

VIRAL HEPATITIS

Simple choice

1. Select the marker that represents specific immunity in viral hepatitis B:
 - A. Anti-HBe antibodies
 - B. Anti-HBs antibodies
 - C. Anti-HBx antibodies
 - D. Anti-HBc antibodies
 - E. DNA-polymerase

2. Select the **incorrect** statement about viral hepatitis C:
 - A. Chronicity (over 50% of cases)
 - B. Hepatic cirrhosis
 - C. Hepatocellular carcinoma
 - D. Common maternal transmission
 - E. Wavelike evolution

3. Exclude a sign of severity in viral hepatitis:
 - A. The intensity of general intoxication
 - B. Pronounced intestinal manifestations
 - C. The intensity of the respiratory insufficiency
 - D. The intensity of fever
 - E. Intensity or progression of jaundice

4. Indicate the main diagnostic sign in viral hepatitis A in children:
 - A. Slightly pronounced jaundice
 - B. Mild bilirubinemia, with the predominance of the conjugated fraction
 - C. Elevated ALT
 - D. Major catarrhal signs
 - E. Exanthema

5. Choose the primary sign in the mild form of acute viral hepatitis:
 - A. Pronounced/severe intoxication
 - B. Pronounced jaundice
 - C. Hemorrhagic rash
 - D. Loss of appetite
 - E. Hepatomegaly

6. Select the clinical sign that **is not** typical for viral hepatitis, malignant form in children:
 - A. Adynamia, agitation, seizures
 - B. Pronounced hepatomegaly
 - C. Repeated vomiting, regurgitation
 - D. Pronounced jaundice
 - E. Hemorrhagic syndrome

7. Mark the incorrect statement regarding congenital viral hepatitis:

- A. Moderate signs of intoxication
- B. Hepatomegaly
- C. Frequently hemorrhagic syndrome
- D. Hyperbilirubinemia with predominance of unconjugated fraction
- E. ALT and AST slightly elevated

8. Choose the viral hepatitis to which malignant form is recorded most frequently:

- A. HAV
- B. HCV
- C. HBV
- D. HEV
- E. Hepatitis in CMV(cytomegalovirus) infection

9. Indicate the marker of contagiousness in HVB-infected child:

- A. HBsAg
- B. HBcAg
- C. HBeAg
- D. Anti-HBe Ag
- E. Anti-Hbc Ag

10. Select the frequent consequence of viral hepatitis in the child with acute hepatic encephalopathy:

- A. Full recovery
- B. Incomplete recovery
- C. Chronic hepatitis
- D. Lethal outcome
- E. Liver postnecrotic cirrhosis

11. Specify the category of patients with viral hepatitis with acute hepatic encephalopathy:

- A. Newborns
- B. Infants
- C. Preschool children
- D. Adults
- E. School age children

12. Select the clinical sign that **does not** characterize acute hepatic encephalopathy in children:

- A. Tonic-clonic seizures
- B. Hematemesis
- C. Clear consciousness
- D. Tachypnea
- E. Oliguria

13. Indicate the most informative biochemical test in acute hepatic encephalopathy in children:

- A. Hypertransaminasemia
- B. Hyperbilirubinemia
- C. Elevated β -lipoproteins
- D. Prothrombinemia less than 40%
- E. Small values of tymol test

14. Characterize hepatitis B virus:

- A. It is an RNA virus, the genus of Delta virus
- B. It has two E-1 and E-2 envelope glycoproteins
- C. The surface protein is HBsAg
- D. It is an RNA virus from the Hepadnaviridae family
- E. Is an uncapsulated/capsid naked RNA virus

15. Describe the etiological agent of viral hepatitis D:

- A. It is a DNA virus
- B. It belongs to the Picornaviridae family
- C. It is an RNA virus
- D. It is a flavivirus
- E. It belongs to the Paramyxoviridae family

16. Specify in which pathology occurs the increase level of unconjugated bilirubin:

- A. Hemolysis
- B. Neonatal jaundice
- C. Gilbert syndrome
- D. Crigler-Najjar syndrome
- E. Congenital hepatitis B

17. Indicate which viral hepatitis **do not** have predisposition to become chronic:

- A. HBV (Hepatitis B virus)
- B. HCV (Hepatitis C virus)
- C. HAV (Hepatitis A virus)
- D. HDV (Hepatitis D virus)
- E. HGV (Hepatitis G virus)

