**1. The definition of malformation is:**

a. stopping development of the organ or body portion previously developed normally

 b. primary error of morphogenesis, usually polyetiological

c. extrinsic developmental disturbances caused by biomechanical factors

d. a complex of development abnormalities

e. a sequence of abnormalities initiated by a single causal factor, followed by secondary defects in other organs

**2.** **Which of the following are variants of organ anomalies:**

a. atresia

b. dysplasia

c. apoptosis

d. agenesia

e. necrosis

**3. All of the following are non-cyanotic cardiac defects, EXCEPT:**

a. atrial septal defect

b. ventricular septal defect

c. persistent arterial duct

### d. tetralogy Fallot

e. obstruction of bloodstream

**4. Which of the following are cyanotic heart defects:**

a.tetralogy Fallot

b. atresia of tricuspid valve

c. persistent arterial duct

d. pulmonary atresia

e. transposition of great vessels

**5. What includes Fallot tetralogy:**

a. pulmonary artery stenosis

b. interventricular communication

c. deviation of the origin of the aorta to the right

d. interatrial communication

e. right ventricular hypertrophy

**6. What is porencephaly:**

a. agenesia of brain, in which its anterior, middle and posterior compartments are missing

b. excessive accumulation of cerebrospinal fluid in cerebral ventricles or subarachnoid spaces

c. appearance in the brain of cysts of varying size which communicate with the lateral brain ventricles, covered with ependyma

d. prominence of the cerebral and medullary substances through the defects of the skull bones, its sutures and the vertebral canal

e. a rare defect characterized by the presence of one or two eyeballs located in orbit

**7. What are the variants of atresia and stenosis of the rectum and anal orifice:**

a. atresia only at the level of anal orifice

b. atresia only at the level of rectum

c. atresia with fistulas

d. atresia of the rectum and anal orifice

e. all statements are correct

**8. Identify the morphological substrate of Hirschprung disease:**

a. lack of neurons of the submucosal plexus (Meissner.

b. lack of neurons of the myenteric plexus (Auerbach.

c. congenital hypertrophy of the colon wall muscles

d. lack of neurons of the myenteric plexus (Meissner.

e. lack of neurons of the submucosal plexus (Auerbach.

