1. **Punctajul:** 10  **Autor:** Alexandru Jalba 
CS. The most frequent congenital malformation of esophagus is:

a) [ ] Esophageal duplication  
b) [ ] Esophageal stenosis  
c) [x] Esophageal atresia  
d) [ ] Esophageal fistula  
e) [ ] Megaesophagus  

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2. **Punctajul:** 10  **Autor:** Alexandru Jalba 
CS. A newborn after delivery has hypersalivation. The first feeding attempt (after 2-3 swallows) causes cyanosis and coughing. Dyspnea and polypnea occurs. What is the suspected diagnosis?

a) [ ] Esophageal fistula  
b) [ ] Esophageal stenosis  
c) [ ] Diaphragmatic hernia  
d) [ ] Esophageal duplication  
e) [x] Esophageal atresia  

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3. **Punctajul:** 10  **Autor:** Alexandru Jalba 
CS. The following affirmations concerning esophageal atresia are right, excepting:

a) [ ] Esophageal atresia is the most frequent and severe congenital malformation of the esophagus  
b) [ ] Esophageal atresia is a fatal disease, because of impossibility to feed the newborn  
c) [ ] There are communications between esophagus and trachea in some types of esophageal atresia.  
d) [ ] Drooling and excessive oral salivation are the dominant symptoms of esophageal atresia  
e) [x] Vomiting with milk is the dominant symptom of esophageal atresia  

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4. **Punctajul:** 10  **Autor:** Alexandru Jalba 
CS. The recurrent pneumonia is more common in the following congenital malformation:

a) [ ] Esophageal diverticulum  
b) [ ] Esophageal achalasia  
c) [x] Traheo-esophageal fistula  
d) [ ] Congenital diaphragmatic hernia  
e) [ ] Hypertrophic pyloric stenosis  

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5. **Punctajul:** 10  **Autor:** Alexandru Jalba 
CS. A newborn 5 hours after birth presents progressive expiratory dyspnea, polypnea, cyanosis and coughing. On inspection the left hemithorax is bulged, with horizontal ribs and widened intercostal spaces. On percussion of the affected side tympanic resonance is present and on auscultation the vesicular respiration is absent. The abdomen is without any findings. What is the suspected diagnosis?

a) [ ] Spontaneous pneumothorax.  
b) [ ] Congenital diaphragmatic hernia  
c) [ ] Congenital bronchogenic cyst  
d) [ ] Azygous pulmonary lobe  
e) [x] Congenital lobar emphysema  

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6. **Punctajul:** 10  **Autor:** Alexandru Jalba 
CS. Which of the examinations below is of most value in the diagnosis of congenital lobar emphysema?

a) [x] Plain chest X-ray, upright view  
b) [ ] Bronchography
c) [ ] Bronchoscopy  
d) [ ] Computed tomography  
e) [ ] Scintigraphy  

7. **Punctajul: 10  Autor: Alexandru Jalba**  
CS. The hypertrophic pyloric stenosis is a:  
a) [ ] High bowel obstruction at the level of papilla Vateri  
b) [ ] Low bowel obstruction at the level of pylorus  
c) [ ] High bowel obstruction at the level of pylorus due to hypertrophy of mucosa  
d) [x] High bowel obstruction at the level of pylorus due to muscle hypertrophy  
e) [ ] Low bowel obstruction at the level of pylorus due to muscle hypertrophy  

8. **Punctajul: 10  Autor: Alexandru Jalba**  
CS. The main symptom of hypertrophic pyloric stenosis is:  
a) [ ] Dyspnea  
b) [x] Projectile vomiting with food (milk or formula), the vomiting volume exceeds the last meal amount  
c) [ ] Bilious vomiting  
d) [ ] Abdominal distension  
e) [ ] Digestive hemorrhage  

9. **Punctajul: 10  Autor: Alexandru Jalba**  
CS. In hypertrophic pyloric stenosis the vomiting occurs:  
a) [ ] At any age  
b) [ ] Up to the age of 1 year  
c) [ ] After the age of 6 month  
d) [ ] After the age of 1 year  
e) [x] Around 14-21 days postnatally  

10. **Punctajul: 10  Autor: Alexandru Jalba**  
CS. A firm, painless on palpation, olive shaped tumor in the right hypochondrium, in the pancreato-duodenal area in a child of 5 weeks, who have projectile milky vomiting from the age of 3 weeks, is present in:  
a) [ ] Pyloric duplication  
b) [ ] Incomplete duodenal obstruction by a perforated web  
c) [x] Congenital hypertrophic pyloric stenosis  
d) [ ] Annular pancreas  
e) [ ] Bowel intussusception  

