Systemic Lupus erythematosus in children.

CS

1. What is not typical for arthritis in Systemic Lupus Erythematosus:
   a. Oligoarthritis
   b. Polyarthritis
   c. Erosive arthritis
   d. Asymmetrical arthritis
   e. Large joints arthritis
2. Which is the number of criteria for diagnosis of Systemic Lupus erythematosus:
   a. 2
   b. 4
   c. 11
   d. 5
   e. 1
3. Which is the drug used in Puls–therapy of Systemic Lupus Erythematosus:
   a. Methotrexate
   b. Methylprednisolone
   c. Meloxicam
   d. Hydroxychloroquine
   e. Mofetil Meclofenamate

4. Which is the main pathogenic mechanism in Systemic Lupus:
   a. Autoimmune
   b. Infectious–allergic
   c. Poly etiologic
   d. Monophasic
   e. Infectious
5. Which is the gender ratio in Systemic Lupus:
   a. F:M=8:1
   b. F:M=1:3
   c. F:M=1:1
   d. F:M=2:1
   e. F:M=1:8
6. Which is the average onset age in Systemic Lupus:
   a. 1-5 yr.
   b. 2-4 yr.
   c. 1-3 mo.
   d. 3-7 yr.
   e. 10-15 yr.
7. Which is the skin classical manifestation in Systemic Lupus:
   a. Livedo reticularis
   b. Raynaud's syndrome
   c. Telangiectasia
   d. Malar „butterfly" rash
   e. Alopecia
8. Which manifestation is not attributed to ACR Criteria for diagnosis of Systemic Lupus:
   a. Serosity
   b. Neurological manifestation
   c. Oral non-painful ulcerations
   d. Raynaud's Syndrome
   e. Antinuclear antibodies

Multiple Complement.

1. Which drugs may exacerbate Systemic Lupus:

a. Methyldopa
b. Procainamide
c. Diclofenac
d. Chlorpromazine
e. Vitamin E

2. Which are the frequent bone and joint manifestations in Systemic Lupus:

a. Jaccound arthropathy
b. Non erosive arthritis
c. Erosive arthritis
d. Small joint arthritis of hands
e. Osteoporosis

3. Which are the acute skin manifestations in Systemic Lupus:

a. Malar „butterfly" rash
b. Photosensitivity
c. Discoid-Lupus Rush
d. Erythematous and bullae lesions
e. Telangiectasia

4. Which are the chronic skin lesions in Systemic Lupus:

a. Hyperkeratosis
b. Photosensitivity
c. Atrophy of the epidermis
d. Telangiectasia
e. Macular lesions

5. Which are the vascular signs in Systemic Lupus:

a. Livedo reticularis
b. Panniculitis
c. Alopecia
d. Eyelid rush
e. Ulcerations of the edges of fingers

6. Which are more frequent manifestations of polyserositis in Systemic Lupus:

a. Peritonitis in 5-10%
b. Pleuritis
c. Pericarditis
d. Pleuritis and pericarditis
e. Haemopericarditis

7. Which are morphologic classes of nephritis in Systemic Lupus according to WHO classifications:

a. Mesangial minimal nephritis
b. Focal Lupus nephritis
c. Glomerular sclerosis
d. Membranous-proliferative nephritis
e. Mezangial proliferative nephritis

8. Which are cardiovascular manifestations in Systemic Lupus:

a. Arrhythmias
b. Pericarditis
c. Libman–Sacks verrucous endocarditis
d. Bacterial endocarditis
e. Arterial hypertension

9. Which are pulmonary manifestations in Systemic Lupus:

a. Lupus pneumonitis
b. Pleuritis
c. Pulmonary hypertension
d. Pulmonary Infarcts
e. Pulmonary embolism

10. Which are Central Nervous system manifestation in Systemic Lupus:

a. Peripheral Neuropathy
b. Psychosis
c. Meningoencephalitis
d. Febrile seizures
e. Cranial nerve involvement

