

1. **CS** [M2626198] . Trasaturile angiografice la pacientii cu AVC indus de cocaina pot fi: . . ()\ Angiographic traces in patients with stroke induced by cocaine may be. ()\

- A) Artere normale. \ normal artery\
- B) Ocluzia sau stenoza vaselor mari. \ occlusion or stenosis of large vessels\
- C) Vasospasm\ vasospasm\
- D) Leziuni de tip vasculitic\ vasculitis like lesions\
- E) Amiloid\ amyloid\

2. **CS** [] In conformitate cu studiile NASCET si ECST pacientii simptomatici cu stenoza carotidiana beneficiaza in mod clar de endarterectomie carotidiana daca stenoza carotidiana este de: (pag. 2573)\ According to NASCET and ECST trials in symptomatic patients with carotid stenosis benefit without doubt from carotid endarterectomy if carotid stenosis is:

- A) 30-39%\ 30-39%\
- B) 40-49%\ 40-49%\
- C) 50-59%\ 50-59%\
- D) 60-69%\ 6-0-69%\
- E) 70-99%\ 70-99%\

3. **CS** [C1423012] Deficitul neurologic major al hemoragiei occipitale lobare este: (pag. 2580)\ major neurological deficit of the occipital lobar hemorrhage is: (p. 2580)\

- A) hemianopsia\ hemianopia\
- B) afazia\ aphasia\
- C) delirul\ delirium\
- D) pareza bratelor\ arm paresis\
- E) deficit senzitiv pe un hemicorp\ sensory deficit in half of body\

4. **CS** [C1423013] Mentionati cea mai frecventa cauza de ischemie si infarct cerebral: (pag. 2558)\ Mention the most common cause of ischemia and cerebral infarction (p. 2558)\

- A) boala Moyamoya\ Moyamoya disease\
- B) meningita TBC\ TB meningitis\
- C) arterita Takayasu\ Takayasu arteritis\
- D) embolismul cardiogen\ cardiogenic embolism\
- E) cancerul sistemic\ Systemic cancer\

5. **CS** [C1423011] Cea mai frecventa cauza de embolism cerebral o reprezinta: (pag. 2575)\ The most common cause of cerebral embolism is the: (p. 2575)\

- A) fibrilatia atriala nereumatica\ atrial fibrillation non rheumatic\
- B) bolile cardiace congenitale\ congenital heart disease\
- C) mixomul atrial\ mixoma atrial\
- D) prolapsul de valva mitrala\ mitral valve prolapse\
- E) contraceptivele orale\ oral contraceptives\

6. **CS** [M2326030] Interesarea nucleului rosu si/sau a tractului dentorubrotalamic poate produce: (pag. 2566)\ involvement of the red nucleus and / or dentorubrotalamic tract may produce: (p. 2566)\

- A) hemiplegie\ hemiplegia\
- B) hemianopsie\ hemianopia\
- C) ataxie controlaterala\ controlateral ataxia\
- D) cecitate\ blindness\
- E) afazie\ aphasia\

7. **CS** [C1523015] In cazul unui accident vascular cerebral, decelarea unei infarctizari hemoragice pledeaza pentru: (pag. 2560, 2575, 2576)\ In the case of stroke, detection of a hemorrhagic infarction advocates (p. 2560, 2575, 2576)\

- A) mecanism trombotic de ocluzie a vasului cerebral\ thrombotic mechanism of vessel occlusion \
- B) mecanism embolic de ocluzie a vasului cerebral\ embolic mechanism of vessel occlusion \
- C) hemoragie lobara la debut\ beginning of lobar hemorrhage \
- D) hemoragie pontina la debut\ onset of pontine bleeding \
- E) hemoragie subarahnoidiana\ subarachnoid hemorrhage\

8. **CS** [M1126001] Endocardita bacteriana poate determina hemoragii subarahnoidiene prin: (pag. 2583)\ Bacterial endocarditis can cause subarachnoidian bleeding by (p. 2583)\

- A) trombocitoza\ thrombocytosis\
- B) cresterea tensiunii arteriale\ high blood pressure\
- C) anevrisme micotice\ mycotic aneurysms\

D) [complexe imune circulante\ circulating immune complexes\

E) [bacteriemie\ bacteraemia\

9. **CM.** [M2626200] Care din urmatoarele afirmatii sunt adevarate: R: Pg. 2579 ()\ Which of the following are true: Pg. 2579 ()\

A) [A. In hemoragia din putamen ochii sunt deviati de partea opusa paraliziei. \ In putamen hemorrhage the eyes are deviated to the opposite side of the paralysis\

B) [B. In hemoragia talamica ochii sunt deviati in sus\ In thalamic hemorrhage eyes are deviated upwards\

C) [C. In hemoragia pontina miscarile laterale reflexe ale ochilor sunt diminuate. \ In pontine hemorrhage miÅŸcãrile laterale eye reflexes are diminished.\

D) [D. In hemoragia cerebeloasa ochii pot fi deviati lateral spre partea opusa leziunii. \ In cerebellar hemorrhage eyes may be deviated laterally towards the opposite side of the lesion\

E) [E. In hemoragia cerebeloasa ochii pot fi deviati lateral de aceeas parte cu leziunea\ In cerebellar hemorrhage eyes may be deviated laterally on the same side as the lesion\

10. **CM** [C1223046] In tratamentul AVC prima linie este reprezentata de: (pag. 2572)\ The first line treatment of stroke is represented by: (p. 2572)\

A) [modificarile dietetice\ Dietary changes\

B) [modificarile stilului de viata\ changes in lifestyle\

C) [abandonarea fumatului\ smoking cessation\

D) [reducerea sarii din alimentatie\ reducing salt in food\

E) [gimnastica medicala\ medical gymnastics\

11. **CM.** [M2626203] Traumatismul cranian produce de obicei (pg.2557)\ Cranial trauma usually causes (pg.2557)\

A) [hematom subdural\ subdural hematoma \

B) [hematom epidural\ epidural hematoma \

C) [hemoragie intracerebrala\ intracerebral hemorrhage\

D) [hemoragie subarahnoidiana\ subarachnoidian hemorrhage\

E) [apoplexie\ apoplexia\

12. **CM.** [C2523080] Sindromul Wallenberg, de afectare a portiunii laterale a bulbului, include ca manifestari clinice: (pag. 2566 - 2567)\ Wallenberg syndrome from the damage to the lateral portion of the bulb, had the clinical manifestations of: (p. 2566-2567)\

A) [hemianopsie homonima\ homonymous hemianopia\

B) [ataxia membrelor\ limb ataxia\

C) [deficit de sensibilitate pe jumatarea contralaterala a fetei\ lack of sensitivity on the contralateral half of face\

D) [diminuarea sensibilitatii dureroase si termice pe jumatarea contralaterala a corpului\ reduction of pain and thermal sensitivity of the contralateral half body\

E) [nistagmus\ nystagmus\

13. **CM.** [C2523077] Printre bolile care pot produce accidente vasculare cerebrale ischemice printr-un mecanism de hipercoagulabilitate, se numara: (pag. 2577)\ Among the diseases that can cause ischemic stroke by a mechanism of hypercoagulability, are: (p. 2577)\

A) [purpura trombotica trombocitopenica\ thrombotic thrombocytopenic purpura\

B) [deficitul de proteina C\ Protein C deficiency\

C) [deficitul de proteina bazica a mielinei\ deficiency of basic protein of myelin\

D) [policitemia vera\ polycythemia vera\

E) [hemofilia\ haemophilia\

14. **CM** [C1223047] Ischemia cerebrala este produsa de o reducere a fluxului cerebral cu durata de: (pag. 2557)\ cerebral ischemia is caused by a reduction in cerebral flow with a duration of (p. 2557)\

A) [citeva secunde\ few seconds\

B) [citeva minute\ few minutes\

C) [citeva ore\ several hours\

D) [citeva zile\ several days\

E) [citeva saptamin\ several weeks\

15. **CM.** [M2626202] Hemoraia subarahnoidiana este produsa de : (pg.2557)\ subarachnoid hemorrhage is produced by: (pg.2557)\

A) [Boala hipertensiva\ hypertensive disease\

B) [sangereri intraneoplazice\ intraneoplastic bleeding\

- C) [x]rupturii unui aneurism sacular\ rupture of a saccular aneurysm \
 - D) [x]rupturi unei malformatii arterio-venoase\ rupture of arterio-venous malformation\
 - E) []traumatis cranian inchis\ closed cranial trauma\
-

16. CM. [M2626207] Urmatoarele afirmatii sunt adevarate in ceea ce priveste simptomatologia determinata de boala aterotrombotica a arterei cerebrale medii: (pag. 2562)\ The following statements are true regarding the symptoms caused by middle cerebral artery atherothrombotic disease (p. 2562)\

- A) [x]In afazia Wernicke fara pareza este implicata ramura inferioara a arterei cerebrale medii\ In Wernicke aphasia without paresis inferior branch of middle cerebral artery is involved\
 - B) [x]Sindromul Gerstmann poate aparea in leziunile emisfera dominanta\ Gerstmann syndrome can occur in dominant hemisphere lesions
 - C) []Hemiasomatognozia indica faptul ca este implicata ramificatia inferioara a arterei cerebrale mijlocii in emisfera dominanta\ Hemiasomatognosia indicates that the inferior branch of middle cerebral artery in the dominant hemisphere is involved\
 - D) [x]Afazia de conducere releva afectarea operculului parietal\ conductive aphasia reveals parietal opercule involvement\
 - E) [x]Apractognozia emisferei minore indica afectarea lobului parietal nedominant\ Minor hemisphere apractognosia reveals non-dominant parietal lobe involvement\
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17. CM. [C1323053] In endocardita infectioasa embolii septici pot duce la: (pag. 2575)\ In infectious endocarditis, septic emboli may produce: (page 2575)\

- A) [x]abcese cerebrale\ cerebral abscess\
 - B) [x]anevrisme micotice\ mycotic aneurysm\
 - C) []meningite\ meningitis\
 - D) [x]hemoragie subarahnoidiana\ subarachnoidian haemorrhage\
 - E) []hemoragie intracerebrala\ intracerebral haemorrhage\
-

18. CM. [M262609] Despre fiziopatologia ischemiei si infarctului cerebral sunt adevarate urmatoarele afirmatii: (2557, 2558)\ Regarding the pathophysiology of ischemia and cerebral infarction following statements are true: (2557, 2558)\

- A) [x]Insuficienta metabolica a tesutului cerebral apare in primele 10 secunde ale opririi irigatiei cerebrale\ Metabolic insufficiency of brain tissue occurs in the first 10 seconds of stopping of brain irrigation\
 - B) []Persistenta tulburarilor de perfuzie determina recuperare completa a deficitului\ persistence in perfusion disturbance determines complete recuperation of the deficit\
 - C) [x]Persistenta ischemiei pe perioade lungi determina necroza franca\ persistence of ischemia over long periods causes franc necrosis \
 - D) []Edemul aparut in urma necrozei unor teritorii intinse nu determina niciodata efect de masa\ edema appearing after necrosis of large areas never causes mass effect\
 - E) [x]Ateroscleroza cu trombembolism este o cauza frecventa.\ atherosclerosis with thromboembolism is a common cause.\
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19. CM [C1323049] Cele mai frecvente localizari ale hemoragiei intracerebrale hipertensive sunt: (pag. 2578)\ The most common locations of hypertensive intracerebral hemorrhage are: (p. 2578)\

- A) [x]ganglionii bazali\ basal ganglia\
 - B) [x]cerebelul profund\ deep cerebellum \
 - C) [x]punte\ pons\
 - D) []lobul occipital\ occipital lobe\
 - E) []bulb\ Bulb\
-

