

Chronic nutritional disorders in infants

Single Choice

1. SC What is not characteristic for clinical picture of acquired malnutrition by II degree?

- A. Decreased appetite
- B. Increased digestive tolerance
- C. Unstable stool
- D. Reduced tissular turgor
- E. Hypotonic musculature

2. SC What above-named factors don't constitute a qualitative alimentary mistake in acquired malnutrition?

- A. Insufficient rate of proteins
- B. Insufficient rate of glucides
- C. Insufficiency of lipids
- D. Total caloric insufficiency
- E. Increased number of breast feedings

3. SC The paraclinical picture of acquired malnutrition by II degree is characterized through the following changes, except:

- A. The gastric juice secretion and acidity decrease
- B. The basic metabolism decreases
- C. The mobility of phagocytes is reduced
- D. The secretory Ig A decreases
- E. The activity of disaccharidases increases

4. SC Causes of malnutrition in children are the following, except:

- A. Low calorie foods
- B. Giving insufficient food
- C. Deglutition disorders
- D. Insufficient intake quantitatively, determined by chronic vomiting
- E. Overused carbohydrates

5. SC The congenital malnutrition is a result of the following etiologic factors, except:

- A. Gestation pathologies in mother
- B. The toxic influence of different professional noxious factors on mother and fetus
- C. Over nutrition of mother during pregnancy
- D. Chronic diseases on mother
- E. Poor maternal nutrition during pregnancy

6. SC The acquired malnutrition can be a result of the following congenital malformations, except:

- A. Pylorostenosis
- B. Syndactilia
- C. Megacolon
- D. Atresia of biliary ducts
- E. Congenital heart diseases

7. SC The acquired malnutrition is a consequence of the following factors, except:

- A. Alimentary
- B. Recurrent respiratory infections
- C. Congenital heart diseases
- D. Mother's stress state because of the formula feed
- E. Hereditary enzymatic anomalies

8. SC The recurrent respiratory infections in malnutrition do not contribute to:

- A. Decreasing of appetite
- B. Gastrointestinal disorders
- C. Increasing of gastric juice quantity
- D. Decreasing of disaccharides activity
- E. Metabolic disorders

9. SC Select which of those listed is not a criterion for assessing the degree of malnutrition in infants:

- A. Gradual disappearance of subcutaneous adipose tissue
- B. Ponderal index
- C. Etiologic factor
- D. Nutritional index
- E. Clinical picture

10. SC The alimentary volume for 24 hours in I degree malnutrition constitutes:

- A. 1/4 from real meal
- B. 1/5 from real meal
- C. 1/6 from real meal
- D. 1/7 from real meal
- E. 1/8 from real meal

11. SC The following quantity of proteins is necessary to 1 kg of real body mass in the stage of minimal alimentation in the case of malnutrition :

- A. 0,3 - 0,5 g / kg
- B. 0,5 - 0,7 g/kg
- C. 0,7 - 1,5 g/ kg
- D. 2,5 - 3,0 g /kg
- E. 3,0- 3,5 g/kg

12. SC The following quantity of lipids is necessary to 1 kg of real body mass at the beginning of II stage of diet therapy in the case of malnutrition:

- A. 4,0 - 4,5 g / kg
- B. 5,0- 5,5 g / kg
- C. 5,5-6,0 g / kg
- D. 6,0- 6,5 g / kg
- E. 2,5- 3,0 g / kg

13. SC The following quantity of glucides is necessary to 1 kg of real body mass at the beginning of II stage of diet therapy in the case of malnutrition:

- A. 10 - 11 g / kg
- B. 11 - 12 g / kg
- C. 12 - 13 g / kg
- D. 13 - 15 g / kg
- E. 16 - 17 g / kg

14. SC The following quantity of kilocalories is necessary to 1 kg of real body mass at the III stage of diet therapy in the case of malnutrition:

- A. 100 - 110 kcalories / kg
- B. 110 - 120 kcalories / kg
- C. 130 - 150 kcalories / kg
- D. 150 - 160 kcalories / kg
- E. 170 - 180 kcalories / kg

15. SC Select the main objective in the treatment of I degree of malnutrition in infant:

- A. Antibiotics use
- B. Acid-base and hydro-electrolytic rebalancing
- C. Eliminating diet mistakes
- D. Digestive and nutritional recovery
- E. Blood transfusion

