

Ulcerous-hemorrhagic rectocolitis and Crohn disease in children

Single choice

1. SC Specify decisive factor for ulcerous-hemorrhagic rectocolitis appearance in children:
 - A. Infectious factor
 - B. Psychological factor
 - C. Neuro-vegetative dysfunction
 - D. Hereditary predisposing
 - E. Food allergy

2. SC Specify pathogenic pathway in ulcerous-hemorrhagic rectocolitis, except:
 - A. Involvement of intestinal mucosal immune system
 - B. Lymphocitary cytotoxic effect
 - C. Autoimmune and non-specific lesion of the target cell
 - D. Pancreatic amylase action
 - E. Involvement of neuropeptide system

3. SC Protective factors of the large intestine mucosa are following, except:
 - A. Secretory IgA
 - B. Stimulating IgG
 - C. Alkaline pH of intestinal content
 - D. Macrophages migration
 - E. Local lymphoid system

4. SC Specify the topography of the large intestine where is located the inflammatory process in the mild form of the ulcerous-hemorrhagic rectocolitis in children:
 - A. Transvers
 - B. Sigmoid
 - C. Rectum
 - D. Sigmoid and transvers colon
 - E. Cecum

5. SC Characteristics of ulcerous-hemorrhagic rectocolitis are following, except:
 - A. Extension tendency from proximal area to whole large intestine
 - B. Mucosal congestion
 - C. There are possible inflammatory polyps or pseudopolyps
 - D. There are marked affected and non-affected areas of the intestinal mucosa
 - E. It is a tender, slowly bleeding mucosa

6. SC Specify the criteria by whom we can establish the final positive diagnostic of ulcerous-hemorrhagic rectocolitis in children:
 - A. Complete blood count disorders
 - B. Positive reactive protein C in serum
 - C. Presence of blood in stool
 - D. Endoscopic result
 - E. Panoramic abdominal radiography

7. SC Determine the pathology which has more common clinical and pathogenical signs with ulcerous-hemorrhagic rectocolitis in children:
 - A. Acute dysentery
 - B. Amibiasis and balantidiasis
 - C. Campylobacteriosis
 - D. Crohn disease
 - E. Bowenoid (Rectocolonic) papulose

8. SC Mark the characteristic of Crohn disease by comparison with ulcerous-hemorrhagic rectocolitis:
 - A. It is not associated with an increases risk of colon cancer
 - B. It is frequently manifested by diary hematochezia
 - C. It has a decreased risk for apparition of perianal fistulas
 - D. The intestinal involvement is more frequent segmentary than continuously
 - E. It is included the appearance of toxic megacolon

9. SC Specify which groups of drugs are more frequently used for the treatment of ulcerous-hemorrhagic rectocolitis:
- Antibiotics
 - Antraglycoside
 - Aminoglycoside
 - Aminosalicylates
 - Non-steroid antiinflammatory
10. SC Crohn disease and ulcerous-hemorrhagic rectocolitis are chronic inflammatory intestinal pathologies, which have a lot of common peculiarities. However there are essentials pathophysiological differences. Specify where is initiated the process in Crohn disease:
- Rectosigmoid area with proximal progression
 - Rectosigmoid area with proximal progression
 - Ascendant colon/terminal ileum area, with progression till transmural involvement
 - Ascendant colon/terminal ileum area, with progression till ileocecal area
 - Ascendant colon/terminal ileum area, with limited affection at the mucosal layer
11. SC A child 11 years old was diagnosed with Crohn disease. Select the specific manifestation for this disease:
- Existence of a palpable mass in the left hypogastric region
 - Follow if the stool is semi-consistent – liquid, with hemorrhagic elements
 - There are cramps in the left hypogastrium ameliorated by defecation act
 - Follow if there are liquid stools, frequent with mucus and blood
 - There are imperative defecations needs
12. SC According Montreal classification (2005) it is accepted medium severity of ulcerous-hemorrhagic rectocolitis in case of presence of stools more than:
- One stool/day
 - 2 stools/day
 - 3 stools/day
 - 4 stools/day
 - 5 stools/day
13. SC Mark the true statement regarding the epidemiology of Crohn disease:
- Boys are more frequent affected than girls
 - Prevalence is bigger in rural areas, by comparison with industrial ones
 - The second pick of incidence usually occurs at 40-50 years old
 - By comparison, it is more frequent in whites, north-Europeans, Hebrew, especially in Ashkenads and Sephards
 - It's not associated with rheumatic diseases
14. SC Select the most efficient drug for the treatment of fistulising Crohn disease:
- Mesalazine
 - Amoxicillin
 - Methotrexate
 - Loperamide
 - Infliximab
15. SC Specify main characteristics for ulcerous-hemorrhagic rectocolitis by comparison with Crohn disease:
- Fistulising
 - Extension of inflammation under intestinal mucosa by affecting the muscular layer
 - Dyscontinuous inflammation, appearance of paving-stone relief
 - Affection of any structure of digestive tract
 - Limited infection, usually at the colon or rectum
16. SC Select the local complication of Crohn disease:
- Anal fissure
 - Hemorrhoids
 - Fistulising
 - Perirectal abscess
 - Sclerosing cholangitis