11. **Punctajul: 10  Autor: Alexandru Jalba**  
CS. The bilious vomiting from the birth is a dominant symptom in:  
a) [ ] Congenital hypertrophic pyloric stenosis  
b) [ ] Pyloric spasm  
c) [ ] Duodenal stenosis  
d) [x] Duodenal atresia  
e) [ ] Ileal atresia  

12. **Punctajul: 10  Autor: Alexandru Jalba**
The ultrasound sign characteristic for hypertrophic pyloric stenosis is:
a) [ ] "Target" sign
b) [ ] "Doughnut" sign
c) [ ] "Beak" sign
d) [ ] "Corkscrew" sign
e) [x] "Antral nipple" sign

13. **Punctajul**: 10  **Autor**: Alexandru Jalba
CS. The following affirmations about Ladd syndrome are true, excepting:
a) [ ] Ladd syndrome is a congenital extrinsic duodenal obstruction
b) [ ] In Ladd syndrome the ascendant colon is not fixed in the right gutter
c) [ ] In Ladd syndrome the ascendant colon remains hanged in place of colon transversum
d) [ ] In Ladd syndrome the parietocolic ligament (Ladd's bands) compresses the second part of the duodenum
e) [x] In Ladd syndrome the parietocolic ligament (Ladd's bands) compresses the ileum

14. **Punctajul**: 10  **Autor**: Alexandru Jalba
CS. The meconal ileus is a consequence of:
a) [ ] Internal hernias
b) [ ] Bowel stenosis
c) [ ] Jejunoileal duplications
d) [ ] Colonic duplications
e) [x] Cystic fibrosis

15. **Punctajul**: 10  **Autor**: Alexandru Jalba
CS. The key role in the pathophysiology of Hirschsprung disease plays the following:
a) [ ] Congenital or acquired rectal stenosis.
b) [ ] Short bowel syndrome
c) [ ] Functional causes
d) [x] Aganglionosis
e) [ ] Anorectal malformations

16. **Punctajul**: 10  **Autor**: Alexandru Jalba
CS. The following affirmations as far as congenital megacolon (Hirschsprung disease) is concerned are true excepting:
a) [ ] The positive diagnostic is established on the base of clinical signs, anorectal manometry, barium enema and rectal biopsy.
b) [ ] The aganglionosis (lack of Auerbach's and Meissner's plexus ganglia) plays the key role in the pathophysiology of Hirschsprung disease.
c) [x] Severe cases of Hirschsprung disease are self curing.
d) [ ] At the anorectal manometry the rectoanal inhibitory reflex is absent.
e) [ ] In mild cases of Hirschsprung disease the constipations occur after several months from the birth when the alimentary diversification in attempted.

17. **Punctajul**: 10  **Autor**: Alexandru Jalba
CS. The following affirmations in a child with congenital megacolon are true:
a) [ ] Diagnosis is established on the base of clinical signs
b) [ ] Diagnosis is established on the base of rectal examination
c) [ ] Diagnosis is established on the base of ultrasound examination
d) [x] Diagnosis is established on the base of clinical signs, clinical findings, anorectal manometry, barium enema and rectal biopsy.
e) [ ] Diagnosis is established on the base of barium enema

18. **Punctajul: 10 Autor:** Alexandru Jalba
CS. The commonest type of intussusception in an infant is:
a) [ ] Ileoileal
b) [ ] Colocolonic
c) [ ] Jejunojejunal
d) [x] Appendicular
e) [x] Ileoceccolonic

19. **Punctajul: 10 Autor:** Alexandru Jalba
CS. The intermittent, crampy abdominal pain associated with recurrent vomiting, "currant jelly" stools and a palpable abdominal mass are the symptoms triad in:
a) [ ] Diverticulitis
b) [ ] Acute appendicitis
c) [ ] Gastroenteritis
d) [x] Bowel intussusception
e) [ ] Necrotizing enterocolitis

20. **Punctajul: 10 Autor:** Alexandru Jalba
CS. A child of 7 months is admitted after 13 hours from the sudden disease onset against the background of full wellbeing. At the admission he presented colicky abdominal pains, recurrent vomiting. The child is agitated and refuses the food. The agitation periods alternate with periods of quietness. The abdomen is of normal shape, soft, elastic and slightly painful. In the subepatic area an elongated, cylindrical, elastic mass, with smooth surface is palpated. The stools are absent from the onset. What is the suspected diagnosis?
a) [ ] Appendicular infiltrate
b) [ ] Intestinal volvulus
c) [x] Bowel intussusception
d) [ ] Retroperitoneal tumor
e) [ ] Pancreatic cyst

