PULMONOLOGY

CHOOSE THE NUMBERS OF CORRECT ANSWERS:

1) COPD is characterized by:
1. productive cough; *
2. high level of eosinofils in blood;
3. dispnea;*
4. heart pain;
5. chest pain.

2) COPD complications:
1. pneumosclerosis;*
2. pancreatites;
3. micarditis;
4. right heart failer. *

CHOOSE THE NUMBER OF CORRECT ANSWER:

3) Diagnosis of COPD need to be confirmed by:
1. CT scanning;
2. Spirometry;*
3. fibrobronchscopy;
4. US scanning.

CHOOSE THE NUMBERS OF CORRECT ANSWERS:

4) Mucolitics are:
2. tetraciclin;
3. berotec;
4. acethylcystein;*
5. bromhexin;*
6. prednisolon.

5) Management of COPD includes:
1. Bronchosanation;*
2. Expectorants;*
3. citostatics;
4. calcium channel blockers;
5. Bronchodilatores.*

6) Bronchodilator medications include:
1. Beta2-agonist;*
2. Anticholinergic;*
3. Methylxanthines; **
4. cholin-agonists;
5. beta2 – blockers.

7) COPD is needed to be differ with:
1. asthma;
2. pneumonia;*
3. acute bronchitis.*

CHOOSE THE NUMBER OF CORRECT ANSWER:
8) Test with bronchodilator is positive in the case of increasing of FEV1 more then:
1. 10%;
2. 15%;*
3. 20%;
4. 25%.

CHOOSE THE NUMBERS OF CORRECT ANSWERS:
9) Symptoms of COPD
1. cough; *
2. chest pain;
3. dyspnea;*
4. sputum.*

10)   COPD is characterized by:
1. irreversible airflow limitation; *
2. reversible airflow limitation;
3. airflow limitation that is not fully reversible;*
4. airflow limitation in COPD is based on;
5. bronchiolitis;*
6. emphysema;*
7. Smooth muscle contraction.

CHOOSE THE NUMBER OF CORRECT ANSWER:
11)   Gold standard for the diagnosis and assessment of COPD is
1. Spyrometry;*
2. Chest X-ray;
3. CT scanning.

12)   **The main inflammatary cells in the development of chronic airway inflammation in COPD are**:
1. Neutrophyles, macrophages, CD8 T lyphocytes;*
2. Eosinophyles, CD4 T lyphocytes.

CHOOSE THE NUMBERS OF CORRECT ANSWERS:
13)   The definition of very severe COPD is based on:
1. FEV1 / FVC < 70 %;*
2. FEV1 ≥ 80 %;
3. 50 % ≤ FEV1 < 80 %;
4. 30 % < FEV1 < 50 %;
5. FEV1 ≤ 30 %. *

14)   The definition of severe COPD is based on the levels:
1. FEV1 / FVC < 70 %;*
2. FEV1 ≥ 80 %;
3. 50 % ≤ FEV1 < 80 %;
4. 30 % < FEV1 < 50 %; *

5. FEV1 ≤ 30 %.

15)   The definition of moderate COPD is based on the levels
1. FEV1 / FVC < 70 %;*
2. FEV1 ≥ 80 %;
3. 50 % ≤ FEV1 < 80 %; *
4. 30 % < FEV1 < 50 %;
5. FEV1 ≤ 30 %.

16)   The definition of mild COPD is based on the levels:
1. FEV1 / FVC < 70 %;*
2. FEV1 ≥ 80 %; *
3. 50 % ≤ FEV1 < 80 %;
4. 30 % < FEV1 < 50 %.

17) Atopic asthma is characterized by:
1. high sputum production;
2. low sputum production; *
3. allergy; *
4. hypersensitivity to aspirin;*
5. acute respiratory infections.