20. CM. [C1423063] Principalele riscuri ale angiografiei cerebrale selective sunt: (pag. 2570)\ Main risks of selective cerebral angiography are (p. 2570)\

- A) [x]reactii alergice la substanta de contrast\ Allergic reactions to contrast material\
 - B) []insuficienta hepatica\ liver failure\
 - C) [x]insuficienta renala\ renal failure\
 - D) []tahiaritmii\ tachyarrhythmias\
 - E) [x]AVC\ CVA\
-

21. CM. [C2523087] Printre factorii de risc pentru accidentul vascular ischemic se numara: (pag. 2572)\ risk factors for ischemic stroke include: (p. 2572)\

- A) [x]hipertensiunea arteriala\ Hypertension\
- B) [x]diabetul zaharat\ diabetes\
- C) [x]fumatul\ smoking\

D) hemofilia\ haemophilia\

E) valorile crescute ale colesterolului plasmatic\ increased serum cholesterol values\

22. CM. [M262612] Despre zonele anastomotice ale circulatiei cerebrale sunt ADEVARATE urmatoarele afirmatii: \ About anastomotic areas of cerebral circulation the following statements are true:

A) Canalele anastomotice ale zonei de granita se realizeaza intre artera cerebrala anterioara si artera cerebrala medie\ anastomotic channel of the border area is realised between anterior cerebral artery and middle cerebral artery\

B) Canalele anastomotice care apar in interiorul orbitei se realizeaza intre artera cerebrala posterioara si ramura oftalmica a arterei carotide interne\ anastomotic channels that appear inside the orbit is achieved between posterior cerebral artery and ophthalmic branch of the internal carotid artery\

C) Canalele anastomotice in intregime extracraniene se realizeaza intre ramurile musculare ale arterelor cervicale ascendente si ramurile musculare ale arterei occipitale.\ completely extracranial anastomotic channels are made between muscular branches of ascending cervical artery and muscular branches of the occipital artery.\

D) Canalele anastomotice care apar in interiorul orbitei se realizeaza intre ramuri ale arterei carotide externe si ramura oftalmica a arterei carotide interne\ anastomotic channels that appear inside the orbit are made between the branches of external carotid artery and ophthalmic branch of internal carotid artery\

E) Canalele anastomotice in intregime extracraniene se realizeaza intre ramurile musculare ale arterelor cervicale descendente si ramurile musculare ale arterei occipitale.\ entire extracranial anastomotic channels are made between muscular branches of descending cervical arteries and muscular branches of the occipital artery

23. CM. [C2523076] Dintre urmatoarele afirmatii referitoare la infarctele lacunare, selectati-le pe cele adevarate: (pag. 2568)\ The following statements regarding lacunar infarct, select those which are true

A) au dimensiuni mici, de 3 -4 mm, pana la 1- 2 cm\ are small, 3 -4 mm to 1-2 cm\

B) au dimensiuni mici, de 3 - 4 cm\ are small, 3-4 cm\

C) se pot manifesta clinic prin hemipareza ataxica de partea opusa leziunii\ may manifest clinically by hemiparesis ataxia on the opposite side of the lesion\

D) se pot manifesta clinic prin hemipareza ataxica si hemianopsie de aceeasi parte cu leziunea\ may manifest clinically by hemiparesis ataxia and hemianopia on the same side with the lesion\

E) se pot manifesta clinic prin dizartrie si o neindemanare a mainii sau a bratului contralateral\ may manifest clinically with dysarthria and clumsiness of contralateral hand or arm\

24. CM. [C2523088] Reducerea generalizata a fluxului sanguin cerebral determinata de hipertensiunea sistemică produce: (pag. 2557)\ generalized reduction of cerebral blood flow caused by systemic hypotension produces (p. 2557)\

A) sincope\ syncope\

B) hemoragie subarahnoidiana\ subarachnoid hemorrhage\

C) infarcte in zonele de granita dintre teritoriile de distributie ale arterelor cerebrale mari\ infarct in the border areas of distribution territories of large cerebral arteries\

D) hemoragii pontine\ Pontine hemorrhage\

E) necroza cerebrala intinsa\ extended cerebral necrosis\

25. CM. [M2626193] Sindromul bulbar lateral poate fi determinat de ocluzia urmatoarelor vase: ()\ Lateral bulbar syndrome may be caused by occlusion following vessels: ()\

A) artera vertebrala\ vertebral artery\

B) artera cerebelloasa\ cerebellar artery\

C) artera mediobazilara\ mediobasilar artery\

D) artera bulbara medie\ medial bulbar artery\

E) artera bulbara superioara\ superior bulbar artery\

26. CM. [C2523082] Printre aspectele clinice care sugereaza un mecanism embolic al accidentelor vasculare cerebrale, se numara: (pag. 2576)\ The clinical aspects that suggest a mechanism of embolic stroke, include: (p. 2576)\

A) sindromul plegic limitat la nivelul bratului sau al mainii\ plegic syndrome limited to the arm or hand\

B) pareza faciala si afazia sau dizartrie, fara alte deficite motorii\ aphasia or dysarthria and facial paresis, without other motor deficits\

C) deficitul motor tetraplegic, brusc instalat\ sudden onset of tetraplegic muscular weakness\

D) sindroame manifestate exclusiv prin afazie Broca sau Wernicke\ syndromes manifested exclusively by Broca or Wernicke aphasia\

E) aparitia unor crize epileptice dupa accidentul vascular cerebral\ The occurrence of seizures after stroke\

27. CM. [C2523084] In ocluzia arterei cerebrale medii se pot intalni urmatoarele semne clinice: (pag. 2562)\ which are the signs in the middle cerebral artery occlusion: (p. 2562)\

A) afazie\ aphasia\

- B)** hemipareza controlaterală\ hemiparesis controlateral\
 - C)** paralizia mișcărilor globulare oculare spre partea opusă leziunii\ paralysis of movement eyeballs to the opposite side of the lesion\
 - D)** hemianopsie homonimă\ homonymous hemianopia\
 - E)** cecitate corticală\ cortical blindness\
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28. CM . [C2523079] Specificați care din următoarele afirmații sunt adevărate în legătură cu accidentele vasculare trombotice: (pag.2558)\ Specify which of the following statements are true about thrombotic stroke (page 2558)\

- A)** prezintă frecvent o simptomatologie fluctuantă, agravată în câteva minute sau ore\ symptoms often fluctuate and aggravate in a few minutes or hours\
 - B)** pot fi întâlnite în poliartrita nodoasă\ can be seen in polyarthritis nodosa\
 - C)** pot fi întâlnite în cadrul unor boli hematologice, cum ar fi policitemia, siclemie, purpură trombotică trombocitopenică\ can be found in the blood diseases such as polycythemia, sickle cell anemia, thrombotic thrombocytopenic purpura\
 - D)** nu sunt niciodată precedate de accidente ischemice tranzitorii\ are never preceded by transient ischemic attack\
 - E)** pot fi precedate de accidente ischemice tranzitorii\ may be preceded by transient ischemic attack\
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29. CM [C1223039] Care sunt tipurile de edem cerebral care pot să apară la nivel celular? (pag. 2558)\ What type of cerebral edema that may occur at the cellular level? (P. 2558)\

- A)** citotoxic\ cytotoxic\
 - B)** vasogenic\ vasogenic\
 - C)** interstital\ interstitial\
 - D)** ischemic\ ischemic\
 - E)** neurogenic\ neurogenic\
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30. CM . [C2523072] În cazul pacienților cu hemoragie subarahnoidiană (HSA), vasospasmul: (pag. 2581 & 2583)\ In patients with subarachnoid hemorrhage (SAH), vasospasm (p. 2581 & 2583)\

- A)** apare frecvent după o lună de la debut\ occurs after one month from the onset\
- B)** apare frecvent după aprox. o lună - trei luni de la debut\ occurs after approx. one month to three months from the onset\
- C)** apare frecvent la 4-14 zile după hemoragia subarahnoidiană inițială\ occurs commonly 4-14 days after initial subarachnoid hemorrhage\
- D)** reprezintă o complicație frecventă a hemoragiei subarahnoidiene\ is a frequent complication subarachnoid hemorrhage \
- E)** are implicații minore pentru morbiditatea și mortalitatea după HAS anevrismale\ has minor implications for morbidity and mortality following SAH.

27

1. **CS** [CS270295] Articulațiile cele mai frecvent afectate în artita reactivă sunt, cu excepția: (p.2098)\ most commonly affected joints in reactive arthritis are, except: (p.2098)\

- A) []articulația subtalară\ Subtalar joint\
- B) []gleznă\ Ankle\
- C) []genunchi\ Knees\
- D) []interfalangiană a halucelui\ Interphalanges of the hallucis\
- E) [x]metacarpofalangiană\ Metacarpophalanges\

2. **CS** [CS270293] Referitor la HSID (hiperostoza scheletală idiopatică difuză) sunt adevărate, cu excepția: (p.2096)\ With reference to HSID (diffuse idiopathic skeletal hyperostosis) are true, except: (p.2096)\

- A) []calcificarea importantă a ligamentelor paraspinoase\ Important calcification of the paraspinous ligaments
- B) [x]spațiile intervertebrale nu sunt păstrate\ Intervertebral spaces are not kept the same\
- C) []osificarea ligamentelor paraspinoase\ Ossification of the paraspinous ligaments\
- D) []are aspectul de "ceară prelinsă"\ Has the aspect of folded wax\
- E) []articulațiile diartrodiale nu sunt afectate\ Diarthrodial articulations are not affected\

3. **CS** [M1554018] Doza de sulfasalazină utilizată în spondilită anchilozantă este: (pag. 2096)\ Dose of sulfasalazine used in treatment of ankylosing spondylitis is\

- A) []0,5 g/zi\ 2-3mg/day\
- B) []1 g/zi\ 2-3g/zi
- C) [x]2-3 g/zi\ 2-3 mg / kg of body weight/ day\
- D) []2-3 g/săptămână\ 7.5 - 15 mg / week\
- E) []0,5 g/kg/zi\ 2-3g/ week

4. **CS** [CS270292] Referitor la diagnosticul SA prin analize de laborator, sunt adevărate, cu excepția: (p.2096)\ Regarding the laboratory diagnosis of SA are true, except: (p.2096)\

- A) []anemie ușoară normocromă, normocitară\ Light anemia, normochromis, normocytic\
- B) []fosfataza alcalină crescută, la pacienții cu formă severă de boală\ Alkaline phosphatase increased, with patients with severe form\
- C) []scăderea capacității vitale\ Decrease in vital capacities\
- D) [x]HLA27 este prezent la aproximativ 80% din pacienți\ HLA27 is present in approximately 80% of patients\
- E) []măsurătorile fluxului aerian sunt normale\ Measures of the air flow are normal\

5. **CS** [CS27004] Artrita reactivă poate fi însoțită de următoarele simptome generale, cu excepția: (pg 2098)\ Reactive arthritis can be accompanied with the following general symptoms, with exception: (page 2098)\

- A) []febră\ Fever\
- B) []scăderea în greutate\ Loss of weight\
- C) []oboseală\ Tiredness\
- D) [x]anorexie\ Anorexia\
- E) []stare generală alterată\ General state altered\

6. **CS** [CS27001] Spondilită anchilozantă se asociază cu antigenul de histocompatibilitate (pag.2094)\ Ankylosing spondylitis is associated with histocompatibility antigen : (page 2094)\

