

ENTEROVIRUS INFECTION

Single choice

1. Specify the location of vesicles in enteroviral herpangina in children:
 - A. The oral mucosa
 - B. The mucosa of the tongue
 - C. Gums' mucosa
 - D. Mucosa of the palatine arches, uvula
 - E. Conjunctivae
2. Specify changes in cerebrospinal fluid in enteroviral meningitis:
 - A. Albuminorahy between 3 and 5 g / l
 - B. Neutrophilic pleocytosis
 - C. Lymphocytic pleocytosis
 - D. Mixed pleocytosis
 - E. Low glucose level
3. Select the type of angina in enteroviral infection in children:
 - A. Lacunar
 - B. Follicular
 - C. Herpangina
 - D. Necrotic
 - E. Membranous
4. What symptom in children is **NOT** characteristic of enteroviral meningitis:
 - A. Fever
 - B. Productive cough
 - C. Headache
 - D. Neck stiffness
 - E. Positive meningeal signs
5. Mark the clinical syndrome of enterovirus infection that requires corticosteroid therapy:
 - A. Herpangina
 - B. Epidemic myalgia
 - C. Meningoencephalitis
 - D. Hepatitis
 - E. Diarrhea
6. Specify family of viruses which includes enteroviruses
 - A. Adenoviridae
 - B. Picornaviridae
 - C. Herpesviridae
 - D. Ortomyxoviridae
 - E. Paramyxoviridae

7. Specify the age of children predisposed to enteroviruses:

- A. Up to 3 months
- B. 1-2 years
- C. 3-10 years
- D. 10-14 years
- E. After 14 years

8. Choose the etiological agent of herpangina:

- A. Coxsackie A virus
- B. Poliovirus
- C. Cytomegalovirus
- D. Epstein-Barr virus
- E. Varicella-Zoster virus

9. Indicate **THE FALSE** statement on enterovirus epidemiology in children:

- A. The source of infection is the patients and carriers of viruses.
- B. It is transmitted by direct contact, through air and by digestive way.
- C. It is transmitted through indirect contact.
- D. It is transmitted transplacental.
- E. It is transmitted parenterally.

10. Indicate the incorrect statement regarding the clinical picture of enterovirus infection in children

- A. Acute onset, fever, headache, repeated vomiting
- B. Hyperemia of the skin (face, neck, trunk), injected sclera
- C. Hyperemia of the oral mucosa, fine granulation on the tonsillar pillars and uvula
- D. Hemorrhagic rash with irregular borders, with necrosis
- E. Lymph nodes are slightly increase, painless

11. Select **INCORRECT** statement about the paralytic form of enterovirus in children:

- A. Paralysis occurs suddenly, unexpected
- B. The paralysis is flaccid
- C. Low muscle tonus
- D. Osteotendinous reflexes are exaggerated
- E. Unchanged sensitivity

12. Indicate the **INCORRECT** statement on enteroviral meningitis in children:

- A. Acute onset with sudden fever (39.0 to 40.0 ° C)
- B. Headache, repeated vomiting, seizures
- C. Positive meningeal signs
- D. Lymphocyte pleocytosis (200-300 cells / mm³)
- E. Reduced glucose level

13. Specify the **INCORRECT** statement about herpangina in enterovirus infection in children.

- A. It develops in combination with other clinical forms.
- B. Vesicle appear in the first days of illness, 1-2 mm in diameter.
- C. The vesicles are localized on palatine arches, uvula, tonsils.
- D. Vesicles are located on the cheek mucosa, gums, soft palate and hard palate
- E. Vesicles ulcerate quickly, forming superficial erosions with healing in 2-5 days.