21. **Punctajul: 10 Autor:** Alexandru Jalba
CS. The definitive diagnosis of the bowel intussusception in an older child is based on:
a) [ ] Physical examination
b) [x] Physical examination, plain abdominal X-ray film, air enema, abdominal ultrasound
c) [ ] Only on the base of plain abdominal X-ray
d) [ ] Only on the base of air enema
e) [ ] Only on the base of abdominal ultrasound

22. **Punctajul: 10 Autor:** Alexandru Jalba
CS. The following affirmations as far as hemangiomas are concerned are true excepting:
a) [ ] Hemangiomas are vascular tumors which consist of abnormal vessels
b) [ ] Hemangiomas have a potential of dramatic progression in size in the first 6 months of life
c) [ ] In 70-75% of cases hemangiomas are self-curing tumors and don't need any treatment
d) [ ] Hemangiomas complications include hemorrhage and infection
e) [x] Hemangiomas are located only on the face
23. **Punctajul:** 10  **Autor:** Alexandru Jalba

CS. The following affirmations concerning branchial cleft cysts are true, excepting:

a) [ ] Branchial cleft cysts are congenital epithelial cysts, which arise on the lateral part of the neck from a failure of obliteration of the second branchial cleft in embryonic development
b) [ ] Branchial cysts are smooth, nontender, fluctuant masses, which occur along the lower one third of the anteromedial border of the sternocleidomastoid muscle between the muscle and the overlying skin
c) [ ] When associated with a sinus tract, mucoid or purulent discharge onto the skin or into the pharynx may be present
d) [x] The branchial cleft cyst is a congenital lesion formed by incomplete involution of the thyroglossal duct
e) [ ] Complications of surgical excision of branchial cleft cysts result from damage to nearby vascular or neural structures, which include carotid vessels and the facial, hypoglossal, vagus, and lingual nerves

24. **Punctajul:** 10  **Autor:** Alexandru Jalba

CS. The commonest complication of acute appendicitis in children is:

a) [ ] Appendicular infiltrate
b) [ ] Intraperitoneal hemorrhage
c) [ ] Bowel obstruction
d) [ ] Liver abscess
e) [x] Diffuse peritonitis

25. **Punctajul:** 10  **Autor:** Alexandru Jalba

CS. The main symptom of esophageal atresia is:

a) [ ] Dysphagia
b) [x] Hypersalivation
c) [ ] Bilious vomiting
d) [ ] High gastrointestinal hemorrhage
e) [ ] Abdominal distension

26. **Punctajul:** 10  **Autor:** Alexandru Jalba

CS. Which of the examinations below is of most value in the diagnosis of esophageal atresia?

a) [ ] Thoraco-abdominal plain X-ray in the upright position
b) [x] Thoraco-abdominal plain X-ray in the upright position with contrasting probe introduced in the esophagus
c) [ ] Thoraco-abdominal X-ray with contrast substance (Upper gastrointestinal series)
d) [ ] Bronchoscopy
e) [ ] Scintigraphy

27. **Punctajul:** 10  **Autor:** Alexandru Jalba

CS. The main symptom of tracheo-esophageal fistula (H fistula) is:

a) [ ] Drooling and hypersalivation
b) [ ] Milk regurgitation after 1-2 sucks
c) [ ] Cyanosis from the birth
d) [ ] Noisy respiration, dyspnea from the birth
e) [x] Recurrent coughing during feeding (the coughing interrupts sucking)

28. **Punctajul:** 10  **Autor:** Alexandru Jalba

CS. The cause of generalized cyanosis in neonate is:
a) [ ] Tracheo-esophageal fistula
b) [x] Diaphragmatic hernia
c) [ ] Pectus carinatum
d) [ ] Pectus excavatum
e) [ ] Congenital bronchiectasis

29. **Punctajul:** 10  **Autor:** Alexandru Jalba
CS. The following affirmations as far as congenital lobar emphysema is concerned are wrong, excepting:

a) [ ] Congenital lobar emphysema is an asymptomatic disease
b) [ ] The dominant symptom of congenital lobar emphysema is sepsis
c) [x] The dominant symptoms of congenital lobar emphysema are dyspnea, polypnea and progressive cyanosis
d) [ ] The dominant symptom of congenital lobar emphysema is coughing with mucopurulent expectorations.
e) [ ] In children with congenital lobar emphysema chest X-ray reveals a round shaped, air-liquid shadow on the affected side.