18) The results of spyrometri in asthma are charactarised by:
1. Decrese of VC;
2. decrease of FEV1; *
3. decrease of FEV1/FEV;*
4. negative test with bronchodilator;
5. positive test with bronchodilator. *

19) In the management of asthma attack are used:
1. euphylline; *
2. nitriglycerine;
3. berotec;*
4. becothid;*
5. prednisolon;*
6. intal.*

20) What are drugs contradicted to be used in asthma?
1. Anaprilline;*
2. Reserpin;*
3. sustac;
4. isoptin;
5. nifedipin.

21)   What are drugs used in the prevention management of asthma?
1. Long acting beta2 agonists;*
2. Short acting beta2 agonists;

3. cromones;*
4. inhaled glucocorticosteroids.*

22)   Primary airway hyper reactivity is characterized by wheezing as a result of
1. inhalation of cold; *
2. respiratory viral infection; *
3. dust.

23)   In the management of asthma attack usually used
1.   short acting beta 2 agonist;
2. Glucocorticosteroids;*
3. Theophylline; *
4. Cromonesl.

24)   The signs of "status asthmaticus" are:
1. Viscous sputum;
2. dry cough;
3. haemoptisis;
4. no results of using inhaled beta2 agonists;*
5. hypoxemia;*
6. hypercapnia;*
7. sputum eosinophilia.

25)   Mild intermittment asthma is charactarised by:
1. symptoms < 1 time a week;*
2. night symptoms not more then 2 times a month; *
3. FEV1 ore PEF < 80%;
4. PEF variability > 20%.

26)   Mild persistent asthma is charactarised by
1. symptoms > 1 time a week < 1 time a day;*
2.   attacks may affect activity;*
3. night symptoms more then 1 time a month; *
4. FEV1 ore PEF > 80%;
5. PEF variability < 20%.

27)   Moderate persistent asthma is charactarised by
1. night symptoms more then 1 time a month; *
2. FEV1 ore PEF > 80%;
3. PEF variability < 20%;
4. daily symptoms;*
5. attacks affect activity;*
6. night symptoms more then 1 time a week;*
7. FEV1 ore PEF 40%-60%;
8. PEF variability < 30%.

28) Severe persistent asthma is charactarised by
1. daily symptoms;*
2. frequent night symptoms; *
3. limited physical activity;*
4. FEV1 ore PEF > 60%;
5. PEF variability < 30%.

29) Complications of pneumonia are:
1. acute respiratory failure; *
2. chronic respiratory failure;
3. lung bleeding;
4. pulmonary embolism;
5. lung abscess.*

30) In pneumonia pathological process is localized in:
1. major bronchi;
2. moderate bronchi;
3. small bronchi;*
4. alveoli.*

31) Main symptoms in pneumonia are:
1. productive cough;*
2. fever, weakness;*
3. heart pain;
4. Chest (pleuritic) pain.*

32) Risk factors of pneumonia:
1. cold;*
2. acute respiratory infection;*
3. food intoxication;
4. Reducing of resistance of macroorganism (tiredness, stress…).*

33) Main physical signs in pneumonia are:
1. tympanic sound;
2. dull sound; *
3. small bubbling rales;*
4. large bubbling railes.

34) The management of asthma usually includes using of:
1. Antibiotics;
2. Bronchodilators;*
3. Antihistamine drugs;
4. Steroids;*
5. Cromons. *

35) In the case of pulmonary atelectasis you need to carry out:
1. antibiotic treatment;

2. expectorants;*
3. fibrobronchoscopy.*

36) The primary etiology of community-acquired pneumonia:
1. Streptococcus pneumoniae;*
2. Mycoplasma pneumoniae;*
3. Hemophilus influenzae; *
4. Staphylococcus aureus;
5. Cytomegalovirus.

37) The etiology of lung abscess is:
1. Klebsiella;*
2. Staphylococcus aureus;*
3. Streptococcus pneumoniae;
4. Mycoplasma pneumoniae.

38) Pharmacological asthma treatment includes using of:
1. Tilade;*
2. Intal;*
3. Metoprolol;
4. Salbutamol.*

39) Main symptoms of COPD:
1. cough;*
2. sputu;*
3. expiratory dyspnea;*
4. chest pain;
5. hemoptysis.

