of helicobacter pylori which assure the capacity to resist in the gastric acid medium:

A. by stimulating mucus and mucin production

B. Urease synthesis

C. Protease secretion

D. Increased local blood circulation

E. Adhesion at epithelium of gastric mucosa

8. MC Select methods of confirmation of Helicobacter pylori infection in children:

A. Evaluate serum antibody level

B. Evaluate the level of antibody in the saliva

C. DNA evaluation of Helicobacter pylori in faeces

D. Serum elastase evaluation

E. Urease test

9. MC Specify what include the pathogenic treatment of ulcer disease in children:

A. Inhibitors of prostaglandin production

B. Non-steroid antiinflammatory

C. Neutralization of acid gastric secretion

D. Gastric mucosa protection

E. Gastric secretion inhibition

10. MC Select which of the followings represents anti-secretory drugs used in the ulcer disease treatment in children:

A. Antagonists of H2 histaminic receptors

B. Selective Anticholinergics

C. Antagonists of H1 histaminic receptors

D. Synthetic analogs of prostaglandins

E. Inhibitors of proton pomp

11. MC Select morphological variants of chronic gastritis in children:

A. Superficial

B. Atrophic

C. Dysplastic

D. Hyperplastic

E. Metaplastic

**12.** MC Acid gastric secretion is stimulated by followings, except:

A. Coffee, tea

B. Wine, beer

C. Oral Calcium intake

D. Lipids

E. Hyperglycemia

13. MC Mark gastric functions:

A. Secretory

B. Concentration

C. Motoric

D. Filtration

E. Immune

14. MC Specify drugs with anti-helicobacter action in children:

A. Famotidine

B. Almagel

C. Bismuth drugs

D. Amoxicillin

E. Clarithromycin

15. MC Specify the characteristic of Helicobacter pylori:

A. It is a gram-positive bacillus

B. It is a gram-negative bacillus

C. Is has flagella

D. It has a spiraled form

E. It has ovoid form

16. MC Determine clinical signs established by esophagogastroduodenoscopy:

1. Ulcer localization
2. Ulcer extension
3. Ulcer complication
4. Treatment response
5. Next recidive

17. MC Select indirect radiological findings of gastric or duodenal ulcer in children:

1. Ulcerous niche
2. Clover-shaped bulb
3. Gastric atony
4. Pyloric asymmetry / pyloric spasm
5. Increased bulb transit

18. MC Name which are antibiotics used in treatment schema of ulcer disease in children:

1. Amoxicillin
2. Omeprazole
3. Metronidazole
4. Tetracycline
5. Clarithromycin

19. MC Select drugs which are components of triple standard therapy (1st line) used in ulcer disease treatment in children:

1. Omeprazole
2. Amoxicillin
3. Clarithromycin
4. Tetracycline
5. Levofloxacin

20. MC The mother of a child treated by standard anti-ulcerous therapy (amoxicillin, clarithromycin, lansoprazole) is worried because her son has 4 stools per day (usually he has had 1-2 stools). Which is the most probably cause and what recommendation will you give to the mother?

1. Suspend treatment
2. Amoxicillin therapy intolerance
3. Anti-diarrheic therapy
4. Adverse reaction to clarithromycin
5. Continue the treatment

21. MC Specify which are treatment components for ulcer disease caused by non-steroid anti-inflammatory drugs:

1. Protonic pomp inhibitors;
2. H2 blockers;
3. Prostaglandin
4. Amoxicillin
5. Clarithromycin

22. MC Select hospitalization criteria for children with ulcer disease:

1. Acute phase of ulcer disease
2. Primary ulcer;
3. Multiple ulcers;
4. Gigantic ulcer;
5. More than 3 acute phases per year.