11. Specify immunologic abnormalities in Systemic Lupus:

a. Antinuclear antibodies
b. Anti–double-stranded DNA antibodies
c. Anticentromer antibodies
d. Anticardiolipin antibody
e. Anti-Phospholipid Antibody

12. Which are specific hematologic manifestation in Systemic Lupus Erythematosus:

a. Anemia
b. Leukocytosis
c. Leukopenia and lymphopenia
d. Thrombocytosis
e. Thrombocytopenia

13. Specify the drugs used in treatment of Systemic Lupus:

a. Non-steroid anti-inflammatory drugs
b. Steroids
c. Immunosuppressors
d. Biologic drugs (inhibitors of Tumor Necrosis Factor-a)
e. Antibacterial drugs

14. Specify non-medicamentous treatment in Systemic Lupus:

a. Hypolipidic diet
b. SPF 30–50 protective creams
c. Food rich in Calcium and vitamin D
d. Coffee, strong tea
e. Avoiding psycho-emotional stress

15. Specify unfavorable factors for evolution of Systemic Lupus:

a. Thrombocytopenia
b. Arterial Hypertension
c. Onset before the age of 20 years
d. High activity of disease
e. Antinuclear antibodies

Answers: (Systemic Lupus Erythematosus):

CS

1. c
2. b
3. b
4. a
5. a
6. e
7. d
8. d

CM

1. abd
2. abde
3. abd
4. ac
5. abde
6. abcd
7. abce
8. abc
9. abce
10. abe
11. abde
12. ace
13. abcd
14. abce
15. bcd

Systemic Scleroderma in children (SS).

Simple Complement.

1. Which is the major criterion for diagnosis of Systemic Scleroderma:
   a. Bibasilar pulmonary fibrosis
   b. Sclerodermic lesion of the skin proximal to the metacarpophalangeal or metatarsophalangeal joints:
   c. Fever
   d. Digital ulceration
   e. Weight loss

2. Which is the number of minor criteria necessary for diagnostic of Systemic Scleroderma:
   a. 2
   b. 3
   c. 1
   d. None
   e. 4

3. Which is the nonspecific immunological investigation in Systemic Scleroderma:
   a. Elevated level of immunoglobulins
   b. High level of cryoglobulins
   c. Presence of immune circulating complexes
   d. Antinuclear antibodies, Tropoisomerase-1 Scl 70, Anticentromeric antibodies
   e. Decrease of immunoglobulins and cryoglobulins

4. Which is the most frequent sign in onset of the Systemic Scleroderma:
   a. Pigmentation abnormalities
   b. Skin edema
   c. Mask-like face
   d. Raynaud phenomena
   e. Skin ulceration

Multiple Complement

1. Which are the clinical forms of Systemic Scleroderma according to Leroy:
   a. Diffuse skin Systemic Scleroderma
   b. Limited Systemic Scleroderma
   c. Skin limited Systemic Scleroderma
   d. Visceral Systemic Scleroderma
   e. Systemic Scleroderma „sine scleroderma”

2. Enumerate minor criteria for diagnostic of Systemic Scleroderma:
   a. Sclerodactyly
   b. Bibasilar pulmonary fibrosis
   c. Tendon-synovia affection
   d. Digital ulceration and/or scars on distal phalange
   e. Fever

3. Specify anti-fibrosis agents used in treatment of Systemic Scleroderma:
   a. D-penicillamine
   b. Methotrexate
   c. Madecasol
   d. Cyclophosphamide
   e. Enzymes (Hyaluronidase, Ronidase)

4. Enumerate immunosuppressive agents used in treatment of Systemic Scleroderma:
   a. Glicocorticosteroids

b. Plaquenil
c. D-penicillamine
d. Madecasol
e. Cyclophosphamide

5. Specify capillary microscopy alterations in Systemic Scleroderma:
a. Reduced number of capillary loops
b. Dilated capillary loops
c. Distortions of capillary loops
d. Narrowing of capillary loops
e. Hemorrhage