40) The presence of airflow obstruction in COPD is based on:
1. chronic inflammation throughout the airways;*
2. parenchymal destruction;*
3. bronchoconstriction.

41) Pleural fluid characteristics in the case of pneumonia:
a) Total protein >30g/l;*
b) PH >7,2;*
c) Total protein <30g/l;
d) Atypical cells;
e) PH< 7,2.

42) β2 agonists using in asthma treatment are
1. Salbutamol;*
2. Fenoterol;*
3. Metoprolol;
4. Formoterol.*

43) Common etiology agents in AIDS pneumonia:
1. Streptococcus pneumoniae;
2. Mycoplasma pneumoniae;
3. Pneumocyst;*
4. fungous.*

44) Main asthma symptoms are:
1. cyanosis;
2. weezing;*
3. cough;*
4. purulent sputum.

CHOOSE THE NUMBER OF CORRECT ANSWER:
45) Management of asthma attack includes using of:
1. dibasol;
2. promedol;
3. euphilline;*
4. mezaton.

46) Chest pain in pneumonia is due to:
1. bronchitis;
2. a local pleuritic reaction;*
3. affection of alveoli;
4. affection of respiratory muscles.

47) In the case of viscous sputum usually use
1. expectorants;*
2. codein;
3. libexin;
4. beta-blockers.

48) Main symptom in asthma is:
1. Chest pain;
2. cough with purulent sputum;
3. weezing;*
4. haemoptisis.

49) Expiratory dyspnea is characterized by difficulty in :
1. inspiration;
2. expiration;*
3. inspiration + expiration.

50) Auscultation in asthma attack can reveal
1. crepitation;
2. dry rales;*
3. moist rales;
4. pleural rubs.

51) **In patient with lung abscess in the morning there was an expectoration of large volume of purulent sputum. What do suspect after that in his condition**:
1. worsening;
2. any changes;
3. improvement. *

52) **Bronchiectasis** are usual characterised by:
1. evening cough without sputum;
2. morning cough with sputum;*
3. morning nonproductive cough;
4. viscous sputum in any time.

53) **Affect of crepitating during auscultation is common in the case of:**
1. bronchitis;
2. asthma;
3. pneumonia;*
4. pleural effusion.

54) **Diagnosis of pneumonia should be confirmed by:**
1. Sputum culture;
2. Blood test;
3. Chest X-ray;*
4. Thoracocentesis.

55) **Pleural rubs is noticed:**
1. during an inhalation; *
2. during an exalation;
3. the whole breath;
4. in stopping breathing.

56) **The character of sputum in bronchiectasis** is:
1. "rusty";
2. viscous;
3. purulent;*
4. pink.

57) **Management of asthma includes:**
1. Avoid exposure of risk factors;
2. Assess and monitor asthma severity;
3. Establish individual medication plans for long term management ;
4. a stepwise approach to pharmacolocic treatment
5. all together*

CHOOSE THE NUMBERS OF CORRECT ANSWERS:
58) **Symtoms of pneumothorax**:
1. Dyspnea*

2. cyanosis *
3. cough *
4. hypertension

62) Weight loss, haemoptisis, chest pain are more common for
1. acute bronchitis
2. asthma
3. pneumonia
4. lung cuncer*

60) Management of mild intermittent asthma includes:
1. β2 agonists as needed; *
2. inhaled glucocorticosteroid 200 - 500 мкг /day;
3.cromones before physical activity ore possible contact with allergen;
4. glucocorticosteroid per os;
5. theophylline .

61) Status asthmaticus is characterized by: :
1. severe cough;
2. hypotension;
3. severe dyspnea;*
4. hypercapnia;*
5. hypoxemia.*

62) Risk factors of COPD:
1. cold;
2. smoking;*
3. airway pollution;*
4. α-1antitrypsin deficiency.*

63) COPD complications are:
1. right heart failure; *
2. respiratory failure; *
3. status asthmaticus;
4. pneumonia.

64) The data of spirometry is analyzed according to:
1. predicted values;*
2. normal values;
3. absolute values.