- A) []HLA DR 4\ HLA DR4\
- B) []HLA DR 3\ HLA DR3\
- C) [x]HLA B27\ HLA B27\
- D) []HLA B26\ HLA B26\
- E) []HLA Dw 16\ HLA Dw 16\

7. **CS** [CS27012] În spondilită anchilozantă, sacroileita este una din: (pag. 2094)\ In ankylosing spondylitis, sacroileitis is one of: (pag. 2094)\

- A) []manifestările inițiale\ Initial Manifestation\
- B) []manifestările tardive\ Tardive manifestation\
- C) [x]manifestările precoce\ Precoce manifestation\
- D) []complicațiile bolii\ Complication of disease\
- E) []manifestările absente\ Absence of manifestations\

8. **CS** Diagnosticul artritei reactive este: (pag. 2098)\ diagnosis of reactive arthritis is

- A) []clinic și radiologic\ Clinically and radiologically\
- B) []radiologic\ Radiologically\
- C) [x]clinic\ Clinically\
- D) []radiologic și de laborator\ Radiologic and by labs\
- E) []clinic și de laborator\ Clinically and of laborator\

9. **CM** [CM27038] Bacterii identificate ca fiind declanșatoare pentru artrita reactivă sunt: (pag 2097)\ Bacteria identified as triggers for reactive arthritis are: \

- A) [x]Salmonella\ Salmonella\
- B) [x]Y. enterocolitica\ Y. enterocolitica\

- C) C. jejuni \ C. jejuni \
D) C. trachomatis \ C. trachomatis \
E) E. coli \ E. coli \

10. CM. [M1254085] Care dintre urmatoarele afirmatii privind modificarile de laborator din spondilita anchilozanta sunt adevarate ? (pag. 2096) \ Which of the following statements on ankylosing spondylitis in women is not true (p. 2095) \

A) cresterea vitezei de sedimentare a eritrocitelor la majoritatea pacientilor cu boala activa \ there is a high prevalence of peripheral arthritis \

B) nivelurile serice de IgA sunt frecvent crescute \ there is a high prevalence of IgA nephropathy

C) factorul reumatoid este constant prezent \ there is a high prevalence of aortic insufficiency \

D) anticorpilor antinucleari sunt constant prezenti \ disease progresses more frequently to stiffen the spine totally \

E) cresterea nivelului proteinei C reactive la majoritatea pacientilor cu boala activa \ there is a high prevalence of isolated neck stiffness

11. CM. [CMSA004] Care medicamente sunt eficiente in spondilita ankilozanta: () \ What medications are effective in ankylosing ankilozanta: () \

A) saruri de Au; \ Gold salts \

B) indometacin; \ indomethacin \

C) agenti imunosupresivi; \ immunosuppressive agents, \

D) fenilbutazona; \ phenylbutazone; \

E) sulfasalazina. \ sulphasalazine \

12. CM. [CM27051] Artrita gonococica se caracterizeaza prin : (pg2099) \ Gonococcal arthritis is characterised by: \

A) simptomele predomina la nivelul extremitatii inferioare \ Symptoms predominantly at the level of the inferior extremities

B) durere de spate \ back pain \

C) leziuni tegumentare veziculare caracteristice \ characterisitic lesions of bladder tegument. \

D) raspunde la antibioterapie \ responds to antibiotic therapy \

E) tenosinovita tinde sa afecteze in mod egal extremitatile superioare si inferioare \ The tenosinovita tends to affect in equal ways both superior and inferior extremities

13. CM. [CM27019] Sunt adevarate urmatoarele afirmatii despre tratamentul AR: (pg. 2100) \ The following statements are true about treatment of AR \

A) tratamentul de prima intentie e reprezentat de indometacin \ The treatment of first intention is represented by indomethacin \

B) doza max. de sulfasalazina este de 15 mg/sapt. \ The maximum dose of sulfasalazine is 15 mg / week \

C) doza max. de sulfasalazina este de 3 g/z \ The maximum dose of sulfasalazine is 3 g/ day \

D) glucocorticoizii sistemici sunt folositi de rutina \ Systemic Glucocorticoid are used routinely \

E) tratamentul antibiotic prompt si adecvat al unei uretrite induse de Chlamydia poate preveni AR ulterioara \ Prompt and adequate treatment of urethritis caused by chlamydia can further prevent AR \

14. CM. [CM27033] Modul tipic de prezentare in spondilartropatia cu debut juvenil consta in: (p2100) \ The typical presentation consists of juvenile onset spondilartropatia (p2100) \

A) frecventa la baieti \ common in boys \

B) varsta peste 16 ani \ age over 16 years \

C) oligoartrita asimetrica predominanta la membrele inferioare \ oligoartrita asymmetric predominant in lower limbs \

D) jentezita \

E) sinovita \ synovitis \

15. CM. Spondilita anchilozanta se poate complica cu: (pag 2096) \ Ankylosing Spondylitis can be complicated with \

A) fractura de membru inferior \ leg fracture \

B) fractura a coloanei vertebrale \ spine fracture \

C) tetraplegie \ tetraplegia \

D) sindromul coada de cal \ ponytail syndrome \

E) fibroza progresiva a lobului superior pulmonar \ progressive fibrosis of the upper lobe pulmonary \

16. CM. [CM27008] Bacterii declansatoare ale artritei reactive sunt: (pg 2097) \ Bacterial triggers for reactive arthritis are: \

A) Shigella \ Shigella \

B) Salmonella \ Salmonella \

C) C. trachomatis \ C. trachomatis \

D) Y. enterocolitica \ Y. enterocolitica \

E) Moraxella catarralis \ Moraxella catarralis \

17. CM. [M1254087] Care dintre urmatoarele evenimente nu reprezinta potentiale complicatii tardive ale spondilitei anchilozante ? (pag. 2096) \ Which of these events are potential late complications of ankylosing spondylitis? \

A) Fibroza progresiva a lobului pulmonar superior \ progressive fibrosis of the upper lung lobe \

B) Amiloidoza \ Amyloidosis \

C) Blocul atrioventricular \ heart block \

D) Splenomegalia si leucopenia \ splenomegaly and leukopenia \

E) Pleurezia si/sau pericardita\ Pleurisy and / or pericarditis

18. CM. [CM27056] In cazul in care artrita reactiva nu raspunde la AINS se pot folosi: (pag. 2100)\ In case the reactive arthritis isn't responding to NSAIDs (AINS) may be used:\

- A) Azatioprina\ Azathioprine\
- B) Ciclosporina\ Cyclosporine\
- C) Metotrexat\ Methotrexate\
- D) Saruri de aur\ Gold salts\
- E) Penicilamina\ Penicillamine\

19. CM. [CM27074] Articulatiile cel mai frecvent afectate in artrita reactiva sunt: (pag. 2098)\ The most commonly affected joints in reactive arthritis are: (p. 2098) \

- A) sold si umeri (articulatiile centurilor)\ The hip and shoulder (joints belts) \
- B) metatarsofalangienele si interfalangiana a halucelui\ metatarsophalangienele and interfalangiana of hallux \
- C) coaloana cervicala\ cervical colon\
- D) genunchiul\ knee \
- E) degetele mainii\ fingers of the hand\

20. CM. [CM27022] Urmatoarele afirmatii despre artrita reactiva sunt adevarate: (p2097)\ The following statements about reactive arthritis are true:\

- A) se intalneste predominant la indivizii care au mostenit gena HLA-B27\ is found predominantly in individuals who have inherited the gene HLA-B27
- B) boala e frecventa intre 18-40 ani\ The disease is common between 18-40 years \
- C) boala e frecventa sub 5 ani si la varstnici\ the disease is common in five years and older \
- D) artrita reactiva postveneriana e mai frecventa la barbati\ Postvenerian Reactive arthritis is more common in men \
- E) artrita reactiva postveneriana e mai frecventa la femeii\ Postvenerian reactive arthritis is more common in women\

21. CM. [CM27017] Manifestari urogenitale din AR sunt: (pg. 2098)\ Urogenital manifestations of reactive arthritis are:

- A) Uretita\ Urethritis\
- B) Prostatita\ Prostatitis\
- C) Cervicita\ Cervicitis\
- D) Vaginita\ Vaginitis\
- E) Salpingita\ Salpingitis\

22. CM. [CM27012] Artropatia psoriazica si artrita reactiva au in comun: (pg 2099)\ Psoriatic Arthropathy and reactive arthritis have in common\

- A) debutul gradat\ gradual onset\
- B) asimetria articulatiilor afectate\ Asymmetry of joints affected\
- C) debutul acut\ Acute onset\
- D) leziuni tegumentare similare histologic\ Lesions of skin with similar histology\
- E) afectarea unghiilor\ Nail damage\

23. CM. Modificarile de laborator din artrita reactiva sunt: (pag. 2098)\ Laboratory changes in reactive arthritis are:

- A) anemie severa\ Severe anemia\
- B) reactanti de faza acuta normali\ normal acute phase reaction\
- C) HLA B 27 pozitiv in procent variabil\ HLA B 27 positive variable percentage \
- D) lichid sinovial :leucocitoza cu neutrofilie\ synovial fluid: leukocytosis with neutrophilia \
- E) uneori culturi pozitive la nivelul mucoasei infectate\ sometimes positive cultures infected mucosa \

24. CM. Tratamentul spondilartropatiei nediferentiate este: (pg.2100)\ Undifferentiated Spondyloarthropathy treatment is\

- A) AINS\ NSAIDs\
- B) Saruri de aur\ Gold Salts\
- C) Terapia fizica\ Physical Therapy\
- D) Penicilina\ Penicillin\
- E) Similar cu cel al altor spondilartropatii\ Similar to that of other spondyloarthropathy\

25. CM. [CM27071] In artritele reactive sunt intalnite urmatoarele modificari patologice: (pag. 2097)\ In reactive arthritis are met the following pathological changes:\

- A) sinoviala diferita histologic de cea din artropatiile inflamatorii\ Histology of the synovium of different inflammatory arthropatii\
- B) entezita\ Entezita\
- C) modificari reumatice\ Rheumatic changes
- D) keratoma blenoragicum\ Keratoderma gonorrhoea\
- E) leziuni de tip psoriazic\ Psoriasic injuries \

26. CM. [CM27006] Tratamentul ARe include (pag 2099, 2100)\ Treatment for Reactive Arthritis includes\

- A) Penicilamina\ Penicillamine \
- B) Indometacin\ Indomethacin\

- C) Saruri de aur\ Gold Salts\
 - D) Sulfasalazina\ Sulfasalazine\
 - E) Metotrexat\ Methotrexate\
-

27. CM. [CM27042] Modul tipic de prezentare in spondilartropatia cu debut juvenil este: (pg.2100)\ The typical way of presentation in spondilartropatia with juvenile debut is: \

- A) Oligoartrita simetrica predominant la nivelul membrelor inferioare\ Symmetrical oligoarthritis predominant to the inferior limbs;\
 - B) Oligoartrita asimetrica predominant la nivelul membrelor superioare\ Asymmetrical oligoarthritis predominant to the superior limbs;\
 - C) Oligoartrita asimetrica predominant la nivelul membrelor inferioare\ Asymmetrical oligoarthritis predominant to the inferior limbs;\
 - D) Entezita fara alte manifestari extraarticulare\ Entezita without any other extra-articular changes;\
 - E) Entezita asociata cu alte manifestari extraarticulare\ Entezita associated with other extra-articular changes\
-

28. CM. [CM27049] Sunt manifestari clinice ale artritei reactive : (pg2098)\ Which of the followings are clinical manifestation of reactive arthritis:\