16. SC Select the main criterion in second degree of acquired malnutrition:

- A. Decreases subcutaneous abdominal and chest fat
- B. Nutritional index equal to 0.95-1.1
- C. Weighted index equal to 0.76 to 0.61
- D. Reduced appetite
- E. Low digestive tolerance

17. SC Indicate the hallmark clinical sign in the third degree of malnutrition:

- A. The limbs and trunk low fat
- B. Nutritional index from 0.89 to 0.76
- C. Weighted index below 0.61
- D. A psychic and neuromotor normal development
- E. A normal digestive tolerance

18. SC Specify the hallmark clinical sign in the first degree of malnutrition:

- A. Deficit weight 20%
- B. Deficit weight 21-30%
- C. Nutritional index from 0.75 to 0.61
- D. Crashed digestive tolerance
- E. Hypotonia

19. SC Specify the criterion that does not mean the estimation of the malnutrition:

- A. Waist
- B. The medium perimeter arm
- C. The thorax perimeter
- D. Skin fold thickness
- E. Decrease serum lipids

20. SC Specify the first laboratory indication investigated in malnutrition:

- A. Blood count, hemoglobin, hematocrit
- B. The concentration of hydrogen in breathing
- C. Blood vitamins determination
- D. Abdominal ultrasound
- E. Abdominal X-ray

Multiple choices

1. MC The paraclinic data of the acquired malnutrition of II degree is characterized by:

- A. Decreasing of gastric juice secretion and acidity
- B. Decreasing of basal metabolism
- C. Decreasing of secretory Ig A
- D. Increasing of disaccharides activity
- E. Reducing of phagocytes mobility

2. MC The qualitative alimentary mistakes as etiologic factors of acquired malnutrition are the following:

- A. Insufficient rate of glucides
- B. Insufficient rate of proteins
- C. Insufficiency of lipids

- D. Increased number of meals
- E. Using especially the vegetal proteins

3. MC What refer to quantitative alimentary mistakes as etiologic factors of acquired malnutrition?

- A. Decreased appetite
- B. Insufficient quantitative intake determined by chronic vomiting
- C. Hypogalactia in mother
- D. Formula feeding
- E. Deglutition and sucking disorders

4. MC The assessing criteria of the degree of the infant malnutrition are:

- A. Determining the weight curve
- B. Assessment of the body fat
- C. Thickness of the tricipital fold
- D. Index nutrition
- E. The trophicity and muscle tone

5. MC The acquired malnutrition can be provoked by the following etiologic factors:

- A. Hypocaloric alimentation
- B. Recurrent infections and intestinal parasitosis
- C. Congenital malformations of the digestive tract
- D. Vaccinoprophylaxis
- E. Hereditary enzymopathies

6. MC The acquired malnutrition, conformable to WHO (Gomez classification), is classified depending on the severity of the degree in:

- A Suspected malnutrition
- B. Protein-calorie malnutrition
- C. Protein malnutrition
- D. Easy malnutrition
- E. Severe malnutrition

7. MC The chronic disorders of nutritional state in suckling babies include the following:

- A. Weight curve retention
- B. Hypostature
- C. Paratrophy
- D. Eutrophy
- E. Mucocutaneous jaundice

8. MC What are the adaptative modifications producing in the body in III degree of malnutrition?

- A. The insufficiency of the mechanisms of neuroendocrine regulating
- B. Low energy reserves
- C. The mobilization of the free fatty acids to the liver
- D. A low capacity of the antiinfectious adaptation
- E. The excessive increase of the stature

9. MC The malnutrition by III degree is characterized by:

- A. The deficiency of body mass more than 30%
- B. Ponderal index less than 0,61
- C. Nutritional index less than 0,71
- D. Growing retardation
- E. The subcutaneous adipose tissue disappears on the abdomen

10. MC The clinical picture of the acquired malnutrition of III degree is characterized by:

- A. Decreased appetite till anorexia
- B. Decreased digestive tolerance
- C. Constipation
- D. Pale - pink color of teguments
- E. The turgor and tissular elasticity are not changed