6. Specify the classification criteria of Systemic Scleroderma:
a. Evolution
b. Degree of activity
c. Clinical phase
d. Age
e. Gender

7. Specify the general manifestations of Systemic Scleroderma in children:
a. Fever
b. Polyneuritis
c. Fatigue
d. Weight loss
e. Sclerodactyly

8. Enumerate diagnostic criteria for CREST syndrome in Systemic Scleroderma in children:
a. Calcinosis
b. Raynaud phenomenon
c. Excitability
d. Sclerodactyly
e. Diastolic hypertension

Answer: Systemic Scleroderma (SS):

CS	CM	CM
1. b	1. abce	5. abce
2. a	2. abd	6. abc
3. e	3. ace	7. acd
4. d	4. abe	8. abd

Juvenile Dermatomyositis (JDM)

Simple Complement

1. Specify the age of onset of Juvenile Dermatomiositis:
   a. 5-10 yr
   b. 10-15 yr
   c. 1-5 yr
   d. 7-10 yr
   e. Neonatal period

2. Which is the specific muscular affection in Juvenile Dermatomyositis:
   a. Asymmetrical muscular affection
   b. Affection of distal muscular segments of extremities
   c. Affection of eye-bulb muscles
   d. Symmetrical muscular affection
   e. Muscular weakness

3. Which is the specific skin manifestation in Juvenile Dermatomyositis:
   a. „V-shape" rush over the neck
   b. Digital ulceration
   c. Malar rush
   d. Macular rush or macula papuloase
   e. Sclerodactyly

4. Which enzyme is not elevated in Juvenile Dermatomyositis:
   a. Aldolase
   b. Creatinphosphokinase
   c. Lactic dehydrogenase
   d. Catalase
   e. Glutamoxalacetic transaminase

5. Determine the group of muscles affected in Juvenile Dermatomyositis:
   a. Skeletal muscles
   b. Heart muscle
   c. Smooth muscles
   d. Skeletal and smooth muscles
   e. Smooth and heart muscles

6. Specify the non-typical joint manifestation in Juvenile Dermatomyositis:
   a. Arthralgia
   b. Non-erosive arthritis
   c. Acute arthritis
   d. Deforming arthritis
   e. Flyering arthritis

7. Determine the group of affected muscles with unfavorable prognosis in Juvenile Dermatomyositis:
   a. Hip muscles
   b. Scapular muscles
   c. Intercostal muscles
   d. Pharyngeal and esophageal muscles
   e. Joints affection

8. Note the more effective drug in treatment of Juvenile Dermatomyositis:
   a. Hydroxychloroquine
   b. Methotrexate

c. Azathioprine
d. Prednisolone
e. Indomethacin

Multiple Complement.

1. Specify typical muscular manifestations in Juvenile Dermatomyositis:
a. Muscular weakness
b. Muscular swelling
c. Muscular atrophy and contracture
d. Affection of eye-bulb muscles
e. Affection of neck flexor muscles

2. Specify the typical joint affection in Juvenile Dermatomyositis:
a. Arthralgia
b. Erosive arthritis
c. Not erosive arthritis
d. Joint swelling
e. Joint contractures

3. Specify the typical pulmonary manifestation in Juvenile Dermatomyosites:
a. Intercostal muscular affection
b. Affection of diaphragm
c. Pulmonary fibrosis
d. Aspiration pneumonia
e. Pneumothorax

4. Specify the typical skin manifestation in Juvenile Dermatomyositis:
a. Heliotrope rash
b. Telangiectasia
c. Gottron papules
d. Malar rash
e. „V-shape" rash over the neck