17. SC Establish the main strategy for the ulcerous-hemorrhagic rectocolitis during first days of hospitalization:

- A. Promote self-serving ability of patient
- B. Maintaining adequate nutrition grade
- C. Management of diarrhea
- D. Management of pain syndrome
- E. Correction of malabsorption

18. SC Determine what risk to appear in case of presence and persistence of signs and symptoms for ulcerous-hemorrhagic rectocolitis more than one week:

- A. Cardiac insufficiency
- B. Deeply venous thrombosis
- C. Hypokalemia and hyponatremia
- D. Malabsorption
- E. Hypochloremia

19. SC For remission induction, Sulfasalazine was prescribed. Considering adverse reactions of this drug, select the adequate recommendation for this patient:

- A. A single diary dose administration
- B. Drug administration under fasting conditions, approximately 1 hour before meals
- C. Stop drug administration in case of orange color of the urine
- D. Drug administration with an adequate quantity of water (250 ml, risk of nephrolithiasis)
- E. There is no need for liquid supplement in case of Sulfasalazine use

20. SC Specify the vitamin indicated for maintaining therapy in case of drug-resistant Crohn disease:

- A. Vit. B5
- B. Vit .B6
- C. Vit. B7
- D. Vit. B8
- E. Vit. B9

Multiple choices

1. MC Mark immunopathological factors involved in the pathogenesis of ulcerous-hemorrhagic disease in children:
 - A. Decreased level of serum compliments
 - B. Increased levels of serum complements
 - C. Decreased interferon synthesis
 - D. Decreased fagocitary activity of leukocytes
 - E. Excess of the cytotoxic lymphocytes and antimucous antibodies of the large intestine

2. MC Select characteristic signs of inflammatory-destructive process in the ulcerous-hemorrhagic disease in children:
 - A. Onset of the disease with the localization at the rectum
 - B. Spread of the process in proximal direction
 - C. Can be affected only the rectum
 - D. It is affected only the mucosa of the small intestine
 - E. It can be pancolitis

3. MC Specify pathomorphological signs detected at the biopsy of the ulcerous-hemorrhagic rectocolitis:
 - A. Appearance of lymphoid granuloms
 - B. Cellular-lymphoid infiltration of mucosa and submucosa of the large intestine
 - C. Blood vessel dilatation, Inflammation of intestinal crypts
 - D. Development of crypt abscesses and area of epithelial necrosis
 - E. Diffuse fibrosis, transmural

4. MC Determine main characteristic symptoms of ulcerous-hemorrhagic rectocolitis in children:
 - A. Normal temperature
 - B. Subfebrility, weight loss (growth impairment)
 - C. Abdominal pain after defecation
 - D. Blood in the diarrheic stool
 - E. Asthenia, depressive state, emotional lability