- A) stare de bine general\ Feeling generally good;\
 - B) sacroileita acuta\ Acute sacroiliitis\
 - C) uretrita\ Urethritis\
 - D) tendinita\ Tendinitis\
 - E) fasceita\ Fasciitis\
-

29. CM. [CM165975] leziunile cutaneo-mucoase din artrita reactiva sunt urmatoarele: (pag 2098)\ Musculo cutaneous lesions in reactive arthritis are the following\

- A) ulceratii orale profunde, tranzitorii, adesea simptomatice\ profound oral ulceration, transitory, often symptomatic\
 - B) keratoderma blenorrhagica pe plante si palme\ keratoderma blenorrhagica of soles and palms\
 - C) keratoderma blenorrhagica cu leziuni extinse la pacientii imunocompetenti\ keratoderma blenorrhagica with extensive lesions in immunocompetent patient\
 - D) balanita circinata la pacientii circumcis\ cinctate balanitis in circumcised patients\
 - E) cruste similare cu cele din keratoderma blenorrhagica la pacientii circumcis\ crusts similar with some of keratoderma blenorrhagica in circumcised patients\
-

30. CM. [CM27053] Pot constitui manifestari clinice ale artritei reactive: (pag. 2098)\ May show clinical manifestations of reactive arthritis:

- A) Artrita asimetrica, aditiva\ Asymmetrical arthritis, additive\
- B) Orhita\ Orhita\
- C) Balanita\ Balanita\
- D) Degetul "in carnacior"\ The finger in carnacior - sausage shape\
- E) Febra\ Fever\

1. **CS** [M1453013] Cea mai frecventa manifestare nervoasa in lupusul meritematos sistemic este: (pag. 2063)\ The most common manifestation is nervous systemic lupus meritematos (p. 2063)\

- A) []psihoza\ psychosis\
- B) []cefaleea\ headache\
- C) []infarctul focal\ focal myocardial\
- D) [x]disfunctia cognitiva usoara\ mild cognitive dysfunction\
- E) []disfunctia hipotalamica\ hypothalamic dysfunction\

2. **CS** [M1453011] Cu nefrita lupica se asociaza titruri crescute de: (pag. 2062)\ lupica nephritis is associated with elevated titers (p. 2062)\

- A) []anticoagulant lupic\ Anticoagulant lupic\
- B) []anticorpi antiRo/La(SS-A/SS-B)\ antibodies antiRo / Ln (SS-A/SS-B)\
- C) []anticrpi antihistone\ anticrpi antihistone\
- D) []anticorpi antifosfolipide\ antiphospholipid antibodies\
- E) [x]IgG anti-AND\ IgG anti-DNA\

3. **CS** [M2653087] Lupusul eritematos discoid (LED): (pag. 2063)\ discoid lupus erythematosus (LED) (p. 2063)\

- A) []Se intilneste la aproximativ 5% din pacientii cu LES\ It meets about 5% of patients with SLE\
- B) [x]Leziunile sunt localizate pe ariile cutanate expuse la soare\ Skin lesions are located in areas exposed to sunlight\
- C) []Nu are un caracter desfigurant\ He has a disfigured character\
- D) []Leziunile sunt reversibile, nu lasa cicatric\ The lesions are reversible, do not leave scars\
- E) []Peste 20% din pacientii cu LED dezvolta ulterior LES\ Over 20% of patients subsequently develop SLE LED\

4. **CS** [M2253031] Deformarile articulatiilor la pacientii cu lupus eritematos sistemic sunt: (pag. 2062)\ Deformarile articulatiilor la pacientii cu lupus eritematos sistemic sunt: (pag. 2062)\

- A) [x]Neobisnuite (la aproximativ 10% dintre pacienti)\ Neobisnuite (la aproximativ 10% dintre pacienti)\
- B) []Frecvente (peste trei sferturi dintre pacienti)\ Frecvente (peste trei sferturi dintre pacienti)\
- C) []Foarte frecvente (aproape la toti pacientii)\ Foarte frecvente (aproape la toti pacientii)\
- D) []Constante si patognomonice\ Constante si patognomonice\
- E) []Absente\ Absente\

5. **CS** [M2653085] Urmatoarele afirmatii sunt corecte: (pag. 2063)\ The following statements are correct: (p. 2063)\

- A) []Titru inalt de Ac anti ADN dc se asociaza cu dermatita din lupusul subacut\ Pin high titre anti-DNA in DC is associated with lupus subacute dermatitis\
- B) []Anticoagulantul lupic este corelat cu nefrita lupica\ anticoagulant lupic is correlated with nephritis lupica\
- C) [x]Trombozele sunt mai frecvente la cei cu Ac anticardiolipina in titru inalt\ thromboses are more common in patients with anticardiolipin Action on high strength\
- D) []Hipocomplementemia este prezenta la majoritatea bolnavilor cu lupus indus medicamentos\ Hipocomplementemia is present in most patients with drug-induced lupus\
- E) []Lupusul neonatal este produs prin trecerea anticorpilor materni anti Sm prin placenta\ Neonatal lupus is caused by the passage of maternal anti-Sm antibodies through the placenta\

6. **CS** [M2653088] Ac antinucleari (AAN): (pag. 2065)\ Action antinuclear (ANA) (p. 2065)\

- A) []Sunt specifici LES\ There are specific LES\
- B) [x]Pot fi prezenti si la persoanele sanatoase\ Can be present in healthy people\
- C) []Spre deosebire de factorul reumatoid, incidenta ei nu creste cu inaintarea in varsta\ Unlike RF, its incidence increases with age not\
- D) []Testul negativ exclude diagnosticul de LES\ negative test excludes the diagnosis of SLE\
- E) []Titru crescut nu reprezinta un marker de activitate al bolii lupice\ high titre is not a marker of disease activity lupice\

7. **CS** [M1553016] Decelarea in serul pacientilor cu lupus eritematos sistemic a anticorpilor anti-P ribozomal se coreleaza cu: (pag. 2063)\ detection in serum of patients with systemic lupus erythematosus ribosomal P antibodies correlates with (p. 2063)\

- A) []tromboze recidivante\ recurrent thrombosis\
- B) []javorturi spontane\ spontaneous abortions\
- C) []hemoliza autoimuna\ Autoimmune hemolysis\
- D) [x]psihoza sau depresia datorita afectarii SNC\ psychosis or depression due to CNS damage\
- E) []afectarea renala\ kidney damage\

8. **CS**[M1153001] Rash-ul malar apare in urmatoarele afectiuni: (pag. 2063)\ Malar Rashes appear on these disorders (p. 2063)\

- A) lupus discoid\ discoid lupus\
 - B) sclerodermie\ scleroderma\
 - C) lupus eritematos sistemic\ Systemic lupus erythematosus\
 - D) artrita reumatoida\ Rheumatoid Arthritis\
 - E) boala Lyme\ Lyme disease\
-

9. **CM.** [M2653274] Factori de prognostic nefavorabil in boala lupica sunt: (pag. 2066)\ unfavorable prognostic factors in disease are lupica (p. 2066)\

- A) Hipertensiunea arteriala\ High blood pressure\
 - B) Creatinina serica de 1,8mg%\ The serum creatinine 1.8 mg%\
 - C) Proteinuria de 2g/24 h\ Proteinuria of 2g/24 h\
 - D) Starea socioeconomica precara\ Poor socioeconomic status\
 - E) Hipoalbuminemia si hipocomplementemia in momentul diagnosticului\ hipocomplementemia and hypoalbuminemia at diagnosis\
-

10. **CM** [M1153096] Nefropatia lupica severa se asociaza cu: (pag. 2063)\ nephropathy is associated with severe lupica (p. 2063)\

- A) prezenta poliartritei\ This arthritis\
 - B) hipocomplementemie\ hipocomplementemie\
 - C) titru crescut de anticorpi anti-ADNs (dublu catenar)\ increased strength of anti-ADNs (double helix)\
 - D) sexul feminin\ female\
 - E) anomalii urinare persistente\ persistent urinary abnormalities\
-

11. **CM** [M1153097] Manifestarile pulmonare din lupusul eritematos sistemic, cuprind: (pag. 2065)\ pulmonary manifestations of SLE, include: (p. 2065)\

- A) accese bronhospastice\ fits bronhospastice\
 - B) pleurezie\ pleurisy\
 - C) hipertensiune pulmonara\ Pulmonary hypertension\
 - D) pneumonie interstitiala\ interstitial pneumonia\
 - E) formatiuni nodulare\ nodular formations\
-

12. **CM.** [M2253148] Lupusul eritematos sistemic este mai frecvent urmatoarele grupuri populationale: (pag. 2062)\ Systemic lupus erythematosus is more common following population groups: (p. 2062)\

- A) Negrii\ Black\
 - B) Hispanici si asiatici\ Hispanics and Asians\
 - C) Semiti\ Semitic\
 - D) Toti albii din Statele Unite\ All Whites in the United States\
 - E) Toti albii din Europa\ All Whites in Europe\
-

13. **CM.** [M2253155] Autoanticorpii din lupusul eritematos sistemic sunt directionati impotriva: (pag. 2062)\ autoantibodies in systemic lupus erythematosus is directed against: (p. 2062)\

- A) Unor molecule proprii organismului (self)\ The body's own molecules (self)\
 - B) Unor componente ale eritrocitelor sau trombocitelor\ Some constituents of erythrocytes or platelets\
 - C) Unor antigene straine care mimeaza antigenele proprii (self)\ Some foreign antigens that mimic their own antigens (self)\
 - D) Unor structuri din creasta neurala\ structures of neural crest\
 - E) Unor hormoni, de ex. estrogen\ Some hormones, for example. estrogen\
-

14. **CM.** [M2653265] Urmatoarele manifestari pleuropulmonare pot apare in cadrul LES: (pag. 2065)\ pleuropulmonary following symptoms may occur within SLE (p. 2065) \

- A) Pneumonia lupica cu raspuns favorabil la glucocorticoizi\ Pneumonia lupica with favorable response to corticosteroids \
 - B) Hemoragia masiva intraalveolara\ massive hemorrhage intraalveolara \
 - C) Revarsatul pleura\ break of pleural \
 - D) Sdr Caplan\ SDR Caplan \
 - E) Pneumonia infectioasa, cea mai frecventa cauza de infiltrat pulmonar in LES\ infectious pneumonia, the most common cause of pulmonary infiltrates in SLE \
-

15. **CM** [M1353114] In care din urmatoarele entitati pot fi intalniti anticorpii anti-RNP: (pag. 2063)\ Which of these entities can be found anti-RNP (p. 2063)\

- A) spondilita anchilozanta\ Ankylosing spondylitis\

- B) [x]polimiozita\ polymyositis\
- C) [x]lupus eritematos sistemic\ Systemic lupus erythematosus\
- D) [x]sclerodermie\ scleroderma\
- E) []boala mixta a tesutului conjunctiv\ mixed connective tissue disease\

16. **CM** [M1253105] Ce medicatie ati alege pentru tratamentul unei paciente cu LES care are pe prim-plan artralgiile si astenie? (pag. 2067)\ What you choose medication to treat a patient with SLE who has the spotlight pain and fatigue? (P. 2067)\

- A) []glucocorticoizi in doze medii\ medium-dose glucocorticoids\
- B) [x]antiinflamatoare nesteroidiene\ inflammatory nesteroidiene\
- C) [x]antimalarice\ antimalarial\
- D) []azatioprina\ azathioprine\
- E) []pulse-terapie cu metilprednisolon\ methylprednisolone pulse therapy\