5. Specify the electromyography changes in Juvenile Dermatomyositis:
a. Spontaneous fibrillation in rest
b. Bizarre pseudomyotonic discharge
c. Polyphazic potential
d. Bizarre low frequency discharge
e. Monophazic potential

6. Specify the diseases for differential diagnosis of Juvenile Dermatomyositis:
a. Rabdomyolisis
b. Neuromuscular diseases
c. Rheumatic fever
d. Metabolic myopathy
e. Drug induces myopathy

7. Specify the enzymes elevated in Juvenile Dermatomyositis:
a. Lactatdehydrogenase
b. Creatinekinase
c. Alaninaminotransferase
d. Aldolase
e. Catalase

8. Specify the typical histologic findings in Juvenile Dermatomyositis:
a. Epidermic atrophy
b. Lymphocytic infiltrates
c. Hemorrhage
d. Dermal vessels dilatation
e. Narrowing of capillary loop

9. Specify the typical histologic findings in muscular biopsy in acute phase of Juvenile Dermatomyositis:
a. Muscular fiber necrosis tip 1 or 2
b. Peri-fascicular atrophy
c. Muscular calcification
d. Vessels degeneration
e. Inflammatory infiltrates

10. Specify the typical histologic findings in muscular biopsy in late phase of Juvenile Dermatomyositis:
a. Muscular calcification
b. Endomysial fibrosis
c. Inflammatory infiltration
d. Perifascicular atrophy
e. Miofibrillar necrosis

11. Specify diagnostic criteria in Juvenile Dermatomyositis:
a. Skin manifestation
b. Electromiography findings
c. Elevated level of serum muscular enzymes
d. Asymmetric muscular weakness
e. Myalgia with normal muscular force

12. Which auto-antibody are specific for Juvenile Dermatomyositis:
a. Antinuclear antibody
b. Anti-aminoacyl-t-ARN-synthetase
c. Rheumatoid factor
d. Antibody anti-SRP
e. Antibody anti-PM-Scl

13. Specify the drugs used in treatment of Juvenile Dermatomyositis:
a. Glucocorticoids
b. Immunosuppressive agents
c. Vasodilators
d. Antimalaric drugs
e. Blood rheology improving drugs

14. Specify the tests used for diagnosis of Juvenile Dermatomyositis:
   a. Muscular biopsy
   b. Immunologic data
   c. Electromyography
   d. Elevated level of serum muscular enzymes
   e. Decreased level of muscular enzymes

15. Note the gastrointestinal manifestation in Juvenile Dermatomyositis:
   a. Dysphagia
   b. Dysphonia
   c. Diarrhea
   d. Burning sensation
   e. Abdominal meteorism

16. Specify general clinical manifestation of Juvenile Dermatomyositis:
    a. Fever
    b. Raynaud phenomenon
    c. Muscular weakness
    d. Heliotrope rash
    e. Loss of appetite

Answers: (Juvenile Dermatomyositis)

CS

1. b
2. d
3. a
4. d
5. a
6. d
7. c
8. d

CM

1. abce
2. acd
3. abcd
4. abce
5. abc
6. abde
7. abd
8. abd
9. ade
10. abd
11. abc
12. abd
13. abd
14. abcd
15. ab
16. ae

Juvenile Idiopathic Arthritis (JIA)

SIMPLE Complement.

1. Specify the number of affected joints in pauciarticular Juvenile Arthritis::
   a. 6
   b. >5
   c. >4
   d. 5
   e. ≤4

2. Specify the evolution course of Juvenile Idiopathic Arthritis:
   a. Persistent and extensive
   b. Insidious
   c. Progressive
   d. Regressive
   e. Monocyclic

3. Specify the number of affected joints in Polyarticular Juvenile Arthritis:
   a. ≥5
   b. 3-4
   c. <4
   d. 4-5
   e. 2