5. MC Determine modification of complete blood count and biochemical analysis of blood in children with ulcerous-hemorrhagic rectocolitis:
 - A. Anemia, leukocytosis, increased ESR
 - B. Dysproteinemia
 - C. Hypoalbuminemia
 - D. Increased bilirubin
 - E. Increased reactive protein C

6. MC Specify local intestinal complications which can occur in ulcerous-hemorrhagic rectocolitis in children:
 - A. Intestinal bleeding
 - B. Toxic megacolon
 - C. Intestinal perforation
 - D. Anal fissure, paraproctitis
 - E. Gangrenous pyoderma, sepsis

7. MC Specify characteristics for Crohn disease:
 - A. Various areas of gastro-intestinal tract affection
 - B. Affected only of the large intestine
 - C. The cecum can be affected
 - D. Malabsorption syndrome can appear
 - E. It excludes arthritis, erythema nodosus, gangrenous pyoderma

7. MC Select endoscopic characteristic signs for Crohn disease:
 - A. The onset of the disease with mate intestinal mucosa, with erosions, purulent mucus
 - B. During acute period are possible fistulas, "paving-stone" sign
 - C. The intestinal lumen is normal on the whole tract
 - D. Can be developed pseudopolyps
 - E. During the amelioration phase can be intestinal stenosis

9. MC Mark histological signs of Crohn disease:
- Non-specific inflammation with cellular infiltration
 - The cellular infiltrate is formed by lymphocytes, plasmatic cells, histiocytes, eosinophils
 - The cellular infiltrate is formed by neutrophils, basophils
 - Are determines caseiphorm granulomas
 - The inflammatory process does not affect the intestinal submucosa
10. MC Select histological signs of ulcerous-hemorrhagic rectocolitis in children:
- Lymphoid infiltration and hyperplasia in the mucosa of the large intestine
 - Lymphoid hyperplasia affect all the intestinal layers
 - Can appear crypt abscesses
 - Absence of crypt abscesses
 - Pseudo-polyps are common
11. MC Specify principle of treatment of ulcerous-hemorrhagic rectocolitis in children:
- Increased caloric and protein intake
 - Administration of immunocorrection drugs
 - Use of antibiotics from penicillin group
 - Use of antiinflammatory drugs – 5-aminosalicilate derivates and corticosteroids
 - Anticoagulant use
12. MC Select drugs used for the immunosuppressive treatment in ulcerous-hemorrhagic rectocolitis in children:
- 6 - mercaptopurine
 - Azathioprine
 - Cyclosporine
 - γ -globulin for intramuscular use
 - Immudone
13. MC Specify local complications, which can be possible in children with Crohn disease:
- Perforation, bleeding
 - Dermatitis, arthritis
 - Fistula, stricture
 - Cholelithiasis, sclerosing cholangitis
 - Iritis, iridocyclitis
14. MC Mark peculiarities of the inflammatory process in Crohn disease:
- Affect the whole intestinal wall (mucosa, submucosa, muscular, serosa)
 - It is located only at the submucosa layer
 - Lymphocitary infiltrate
 - Neutrophilic infiltrate
 - Sarcoid granulomas can be detected
15. MC Determine factors which can influence clinical signs and the evolution of Crohn disease in children:
- The localization and the expansion of the inflammatory process of the digestive tract
 - Stage of disease
 - Age of the child
 - Gender of the child
 - Appearance of complications
16. MC Specify clinical situations which represent contraindications for the endoscopic exam in children with ulcerous-hemorrhagic rectocolitis:
- > 80 points according the Lloyd-Still and Green score used for IBD in children
 - Active colitis with severe evolution
 - Active colitis with mild evolution
 - Toxic megacolon
 - Tendency for bleeding and perforation
17. MC Select endoscopic findings of the large intestine in patients with ulcerous-hemorrhagic rectocolitis:
- Lesions are diffuse, symmetric, homogeny
 - Intestinal affection is continuous, not-affected areas
 - are not detected, exception – after topic therapy;