11. MC What includes the anamnesis of the malnutrition?

- A. Establishing of infectious antecedents in mother and child
- B. How was the pregnancy
- C. Mother 's alimentation before and during the pregnancy
- D. Baby weight at birth
- E. The anamnesis data doesn't have value in the diagnosis of the malnutrition

12. MC For determining the correct diet in the malnutrition treatment, at the stage of the exploring the digestive tolerance is necessary to appreciate:

- A. Quantity of food for 24 hours
- B. Number of meals
- C. Basic food
- D. Quantity of liquid necessary for food deficiency substitution
- E. The weaning food (complement) introduced at the moment

13. MC What includes the treatment of the malnutrition?

- A. Finding and removing the malnutrition's causes
- B. Diet therapy
- C. Ferment therapy
- D. Vitamin therapy
- E. Antibiotic therapy

14. MC What includes the prophylaxis of the malnutrition?

- A. The active medical supervision of the suckling babies
- B. The maintenance of the breast feeding
- C. Detection and removing the feeding mistakes
- D. Adequate diversification
- E. The pharmaceutical treatment of the malnutrition

15. MC The congenital malnutrition is consequence of the following etiologic factors:

- A. Gestation pathology in mother
- B. The toxic influence of different noxious professional factors on mother
- C. Deficient alimentation of mother during pregnancy
- D. Chronic diseases in mother
- E. Overfeeding of mother during pregnancy

16. MC What are the necessities in proteins, lipids, glucides and kilocalories at the III stage of dietotherapy in the case of malnutrition ?

- A. Proteins 4,0 g / kg
- B. Lipids 3-4-5 g / kg
- C. Glucides 10-15 g / kg
- D. Caloric value 100 kcal / kg / day
- E. Caloric value 150 - 200 kcal / kg / day

17. MC What criteria are used for malnutrition degree appreciation?

- A. Etiologic factor
- B. Gradual disappearance of subcutaneous adipose tissue

- C. Ponderal index
- D. Nutritional index
- E. Clinical picture

18. MC What is characteristic for II degree of acquired malnutrition?

- A. Decreased turgor
- B. Increased digestive tolerance
- C. Decreased appetite
- D. Unsteady stool
- E. Muscular hypotony

19. MC The acquired malnutrition is the consequence of the following etiologic factors:

- A. Myopia
- B. Wrong care
- C. Recurrent infections
- D. Food factors
- E. Hypoproteic food

20. MC Specify which laboratory parameters is essentials in case of malnutrition:

- A. Blood count
- B. Determination of HBsAg
- C. Determination of vitamin B12 in blood
- D. Coprograma
- E. Determination of the blood sterility

21. MC Select adaptive changes that occur in the body of the child with malnutrition:

- A. Low level of serum insulin secretion
- B. Inhibition of the thyroid and somatomedin-C hormone
- C. Deficiency of the iron absorption
- D. Increase in serum levels of cortisol
- E. Excitement of the central nervous system

22. MC Select the socioeconomic factors that induce chronic nutritional disorders in infants:

- A. Low family income
- B. Adequate diversification of nutrition by age
- C. Wrong child care
- D. Mother's bad habits (alcoholism, smoking)
- E. Inadequate health education in family

23. MC Specify the pathogenic mechanisms of acquired malnutrition:

- A. Reduction of the secretion of urea
- B. Global, protein and caloric deficiency affecting the energy reserves from fat
- C. The gluconeogenesis and glucose deriving of amino-acids disturbance
- D. The decreasing of digestive tolerance
- E. Maintained mechanisms of neuro-endocrine system

24. MC Select the liver changes in severe malnutrition:

- A. Hypoalbuminemia
- B. Fatty liver infiltration
- C. Urinary wastage of K, P, Zn, Mg
- D. Low synthesis of lipoprotein
- E. Peripheral hypoproteic edema

25. MC Nutritional anaemia in malnutrition is conditioned by the following disorders:

- A. Deficient iron absorption

- B. Insufficient hemoglobin synthesis
- C. Decreased medullary iron deposits
- D. Recurrent infections
- E. Impaired lipid metabolism

26. MC Select adaptive mechanisms of endocrine changes in malnutrition:

- A. The using of the endogenous energy
- B. The maintenance of the vital functions
- C. The inhibition of the inessential endogenous energy consumption
- D. The decrease of the metabolic processes
- E. Normal secretory IgA immunity