4. Specify the marker for seropositive Polyarticular Idiopathic Arthritis:
   a. Elevated level of serum C –reactive protein
   b. High level of antistreptolisine-O
   c. High titers of rheumatoid factor
   d. Acceleration of hematic sedimentation rate
   e. High titer of serum immune complexes

5. Specify the variants of polyarticular Idiopathic Juvenile Arthritis:
   a. With positive rheumatoid factor and negative rheumatoid factor
   b. With positive antistreptolisine-O and negative rheumatoid factor
   c. With positive rheumatoid factor and negative antistreptolisine-O
   d. With negative antistreptolisine-O and positive antistreptolisine-O
   e. With increased level of serum immune complexes and decreased level of serum immune complexes

6. Specify the clinical form of Juvenile Arthritis with frequent manifestation of uveitis:
   a. Systemic onset
   b. Polyarthritis
   c. Pauciarticular arthritis
   d. Arthritis with enthesitis
   e. Psoriatic arthritis

7. Specify radiologic stages according to Steinbrocker in Idiopathic Juvenile Arthritis:
   a. 3
   b. 4
   c. 2
   d. 5
   e. 6

8. Specify in which radiologic stage according to Steinbrocker appear bone erosion in Idiopathic Arthritis:
   a. 1
   b. 2
   c. 3

d. 4
e. 3-4

9 Specify the functional class according to Steinbrocker in a child with Juvenile Arthritis sitting in carriage:
a. 1
b. 2
c. 3
d. 4
e. 5

10 Specify the functional class of Juvenile Arthritis according to Steinbrocker in children with painful limitation of motion:
a. 1
b. 2
c. 3
d. 4
e. 5

11. Specify the clinical form of Juvenile Arthritis with affected sacroiliac joints:
a. Systemic
b. Arthritis & enthesitis
c. Polyarticular form
d. Paucilarticular
e. Psoriasic arthritis

12. Specify activity degrees of Juvenile Arthritis:
a. 2
b. 3
c. 4
d. 5
e. 6

Multiple Complement

1. Specify evolution variants of Idiopathic Juvenile Arthritis:
a. Systemic
b. Polyarticular
c. Pauciarticular
d. Psoriasic arthritis
e. Reactive arthritis

2. Specify the classification criteria for diagnostic of Idiopathic Juvenile Arthritis:
a. Duration of the disease > 6 wk
b. Onset of disease at the age < 16 year
c. Persistent arthritis
d. Nonerosive arthritis
e. Arthritis without complication

3. Specify risk factors in onset of Idiopathic Juvenile Arthritis:
a. Frequent joint trauma
b. Frequent infections
c. Food allergy
d. Non exposure to sunlight
e. Sedentary lifestyle

4. Specify the symptoms of systemic Idiopathic Juvenile Arthritis:

a. Persistent fever
b. Persistent arthritis
c. Generalized lymphadenopathy
d. Headache
e. Nausea

5. Specify peculiarities of fever in Systemic Juvenile Arthritis:

a. Long-lasting fever
b. Subfebrility
c. Daily fever
d. Fever more than 14 days
e. Fever more than 7 days

6. Specify peculiarities of rash in Systemic Juvenile Arthritis:

a. Erythematous rash
b. Bullous rash
c .Migratory rash
d. Intensification of rash on height fever
e. Rash on the scalp

7. Specify criteria for hospitalization of patients with systemic Juvenile Arthritis:

a. Primary consult with clinical manifestation of systemic Juvenile Arthritis.
b. Repeated consult with worsen clinical manifestation of disease
c. Presence of complicated systemic Juvenile Arthritis.
d. Important comorbidities
e. Drug induces remission of systemic Juvenile Arthritis

8. Specify the complication of systemic Idiopathic Juvenile Arthritis:

a. Syndrome of macrophage activity
b. Kidney amyloidosis
c. Joint trauma
d. Heart failure
e. Physical retardation

9. Specify the drugs used for treatment of systemic Juvenile Arthritis:

a. NSAIDs
b. Glucocorticoids
c. Basic treatment
d. Physical therapy
e. Vitamino-therapy