- D. There are no pathognomonic lesions in the endoscopic investigation of the ulcerous-hemorrhagic rectocolitis;
- E. Extension of lesions starts from the distal region of the rectum, with distal direction;
- F. Ulcers are secondary to the infection and are not mandatory for the diagnostic;

18. MC Select which information could be obtained by histologic exam used in patients with inflammatory bowel disease:

- A. Establish the diagnostic
- B. Evaluate the extension of the inflammatory process and the degree of severity
- C. Doesn't assure the monitoring of the treatment response
- D. To establish the presence of complications
- E. Doesn't elucidate the differential diagnosis between Crohn disease and ulcerous-hemorrhagic disease

19. MC Put in evidence barium abdominal X-ray findings in ulcerous colitis in children:

- A. Mucosa edema and thickening which determine an irregular aspect, finely granulated;
- B. Aphthoid ulceration (discrete collections of barium, surrounded by a radiolucent halo)
- C. Transmural inflammation and fibrosis;
- D. Long and tight stenosis at the ileum level which alternates with dilated areas: „twine sign”
- E. Profound ulcers, which penetrates the mucosa and extents to the submucosa by ulcerations in "Shirt button" sign

20. MC Select characteristics or main sings for emergent surgical treatment in patients with ulcerous-hemorrhagic rectocolitis:

- A. Intestinal perforation
- B. Persistent bleeding
- C. Toxic megacolon
- D. Altered psychic health and impaired style of life
- E. Fulminant form of disease

21. MC Mark hospitalization criteria used for children with ulcerous-hemorrhagic rectocolitis:

- A. S0 – according Montreal score
- B. Chronic and recurrent rectorrhagia
- C. Active stage of the disease
- D. > 80 points according Lloyd-Still and Green clinical scores used for IBD
- E. Clinical remission of the disease

22. MC Specify adverse reactions specific for corticosteroids used for the treatment of ulcerous-hemorrhagic disease in children:

- A. Leukopenia
- B. Blood hypotension till the collapse
- C. Cushing face
- D. Rackets, osteopenia, growth impairment
- E. Signs of dehydration

23. MC Select objectives of medicamentous treatment of ulcerous-hemorrhagic rectocolitis in children:

- A. To decrease gastrointestinal and systemic manifestations with the lowest incidence for adverse reactions;
- B. To obtain and maintain clinical remission
- C. To prevent complications and to restore normal bone density
- D. To restore and maintain normal growth velocity/puberty
- E. To prevent and correct mental deficiencies

24. MC Determine extraintestinal manifestations with articular involvement in patients with Crohn disease:

- A. Seronegative arthropathies
- B. Ankylosing spondylitis
- C. Anterior spondylolisthesis
- D. Rheumatoid arthritis
- E. Sacroiliitis