30. **Punctajul:** 10  **Autor:** Alexandru Jalba
CS. Which of the examinations below is of most value in the diagnosis of congenital diaphragmatic hernia?

a) [x] Plain toraco-abdominal film
b) [ ] Scintigraphy
c) [ ] Bronchoscopy
d) [ ] Barium enema
e) [ ] Computed tomography

31. **Punctajul:** 10  **Autor:** Alexandru Jalba
CS. Which sign is the most important and informative in the onset of hypertrophic pyloric stenosis?

a) [ ] Colicky abdominal pain
b) [ ] Abundant stools
c) [ ] Fever
d) [ ] Food refusal
e) [x] Projectile vomiting after feeding

32. **Punctajul:** 10  **Autor:** Alexandru Jalba
CS. In the hypertrophic pyloric stenosis the vomiting is:

a) [ ] Precocious, immediately after birth
b) [ ] Bilious
c) [x] White projectile and explosive
d) [ ] Seldom
e) [ ] Without any consequences as far as body weight gain is concerned

33. **Punctajul:** 10  **Autor:** Alexandru Jalba
CS. Milky projectile, explosive vomiting at the age of 6 weeks is permanently present in a child with:

a) [ ] Cow's milk protein intolerance
b) [x] Congenital hypertrophic pyloric stenosis
c) [ ] Duodenal stenosis
d) [ ] Ladd syndrome
e) [ ] Hiatal hernia

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34. Punctajul: 10 Autor: Alexandru Jalba
CS. The body weight of a child with hypertrophic pyloric stenosis:
a) [ ] Increases abruptly
b) [ ] Decreases dramatically
c) [ ] Stagnates
d) [ ] Normally increases
e) [x] Stagnates and subsequently gradually decreases

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35. Punctajul: 10 Autor: Alexandru Jalba
CS. The main radiographic sign of hypertrophic pyloric stenosis is:
a) [x] Elongated, filiform, centrally located pyloric canal ("string sign")
b) [ ] Dilated pyloric canal
c) [ ] Eccentric pyloric canal
d) [ ] Significant gastric stasis
e) [ ] Strong gastric waves along greater and lesser curvatures of the stomach

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36. Punctajul: 10 Autor: Alexandru Jalba
CS. The dominant symptom in the duodenal atresia is:
a) [ ] Milky projectile vomiting
b) [x] Precocious, bilious, recurrent vomiting
c) [ ] Meconial vomiting
d) [ ] Meconial and then fecaloid vomiting
e) [ ] Distended abdomen

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37. Punctajul: 10 Autor: Alexandru Jalba
CS. The presence of 2 air-liquid levels in the upper abdomen (on the opposite sites of the spine) on the thoraco-abdominal plain X-ray film in the upright position is a sign of:
a) [ ] Esophageal atresia type C
b) [x] Duodenal atresia
c) [ ] Duodenal stenosis
d) [ ] Colonic stenosis
e) [ ] Congenital hypertrophic pyloric stenosis

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38. Punctajul: 10 Autor: Alexandru Jalba
CS. The bowel aganglionosis in Hirschsprung disease leads to:
a) [ ] Excessive peristaltic waves in the aganglionic segment
b) [ ] Dilatation of the aganglionic segment
c) [ ] Colonic atresia
d) [x] Absence of peristaltic waves in the aganglionic segment
e) [ ] Absence of the peristaltic waves at the level of small bowel

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CS. Most cases of primary intussusception occur in children at the age of:
a) [ ] 1-2 months
b) [ ] 12 months
c) [ ] In the first 7 days of life
d) [x] 6-36 months
e) [ ] In the first hours of life

40. **Punctajul: 10  Autor: Alexandru Jalba**
CS. The following affirmations regarding thyroglossal cyst are true, excepting:
a) [ ] A thyroglossal cyst is a fibrous cyst that forms from a persistent thyroglossal duct
b) [ ] It usually presents as a midline neck lump (in the region of the hyoid bone) that is usually painless, smooth and cystic
c) [ ] If infected pain can occur
d) [ ] The most common locations for a thyroglossal cyst are midline or slightly off midline, between the isthmus of the thyroid and the hyoid bone or just above the hyoid bone
e) [x] A thyroglossal cyst will not move upwards with protrusion of the tongue

41. **Punctajul: 10  Autor: Alexandru Jalba**
CM. The causes that contribute to the development of bowel intussusception in infants are:
a) [ ] Morphologic and functional immaturity of the bowel wall
b) [ ] Aganglionosis of the bowel wall
c) [x] Immaturity of the ileocecal valve
d) [x] High colon mobility
e) [x] Disturbances in the regulation of peristaltic activity