Multiple choice

1. Choose the small severity clinical criteria of viral hepatitis in children:

- A. Pronounced intoxication
- B. Progressive jaundice
- C. Moderate hepatomegaly
- D. Exanthema
- E. Hemorrhagic syndrome

2. Select the suitable maladies that must be differentiated by viral hepatitis A during the prodromal period:

- A. VRI (viral respiratory infections)
- B. Allergic states
- C. Food poisoning
- D. Rheumatic fever
- E. Appendicitis

3. Select the clinical signs of viral hepatitis B, severe form in children:

- A. Progressive jaundice
- B. Hemorrhagic episodes
- C. Hepatomegaly, liver pain on palpation
- D. Moderate intoxication
- E. Repeated seizures

4. Define the prodromal period in HVA in children:

- A. Duration of 3-5 days
- B. Fever in 60% of cases
- C. Arthralgia
- D. Abdominal pain
- E. Rash

5. Select viruses that cause viral hepatitis in infants:

- A. Hepatitis A virus
- B. Hepatitis B virus
- C. Hepatitis C virus
- D. Hepatitis D virus
- E. Hepatitis E virus

6. Select the HAV peculiarities in young children:

- A. More severe evolution
- B. Frequent lymphadenopathy
- C. More pronounced hepatomegaly and splenomegaly
- D. Frequent atypical mild forms
- E. Shorter jaundice duration

7. Select the correct statements on hepatitis C:

- A. It is a DNA virus
- B. It consists of an envelope and a capsid
- C. It is a RNA virus
- D. Uses HBs Ag
- E. Currently, there is no effective vaccine against this virus

8. Determine (bring) the necessary biochemical tests in case of acute hepatic encephalopathy in children with HBV:

- A. Bilirubin level (200 mmol / l and more)
- B. Prothrombin level 50-60%
- C. Prothrombin level under 40%
- D. Low levels of sublimate test
- E. Hypertransaminasemia

10. Choose the clinical syndromes during the prodromal period of viral hepatitis B in children:

- A. Digestive syndrome
- B. Pseudo-rheumatoid syndrome
- C. Rash syndrome
- D. Pseudo-influenza syndrome
- E. Generalized lymphadenopathy

11. Select the correct indications of corticosteroid therapy in children with acute viral hepatitis:

- A. HVB, severe form in infants
- B. HEV, severe form
- C. HBV, malignant form
- D. HAV, severe form
- E. HVB, mild form + chickenpox

12. Choose the consequences of HVB in children:

- A. Complete recovery
- B. Chronicization
- C. Death
- D. Pancreatic Necrosis
- E. Chronic kidney disease

13. Mark the clinical parameters that are indicators of severe prognosis in acute viral hepatitis in children:

- A. Pronounced hepatomegaly
- B. Splenomegaly
- C. Progressive reduction in liver size
- D. The presence of hemorrhagic syndrome
- E. Repeated vomiting

14. Select the diseases in newborns who record hepatosplenomegaly:

- A. Congenital Rubella
- B. Congenital Toxoplasmosis
- C. Congenital HBV
- D. Jilbert Syndrome
- E. Hemolytic jaundice

15. Determine the fundamental clinical signs in case of acute hepatic encephalopathy in children:

- A. Liver odor ('raw liver')
- B. "Coffee ground" vomiting
- C. Oliguria
- D. Splenomegaly
- E. Moderate general intoxication

16. Choose serological markers to confirm infection with hepatic C virus:

- A. Anti-HCV antibodies
- B. HCV RNA
- C. Anti-HCV IgM antibodies
- D. Anti-smooth muscle antibodies (ASMA)
- E. anti-HBs antibodies

17. Select the markers of hepatitis B virus infection:

- A. HBsAg
- B. HBeAg
- C. Anti-CMV antibodies
- D. Anti-HBc IgM antibodies
- E. Anti-HCV antibodies

18. Choose the signs of hepatic cytolysis:

- A. Bilirubin level
- B. ALT
- C. AST
- D. Gamaglobulin levels
- E. LDH (Lactate dehydrogenase)