14. Indicate the **INCORRECT** statement about the intestinal form of enterovirus in children:

- A. Is characteristic for older children and adolescents
- B. Acute onset with fever
- C. Associated with catarrhal syndrome
- D. Diarrheal stool (5-10 times / day), aqueous, undigested
- E. Colitis is absent

15. Exclude **UNNECESSARY** investigation in the diagnosis of enterovirus infections:

- A Lumbar puncture
- B. Virological examinations (CSF, oropharyngeal secretions, stool)
- C. Blood culture
- D. Indirect hemagglutination reaction
- E. Complement fixation reaction

16. Determine the **INCORRECT** statement about acute hemorrhagic conjunctivitis in enterovirus in children:

- A. Acute onset in combination with other clinical forms
- B. Pronounced eye pain, lacrimation, photophobia
- C. Eyelid edema, pronounced conjunctiva hemorrhage
- D. Initially serous, then purulent elimination
- E. Fibrinous membranes on conjunctiva

17. Specify the incorrect indication in the treatment of uncomplicated enteroviral infection:

- A. Antibiotics
- B. Analgesics
- C. Antipyretics
- D. Anti- inflammatory drugs
- E. Antihistamines drugs

Multiple choice

1. Indicate enteroviral meningitis changes in cerebrospinal fluid:
 - A. Hypertensive cerebrospinal fluid
 - B. Slightly increased albumin level
 - C. Cerebrospinal fluid is cloudy
 - D. With neutrophilic pleocytosis
 - E. With lymphocytic pleocytosis

2. Select the clinical signs of enteroviral meningitis in children:
 - A. Acute onset of fever (39.0 to 40.0 ° C)
 - B. Headache, repeated vomiting
 - C. Positive meningeal signs
 - D. Hemorrhagic rash on lower limbs
 - E. Signs of severe dehydration

3. Select characteristic symptoms of paralytic form in enteroviral infection in children:
 - A. Paralysis installs suddenly, unexpectedly
 - B. Muscle weakness
 - C. Flaccid paralysis
 - D. Exaggerated osteotendinous reflexes
 - E. Seizures

4. Describe enteroviral herpangina:
 - A. Fever
 - B. Sore throat
 - C. Whitish deposits on the tonsils
 - D. The sign of Filatov-Koplik
 - E. Small vesicles, erosions on the palatine arches, uvula

5. Specify the clinical forms of enterovirus infection in neonates and infants:
 - A. Abdominal form
 - B. Epidemic myalgia
 - C. Encephalomyocarditis
 - D. Enteroviral rash
 - E. Paralytic form

6. List clinical forms of enteroviral infection with predominant involvement of the nervous system:
 - A. Myelitis
 - B. Meningitis
 - C. Polyradiculoneuropathy
 - D. Encephalitis
 - E. Paralytic form

7. Characterize enteroviral epidemic myalgia in children:

- A. Muscle weakness
- B. The duration of a painful crisis from 30 seconds to several minutes
- C. Abolished osteotendinous reflexes
- D. Strong, durable thoracic and abdominal muscle pain
- E. Fever (38.0 to 40.0 ° C)

8. Indicate basic clinical syndromes in enterovirus infection in children:

- A. Pneumonia
- B. Herpangina
- C. Diarrhea
- D. Meningitis
- E. Neurotoxicosis

9. Select enteroviral infection clinical forms, predominantly affecting the mucous membranes and skin in children:

- A. Enteroviral fever
- B. Herpangina
- C. Myocarditis
- D. Enteroviral exanthema
- E. Catarrhal form

10. Indicate the clinical forms of enteroviral infection in children that affect mostly the muscles:

- A. Epidemic myalgia
- B. Myocarditis
- C. Encephalomyocarditis in newborns
- D. Herpangina
- E. Myositis of gastrocnemius muscles

11. Specify the character of enteroviral exanthema in children:

- A. Polymorphic rash
- B. Scarlet-like rash
- C. Rubella-like rash
- D. Pustules
- E. Vesicles

12. Select the manifestations of congenital enteroviral infection in neonates:

- A. Mesenteric lymphadenitis
- B. Myocarditis
- C. Encephalomyocarditis
- D. Hepatitis
- E. Pancreatitis

13. Select the drug groups needed for the treatment of enterovirus encephalomyocarditis in newborns:

- A. Antivirals
- B. Analgesics
- C. Anticonvulsants
- D. Corticosteroids
- E. Cardiac glycosides