**9.** **Congenital malformations of the liver and bile ducts are:**

a. liver polycystosis

b. atresia and stenosis of extrahepatic bile ducts

c. Hirschprung disease

d. agenesis and hypoplasia of intrahepatic bile ducts

e. congenital hyperplasia of intrahepatic bile ducts

**10. Adult type polycystic kidney is characteristic for:**

a. hypoplastic kidneys

b. dysplastic kidneys

c. macrocystic kidneys

d. concrescent kidneys

e. agenetic kidneys

**11.** **What are the manifestations of congenital emphysema:**

a. causes the movement of the mediastinal organs to the opposite side

b. does not cause movement of the mediastinal organs to the opposite side

c. it is established only in the postnatal period

d. it is established only in the prenatal period

e. promotes the development of congenital bronchiectasis

**12.** **Identify isolated osteoarticular malformations:**

a. phocomelia

b. polydactyly

c. congenital amputation and extremities aplasia

d. imperfect osteogenesis

e. acondroplasia

**13.** **Identify congenital malformations of the face:**

a. cheiloschisis

b. micrognatia

c. phocomelia

d. hypertelorism

e. palatoschisis

**14.** **What are the manifestations of fetal alcohol syndrome:**

a. prenatal growth retardation

b. postnatal growth retardation

c. facial anomalies

d. psychomotor disorders

e. cardiac anomalies

**15.** **The manifestations of diabetic embryopathy are:**

a. fetal macrosomia

b. facial anomalies

c. cardiac anomalies

d. neural tube defect

e. prenatal growth retardation

**16.** **What is the factor associated with infant sudden death syndrome:**

a. alcohol

b. smoking

c. viruses

d. thalidomide

e. all statements are false

**17.** **The pathology and mortality of the perinatal period is divided into:**

a. antenatal

b. intranatal

c. postnatal

d. paranatal

e. neonatal

**18.** **The risk factors of prematurity are:**

a. early rupture of fetal membranes

b. intrauterine infections

c. anomalies of uterus, cervix and placenta

d. mother's age

e. multiple pregnancy

**19.** **What complications occur in premature newborns:**

a. apnea

b. sepsis

c. polycythemia

d. persistent arterial duct

e. hypoglycemia

**20.** **What complications occur in overgrown newborns:**

a. sepsis

b. retinopathy

c. trauma at birth

d. hyperbilirubinaemia

e. hypoglycemia

**21.** **Risk factors for asphyxia are:**

a. prematureness

b. adequate ventilation

c. increase heart rate

d. cardiac arrest

e. complicated birth

**22.** **The risk factors for respiratory distress syndrom are:**

a. prematureness

b. cardiac arrest

c. diabetes in pregnancy

d. cesarean intervention

e. structural anomalies of the lungs

**23.** **The microscopic manifestations of respiratory distress syndrome are:**

a. atelectasis and dilation of the alveoli

b. hyaline membranes composed of fibrin and cellular debris

c. sclerosing of the alveoli

d. minimal inflammation

e. leukocyte infiltration at the periphery

**24.** **What are the transmission ways of fetus and newborn infection**

a. transcervical

b. placental

c. cervical

d. transplacental

e. descending

**25.** **Which hormones play a role in regulating surfactant synthesis:**

a. estrogens

b. corticosteroids

c. androgens

d. catecholamines

e. mineralocorticoids

**26.** **What are the main differences between malignant tumors in infants and children from those in adults:**

a. close relationship between abnormal development and tumor induction

b. prevalence of constitutional genetic anomalies which predispose to cancer

c. the more unfavorable survival or healing rate in many tumors of the children

d. tendency of fetal and neonatal malignant tumors to regress spontaneously

e. the more favorable survival or healing rate in many tumors of the children

**27.** **What are the clinical manifestations of retinoblastoma:**

a. visual disturbances

b. strabismus

c. whitish nuance of pupil

d. lack of pain

e. ocular sensitivity to light

**28.** **The microscopic pattern of brain tissue in toxoplasmosis includes:**

a. cysts in brain tissue

b. edema of adjacent cerebral tissue

c. fibrosis of cerebral tissue

d. inflammatory exudate

e. proteic degeneration of the epithelium

**29.** **Identify complications of toxoplasmosis:**

a. cachexia

b. bleeding

c. paralysis

d. blindness

e. insufficient intellectual development

**30.** **The microscopic pattern of convolute renal tube metamorphosis in cytomegaloviral infection includes:**

a. cytomegaloviral transformation of kidney tubule epithelium

b. fibrin deposits in glomeruli

c. proteic degeneration of the tubule epithelium

d. lymphohistiocytic infiltration

e. sclerosis of glomeruli

**31. Newborn pneumopathies include:**

a. atelectasia

b. edematous hemorrhagic syndrome

c. lung emphysema

d. hyaline membranes of the lungs

e. pulmonary edema

**32.** **The microscopic pattern of the hyaline membranes in the lungs includes:**

a. densified proteic masses in shape of rings that adhere to the walls of the alveoli

b. large air cavities

c. dilated hyperemic vessels

d. squamous metaplasia of the bronchial epithelium

e. inflammatory exudate in the lumen alveoli and interalveolar septa

**33. The microscopic pattern of the pancreas in cystic fibrosis includes:**

a. cystically dilated ducts

b. eosinophilic condensed content in the lumen of the ducts

c. foci of hemorrhages

d. diffuse fibrosis and lymphohistiocytic infiltration of the stroma

e. necrosis of the glandular tissue

**34.** **Identify complications of cystic fibrosis:**

a. pneumonia

b. meconial peritonitis

c. heart failure

d. liver cirrhosis

e. cachexia