17. **CM** [M2353222] Care din urmatoarele afirmatii sunt adevarate in ceea ce priveste prezenta Ac anti-nucleari la pacientii cu LES (pag. 2065)\ Which of the following statements are true regarding this Anti-Nuclear Action in patients with SLE (p. 2065)\

- A) [x]diagnosticul de LES este confirmat de prezenta anticorpilor antinucleari\ The diagnosis of SLE is confirmed by this antinuclear antibodies\
- B) [x]Ac antinucleari reprezinta cel mai bun test screening\ Action antinuclear are the best screening test\
- C) []Un test AAN pozitiv este specific pentru LES\ A positive ANA test is specific for SLE\
- D) [x]Ac antinucleari apar in titruri scazute la unii indivizi normali\ Action antinuclear appear in low titers in some normal individuals\
- E) []Ac antinucleari pot fi prezenti si in alte boli autoimune, infectii virale, procese inflamatorii cronice\ Action antinuclear may be present in other autoimmune diseases, viral infections, chronic inflammatory processes\

18. **CM** [M1653145] Copiii nascuti din mame cu LES prezinta: (pag. 2066)\ Babies born to mothers with SLE shows: (p. 2066)\

- A) []Anomalii fetale induse de glucocorticoizii administrati mamei pentru suprimarea activitatii bolii\ fetal abnormalities induced by maternal glucocorticoids administered to suppress disease activity\
- B) []Trombocitoza tranzitorie\ transient Thrombocytosis\
- C) [x]Eruptii tegumentare\ skin rash\
- D) [x]Rar bloc AV permanent\ Rare permanent AV block\
- E) [x]Trombocitopenie tranzitorie\ Transient thrombocytopenia\

19. **CM** [M2553236] Care din modificarile histologice renale in lupusul eritematos sistemic impun teapie imunosupresiva: (pag. 2065)\ Which of renal histological changes in systemic lupus erythematosus requiring immunosuppressive stake (p. 2065)\

- A) [x]membranoproliferarea\ membranoproliferarea\
- B) [x]proliferarea difuza\ diffuse proliferation\
- C) [x]proliferarea focala\ focal proliferation\
- D) []vasculita necrozanta\ necrotizing vasculitis\
- E) []vmembranoasa fara proliferare\ membranous proliferation without\

20. **CM** [M1453126] Lupusul eritematos sistemic este o boala sistemica care: (pag. 2062)\ Systemic lupus erythematosus is a systemic disease (p. 2062)\

- A) []este mai frecventa la rasa alba\ It is more common in whites\
- B) [x]rezulta din distrugere tisulara\ result in tissue damage\
- C) [x]afecteaza in special femeile\ mainly affects women\
- D) []are o prevalenta de 1,5-2 cazuri la 100000 de locuitori in mediul urban\ has a prevalence of 1.5-2 cases per 100,000 inhabitants in urban areas\
- E) [x]apare de obicei la varsta procreatiei\ usually occurs at age procreation\

21. **CM** [M2353221] Care sunt manifestarile neuro-psiheice mai putin frecvente in LES (pag. 2063)\ What are neuro-psychiatric events less frequent in SLE (p. 2063)\

- A) [x]disfunctia cerebeloasa\ cerebellar dysfunction\
- B) [x]infarctele focale\ focal infarctions\
- C) [x]psihoza\ psychosis\
- D) []sindroamele organice cerebrale\ organic brain syndromes\
- E) []vdisfunctia cognitiva usoara\ mild cognitive dysfunction\

22. **CM** [M1153102] Tratamentul pacientilor cu lupus eritematos sistemic include: (pag. 2067,2068)\ Treatment of patients with systemic lupus erythematosus include: (p. 2067.2068)\

- A) metilprednisolon\ methylprednisolone\
 - B) ciclofosfamida\ cyclophosphamide\
 - C) salazopirina\ salazopirina\
 - D) hidroxiclorochina\ hydroxychloroquine\
 - E) plasmaferenza\ plasmapheresis\
-

23. CM. [M2253186] Anomaliile hematologice ale pacientilor cu lupus eritematos sistemic includ de regula: (pag. 2065)\ hematological abnormalities of patients with systemic lupus erythematosus usually include: (p. 2065)\

- A) Trombocitoza\ Thrombocytosis\
 - B) Leucocitoza cu neutrofilie importanta\ Leukocytosis with neutrophilia important\
 - C) Trombopenia\ Trombopenia\
 - D) Anemia\ Anemia\
 - E) Poliglobulia\ Poliglobulia\
-

24. CM. [M2353224] Care din urmatoarele medicamente pot induce sindroame lupus-like (pag. 2066)\ Which of these drugs may induce lupus-like syndromes (p. 2066)\

- A) methotrexatul\ methotrexate\
 - B) D-penicilamina\ D-penicillamine\
 - C) hidralazina\ hidralazina\
 - D) hidroxiclorochina\ hydroxychloroquine\
 - E) chinidina\ quinidine\
-

25. CM [M1153094] Lupusul eritematos cutanat subacut este caracterizat prin: (pag. 2063)\ subacute cutaneous lupus erythematosus is characterized by: (p. 2063)\

- A) afectarea sistemului nervos central\ central nervous system\
 - B) dermatite recurente extensive\ Extensive recurrent dermatitis\
 - C) prezenta anticorpilor anti-Ro(SS-A)\ presence of anti-Ro (SS-A)\
 - D) prezenta antigenului HLA-DR3\ this antigen HLA-DR3\
 - E) prezenta anticorpilor anti-ADNs (dublu catenar)\ this anti-ADNs (double helix)\
-

26. CM. [M2253160] Miopatia la pacientii cu lupus eritematos sistemic poate fi consecutiva: (pag. 2062)\ myopathy in patients with systemic lupus erythematosus may be consecutive (p. 2062)\

- A) Proceselor inflamatorii musculare\ muscle inflammation\
 - B) Hiposodemie\ Hiposodemie\
 - C) Hipokaliemie\ hypokalemia\
 - D) Tratamentul cu glucocorticoizi\ Treatment with glucocorticoids\
 - E) Tratamentul cu hidroxiclorochina\ Treatment with hydroxychloroquine\
-

27. CM [M1353115] Care din urmatoarele manifestari clinice si paraclinice se asociaza cu prezenta anticorpilor anti-fosfolipide ? (pag. 2063)\ Which of the following clinical and laboratory manifestations associated with this anti-phospholipid antibodies? (P. 2063)\

- A) tromboza\ Thrombosis\
 - B) avorturi spontane\ spontaneous abortions\
 - C) trombocitopenia\ thrombocytopenia\
 - D) hemoliza\ hemolysis\
 - E) boala valvulara cardiaca\ heart valve disease\
-

28. CM [M1353123] Pentru care din urmatoarele manifestari sistemice se poate folosi hidroxiclorochina (antimalarice de sinteza) ca tratament de fond in lupusul eritematos sistemic? (pag. 2067)\ To which of these systemic manifestations can be used hydroxychloroquine (antimalarial synthetic) as background therapy in systemic lupus erythematosus? (P. 2067)\

- A) serozita\ seriousness\
 - B) manifestari cutanate\ Skin manifestations\
 - C) artrita\ Arthritis\
 - D) astenia fizica\ Physical fatigue\
 - E) manifestari oculare\ Ocular manifestations\
-

29. CM. [M2253171] Care dintre urmatoarele manifestari cardiovasculare se intalnesc frecvent la pacientii cu lupus eritematos sistemic: (pag. 2065)\ Which of these cardiovascular events are found frequently in patients with systemic lupus erythematosus (p. 2065)\

- A) Hipertensiunea arteriala\ High blood pressure\
- B) Anevrismul aortic disecant\ dissecting aortic aneurysm\
- C) Aneurismele cerebrale\ brain aneurysms\
- D) Pericardita\ pericarditis\

E) Endocardita Libman-Sachs\ Endocarditis Libman-Sachs\

30. CM. [M2253184] In care dintre urmatoarele situatii pot apare anticorpi antinucleari: (pag. 2065)\ Which of the following situations may occur antinuclear antibody (p. 2065)\

A) Lupus eritematos sistemic\ Lupus erythematosus\
B) Alte boli autoimune in afara lupus-ului\ Other non-lupus autoimmune disease site\
C) Boli inflamatorii cronice\ chronic inflammatory diseases\
D) Infectii virale\ Viral Infections\
E) Diabet zaharat\ Diabetes mellitus\

1. **CS** [C2229031] Urmatoarele afirmatii cu privire la operatia Halstead sunt adevarate, cu exceptia: (pag. 1201)\ following statements on Halstead surgery are true, except (p. 1201) \

A) []in caz de asociere a radioterapiei, radionecrozele se pot extinde la grilajul costal, devenind foarte greu de tratat\ In case of combination of radiotherapy, radionecrosis can extend the grid of the rib, becoming very difficult to treat \

B) []isi propune indepartarea in bloc a sanului, muschilor pectorali si a tesutului limfoganglionar axilar\ aims at bloc removing of breast, pectoral muscles and axillary lymph nodes tissue \

C) [x]are avantajul ca prin pastrarea muschiului pectoral mare, functionalitatea bratului este mai buna, iar aspectul estetic se schimba mai putin\ has the advantage by keeping the large pectoral muscle, the arm is better functionality and appearance changes less \

D) []asigura cel mai bine ridicarea complexului fascial si a tesutului limfoganglionar interpectoral\ ensure best lift of fascial complex and interpectoral lymph nodes tissue \

E) []evitarea limfoganglionara incepe de la virful axilei, continuand in lungul venei, extirpind toate grupele ganglionare regionale\ lymph nodes prominence starts at the top of armpit, continuing along the vein, removing all groups of regional lymph nodes \

2. **CS** [C2229029] Conduita terapeutica in cancerul mamar este conditionata de urmatorii factori, cu exceptia: (pag. 1198)\ therapy conduct in breast cancer is conditioned by the following factors except: (p. 1198) \

A) []markeri histopatologici de prognostic\ Pathological prognostic markers \

B) []elementele de agresivitate tumorală\ tumor aggressiveness items \

C) []stadiul evolutiv al bolii\ evolutionary stage of disease \

D) [x]nivelul seric al antigenelor MCA\ serum levels of antigens MCA \

E) []ritmul de evolutie al tumorii\ The rhythm of tumor evolution \

3. **CS** [C2229109] Ca si factori de risc in cancerul mamar se pot mentiona urmatorii, cu exceptia: (pag. 1188-1189)\ as risk factors for breast cancer may mention the following, except: (p. 1188-1189) \

A) []menarha precoce (inainte de 12 ani) si menopauza tardiva (dupa 55 ani)\ early menarche (before 12 years) and late menopause (after 55 years) \

B) []modificari ale genelor NM23, p53\ changes in gene NM23, p53 \

C) []expunerea la anumite virusuri AND\ exposure to certain DNA viruses \

D) [x]iradierea regiunii toracice in special dupa 30 ani\ irradiation of thoracic region especially after 30 years \

E) []tulburarile endocrine, cum ar fi hipo sau hipertiroidia sau excesul estrogenic\ endocrine disorders such as hypo or hyperthyroidism or excess estrogen \

4. **CS** [C2229022] Se pot enumera ca si factori de risc endogeni in cancerul de san urmatorii: (pag. 1188-1189)\ The following may be listed as endogenous risk factors in breast cancer: (p. 1188-1189) \

A) [x]nuliparitatea sau prima sarcina dupa 30 de ani\ Nulliparous or first pregnancy after 30 years \

B) []contraceptivele orale, mai ales cind sunt administrate inainte de prima sarcina dusa la termen\ oral contraceptives, especially when administered before the first pregnancy taken to term \