14. Specify the correct statements regarding enteroviral infection in newborns:

- A. Evident clinical signs
- B. Epidemic myalgia
- C. Common bacterial complications
- D. Protracted evolution
- E. Intestinal dysfunction

15. Indicate the consequences of uveitis in enteroviral infection in children:

- A. Iris dystrophy (III-IV degree)
- B. Cataract
- C. Subatrophy of the eyeball
- D. Diplopia
- E. Strabismus

16. Choose the paraclinical diagnostic tests for enteroviruses:

- A. Bacteriological
- B. Virological
- C. Immunofluorescence assay
- D. Bacterioscopy
- E. Serological

17. Indicate the primary enterovirus accumulation sites:

- A. Mucous membranes of the upper airways
- B. Meninges
- C. Peripheral lymph nodes
- D. Mucous membranes of the digestive tract
- E. Mucous membranes of the lower airways

18. Specify the clinical signs of enteroviral encephalomyocarditis in newborns:

- A. Hyperthermia, somnolence, vomiting, anorexia
- B. Tachycardia, arrhythmia, deafened heart sound, systolic murmur
- C. Dyspnea, cyanosis
- D. Splenomegaly
- E. Signs of severe dehydration

19. Specify the correct statements regarding enteroviral encephalomyocarditis:

- A. It is caused by Coxsackie B viruses
- B. It is recorded in newborns and infants in the first months of life.
- C. Transmission of infection may be transplacental.
- D. Mild evolution.
- E. Fatal cases are not recorded.

20. Specify the correct statements about enteroviral fever in children:

- A. It is the rarest clinical form of enteroviral infection.
- B. It is the most common clinical form of enteroviral infection.
- C. It can be caused by different serotypes of Coxsackie and ECHO viruses.
- D. Acute onset with fever, headache, mild respiratory signs; the disease lasts for 2-4 days.
- E. Clinical diagnosis is easy.

21. Specify the correct statements about intestinal form of enteroviral infection in children:

- A. It is characteristic for infants.
- B. The onset is acute, with fever and respiratory catarrh.
- C. Simultaneously appear diarrhea with aqueous undigested stools (5-10 times / day)
- D. Colitis is characteristic.
- E. The disease lasts for 2-4 days.

22. Select biological materials that are virological tested for enteroviruses:

- A. Sputum
- B. Cerebrospinal fluid
- C. Oropharyngeal secretions
- D. Feces
- E. Urine

23. Select the characteristic signs of all clinical forms of enteroviruses in children:

- A. Acute onset with sudden fever (39.0 to 40.0 ° C)
- B. Headache, dizziness, weakness, loss of appetite, repeated vomiting
- C. Hyperemia of the skin (face, neck, trunk), injected sclera
- D. False membranes on the tonsils
- E. Swelling of the cervical lymph nodes, are painful on palpation

24. Specify the correct statements regarding herpangina in enteroviral infection in children:

- A. Small vesicles appear on tonsils, on palatine arches, uvula, with a redness area around.
- B. Vesicles appear on the cheeks, gums, soft palate and hard palate.
- C. Oral mucosa is edematous, erythematous
- D. Vesicles ulcerate quickly, forming superficial erosions.
- E. Erosions heal completely in 2-5 days.

25. Specify **FALSE** statements regarding intestinal form in enteroviral infection:

- A. It is characteristic mainly for infants
- B. Acute onset with fever, respiratory catarrh
- C. Tenesmus, false calls
- D. It is characteristic for older children
- E. Stools with mucus and blood

26. Specify the correct statements regarding enteroviral infection:

- A. Children's receptivity is high.
- B. They are very contagious and can easily spread to children collectives
- C. Children under 3 months have transplacental immunity.
- D. Maximum morbidity is recorded in winter.
- E. There is crossed immunity.

27. Specify the correct statements regarding hepatitis in enteroviral infection:

- A. It is recorded frequent
- B. Appears on background of fever, hyperemia of the skin and oropharyngeal mucosa, headache, vomiting
- C. Hepatomegaly
- D. Mild evolution
- E. Protracted or chronic evolution