65) Emphysema is :
1. abnormal permanent enlargement of the airspaces distal to the terminal bronchioles, accompanied by destruction of their walls and without obvious fibrosis; *

2. abnormal permanent enlargement of the airspaces proximal l to the terminal bronchioles, accompanied by destruction of their walls and without obvious fibrosis.

66) Age of patient suffered with COPD is usual:
1. <30;
2. > 40;*
3. 20-30.

67) The results of spirometry in asthma are usual in remition
1. Differ from each other;
2. May be normal.*

CHOOSE THE NUMBERS OF CORRECT ANSWERS:
68) "**Blue bloaters" as a type of COPD are charactarised by:**
1. central cyanosis at rest ore on mild exertion; *
2. large sputum volume;*
3. small sputum volume.

69) "Pink puffers" as a type of COPD are characterized by:
1. central cyanosis at rest ore on mild exertion
2. large sputum volume
3. small sputum volume*
4. emphysema on CT scan*

CHOOSE THE NUMBER OF CORRECT ANSWER:
70) How any subtypes of pulmanary muscarinic receptors are known?
1. 2;
2. 3;*
3. 4.

71) Function of pulmonary neuronal M1 muscarinic receptors :
1. To provide the conduction of acetylcholine*
2. to provide a negative feedback mechanism whereby acetylcholine released from the vagus nerve stimulates the muscarinic receptors and inhibits further release of acetylcholine.
3. to provide the dominant innervation of the airway smooth muscle and cause its contraction

72)   Function of pulmonary neuronal M$_2$ muscarinic receptors
1. to provide a negative feedback mechanism whereby acetylcholine released from the vagus nerve stimulates the muscarinic receptors and inhibits further release of acetylcholine*
2.to provide the dominant innervation of the airway smooth muscle and cause its contraction

73)   Function of pulmonary neuronal M3 muscarinic receptors
1.   to provide the dominant innervation of the airway smooth muscle and cause its contraction *
2.   to provide a negative feedback mechanism whereby acetylcholine released from the vagus nerve stimulates the muscarinic receptors and inhibits further release of acetylcholine

74)   Protein concentrations in pleural fluid <20 g/l is a sign of :
1.   Transudate
2.   exudates*

CHOOSE THE NUMBERS OF CORRECT ANSWERS:
75) Characteristics of parapneumonic pleural effusions**:**
1.   pH >7.2 *
2. LDH <1000 IU/l *
3. Glucose >2.2 mmol/l *
4. pH <7.2
5. Glucose <2.2 mmol/l *

76) Causes of transudative pleural effusions:
1.   malignancy*
2.   pneumonia
3.   Hypotireoidism*
4.   Congestive heart failure*
5.   Pulmonary embolism*

CHOOSE THE NUMBER OF CORRECT ANSWER:
77) Causes of exudative pleural effusions:
1.   malignancy
2.   pneumonia*
3. hypotireoidism
4.   congestive heart failure
5.   pulmonary embolism

78) Chest pain which is intensified by deep breathing indicates about:
1. involvement of the parietal pleura and/or the accompanying fascia is inflamed or infiltrated*.
2. involvement of the visceral pleura

CHOOSE THE NUMBERS OF CORRECT ANSWERS:
79) Main symptom of pleural effusion:
1. Dyspnea*
2. weezing
3. cough*

80) **Pleural effusion** leads to:
1. Decrease of VC*
2. Increase of VC
3. Increas of FEV1?VC*
4. Decrease of FEV1//VC

81) **Diagnosis of smaller pleural effusion should be performed by***:*
1. Ultrasound scan*
2. Chest X-ray

3. CT scan

82) Respiratory symptoms in pleural disease:
1. Chest (pleuritic) pain*
2. Cough*
3. hemoptisis
4. dyspnoea*

CHOOSE THE NUMBER OF CORRECT ANSWER
83) Pleural fluid glucose level < 2,22 mmol/l indicates:
1. high risk of empyema
2. low risk of empyema *

