## **POLIOMYELITIS**

## Simple choice

- 1. Specify the inflammatory lesion in cerebrospinal axis in the case of poliomyelitis:
- A. Necrosis
- B. Ulceration
- C. Cellular infiltration with atypical lymphocytes
- D. Accumulation of Türck cells
- E. Cellular infiltration with lymphocytes and plasmocytes
- 2. Choose the clinical sign for the prodromal stage of poliomyelitis:
- A. The return of fever
- B. Respiratory and abdominal syndrome
- C. Myalgia, arthralgia
- D. Cutaneous hyperesthesia
- E. Meningeal syndrome
- 3. Indicate the clinical period, which is characteristic of poliomyelitis, paralytic form:
- A. Pre-eruptive period
- B. Pre-icteric period
- C. Chronic
- D. Icteric period
- E. Pre-paralytic period
- 4. Choose the symptom that allows the differentiation of poliomyelitis (pontine form) from the facial nerve paresis:
- A. Lagophthalmos
- B. Corner of the mouth left down
- C. Face asymmetry
- D. Uncontrolled tearing
- E. Normal sensitivity
- 5. Specify the character of paralysis in poliomyelitis:
- A. Spastic
- B. Symmetrical
- C. Distal
- D. Flaccid
- E. Painful
- 6. Choose central nervous system affection in poliomyelitis:
- A. Ependimatitis/(ventriculitis)
- B. Purulent meningitis
- C. Arachnoiditis
- D. Acute cerebral edema
- E. Serous meningitis

- 7. Indicate during which period occurs the first fever ascension in poliomyelitis in children:
- A. Latent period
- B. "Major illness"
- C. Prodromal period
- D. The sequelae period
- E. Recovery period
- 8. Indicate what changes shows cerebrospinal fluid in poliomyelitis:
- A. Neutrophilic pleocytosis
- B. Moderate lymphocytic pleocytosis and increased albumin level
- C. Low level of glucose
- D. Very increased lymphocytic pleocytosis
- E. Mixed pleocytosis
- 9. Choose the necessary treatment of lasting sequelae in paralytic poliomyelitis:
- A. Antiviral treatment
- B. Anti-inflammatory treatment
- C. Orthopedic and surgical treatment
- D. Immunotherapy
- E. Homeopathic treatment
- 10. Indicate the correct statement regarding poliomyelitis eradication:
- A. Vaccination with VPO of children only aged up to one year
- B. Vaccination with VPO of 60% -70% of children
- C. Vaccination with VPO of adults
- D. Vaccination with VPO of over 95% of children
- E. Examination of all patients with acute diarrhea for poliomyelitis
- 11. Select biological material to isolate polio virus:
- A. Sputum
- B. Gastric lavage
- C. Saliva
- D. Faeces
- E. Urine
- 12. Indicate the muscles most commonly affected in poliomyelitis:
- A. Deltoid muscles
- B. Abdominal muscles
- C. Tibial muscles
- D. Diaphragmal muscle
- E. Spinal muscles

- 13. Indicate the disease, in which is observed the "two-humped" (ascension) temperature curve:
- A. Rubella
- B. Chickenpox
- C. Poliomyelitis
- D. Diphtheria
- E. Pertussis
- 14. Select the correct characteristic regarding poliomyelitis:
- A. The causative agent is a bacterium
- B. Affects adults
- C. Respiratory syndromes is expressed
- D. Flaccid paralysis are followed by muscle atrophy
- E. Leave the sequelae in all cases
- 15. Indicate the disease in which the flaccid paralysis is asymmetric and proximal:
- A. Poliomyelitis
- B. Traumatic neuritis
- C. Transverse myelitis
- D. Guillain-Barre syndrome
- E. Enteroviral infection with Coxackie virus

## Multiple choice

- 1. Specify the clinical periods of typical poliomyelitis:
- A. Pre-paralytic period
- B. Paralytic period
- C. Of incomplete recovery of paralysis
- D. Pre-icteric period
- E. Pre-eruptive period
- 2. Characterize the paralysis in poliomyelitis:
- A. Symmetrical
- B. Appear gradually
- C. Asymmetric
- D. Flaccid
- E. Don't progress after 2-3 days after the onset
- 3. In poliomyelitis, the spinal form is manifested by: Characterize the spinal form of poliomyelitis:
- A. Acute onset of paralysis during 1-48 hours
- B. Asymmetric palsy
- C. Limbs paralysis (very often)
- D. Lack of sensibility in the extremities
- E. Distal paralysis