19. Select treatment indications of HAV, severe form in children:

- A. Bed rest in the acute period of the disease
- B. Diet
- C. Infusion therapy
- D. Antibiotics
- E. Antivirals

20. Specify the consequences of viral hepatitis A in children:

- A. Healing with complete recovery of liver function
- B. Healing with a small histomorphological defect - "liver fibrosis"
- C. Chronicization
- D. Liver cirrhosis
- E. Biliary and gastroduodenal complications

21. Specify the HBV particularities in infants:

- A. Short or absent prodromal period
- B. Hepatosplenomegaly is more pronounced than in older children
- C. Severe and moderate forms - more frequent

- D. Fulminant forms are absent
- E. Short convalescence/recovery period

22. Select the viral hepatitis in which the thymol test will show elevated values:

- A. HAV
- B. HBV
- C. HCV
- D. HDV
- E. HEV

23. Select the diseases in newborns where hyperbilirubinaemia will be with the predominance of the conjugate fraction:

- A. physiological jaundice of the newborn
- B. Hemolytic jaundice
- C. Congenital HBV
- D. Biliary atresia
- E. Crigler-Najjar syndrome

24. Indicate the most common complications of HBV, malignant form in children:

- A. Cerebral edema
- B. Severe dehydration
- C. Liver failure
- D. Respiratory failure
- E. Massive gastrointestinal hemorrhage

25. Characterize the malignant form of viral hepatitis in children:

- A. Is more frequently caused by hepatitis B and D viruses
- B. It occurs more often in hepatitis C
- C. It was recorded most often in infants before HBV vaccination
- D. Is manifested within the first 2 weeks of the disease onset
- E. The prognosis is favorable

26. Describe the HBV, severe form in children:

- A. Progressive jaundice
- B. Hemorrhagic episodes
- C. Hepatomegaly, liver tenderness
- D. Mild general intoxication
- E. Repeated seizures, convulsive status

27. Specify the clinical criteria of major severity in viral hepatitis B in toddlers/(young children):

- A. Splenomegaly
- B. Progressive jaundice
- C. Diarrhea
- D. Sleep disorders, repeated vomiting
- E. Hemorrhagic syndrome

28. Indicate extrahepatic manifestations of HBV:

- A. Interstitial pneumonia
- B. Membranous glomerulonephritis (MGN)
- C. Polyarthritits nodosa
- D. Stenosing laryngitis
- E. Aplastic anemia

29. Choose biochemical changes for hepatodepressive (liver cell failure) syndrome:

- A. Low level of prothrombin
- B. Low level of fibrinogen
- C. Low level of albumin
- D. Hypertransaminasemia
- E. Elevated levels of serum β -lipoproteins

30. Select which viral hepatitis are accompanied with allergic type eruptions during pre-clinical (prodromal) period:

- A. HAV
- B. HBV
- C. HCV
- D. HDV
- E. HEV

31. Select the viral hepatitis in which Viferon is indicated:

- A. HBV, severe form
- B. HBV, malignant form
- C. HCV, chronic active form
- D. HBV, chronic active form
- E. HEV

32. Specify peculiarities HVD - coinfection in children:

- A. It was recorded most often in infants before HBV vaccination
- B. Frequently favorable prognosis
- C. Frequent severe and malignant forms
- D. High lethality
- E. Minimum risk of chronicization

33. Describe the evolution of HVA in children:

- A. Often mild forms
- B. Rarely severe forms
- C. Fulminating forms are exceptional
- D. High lethality
- E. Unfavorable prognosis

34. List the atypical forms in viral hepatitis:

- A. Anicteric form
- B. Fulminant form
- C. Abortive form
- D. Hemorrhagic form
- E. Inapparent form

35. Characterize the HVA in children:

- A. It has a favorable prognosis
- B. It occurs more frequently in children and youth
- C. Can be sexually transmitted
- D. There are no virus carriers
- E. It is transmitted by parenteral route

36. Mark the correct statements about viral hepatitis B:

- A. May develop into chronic form
- B. The virus is eliminated only with feces
- C. The incubation period averages 50 days
- D. It is a DNA virus
- E. Interferon is used in the treatment

38. Specify for which viral hepatitis is created specific prophylaxis:

- A. HAV
- B. HEV
- C. HCV
- D. HDV
- E. HBV