84) Severe pneumonia is
1. двух или многодолевое поражение*
2. плевральный выпот
3. лейкоцитоз

CHOOSE THE NUMBERS OF CORRECT ANSWERS
85) The syndrome of bronchitis is defined in case of: :
1. Productive cough;*
2. Harsh breathing; *
3. Rales : moist, fine-bubbling, crackling, sonorous*
4. Weakness breathing

86) The syndrome of pulmonary consolidation is defined in case of
1. Bronchial respiration, *
2. Crepitation (initial, recurrent)*
3. Patchy or lobar infiltrates on chest x-ray*
4. Productive cough;
5. Harsh breathing;
6. Rales : moist, fine-bubbling, crackling, sonorous

87) The diagnosis of pulmonary atelectasis is possible in:
1. Large sputum volume
2. changes in auscultation picture*
3. характерная рентгенологическая картина*
4. small sputum volume*

88) The antibiotic management of pneumonia includes using of what generation of fluoroquinolones
1. 1 generation
2. 2 generation
3. 3 generation *
4. 4 generation *

89) **Symptoms of bronchoectasis**:

1. Cough*
2. Purulent sputum*
3. Dyspnea*
4. Haemoptisis*
5. weezing

CHOOSE THE NUMBER OF CORRECT ANSWER
90) Is allergy common a symptom of COPD:
1. yes
2. no*

91) COPD is characterized by:
1. Acute onset
2. Progressive onset*

CHOOSE THE NUMBERS OF CORRECT ANSWERS:
92) Physical examination in pleural effusion reveals:
1. A dull sound in percussion*
2. Harsh breathing;
3. Rales : moist, fine-bubbling, crackling, sonorous
4. pleural rubs *

93) Chest –x ray reveals in the case of pleural effusion:
1. An oblique level of the shadow*
2. Displaced of mediastinal shadow towards the affected side
3. A horizontal level of the shadow
4. Displaced of mediastinal shadow towards the unaffected side*

CHOOSE THE NUMBER OF CORRECT ANSWER:
94) The singes of empiema
1. Low level of glucose*
2. High level of glucose
3. High level of LDG*
4. Low level of LDG
Please choose a correct answer

95) **Test with bronchodilator is positive in the case of increasing the level of FEV1 more**:
1. 200 ml.*
2. 100 ml.
3. 150 ml
4. 300 ml.

96) To carry out the test with bronchodilator usually used
1. Short acting b2-agonist *
2. Long acting b2-agonist
3. cholinblockers
4. Methylxanthines

CHOOSE THE NUMBERS OF CORRECT ANSWERS:

97) Препараты, используемые для контроля за бронхиальной астмой:
1. Budesonid*;
2. Intal*;
3. Salbutamol;
4. Formoterol*

98) Management of status asthmaticus includes using of:
1. short acting beta 2 agonist
2. Glucocorticosteroids*
3. Theophylline *
4. Cromonesl

99) Mucolitics are:
1. acethylcystein; *
2. ambrohexal; *
3. амоксициллин;
4. Ventolin;
5. budesonid.

100)   The etiology of lung abscess in pneumonia is:
1. Klebsiella*
2. Legonella;
3. Mycoplasma pneumoniae ;
4. Staphylococcus aureus*
5. Streptococcus pneumoniae

101)   Diagnosis of bronchoectatic deases should be confirmed by:
1. bronchography *
2. CT scan; *
3. Blood test;
4. spyrometry;

102)   **Etiology of community acquired pneumonia:**
1. Streptococcus pneumoniae*
2. Mycoplasma pneumoniae-*
3. Hemophilus influenzae *
4. P.aureginosa

103) **Etiology of acute right heart failure**
1. valvular pneumothorax*
2. pneumomedisstinum*
3. asthma attack*
4. pneumonia
5. pulmonary embolism*

104) **Etiology of chronic right heart failure**
1. primary pulmonary hypertension*
2. recurring pulmonary embolism
3. COPD
4. kyphoscoliosis*
5. obesity, alveolar hypoventilation*