27. MC Select the evolutionary phases of the malnutrition:

- A. The debut
- B. The progression
- C. The stabilization
- D. The convalescence
- E. The exacerbations

28. MC Specify the exogenous factors of the malnutrition:

- A. Alimentary
- B. Infectious
- C. Toxic
- D. Endocrine disorders
- E. Enzymopathy

29. MC Protein malnutrition (Kwashiorkor) is characterized by:

- A. Imbalance of nitrogen balance
- B. Selective deficiency of protein
- C. Stagnation of weight curve after weaning
- D. Dystrophy edematous
- E. Normal weight curve

30. MC Select the particular forms of the malnutrition:

- A. Marasmus
- B. Flour products dystrophy
- C. War dystrophy
- D. Malnutrition resulted in exudative enteropathy
- E. Stagnation of weight as a result of lactose intolerance

31. MC Anthropometric assessment criteria in malnutrition include the determination of:

- A. Weight
- B. Height
- C. Medium arm perimeter
- D. Chest perimeter
- E. Abdominal perimeter

32. MC Select the biological evaluation of the malnutrition:

- A. Hyperamylasemia
- B. Carential anaemia
- C. Reduction of proteins, lipids, blood glucose
- D. Rickets
- E. Immunodeficiency

33. MC Select the instrumental diagnostic methods to confirm the second degree of malnutrition:

- A. Barium examination or on the empty abdomen
- B. Gastroscopy
- C. Mucosal jejuna biopsy
- D. Abdominal tomography
- E. Determination of radiological bone age

34. MC With which diseases will be done the differential diagnosis in malnutrition?:

- A. Intestinal lymphangiectasia
- B. Congenital chromosomal abnormalities
- C. Congenital galactosemia
- D. Celiac disease
- E. Chronic gastroduodenitis

35. MC Select the factors that determine the severity of the malnutrition:

- A. Gender of the patient
- B. Age at which debuted malnutrition
- C. The degree of malnutrition
- D. The presence of the associated chronic diseases
- E. Iron-deficiency anemia III degree

36. MC Select the factors that contribute to child growth secondary disorders:

- A. Pituitary dwarfism
- B. Chronic respiratory insufficiency
- C. Copper metabolism disorders
- D. Cystic fibrosis
- E. Hypomotoric biliary dyskinesia

37. MC Select the principles of the treatment in infant malnutrition:

- A. Hygienic-dietary therapy
- B. Rebalancing electrolyte
- C. Balancing metabolic acidosis
- D. Antibiotic therapy
- E. Extracorporeal detoxification

38. MC Indicate the main goals of the therapy in malnutrition:

- A. Recovery digestive tolerance
- B. The individualization of the treatment according to the etiology of the malnutrition
- C. Electrolyte and mineral rebalancing
- D. Staged diet treatment according to the evolutionary stage of the malnutrition
- E. Antibiotic therapy

39. MC Indicate the dietary formulas recommended in malnutrition:

- A. Milk delactosed and partly delactosed
- B. A mixture lactate adapted
- C. Milk integrity
- D. Milk for premature and low birth weight babies
- E. Protein hydrolysates

40. MC Specify the laboratory methods and tools necessary to confirm the diagnosis of the malnutrition:

- A. Serum amylase and lipase
- B. Determination in urine levels calcium, phosphorus
- C. Abdominal ultrasound

- D. Histological examination of the intestinal mucosa
- E. Skull tomography

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Correct answers

Simple complement

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

Multiple complement

1. ACDE
2. ABCE
3. ABCE
4. ABCD
5. ABCE
6. BC
7. ABCD
8. ABCD
9. ABCD
10. ABCD
11. ABCD
12. ABCD
13. ABCD
14. ABCD
15. ABCD
16. ABCE
17. ABCE
18. ACDE
19. BCDE
20. BCDE
21. ABCD
22. ACDE
23. ABCD
24. ABDE
25. ABC
26. ABCD

27. ABCD
28. ABC
29. ABCD
30. BCDE
31. ABCD
32. BCDE
33. ABCE
34. ABCD
35. BCDE
36. ABCD
37. ABC
38. ABCD
39. ADE
40. ABCD