C) []varsta - maxim de frecventa in grupele de virsta 35-39 ani si un al doilea varf, intre 60 si 65 de ani\ age - maximum frequency in the 35-39 years age groups and a second peak between 60 and 65 \

D) []transmiterea modificata a genei BRCA 2\ changed transmission of BRCA 2 gene\

E) []expunerea sanilor la radiatii ultraviolete mai ales la persoanele care prezinta mastopatie benigna difuza sau in placard\ breasts exposure to ultraviolet especially those showing benign mastopathy lump \

5. **CS**[C1229005] In diseminarea hematogena la distanta a cancerului mamar primul filtru in calea celulelor neoplazice este reprezentat de: (pag. 1191)\ [C1229005] In the remote marrow release of breast cancer, the first filter in the way of cancer cells is represented by(p. 1191) \

A) []coloana vertebrala si oasele bazinului\ The spine and pelvic bones \

B) []ficat\ liver \

C) []encefal\ encephalon \

D) [x]plamini\ lung \

E) []tegumente\ skin\

6. **CS** [C1629021] Boala Paget a sanului are originea in: (pag. 1195)\ Paget's Disease of the breast originates in: (p. 1195) \

- A) []lobii glandei mamare\ **The** mammary gland lobes \
- B) []in tegument\ in the skin \
- C) [x]in celulele epiteliului canalelor galactofore de calibru mare\ galactophore channels of large size in the epithelial cells \
- D) []intraductal in subcutis\ translatable into subcutis \
- E) []in mamelon\ the nipple \

7. CS [C2529043] Categoria T4a reprezinta pentru cancerul glandei mamare: (pag. 1197)\ T4a category is for breast cancer (p. 1197) \

- A) []microinvazie tumorală\ microinvasive tumor \
- B) [x]tumora extinsa la peretele toracic\ The tumor extended to the chest wall \
- C) []tumora extinsa la muschiul pectoral\ tumor extended to the pectoral muscle \
- D) []aspectul de "coaja de portocala" al tegumentelor sanului\ appearance of "orange peel" skin of the breast \
- E) []prezenta nodulilor de permeatie la acelasi san\ presence of permeate nodules at the same breast \

8. CS [C2729064] Gradul histologic Gx in cancerul de san inseamna: (pag. vol.I. pag.1197)\ Gx histological grade(stage), in breast cancer, means: (p. vol.I. pag.1197) \

- A) []nediferentiere\ undifferentiated\
- B) []mediu diferentiat\ medium differentiated \
- C) [x]nu poate fi stabilit\ can not be set \
- D) []slab diferentiat\ poorly differentiated \
- E) []bine diferentiat\ well differentiated\

9. CM. [C2729188] Care sunt factorii de risc endogeni in cancerul de san: (pag. vol. I. pag. 1188)\ What are the endogenous risk factors for breast cancer (p. vol I p. 1188) \

- A) []contraceptivele orale\ Oral contraceptives \
- B) [x]nuliparitatea\ nulliparous\
- C) [x]prima sarcina dupa 30 de ani\ first pregnancy after 30 years \
- D) []factorii virali\ viral factors \
- E) [x]lipsa alaptarii\ lack of breastfeeding \

10. CM [C1229075] Operatia Halsted: (pag. 1201-1202)\ Halsted operation (p. 1201-1202) \

- A) []este astazi cea mai indicata in tratamentul cancerului mamar\ Today is the most appropriate treatment of breast cancer \
- B) [x]are sechele mai severe decat procedeele Patey si Madden (impotenta functionala a membrului corespunzator, aspect inestetic, plexalgii)\ have more severe effects than Patey and Madden procedures (functional impotence of corresponding member, unaesthetic look, plexalgii) \
- C) [x]este generatoare de brat gros monstruos in unele cazuri\ generating monstrous thick arm, in some cases \
- D) []nu necesita radio-chimioterapie adjuvanta\ does not require adjuvant radio chemotherapy \
- E) [x]are in prezent indicatii restrinse\ is having restricted indications , nowadays\

11. CM. [C2629184] Contraindicatiile chirurgiei limitate in cadrul categoriei terapeutice A la cancerul mamar sunt: (pag. 1199)\ Contra limited surgery in the breast cancer therapeutic category are: (p. 1199) \

- A) []tumora mai mica de 2,5 cm\ tumor less than 2.5 cm \
- B) [x]sarcina\ pregnancy\
- C) [x]carcinomul lobular invaziv\ invasive lobular carcinoma \
- D) []la bolnavele ce nu au fost iradiate anterior\ the sick that have not been previously irradiated \
- E) []tumori situate in cadranul supero-extern\ tumors located in supero-external quadrant \

12. CM [C1429092] Cancerul mamar la barbat: (pag. 1196)\ Breast cancer in men (p. 1196) \

- A) []este foarte frecvent;\ It is very common; \
- B) [x]este mult mai rar decat la femeie;\ is much rarer than in women; \
- C) []reprezinta peste 1% din totalitatea cancerelor la barbat;\ represents over 1% of all cancers in men; \
- D) []incidenta lui a inceput sa fie tot mai mica;\ its incidence began to be getting smaller; \
- E) [x]se recunosc ca implicate in etiologia lui tulburari hormonale;\ is recognized as involved in the etiology of hormonal disorders; \

13. CM. [C2329148] Urmatoarele forme clinice ale cancerului mamar se caracterizeaza printr-un prognostic grav, cu exceptia: (pag. 1195-1196)\ The following clinical forms of breast cancer is characterized by a serious prognosis, except: (p. 1195-1196) \

- A) schirul atrofic\ atrophic scar \
 - B) boala Paget\ Paget's disease \
 - C) la debut mastita acuta carcinomatoasa\ carcinomatosa acute mastitis , at their beginning\
 - D) cancerul mamar bilateral cu stadiu I\ bilateral breast cancer, stage I \
 - E) cancerul mamar multicentric\ multicentre breast cancer \
-

14. CM [C1329083] Diagnosticul de certitudine in cancerul mamar se pune prin urmatoarele metode: (pag. 1195)\ certain diagnosis of breast cancer is obtained by using the following methods: (p. 1195)\

- A) ecografie\ ultrasound\
 - B) excizia sectoriala mamara cu examen histopatologic la gheata, pentru cazurile cu indicatie initial chirurgicala\ Sectoral excision of breast and histopathological exam with ice, in cases of initial surgery indication \
 - C) biopsia incizionala pentru mastita carcinomatoasa cand celelalte explorari sunt negative\ Incision biopsy for mastitis carcinomatosa when other explorations are negative \
 - D) tomografia computerizata\ CT scan \
 - E) rezonanta magnetica cu substanta de contrast\ magnetic resonance imaging with contrast material \
-

15. CM. [C2229125] Diagnosticul diferential al cancerului mamar se face cu: (pag. 1194-1195)\ differential diagnosis of breast cancer to be made with: (p. 1194-1195) \

- A) granulomul lipofagic\ lipofagic granuloma \
 - B) boala Mondor (tromboflebita venei axilare), care poate produce retractia cutanata a sanului\ Mondor disease (axillary vein thrombophlebitis), which may cause skin retraction of breast \
 - C) tumora Phyllodes\ Phyllodes tumor \
 - D) mastopatia benigna\ benign mastopathy. \
 - E) mastopatia nodulara\ nodular mastopathy\
-

16. CM . [C1629108] Tumoarea de san maligna este: (pag. 1193)\ malignant breast tumor is (p. 1193) \

- A) dura\ Hard. \
 - B) dureroasa\ Painful\
 - C) aderenta la tesuturi\ tissues adherent\
 - D) bine delimitata\ well delimited \
 - E) suprafata regulata\ Regular surface \
-

17. CM. [C2529165] Care sunt elementele tumorii primare maligne cu localizare la nivelul glandei mamare care decid tipul interventiei chirurgicale (pag. 1203)\ What are the elements to determine the type of surgery, in case of primary malignant tumor, localized in the mammary gland (p. 1203) \

- A) diametrul tumorii primare\ primary tumor diameter \
 - B) localizarea tumorii primare\ location of primary tumor \
 - C) tipul histopatologic tumoral\ histological type of tumor\
 - D) starea adenopatiei locoregionale\ status of locoregional adenopathy \
 - E) protocolul radioterapiei postoperatorii\ Postoperative radiotherapy protocol \
-

18. CM. [C2729190] Mamografia in cancerul de san evidentiaza: (pag. vol.I. pag. 1194)\ Mammography in breast cancer highlights: (p. vol.I. p. 1194) \

- A) spiculi\ spiculi \
 - B) opacitate net conturata\ net shaped opacity \
 - C) opacitate cu contur difuz\ opacity with diffuse contour \
 - D) lichid\ liquid \
 - E) microcalcificari\ microcalcification\
-

19. CM. [C2229134] Printre factorii de prognostic biologici ai cancerului mamar, se numarasii urmatorii: (pag. 1198)\ Among biological factors of breast cancer prognosis , there are: (p. 1198) \

- A) ploida AND\ DNA ploidy \
- B) invazia intravasculara\ intravascular invasion \
- C) receptori estrogenici si progesteronici\ estrogen and progesterone receptors \
- D) infiltratul inflamator peritumoral (limfocitar)\ peritumoral(lymphoma) inflammatory infiltrate \
- E) catepsina D\ cathepsin D \

20. CM . [C1629102] Boala Paget a sanului se caracterizeaza prin: (pag. 1195)\ Paget's Disease of the breast is characterized by: (p. 1195) \

- A) []tumora situata sub mamelon\ tumor located under the nipple \
- B) [x]eritem\ erythema \
- C) [x]ulceratie mamelonara\ nipple ulceration \
- D) [x]prurit\ pruritus \
- E) []dureri\ pain\

21. CM . [C1529095] Care dintre aspectele de mai jos sugereaza boala neoplazica mamara avansata loco-regional: (pag. 1190)\ What aspect from below suggests the loco-regionally advanced neoplastic breast disease: (p. 1190) \

- A) [x]adenopatia axilara ipsilateral clinic palpabila;\ ipsilateral axillary adenopathy clinically palpable; \
- B) [x]edemul sanului;\ breast swelling; \
- C) [x]adenopatie subclaviculara;\ subclavicular adenopathy; \
- D) []bratul gros ipsilateral;\ Thick ipsilateral arm; \
- E) []adenopatia supraclaviculara ipsilateral clinic palpabila\ ipsilateral supraclavicular adenopathy ,clinically palpable.\

22. CM. [C2229111] Cancerul mamar se caracterizeaza prin urmatoarele: (pag. 1189)\ Breast cancer is characterized by the following: (p. 1189) \

- A) [x]majoritatea cancerelor mamare sunt dependente de factori hormonal (estrogenii secretati de ovar si de suprarenala)\ Most breast cancers are dependent on hormonal factors (estrogen secreted by the ovary and the suprarenal) \
- B) []pana la descoperirea clinica (4-5) cm sau imagistica a unui cancer mamar pot trece mai multi ani\ many years can take up to the clinic (4-5) cm or imagery discovery of breast cancer \
- C) [x]cancerul mamar are de cele mai multe ori o evolutie locala care poate dura cativa ani, tumora putand avea diametrul de sub 1 cm\ Breast cancer having mostly a local trend which can last several years, the tumor may have a diameter of less than 1 cm \
- D) []aproximativ 15% din cancerele mamare au o evolutie foarte rapida, boala generalizandu-se in cateva luni\ Approximately 15% of breast cancers have a very rapid evolution, the disease becoming general in a few months \
- E) [x]nodulii de permeatie sunt produsi prin patrunderea celulelor sub forma de coloana in vasele limfatice dermice\ lumps of permeate are produced by the entering of the column cells into dermal lymphatic vessels \