42. **Punctajul: 10  Autor: Alexandru Jalba**
CM. The characteristic clinical signs of bowel intussusception in infants include:
a) [x] Acute sudden onset
b) [ ] Fever
c) [x] Periodic attacks of agitation
d) [x] Intractable (recurrent) vomiting
e) [x] Stool with blood and mucus (“currant jelly” stool)

43. **Punctajul: 10  Autor: Alexandru Jalba**
CM. The symptoms of acute appendicitis in school age children are:
a) [x] Migration of the pain to the right iliac fossa
b) [x] Anorexia, Nausea/Vomiting
c) [x] Tenderness in the right iliac fossa, Rebound pain
d) [x] Elevated temperature (fever), Leukocytosis
e) [x] Shift of neutrophils to the left

44. **Punctajul: 10  Autor: Alexandru Jalba**
CM. The acute appendicitis in a child of up to 3 years manifests itself by the following symptoms:
a) [x] Local pain in the right lower quadrant
b) [ ] Local pain in the epigastrium
c) [ ] Local pain in the paraumbelical region
d) [x] Rebound tenderness in the right lower quadrant
e) [x] Positive Blumberg sign

45. **Punctajul: 10  Autor: Alexandru Jalba**
CM. A neonate with jejunoileal atresia shows the following:
a) [ ] Non-bilious vomiting
b) [x] Bilious vomiting  
c) [x] Abdominal distension  
d) [x] Meconium could appear normal  
e) [x] Gray mucus plugs passed via rectum

46. **Punctajul:** 10  **Autor:** Alexandru Jalba  
CM. The following is true in a newborn with duodenal atresia:  
- [x] Clear or bilious vomiting within hours of birth is present  
- [ ] An output of more than 5 ml of gastric content is indicative for positive diagnosis  
- [x] An output of more than 20 ml of gastric content is indicative for positive diagnosis  
- [x] Meconium could appear normal  
- [ ] Blood may be passed via rectum

47. **Punctajul:** 10  **Autor:** Alexandru Jalba  
CM. What symptoms are present in a child with diaphysial hematogenous osteomielitis on the 3rd day from the disease onset?  
- [x] Local hyperemia  
- [ ] Local fluctuation  
- [x] Nearest joint dysfunction  
- [ ] Pain on palpation  
- [x] Pain on percussion

48. **Punctajul:** 10  **Autor:** Alexandru Jalba  
CM. The diagnosis of Hirschsprung’s disease is established on the basis of:  
- [x] Full-thickness rectal biopsy or rectal suction biopsy  
- [x] Contrast enema  
- [x] Anorectal manometry  
- [x] Acetylcholinesterase staining  
- [ ] Computed tomography

49. **Punctajul:** 10  **Autor:** Alexandru Jalba  
CM. The chronic constipation in children could be a result of:  
- [x] Megadolichosigma, megarectum  
- [x] Secondary megacolon  
- [x] Intestinal neuronal dysplasia  
- [x] Nutritional factors  
- [x] Hirschsprung's disease

50. **Punctajul:** 10  **Autor:** Alexandru Jalba  
CM. The radiologic findings in Hirschsprung’s disease include the following:  
- [x] Hemorrhagic disease of newborn  
- [x] Portal hypertension  
- [x] Gastric and duodenal ulcer disease  
- [ ] Ulcerative colitis  
- [x] Meckel's diverticulum

51. **Punctajul:** 10  **Autor:** Alexandru Jalba  
CM. Chronic gastrointestinal hemorrhage could occur in a child with:  
- [ ] Portal hypertension  
- [x] Ulcerative colitis
c) [ ] Meckel's diverticulum
d) [x] Peutz-Jeghers syndrome
e) [x] Anal fissure

52. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. Suspicion of portal hypertension invokes the necessity of:
a) [x] Upper gastrointestinal endoscopy
b) [x] Hemodynamic measurement of portal pressure
c) [ ] Duplex Doppler ultrasonography
d) [ ] Nasogastric tube insertion
e) [ ] Liver and spleen scan

53. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. Patients with Peutz-Jeghers syndrome tend to present with the following symptoms:
a) [x] Chronic GI bleeding
b) [x] Gynecomastia
c) [ ] Developmental delay
d) [x] Nasal polyposis (chronic sinusitis)
e) [x] Pigmented macules on the lips and digits

54. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. Gardner's syndrome is characterized by:
a) [x] Multiple polyps in the colon
b) [x] Tumors outside the colon
c) [ ] Nasal polyposis
d) [ ] Pigmented macules on the lips and digits
e) [x] Gynecomastia

55. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. Prehepatic portal hypertension syndrome is caused by:
a) [x] Portal or splenic veins thrombosis
b) [x] Congenital atresia or stenosis of portal vein
c) [x] Extrinsic compression (tumors) of the portal vein
d) [x] Splanchnic arteriovenous fistula
e) [ ] Hepatic cirrhosis

56. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. Intrahepatic (presinusoidal, sinusoidal and postsinusoidal) portal hypertension syndrome is caused by:
a) [ ] Phlebitis of the portal vein
b) [x] Hepatic cirrhosis
c) [x] Hepatic fibrocystic disease
d) [x] Neonatal hepatitis
e) [x] Biliary atresia

57. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. Budd-Chiari syndrome is caused by:
a) [ ] Idiopathic transformation of the portal vein
b) [ ] Thrombosis of the portal vein
c) [ ] Phlebitis of the portal vein
d) [x] Thrombotic or nonthrombotic occlusion of hepatic veins
e) [x] Inferior vena cava stenosis

58. **Punctajul: 10**  **Autor:** Alexandru Jalba
CM. Acute gastrointestinal hemorrhage could occur in a child with:

a) [x] Hemorrhagic disease of newborn
b) [x] Portal hypertension
c) [x] Gastric and duodenal ulcer disease
d) [ ] Ulcerative colitis
e) [x] Meckel’s diverticulum

59. **Punctajul: 10**  **Autor:** Alexandru Jalba
CM. Noncomplicated congenital hydrocele is characterized by:

a) [ ] Borborygmus during reduction
b) [x] Impossibility to reduce the formation
c) [x] Transillumination symptom on diaphanoscopy
d) [ ] Enlargement of the external inguinal ring
e) [ ] Positive "cough" symptom on palpation

60. **Punctajul: 10**  **Autor:** Alexandru Jalba
CM. Pyelonephritis is characterized by:

a) [x] Leucocyturia
b) [x] Bacteriuria
c) [x] Proteinuria
d) [ ] Painful urination
e) [ ] Arterial hypertension

61. **Punctajul: 10**  **Autor:** Alexandru Jalba
CM. Cystitis is characterized by:

a) [x] Leucocyturia
b) [x] Bacteriuria
c) [ ] Proteinuria
d) [x] Painful and frequent urination
e) [ ] Low urine density

62. **Punctajul: 10**  **Autor:** Alexandru Jalba
CM. The localization of the testis in cryptorchism could be:

a) [x] Inguinal
b) [ ] Pubic
c) [ ] Femoral
d) [x] Abdominal
e) [ ] Perineal

63. **Punctajul: 10**  **Autor:** Alexandru Jalba
CM. The localization of the ectopic testis could be:

a) [ ] Inguinal
b) [x] Pubic
c) [x] Femoral
d) [x] Perineal
e) [x] Crisscross
64. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. The obstructive hydronephrosis is characterized by:

a) [x] Pain
b) [x] Pathologic findings in the urinalysis
c) [x] Palpable tumor symptom
d) [x] Pathologic findings in the biochemical blood analysis
e) [ ] Hematuria

65. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. The basic tools for the diagnosis of hydronephrosis include the following:

a) [x] Ultrasound examination
b) [x] Excretory urography
c) [ ] Cystography
d) [ ] Renal angiography
e) [ ] Computed tomography

66. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. Epispadias in boys could be:

a) [x] Glanular
b) [ ] Perineal
c) [x] Penile
d) [x] Penopubic
e) [ ] Balanic

67. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. Epispadias in girl could be:

a) [ ] Glanular
b) [ ] Penile
c) [ ] Perineal
d) [x] Subsymphiseal
e) [x] Clitoral

68. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. The main symptoms of pharyngeal and esophageal burn are:

a) [x] Dysphagia
b) [ ] Diareea
c) [x] Salivation
d) [x] Fibrin depositions on the mucosa
e) [x] Hoarse voice

69. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. The following investigations are required for the confirmation of the diagnosis of esophageal cicatrical stenosis:

a) [ ] Antero-posterior plain chest X-ray
b) [x] Contrast swallow X-ray
c) [x] Double contrasting of the esophagus
d) [x] Esophagoscopy
e) [ ] Blood count

70. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. The symptoms of esophageal perforation are:
a) [ ] Headache
b) [x] Dysphagia
c) [x] Retrosternal chest pain
d) [x] Subcutaneous crepitation in the neck
e) [x] Fever

71. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. The following could be revealed by the chest X-ray in the first stage of necrotizing pneumonia:
a) [ ] Tensioned pyopneumothorax
b) [ ] Pneumothorax
c) [x] Infiltrate
d) [x] Fibrinous pleuritis
e) [ ] Abscess

72. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. The stomach cardia hypotonicity occurs in the following:
a) [x] Esophageal chalasia
b) [ ] Congenital diaphragmatic hernia or eventration
c) [ ] Congenital esophageal stenosis
d) [x] Congenital short esophagus
e) [x] Hiatal hernia

73. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. Gastroesophageal reflux could be a result of:
a) [x] Blunt angle of His
b) [ ] High position of the diaphragmatic cupula (dome)
c) [ ] Splenomegaly
d) [x] Wide esophageal hiatus
e) [ ] Dentate line higher than esophageal hiatus

74. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. Main tools with a key role in the diagnosis of gastroesophageal reflux disease include:
a) [x] pH monitoring of esophagus and stomach
b) [x] Upper gastrointestinal imaging series
c) [ ] Plain chest X-ray
d) [x] Esophagogastroduodenoscopy
e) [x] Multilevel esophageal manometry

75. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. Aspiration syndrome in neonate could be a result of:
a) [x] Esophageal atresia
b) [ ] Double aortic arch
c) [x] Reflux esophagitis
d) [ ] Achalasia
e) [x] Tracheoesophageal fistula

76. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. Symptoms of the foreign body of the esophagus are the following:
a) [ ] Vomiting
b) [x] Food refusal

c) [x] Salivation

d) [ ] Dyspnea

e) [x] Difficult swallow (dysphagia)

77. Punctajul: 10 Autor: Alexandru Jalba
CM. The opacity of the anterior mediastinum on chest X-ray could be the evidence of:

a) [ ] Neuroblastoma
b) [ ] Ganglioneuroma
c) [x] Thymoma
d) [x] Teratoma
e) [x] Thymus hyperplasia

78. Punctajul: 10 Autor: Alexandru Jalba
CM. The opacity of the posterior mediastinum on chest X-ray could be the evidence of:

a) [x] Neuroblastoma
b) [x] Ganglioneuroma
c) [ ] Thymoma
d) [ ] Teratoma
e) [ ] Thymus hyperplasia

79. Punctajul: 10 Autor: Alexandru Jalba
CM. Typical injuries of the locomotor apparatus in children are:

a) [x] Subperiostal fracture
b) [x] Epiphysiolysis
c) [ ] Hip dislocation
d) [x] Radial head subluxation
e) [ ] Cervical hip fracture

80. Punctajul: 10 Autor: Alexandru Jalba
CM. Pathologic fractures could occur in children with

a) [x] Osteogenesis imperfecta
b) [x] Osteomyelitis
c) [ ] Osteoid osteoma
d) [x] Osteoblastoma
e) [x] Rickets and scurvy

81. Punctajul: 10 Autor: Alexandru Jalba
CM. The subperiostal fracture of long tubular bones in children is characterized by:

a) [x] Pain
b) [ ] Pathologic mobility
c) [ ] Crepitation
d) [x] Loss of function
e) [x] Soft tissue swelling

82. Punctajul: 10 Autor: Alexandru Jalba
CM. The clinical signs of a fracture are the following:

a) [x] Function loss
b) [x] Deformation and abnormal mobility
c) [ ] Fluctuation
d) [x] Local pain
e) [x] Crepitation

83. Punctajul: 10 Autor: Alexandru Jalba
CM. Radial head subluxation in children is characterized by:
a) [ ] Abnormal mobility
b) [x] Significantly painful rotational movements of the forearm
c) [x] Limited motion in the elbow joint
d) [x] Event of forearm traction in the anamnesis
e) [ ] Event of falling on the extended forearm in the anamnesis

84. Punctajul: 10 Autor: Alexandru Jalba
CM. Eventual complications after elbow joint bones injuries include:
a) [x] Volkmann's ischemic contracture
b) [x] Varus or valgus deformations
c) [ ] Madelung deformity
d) [x] Elbow joint contracture
e) [x] Pseudarthrosis

85. Punctajul: 10 Autor: Alexandru Jalba
CM. The compressive fracture of the bodies of thoracic vertebrae is characterized by:
a) [ ] Trendelenburg's sign
b) [x] Posttraumatic apnoea (respiratory arrest)
c) [x] Pain and limited movements in the area of injured vertebrae
d) [x] Radiating, belting pain
e) [x] Muscle tightness in the affected area