25. MC Determine clinical signs used for severity appreciation of Crohn disease in children:

- A. Stool frequency
- B. Body temperature
- C. Respiratory rate

- D. Weight loss
 - E. Leukocitary formula
26. MC Select most common infectious factors, considered to be complementary for the Crohn disease induction:
- A. *Coxiella burnetii*
 - B. Paratuberculosis mycobacterium
 - C. *Leptospira interrogans*
 - D. *Listeria monocytogenes*
 - E. *Bartonella hensellae*
27. MC Specify histologic characteristic for the acute period of the ulcerous-hemorrhagic rectocolitis in children:
- A. Mucosal edema and hyperemia
 - B. Lymphocitary predominance in the lamina propria
 - C. Cryptitis – neutrophils presence in the lumen of glandular crypt
 - D. Mucous hypoproduction
 - E. Focal bleeding
28. MC Select groups of drugs used for the treatment of Crohn disease in children:
- A. Acetylsalicylic acid derivates
 - B. Folic acid supplements
 - C. Aminosalicylic acid derivates
 - D. Antibiotics and probiotics
 - E. Anticholinesterasics
29. MC Mark types of medicamentous treatment of Crohn disease in children:
- A. Main treatment
 - B. Prophylactic treatment
 - C. Treatment of established deficiencies
 - D. Complications treatment
 - E. Exclusively by dietary regime
30. MC Put in evidence characteristics of ulcerative proctitis:
- A. It is an independent pathology
 - B. It represents a particular form of ulcerous-hemorrhagic rectocolitis
 - C. It is characterized by limited inflammatory process and a good prognostic
 - D. Can progress in generalized forms of ulcerous-hemorrhagic rectocolitis
 - E. The differential diagnosis with Crohn disease limited at the rectum – is impossible
31. MC Select from the pathologies listed below, which of them can be associated with an malabsorption syndrome:
- A. Whipple disease
 - B. Crohn disease
 - C. Kuru disease
 - D. Celiac disease
 - E. Ulcerous-hemorrhagic rectocolitis
32. MC Select alimentary products forbidden for patients with Crohn disease:
- A. Those stimulating intestinal motility
 - B. Rich in potassium
 - C. Rich in animal lipids
 - D. Rich in oxalates
 - E. Spicy and irritating
33. MC Coproculture can facilitate differential diagnosis of inflammatory bowel disease with other pathologies. Select which those are:
- A. Campylobacteriosis
 - B. Ankylostomiasis
 - C. Yersiniosis
 - D. Strongyloidiasis
 - E. Escherichiosis

34. MC Determine the remarked aspect through immunological tests in ulcerous-hemorrhagic rectocolitis in children:
- A. Decreased reactive protein C level
 - B. Increased level of circulating immune complexes
 - C. More frequent positive tests of ASCA, than of p-ANCA
 - D. Increased immunoglobulin G
 - E. Antinuclear antibodies can be positive
35. MC Specify possible ultrasonographic findings in patients with ulcerous-hemorrhagic rectocolitis:
- A. Thickening of intestinal walls till 10-15 mm in the affected areas
 - B. Hyperechogenity of intestinal walls
 - C. Hypoechogenity of intestinal walls
 - D. Hyperechogenic ulcerations
 - E. Parietal stratification disappearance (directly proportioned with the progression of the disease);
36. MC Select morphopathological stages for the evolution of Crohn disease:
- A. Incubation stage
 - B. Fissure stage
 - C. Preinfiltrative stage
 - D. Infiltrative stage
 - E. Healing stage
37. MC Mark groups of antibiotics frequently associated with pseudomembranous colitis which requires differential diagnosis with ulcerous-hemorrhagic rectocolitis:
- A. Glycopeptide
 - B. Cephalosporin
 - C. Streptogramin
 - D. Fluoroquinolone
 - E. Lincosamide
38. MC Select characteristics of Crohn disease which are included in the definition:
- A. Transmural lesions which can affect any segment of the digestive tract
 - B. Inflammatory disease with acute evolution
 - C. Inflammatory disease with chronic evolution
 - D. Ulcerous hemorrhagic lesions, located at the mucosa of colon, mainly of the rectum.
 - E. Predilection at the terminal part of the small and large intestine.
39. MC Mark characteristic of chronic inflammatory intestinal pathology explained by hygiene theory:
- A. Increased risk to develop chronic intestinal pathology in the areas with increased rates of helminthiasis
 - B. Increased rates of chronic inflammatory intestinal pathology in Afro-Americans, by comparison to Caucasians
 - C. Decreased risk to develop chronic intestinal pathology in the areas with increased rates of helminthiasis
 - D. Increased rates of chronic inflammatory intestinal pathology to the north, by the comparison to the south
 - E. Increased rates of Crohn disease and ulcerous colitis in the urban environment.
40. MC Specify arguments which proves that surgical treatment is less efficient in patients with Crohn disease by comparison with ulcerous colitis:
- A. Due to continuous intestinal involvement
 - B. Due to uneven inflammatory process, with normal areas
 - C. Because any segment of digestive tract can be affected, starting by buccal mucosa
 - D. Because only the rectum is affected
 - E. Because multiple fistulas can be associated

Ulcerous-hemorrhagic rectocolitis and Crohn disease in children

Single choice

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

Multiple choices

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