23. CM [C1229074] Factorii prognostici histologici in cancerul mamar sunt: (pag. 1198)\ histological prognostic factors of breast cancer, are: (p. 1198) \

- A) []ritmul de evolutie al tumorii\ rate of tumor evolution \
- B) [x]gradul de diferentiere\ degree of differentiation \
- C) []receptorii estrogenici si progesteronici\ estrogen and progesterone receptors \
- D) [x]starea ganglionilor limfatici axilari\ axillary lymph node status \
- E) [x]volumul tumorii\ tumor volume \

24. CM [C1229077] Tumorile epiteliale ale sanului sunt reprezentate de: (pag. 1198)\ Epithelial tumors of breast , are represented by: (p. 1198) \

- A) []limfoame\ lymphoma \
- B) [x]carcinoamele lobulare\ lobular carcinoma \
- C) [x]carcinoamele ductale in situ\ ductal carcinoma in situ \
- D) [x]boala Paget\ Paget's disease \
- E) [] cystosarcoma Phyllodes maligne\ malignant Phyllodes cystosarcoma \

25. CM. [C2329152] Urmatorii factori se coreleaza cu un prognostic nefavorabil: (pag. 1198)\ The following factors are correlated with an unfavorable prognosis (p. 1198) \

- A) [x]catepsina D\ cathepsin D \
- B) []prezenta receptorilor estrogenici si progesteronici\ presence of estrogen and progesterone receptors \
- C) [x]c-erb-B2\ c-erb-B2 \
- D) [x]aneuploidia\ aneuploidy \
- E) []multicentricitatea\ multicentred \

26. CM. [CS119568] Urmatoare afirmatii sunt adevarate: (pg 1195)\ Next statements are true: (pg 1195) \

- A) [x]In boala Paget a sanului apare uneori o scurgere mamelonara\ in Paget's disease of the breast, sometimes there is a nipple discharge \
- B) []mastopatia nodulara este aderenta la tegument\ nodular mastopatia is adherent to skin \
- C) [x]boala fibrocistica e o afectiune genetica\ fibrocystic disease is a genetic disorder \
- D) [x]in boala Paget a sanului invazia axilara e frecventa\ in Paget's disease of the breast , axillary invasion is frequent\
- E) []in tumora Phyllodes adenopatia axilara e frecventa\ in Phyllodes tumor, axillary adenopathy is frequent\

27. CM [C1329086] Semnele clinice de debut ale bolii Paget sunt: (pag. 1195)\ Clinical signs for the beginning of Paget's disease, are: (p. 1195) \

- A) prurit mamelonar\ itching nipple \
 - B) eritem mamelonar\ erythema nipple \
 - C) tumora in san cu ulcerarea tegumentelor\ tumor in the breast with skin ulceration \
 - D) ulceratie mamelonara circulara\ circular nipple ulceration \
 - E) de la debut mamelonul se retracta prin tumora ulcerata\ from the beginning, the nipple retracted by ulcerated tumor \
-

28. CM [C2529048] Indicatie chirurgicala ca prima secventa terapeutica o au (pag. 1199)\ Surgery, as a first sequence therapy, is recommended in case of (p. 1199) \

- A) Tis\ Tis \
 - B) T1N0M0\ T1N0M0 \
 - C) T1N1M0\ T1N1M0 \
 - D) T2N1M0\ T2N1M0 \
 - E) T3N1M0\ T3N1M0 \
-

29. CM [C1329081] Urmatoarele forme clinice ale cancerului mamar se caracterizeaza printr-un prognostic grav: (pag. 1195-1196)\ The following clinical forms of breast cancer is characterized by a severe prognosis (p. 1195-1196) \

- A) schirul atrofic\ atrophic schirul\
 - B) boala Paget la debut\ Paget's disease, in the beginning \
 - C) mastita acuta carcinomatoasa\ acute mastitis carcinomatosa \
 - D) cancerul mamar bilateral in stadiul I\ bilateral breast cancer, stage 1 \
 - E) cancerul mamar multicentric\ multicentre breast cancer \
-

30. CM [C1429090] Factorii de risc endogeni in cancerul de san sunt: (pag. 1188)\ Endogenous risk factors of breast cancer are: (p. 1188) \

- A) alcoolul;\ alcohol; \
- B) obezitatea mai ales in postmenopauza;\ obesity especially in postmenopausal; \
- C) expunerea prelungita la unde electromagnetice;\ prolonged exposure to electromagnetic waves; \
- D) nuliparitatea;\ nulliparity. \
- E) prima sarcina dupa varsta de 30 de ani;\ first pregnancy after the age of 30 years\

30

1. CS [M2630064] Care din urmatoarele afirmatii sunt false: (pag. 29-44,45)\ Which of these statements are false: (Pages 29 to 44.45)\

- A) Proteinele din laptele de mama sunt influentate de variatiile aportului alimentar al mamei;\ The proteins in breast milk are influenced by variations in food intake of the mother;\
- B) Proteinele din laptele de mama sunt alcatuite din caseina si proteinele lactoserului ;\ Mother's milk proteins are composed of casein and whey proteins;\
- C) Laptele de tranzitie de la ziua 4-6 pana in ziua a 10-a ;\ Milk transition from day 4-6 until the 10th day;\
- D) Laptele matur isi definitiveaza compozitia intre a 10-a si a 30-a zi dupa nastere ;\ milk composition between the couple completes his 10th and 30th days after birth;\
- E) Compozitia laptelui matur este constanta pe tot parcursul alimentatiei\ The composition of mature milk is constant throughout the food\

2. CS[M1130004] Necesarul de vitamine pentru sugari este corect, cu EXCEPTIA: (pag. 27, 28)\ The needs of vitamins for infants is correct, except: (p. 27, 28)\

- A) Vitamina A: 750 Åµg (2250 u\ Vitamin A: 750 mg (2250 U\
- B) Vitamina B12: 0,3 Åµg/zi\ Vitamin B12: 0.3 mg / day\
- C) Vitamina C: 20-30 mg/zi\ Vitamin C: 20-30 mg / day\
- D) Vitamina D: 100 Åµg (400 u\ Vitamin D: 100 mg (400 u\
- E) Vitamina E: 3 mg/zi\ Vitamin E 3 mg / day\

3. CS [M1530044] Contraindicatii maternale ale alimentatiei naturale sunt urmatoarele, cu EXCEPTIA: (pag. 44)\ Contradictions of maternal natural food are the following, except: (p. 44)\

- A) tuberculoza activa\ active tuberculosis\
- B) starile febrile, starile septice\ fever, sepsis\
- C) diabetul\ diabetes\
- D) infectia HIV diagnosticata la mama\ Mother diagnosed HIV\
- E) neoplaziile\ malignancies\

4. CS [M2530062] Necesarul de lipide din alimentatie trebuie sa asigure: (pag. 26)\ needs fat in the diet should provide: (p. 26)\

- A) 10-20% din totalul ratiei calorice\ 10-20% of total calories\
- B) 35-40% din totalul ratiei calorice\ 35-40% of total calories\
- C) 40-60% din totalul ratiei calorice\ 40-60% of total calories\
- D) 20-35% din totalul ratiei calorice\ 20-35% of total calories\
- E) Peste 60% din totalul ratiei calorice\ Over 60% of total calories\

5. CS [M1130015] Urmatoarele stari patologice ale mamei contraindica alimentatia la san, in afara de: (pag. 44)\ following the mother's pathological contraindications to breast feeding, except for: (p. 44)\

- A) Lues\ Lues\
- B) Tuberculoza activa\ Active Tuberculosis\
- C) Stare febrila\ feverish\
- D) Stare septica\ sepsis\
- E) Infectie HIV\ HIV Infection\

6. CS [M2930082] Necesarul de apa a unui nou nascut la termen este de: (pag. 23, tabel 2.1)\ water needs of a new term is born (p. 23, table 2.1)\

- A) 220 ml/kg/zi\ 220 ml / kg / day\
- B) 100 - 150 ml/kg/zi\ 100-150 ml / kg / day\
- C) 90 -100 ml/kg/zi\ 90 to 100 ml / kg / day\
- D) 50 -100 ml/kg/zi\ 50 -100 ml / kg / day\
- E) 40 -50 ml/kg/zi\ 40 -50 ml / kg / day\

7. CS [M1130009] Urmatoarele afirmatii referitoare la ratia calorica a sugarului sunt adevarate, cu exceptia: (pag. 23)\ The following statements about the calories your baby are true, except: (p. 23)\

- A) Metabolismul bazal reprezinta la sugar 50 kcal/kg;\ basal metabolism infant is 50 kcal / kg;\
- B) Necesarul de crestere este de 0,5-1 kcal pentru fiecare gram de spor ponderal;\ The need for growth is 0.5 to 1 kcal per gram of weight gain;\
- C) Nou nascutul creste intr-un ritm optim cu 100kcal/kg/zi daca sursa este laptele matern si cu 10% mai multe calorii daca sugarul este alimentat artificial;\ New baby is growing at an optimal pace 100kcal/kg/zi if the source is milk and 10% more calories if the baby is fed artificial;\
- D) Necesarul caloric in primul an de viata se cifreaza la 80-120 kcal/kg;\ caloric requirements in the first year of life amounts to 80-120 kcal / kg;\
- E) Raportul ideal calorii/proteine este de 32-35 kcal pentru fiecare gram de proteine\ Report ideal calorie / protein is 32-35 kcal per gram protein\

8. CS [M2530050] Identificati afirmatia incorecta despre rolul vitaminei A: (pag. 27)\ Identify the incorrect statement about the role of vitamin A (p. 27)\

- A) Doza recomandata de vitamina A este de 450Åµg/zi la sugari\ The recommended dose of vitamin A in infants is 450µg/zi\

- B)** Surse importante de vitamina A sunt laptele, oul, ficatul de peste\ Important Sources of vitamin A are milk, eggs, fish liver\
C) Provitamina A este de origine vegetala\ Provitamin A is of plant origin\
D) Hemeralopia este un semn al hipovitaminozei\ hemeralopia is a sign of Hypovitaminosis A\
E) xeroftalmia nu este legata de metabolismul vitaminei A\ dry eye is not related to vitamin A metabolism\

9. CM. [M2930201] Tipurile de formule pentru sugari sunt: (M2930202)\ types of infant formula are: (M2930202)\

- A)** formule hiperenergetice, sarace in sodiu\ hiperenergetice formula, low in sodium\
B) formule de continuare\ formulas\
C) formule adaptate\ adjusted formula\
D) formule hiperlactozate\ Formula hiperlactozate\
E) formule cu acid piruvic\ pyruvic acid formula\

10. CM. [M1430131] Diversificarea precoce a alimentatiei are urmatoarele avantaje: (pag. 43)\ early diversification of food has the following advantages: (p. 43)\

- A)** Favorizeaza dezvoltarea structurilor orale solicitate in procesul de masticatie\ foster the development of oral structures required in the process of mastication\
B) Induce cu usurinta un ritm mai alert de crestere si spor ponderal\ induction with ease of rapid growth and weight gain\
C) Oferă un aport suplimentar de vitamine, fier, fibre\ Provides an additional intake of vitamins, iron, fiber\
D) Favorizeaza obezitatea de aport\ Helps obesity intake\
E) Proteinele vegetale au valoare biologica inferioara celor din lapte\ vegetable protein have lower biological value of milk\

11. CM. [M2730188] Formulele de lapte praf pentru sugarii sanatosi sunt reprezentate de: (pag. 35)\ milk powder formulas for healthy infants are: (p. 35)\