105) **Main symptoms in pulmonary embolism**:
1. respiratory failor*
2. pulmonary infarction*
3. pleural effusion*
4. acute right heart failure*
5. hypertension

106) **Patient complaints in pulmonary embolism**
1. Acute sudden dyspnea*
2. chest pain *
3. haemoptisis*
4. hypotension*
5. hypertension

107) **Physical examination in pulmonary embolism reveals:**
1. paleness, cianosis*
2. weakening breathing, small bubbling] rales, pleural rubs*.
3. tachicardia*
4. aortic accent of the second sound
5. hypotension*
6. pulmonic accent of the second sound*.
7. jugular venous distention *

108) **Diagnosis of pulmonary embolism should be cofirmed by:**
1. angiography ; *
2. ventilation-perfusion scintigraphy*
3. Chest ultrasound scan
4. CT scan*

109) **Diagnosis of cor pulmonale should be cofirmed by :**
1. angiography ; *
2. ventilation-perfusion scintigraphy*
3. Chest ultrasound scan
4. CT scan*
5. cardiac ultrasound*

110) **Classification by Votchal devides possible types of cor pulmonale** :
1. vascular *
2. chest-diaphragmatic*

3. pulmonary*
4. vascular-bronchial

111) Acute cor pulmonale may be
1. vascular*
2. chest-diaphragmatic
3. pulmonary*
4. vascular-bronchial

112) Chronic cor pulmonale may be:
1. vascular
2. chest-diaphragmatic*
3. pulmonary*
4. vascular-bronchial

113) ADD:
**Pulmonary vasoconstriction as a result of hypoventilation is e reflex named by
_____ (Euler, Liljestrand)**

CHOOSE THE NUMBERS OF CORRECT ANSWERS:
114) The management of chronic cor pulmonale includes using of:
1. calcium channel blockers *
2. antibiotics
3. diuretics *
4. ACE-inhibitor*
5. oxygen supplement *
6. heparin *

115) The management of acute cor pulmonale includes using of:
1. Calcium channel blockers *
2. Antibiotics
3. diuretics *
4. ACE-inhibitor*
5. oxygen supplement *
6. heparin *

CORRECT ANSWERS

1	1,3	39	1,2,3	77	2
2	1,4	40	1,2	78	1
3	2	41	1,2	79	1,3
4	4,5	42	1,2,4	80	1
5	1,2,5	43	1,2,3,4	81	1
6	1,2,3	44	2,3	82	1,2,4
7	2,3	45	3	83	2
8	2	46	2	84	1
9	1,3,4	47	1	85	1,2,3
10	1,3,5,6	48	3	86	1,2,3
11	1	49	2	87	2,3,4
12	1	50	2	88	3,4
13	1,5	51	3	89	1,3,4
14	1,4	52	2	90	2
15	1,3	53	3	91	2
16	1,2	54	3	92	1,4
17	1,3,4	55	1	93	1,4
18	2,3,5	56	3	94	3
19	1,3,4,5,6	57	5	95	1
20	1,2	58	1,2,3	96	1
21	1,3,4	59	4	97	1,2,4
22	1,2	60	1	98	2,3
23	2,3	61	3,4,5	99	1,2
24	4,5,6	62	2,3,4	100	1,4
25	1,2	63	1,2	101	2
26	1,2,3	64	1	102	1,2,3
27	1,4,5,6	65	1	103	1,2,3,5
28	1,2,3	66	2	104	1,4,5
29	1,5	67	2	105	1,2,3,4
30	3,4	68	1,2	106	1,2,3,4
31	1,2,4	69	3,4	107	1,2,3,5,7
32	1,2,4	70	2	108	1,2,4
33	2,3	71	1	109	1,2,3,5
34	2,4,5	72	1	110	1,2,3
35	2,3	73	1	111	1,3
36	1,2,3	74	2	112	2,3
37	1,2	75	1,2,3,5	113	Euler Lilyestrand
38	1,2,4	76	1,3,4,5	114	1,3,4,5,6
				115	1,3,4,5,6