86. Punctajul: 10 Autor: Alexandru Jalba
CM. First degree burns are usually:
a) [x] Red
b) [x] Dry
c) [x] Painful
d) [ ] Wet
e) [ ] With blisters

87. Punctajul: 10 Autor: Alexandru Jalba
CM. Second degree burns are usually:
a) [x] Red
b) [ ] Dry
c) [x] Very painful
d) [x] Wet
e) [x] With blisters

88. Punctajul: 10 Autor: Alexandru Jalba
CM. Third degree burns are usually:
a) [x] Leathery in consistency
b) [x] Dry
c) [x] Insensate (painless)
d) [ ] Painful
e) [x] Waxy
89. **Punctajul:** 10  **Autor:** Alexandru Jalba  
CM. Fourth degree burns are usually:  
1. [x] Extending through entire skin, and into underlying fat, muscle and bone  
2. [x] Dry  
3. [x] Insensate (painless)  
4. [ ] Painful  
5. [x] Black, charred with eschar  

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90. **Punctajul:** 10  **Autor:** Alexandru Jalba  
CM. The traumatic injury of the spleen is diagnosed by:  
1. [x] Angiography  
2. [ ] Pneumoperitoneum  
3. [x] Ultrasound examination  
4. [x] Laparoscopy  
5. [ ] Air enema  

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91. **Punctajul:** 10  **Autor:** Alexandru Jalba  
CM. The developmental hip dysplasia (previously congenital hip dislocation) in neonate should be treated by:  
1. [x] Massage  
2. [ ] Abduction brace  
3. [x] Pavlik harness  
4. [ ] Light immobilizing casts  
5. [ ] One stage reduction under general anesthesia  

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92. **Punctajul:** 10  **Autor:** Alexandru Jalba  
CM. The developmental hip dysplasia (previously congenital hip dislocation) beginning from 6 months of age should be treated by:  
1. [x] Physiotherapy and kinetotherapy  
2. [ ] Pavlik harness  
3. [x] Massage  
4. [x] Abduction brace  
5. [ ] One stage reduction under general anesthesia  

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93. **Punctajul:** 10  **Autor:** Alexandru Jalba  
CM. The developmental hip dysplasia (previously congenital hip dislocation) in an infant of 1 month should be treated by:  
1. [x] Physiotherapy  
2. [x] Massage  
3. [x] Pavlik harness  
4. [x] Abduction brace  
5. [ ] One stage reduction under general anesthesia  

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94. **Punctajul:** 10  **Autor:** Alexandru Jalba  
CM. The developmental hip dysplasia (previously congenital hip dislocation) in a child older than 2 years should be treated by:  
1. [x] Physiotherapy and kinetotherapy  
2. [x] Massage  
3. [x] Orthopedic surgery  
4. [x] Light immobilizing casts
e) [ ] One stage reduction under general anesthesia

95. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. Classic findings characteristic for developmental hip dysplasia include:
   a) [x] Ortolani sign
   b) [x] Galeazzi sign
   c) [x] Asymmetry of the gluteal thigh or labral skin folds
   d) [x] Decreased abduction on the affected side
   e) [ ] Absolute leg-length inequality

96. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. The main symptoms of clubfoot are:
   a) [x] Supination
   b) [ ] Pronation
   c) [x] Equinus
   d) [x] Adduction
   e) [ ] Abduction

97. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. The conservative treatment of clubfoot includes:
   a) [x] Traditional casting methods
   b) [x] Ponseti method
   c) [ ] Ligamentocapsulotomy
   d) [ ] Chemotherapy
   e) [ ] One stage reduction under general anesthesia

98. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. The congenital clubfoot should be differentiated from:
   a) [x] Arthrogryposis
   b) [ ] Leg shortening
   c) [ ] Pes calcaneus
   d) [x] Paralitic pes equinus
   e) [x] Little disease (spastic dyplegia)

99. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. The onset of the Legg-Calve-Perthes disease is characterized by:
   a) [x] Pain in the knee joint
   b) [x] Claudication
   c) [x] Pain in the hip joint
   d) [ ] Fever
   e) [x] Restricted movements in the hip joint

100. **Punctajul:** 10  **Autor:** Alexandru Jalba
CM. The VACTERL association comprises the following constellation of abnormalities:
   a) [x] Renal and cardiac malformations
   b) [x] Anorectal malformations
   c) [ ] Posterior fossa malformations
   d) [x] Vertebral and tracheoesophageal defects
   e) [x] Limb deformities