10. Specify the drugs used for treatment of Systemic Juvenile Arthritis in remission:

a. Methotrexate
b. Meloxicam
c. Etanercept
d. Tocilizumab
e. Penicillin

11. Specify ocular complication in Juvenile Arthritis:

a. Anterior uveitis
b. Cataract
c. Coloboma
d. Synechiae
e. Chronic conjunctivitis

12.Specify diagnostic criteria of pauciarticular Juvenile Arthritis:

b. Persistent arthritis in 4 or less joints
c. Hepatosplenomegaly
d. Possible ophthalmic complication
e. Early physical retardation
f. Kidney amyloidosis

13. Specify the arthritis peculiarities in Idiopathic Juvenile Arthritis:

a. Persistent arthritis
b. Erosive Arthritis
c. Asymmetrical arthritis
d. Non-erosive arthritis
e. Symmetrical arthritis

14. Specify the peculiarities of seropositive polyarthritis in Juvenile Arthritis:

a. Severe evolution
b. Early joint contractures
c. Early bone erosion
d. Mild disease evolution
e. Early physical retardation

15. Specify typical radiologic signs in IIIrd functional degree of Juvenile Arthritis according to Steinbrocker:

a. Severe diffuse osteoporosis
b. Bones erosion
c. Mild periarticular swelling
d. Joint contractures
e. Enlargement of intra-articular space

16. Specify typical radiologic signs in IVth functional degree of Juvenile Arthritis according to Steinbrocker:

a. Good movement in joints
b. Joint contractures
c. Patient sitting in carriage
d. Difficulties in taking care of himself
e. Difficulties with walking

17. Specify typical manifestation of IIIrd degree of activity in Juvenile Arthritis :

a. Number of painful joints >6
b. The Index of disease activity DAS28 >5,1
c. ESR 3-4 time higher than normal
d. Level of C reactive-protein - 3-4 time higher than normal
e. The Index of disease activity DAS28 <2,6

18. Specify diagnostic criteria of psoriatic arthritis:

a. Arthritis + skin psoriasis in patient
b. Arthritis + skin psoriasis in Ist degree relatives
c. Anchylosing arthritis
d. Arthritis of 4 joints without skin psoriasis
e. Arthritis of 5 joints without skin psoriasis

19. Specify typical manifestation of arthritis with enthesitis:

a. Predominance in boys
b. Affected sacroiliac joints
c. Enthesopathy

d. Affected small hand joints
e. Equal gender affection

20. Specify in which clinical manifestations of Juvenile Arthritis is considered treatment with Methotrexate:
    a. Polyarticular seropositive
    b. Pauciarticular with ophthalmic complications
    c. Psoriadic
    d. Polyarticular seronegative
    e. Pauciarticular

21. Specify typical laboratory findings in Systemic Idiopathic Juvenile Arthritis:
    a. Leukocytosis
    b. Thrombocytopenia
    c. Accelerated ESR
    d. High level of C- reactive protein
    e. High level of serum immune complexes

22. Specify what is considered in clinical diagnostic of Idiopathic Juvenile Arthritis:
    a. Clinical form
    b. Degree of activity
    c. Functional classes according to Steinbrocker
    d. Radiologic signs according to Steinbrocker
    e. Age of patient ay onset of disease

Answers: Idiopathic Juvenile Arthritis (IJA)

Simple Complement

1. e
2. a
3. a
4. c
5. a
6. c
7. b
8. e
9. d
10. b
11. b
12. b

Multiple Complement

1. abcd
2. abc
3. ab
4. abc
5. acd
6. acd

7. abcd
8. abde
9. abc
10. acd
11. abde
12. ac
13. abe
14. abce
15. abd
16. bcd
17. abcd
18. ab
19. abc
20. abcd
21. acde
22. abcd