- 4. Indicate the principles of treatment in poliomyelitis:
- A. Corticosteroid therapy
- B. Symptomatic therapy
- C. Anticholinesterase mediators (proserine, galantamine)
- D. Etiological treatment
- E. Kinetotherapy
- 5. Indicate non-paralytic forms in poliomyelitis:
- A. Asymptomatic or unapparent forms
- B. Abortive form
- C. Meningeal form
- D. Arthralgic form
- E. Tonsillar form
- 6. Indicate the correct statements on retrocession and recovery of paralysis in poliomyelitis:
- A. Begin during major illness
- B. Begins in the onset of minor illness
- C. Can leave different definitive sequelae
- D. It lasts from a few months up to 2-3 years
- E. It ends with complete healing in all cases
- 7. Select infections that can cause acute flaccid paralysis similar to those of poliomyelitis:
- A. Coxsackie B virus infection
- B. ECHO virus infection
- C. Enteroviral infection with Enterovirus type 70
- D. Infection with Non-toxigen type of Corynebacterium diphtheria mitis
- E. Infection with Neisseria meningitides
- 8. Specify localization of flaccid paralysis in poliomyelitis:
- A. Upper and lower limbs
- B. Facial nerve
- C. Intercostal and diaphragm nerves
- D. Larynx
- E. Glottis
- 9. Choose laboratory tests that confirm the diagnosis of poliomyelitis:
- A Genomic analysis of viral strains of polio virus
- B. Neutralization reaction
- C. Agglutination reaction
- D. Complement fixation reaction
- E. Immunofluorescence assay
- 10. Specify which motor neurons are affected in poliomyelitis:
- A. Anterior horns of the spinal cord
- B. Posterior horns of the spinal cord
- C. Brainstem

- D. Cortex
- E. Hypothalamus
- 11. List the diseases that must be differentiated with paralytic poliomyelitis:
- A. Acute transverse myelitis
- B. Guilland-Barre syndrome
- C. Palsy caused by ECHO, Coxsackie viruses
- D. Perinatal encephalopathy
- E. Pertussis
- 12. Select basic clinical symptoms in the pre-paralytic phase of poliomyelitis:
- A. Fever, headache
- B. Spontaneous muscle pains
- C. Positive meningeal signs
- D. Paralysis of cranial nerves
- E. Loss of consciousness
- 13. Select the most common variants of paralytic poliomyelitis in children:
- A. Spinal form
- B. Poly-encephalitic form
- C. Bulbar form
- D. Mixed forms
- E. Form with peripheral type of facial paralysis
- 14. Indicate the synonyms of poliomyelitis:
- A. Infantile palsy
- B. Infection with enterovirus type 70
- C. Heine-Medin disease
- D. Guillain-Barre syndrome
- E. Acute epidemic poliomyelitis
- 15. Specify stages in the pathogenesis of poliomyelitis:
- A. Digestive (incubation period)
- B. Viremia (prodromal period)
- C. Of viral persistence
- D. Of invasion
- E. Of bacterial complications
- 16. Indicate the consequences of the paralytic form of poliomyelitis:
- A. Pneumonia
- B. Paralysis of the muscles (intercostal, diaphragm)
- C. Disability
- D. Death
- E. Renal failure

- 17. Indicate the consequences of the paralytic form of poliomyelitis:
- A. Spleen rupture
- B. Pulmonary: pulmonary edema, atelectasis
- C. Cardiovascular myocarditis
- D. Digestive: gastric atony, paralytic ileus
- E. Hemolytic anemia
- 18. Indicate the statements that represent the key moments of poliomyelitis:
- A. It is caused by a highly contagious virus that is transmitted by the fecal-oral route.
- B. There are no specific methods of prevention.
- C. For each case of polio paralysis there are about 100 infected people with polio, which don't develop signs of the disease.
- D. The only method recommended for the prevention of disease is vaccination.
- E. There are specific methods of treating polio.
- 19. Indicate the clinical manifestations in poliomyelitis (bulbar-spinal form) that aggravates the prognosis of disease:
- A. Respiratory failure
- B. Cardiovascular failure
- C. Bacterial superinfection in decubitus lesions
- D. Liver failure
- E. Intestinal compensated disbacteriosis
- 20. Specify the peculiarities of poliomyelitis in infants:
- A. Severe forms
- B. Do not leave sequelae
- C. Bulbar and poly-encephalitic forms are common
- D. Frequent sequelae, disability
- E. Frequent abortive form
- 21. Indicate the maladies in which diseases paralysis occur within the first 1-4 days after the onset:
- A. Poliomyelitis
- B. Guillain-Barre syndrome
- C. Traumatic neuritis
- D. Demyelinating neuritis
- E. Transverse myelitis
- 22. Indicate the methods of diagnosis of poliomyelitis, the subclinical form:
- A. Epidemiological data
- B. Serological tests
- C. Virological investigation of the faeces
- D. The presence of meningeal signs
- E. The appearance of sequelae