23. MC Specify methods of treatment of ulcer disease in children:

1. Non-drug treatment
2. Surgical
3. Drug treatment
4. Biologic
5. Endoscopic

24. MC Name two pathologies which first of all need to be differentiated with chronic gastritis in children:

1. Chronic hepatitis
2. Acute pancreatitis
3. Functional disorders
4. Ulcer disease
5. Ulcerous colitis

25. MC Specify principles of treatment for chronic gastritis:

1. Antacid drugs
2. Helicobacter pylori eradication
3. Correction of motoric disorders
4. Amelioration of mucosal metabolic processes
5. Reepithelization of ulcerous defect

26. MC Specify three most common symptoms of ulcer disease:

1. Astheno-vegetative
2. Icteric
3. Dyspeptic
4. Pain syndrome
5. Edematous

27. MC Mark endoscopic evolution phases of the ulcer:

1. Acute pain
2. Epithelization
3. Healing
4. Relapse
5. Stenosis

28. MC Name risk factors of primary acute gastritis (exogenous):

1. Infection
2. Drugs
3. Chemical
4. Food allergy
5. Acute renal insufficiency

29. MC Name special forms of chronic gastritis:

1. Eosinophilic
2. Lymphocytic
3. Granulomatous
4. Atrophic
5. With Helicobacter pylori

30. MC Specify treatment components of acute gastritis:

1. To eliminate causative agents
2. Adequate rehydration
3. Miotropic spasmolytic agents
4. Antibiotics
5. Antacids

31. MC Determine positive findings at endoscopic examination in children with chronic gastritis with positive Helicobacter pylori:

1. Hyperemia
2. Edema
3. Hypertrophic gastric rugae
4. Circularly or ovoid lesion, which pass through muscular lamina
5. Duodenal bulb deformation

32. MC name methods of evaluation of incretory function in children:

1. Evaluate serum pepsinogen level
2. Evaluate urinary pepsinogen level
3. Endoscopic exam
4. Urease test
5. Barium radiological exam

33. MC Specify the classification of diagnostic methods of Helicobacter pylori:

1. Invasive
2. Direct
3. Indirect
4. Non-invasive
5. Probable

34. MC Specify methods which can correct motoric disorders in chronic gastritis in children:

1. Spasmolytic
2. Prokinetic
3. Anti-diarrheic
4. Anti-flatulent
5. Protonic pomp inhibitors

35. MC Specify which of following signs are used for clinic interpretation of ulcer disease:

1. Complex etiology affection
2. It is connected to local gastroduodenal hemostasis disorders
3. The ulceration represents a common lesion
4. Determine by hydrochloric auto-digestion of gastric or duodenal mucosa in situs of minimal resistance.
5. Doesn’t cross submucosal level of the stomach.

36. MC Specify the pathologies which need to be differentiated from upper digestive bleeding caused by gastric or duodenal ulcer in children:

1. Mallory-Weiss syndrome
2. Zollinger-Ellison syndrome
3. Hemorrhagic gastritis
4. Ulcerous colitis
5. Esophageal diverticulum

37. MC The treatment of gastric and duodenal ulcer need to be done in complex and individually by stages. Specify those stages:

1. Treatment of the acute stage of the disease;
2. Support treatment;
3. Prophylactic therapy
4. Balneary treatment;
5. Treatment of induction.

38. MC Specify dietary regimes (according Pevsner) used in case of gastro-duodenal pathology:

1. 1a
2. 1b
3. 2
4. 8
5. 10

39. MC Mark obligatory tests used in case of hospitalization of children with ulcer disease:

1. Esophagogastroduodenoscopy
2. Helicobacter pylori test
3. Ultrasonography of abdominal organs
4. Stomach radioscopy
5. Barium examination of stomach

40. MC Specify types of chronic gastritis according the localization:

1. Antral
2. Of stomach body
3. Pangastritis
4. Cardial
5. Bulbar

**Chronic gastritis. Ulcer disease in children**

**Simple choice tests**

1. E

2. D

3. A

4. A

5. В

6. D

7. С

8. E

9.В

10.A

11.D

12.E

13.C

14.A

15.E

16. A

17. A

18.A

19. D

20. A

**Multiple choice tests**

1. А, В, С, D;

2. A, B, E;

3. A, B;

4. А, С, E;

5. B, D, E;

6. A, B, E;

7. B, C, E;

8. A, C, E;

9. C, D, E;

10. A, B, E;

11. A,B,D

12. D,E

13. A,C

14. C,D,E

15. B,C,D

16. A, B, C,D

17. B, C, D, E

18. A, D, E

19. A B C

20. D E

21. A B C

22. C D E

23. A B C E

24. C D

25. A B C D

26. A C D

27. B, C, E

28. A B C D

29. A B C

30. A B C E

31. A B C

32. A B

33. A D

34. A B

35. A B C D

36. A B C

37. A B C D

38. A B C  
39. A B

40. A B C