- A)** formule de start\ **The** formula home\
B) formule de continuare\ formulas\
C) formule speciale\ Specific formula\
D) formule hiperenergetice\ Formula hiperenergetice\
E) preparate din lapte de vaca\ preparations from cow\

12. CM [M1130088] Care din urmatoarele sunt formule speciale de lapte: (pag. 38, 40, 41, 42)\ Which of these are special milk formula (p. 38, 40, 41, 42)\

- A)** Bebelac;\ Bebelac;\
B) Conformil;\ Conformil\
C) Alprem;\ Alprem;\
D) AL110\ AL110\
E) Isomil\ Isomil\

13. CM. [M1230113] Urmatoarele vitamine sunt liposolubile: (pag. 27)\ The following are fat-soluble vitamins (p. 27)\

- A)** vitamina E\ Vitamin E\
B) vitamina D\ Vitamin D\
C) vitaminele A si K\ vitamins A and K\
D) vitamina B12\ B12\
E) vitamina B6\ vitamin B6\

14. CM. [M1530138] Care din urmatoarele afirmatii in legatura cu vitamina E sunt adevarate? (pag. 28)\ Which of the following statements about vitamin E are true? (P. 28)\

- A)** cel mai important rol este cel antioxidant\ **The** most important antioxidant role is\
B) previne retinopatia prin prematuritate\ prevent retinopathy in prematurity\
C) nu este esentiala pentru crestere si dezvoltare\ It is essential for growth and development\
D) deficientia sa la prematuri poate induce o forma de anemie hemolitica\ its deficiency in premature infants may induce a form of hemolytic anemia\
E) sursele naturale sunt uleiurile vegetale (soia, floarea soarelui)\ The natural sources are vegetable oils (soy, sunflower)\

15. CM. [M1130102] Identificati afirmatiile inexacte referitoare la formulele de continuare (follow-up): (pag. 38, 39)\ Identify inaccurate statements about formulas (follow up): (p. 38, 39)\

- A)** Sunt recomandate sugarilor cu varsta cuprinsa intre 1 -6 luni\ They are recommended for infants aged 1 -6 months\
B) Cantitatea de proteine este comparabila cu a formulelor de start\ The amount of protein is comparable formulas home\
C) Hidratii de carbon sunt reprezentati de lactoza, maltodextrina si amidon\ carbohydrates are represented by lactose, maltodextrin and starch\
D) Nu contin adausuri speciale\ It contains special additives\
E) Sunt suplimentate cu fier\ They are supplemented with iron\

16. CM. [M2530145] Care din urmatoarele afirmatii despre vitamina D sunt corecte? (pag. 28)\ Which of the following statements about vitamin D is correct? (P. 28)\

- A)** Sursele alimentare importante de vitamina D sunt pestele, oul, untul\ **The** major food sources of vitamin D are fish, egg, butter\
B) Laptele uman contine o cantitate mica de vitamina D liposolubila\ Human milk contains a small amount of fat-soluble

vitamin D\

C) Vitamina D2 se sintetizeaza in piele sub actiunea razelor ultraviolete\ Vitamin D2 is synthesized in the skin under UV rays\

D) Formulele de lapte imbogatite in vitamina D acopera necesarul\ fortified milk formulas in the vitamin D requirement covers\

E) Rahitismul apare frecvent la sugarul alimantat natural\ alimantat infant rickets commonly occurs in nature\

17. CM. [M1430129] Care dintre urmatoarele afirmatii despre lactoferina este corecta: (pag. 31)\ Which of the following statements is correct about lactoferina (p. 31)\

A) O glicoproteina din zer\ A glycoprotein from whey\

B) Identificata in sucul intestinal\ Identified in the intestinal juice\

C) Identificata in lacrimi si sudoare\ Identified in tears and sweat\

D) Identificata ca factor de crestere\ Identified as a growth factor\

E) Identificata in sucul pancreatic\ identified in pancreatic juice\

18. CM. [M2730184] Lipidele din alimentatie au functii: (pag. 25)\ fats in the diet have functions (p. 25)\

A) cea mai importanta sursa de energie\ The most important energy source\

B) rol structural\ The structural role\

C) vehicul pentru vitaminele liposolubile\ vehicle for fat-soluble vitamins\

D) vehicul pentru vitaminele hidrosolubile\ vehicle for water soluble vitamins\

E) rol antiinfectios\ anti-infection role\

19. CM. [M2530149] Formulele de lapte din soia sunt indicate in: (pag. 39)\ soy milk formulas are indicated (p. 39)\

A) Galactozemie\ **The** galactosemia\

B) Fibroza chistica\ Cystic Fibrosis\

C) Alergia la proteinele din laptele de vaca\ Allergy to cow milk proteins\

D) Tirozinemie\ tyrosinemia\

E) Intoleranta la lactoza\ Lactose intolerance\

20. CM. [M2930200] "Falimentul" alimentatiei naturale este cel mai frecvent opera medicului pediatru, care recurge cu mare usurinta la alimentatia artificiala din: (45)\ natural food is the most common operations pediatrician who use the ease of artificial nutrition (45)\

A) comoditate;\ convenience;\

B) necunoastere;\ ignorance;\

C) supraaprecierii valorii formulelor;\ supraaprecierii value formulas\

D) costului redus;\ low cost;\

E) gratuitatii acordate de MS.\ gratuity granted by MS.\

21. CM. [M2530147] Identificati afirmatiile incorecte despre formulele de start: (pag. 34,35)\ Identify incorrect statements about formulas home (p. 34.35)\

A) Se administreaza de la nastere pana la 4-6 luni\ It manages from birth until 4-6 months\

B) Au ca sursa de proteine soia\ The source of soy protein\

C) Formulele hipoalergenice sunt indicate in diareea cronica a sugarului\ hypoallergenic formulas are given in chronic diarrhea of infant\

D) Pot fi administrate pana la 3 ani\ Can be administered up to 3 years\

E) Gustul neplacut este datorat cantitatii mari de aminoacizi liberi\ bad taste is due to the large amounts of amino acids\

22. CM. [M1130100] Urmatoarele afirmatii in legatura cu compozitia formulelor pentru sugari sanatosi sunt corecte, cu exceptia: (pag. 33, 34)\ The following statements about the composition of healthy infant formulas are correct, except: (p. 33, 34)\

A) Raportul cazeina/proteine din zer este 40/60\ Report of casein / whey protein is 40/60\

B) Hidratii de carbon sunt reprezentati de glucoza\ carbohydrates are represented by glucose\

C) Lipidele sunt reprezentate in exclusivitate de trigliceride cu lanturi medii de atomi de carbon (MTC)\ Lipids are represented exclusively by medium chain triglycerides of carbon (MTC)\

D) Concentratiile de electroliti sunt similare celor din laptele de femeie\ concentrations of electrolytes are similar to those of milk woman\

E) Toate formulele contin fier\ All formulas contain iron\

23. CM. [M1230110] Formulele de start pentru sugar, care pot fi administrate de la nastere pana la 6 luni (un an), sunt: (pag. 34,35)\ home for infant formulas, which can be administered from birth to 6 months (one year) are: (p. 34.35)\

A) formule hipercalorice\ **The** calorie formula\

B) formule elementale\ elemental formulas\

C) formule hiperenergetice\ Formula hiperenergetice\

D) formule adaptate\ formula adapted\

E) formule hipoalergenice/hipoantigenice\ hypoallergenic formula / hipoantigenice\

24. CM. [M2530152] Care din urmatoarele afirmatii reprezinta caracteristici ale alimentatiei artificiale la sugar? (pag. 45)\ Which of these statements are characteristics of artificial infant feeding? (P. 45)\

A) se administreaza la ore fixe\ is given at fixed hours\

B) cantitatea de produs pe 24 de ore este jumătate din nevoia de lichide\ quantity of product per 24 hours is half of the need

for liquid\

- C)** numarul de mese depinde de varsta si greutatea copilului\ number of meals depends on the child's age and weight\
D) numarul de mese depinde de tiparul alimentar al copilului\ number of meals depends on the child's food pattern\
E) in cadrul acestui tip de alimentatie nu se stabileste o relatie afectiva intre mama si copil\ In this type of diet does not establish an emotional relationship between mother and child\

25. CM. [M2730187] Laptele matern contine: (pag. 30)\ Breast milk contains: (p. 30)\

- A)** proteine 1,1/100ml\ protein 1.1 / 100ml\
B) proteine 2,4 g/100ml\ protein 2.4 g/100ml\
C) hidrati de carbon (lactoza) 6-7 g/100ml\ carbohydrates (lactose) 6-7 g/100ml\
D) lipide 8 g/100ml\ lipid 8 g/100ml\
E) electroliti\ electrolyte\

26. CM. [M1430128] Anemia din primele 6 - 8 saptamani de viata se datoreaza: (pag. 27)\ Anemia in the first 6-8 weeks of life is due to: (p. 27)\

- A)** Alimentatie\ Food\
B) Absorbției scăzute a fierului\ Low iron absorption\
C) Scaderii cantitatii de hemoglobina\ decrease the amount of hemoglobina\
D) Scaderii precursorilor eritroizi\ decrease precursors eritroizi\
E) Duratei scurte de viata a hematiilor ce contin hemoglobina fetala\ Short-lived of fetal hemoglobin-containing red cells\

27. CM. [M1330115] Sursele importante de Vitamina D sunt: (pag. 27)\ important sources of vitamin D are: (p. 27)\

- A)** origine in piele sub actiunea razelor ultraviolete\ original skin under UV rays\
B) ou\ egg\
C) morcov, spanac\ carrot, spinach\
D) peste\ over\
E) unt\ butter\

28. CM. [M1330124] Dintre adausurile speciale pentru formule pentru sugari mentionati care sunt acizii grasi esentiali care nu pot fi sintetizati in organism: (pag. 43)\ The special additives for infant formula mentioned which are essential fatty acids that can not be synthesized in the body (p. 43)\

- A)** taurina\ taurine\
B) carnitina\ Carnitine\
C) acidul linoleic\ linoleic acid\
D) lactuloza\ lactulose\
E) acidul alfa -linoleic\ alpha-linolenic acid\

29. CM. [M2530161] Principii ale unei diversificari corecte a alimentatiei sunt: (pag. 43)\ principles of proper nutrition is a diversification (p. 43)\

- A)** Primul aliment introdus este sucul de fructe la 4 luni\ The first food is brought fruit juice to 4 months\
B) La 5 luni masa de fructe va inlocui o masa de lapte\ At 5 months of fruit mass will replace a meal of milk\
C) Fainosul de grau este optim la 4 luni\ Fainosul wheat is optimal to 4 months\
D) Carnea de orice tip se introduce la 5-6 luni\ The meat of any kind is introduced at 5-6 months\
E) Albusul de ou, pestele si capsunile se introduc dupa 1 an,\ egg whites, fish and strawberries are inserted after a year\

30. CM. [M2630167] Care din urmatoarele sunt contraindicatii permanente ale alimentatiei la san: (pag. 44)\ Which of these are permanent contraindications to breast feeding (p. 44)\

- A)** Ragadele ;\ Ragadele;\
B) Luesul mamei ;\ Luesul mother;\
C) Mastita;\ mastitis;\br/>**D)** Septicemia mamei;\ Septicemia mother;\br/>**E)** Tuberculoza activa a mamei\ Tuberculosis active mother\

31

1. **CS** [M1431029] Neutropenia la nou-nascut este declarata la un numar mai mic de: (pag. 136) \ Neutropenia in the newborn is declared in a smaller number (p. 136) \

- A) 1500/mm3, \ 1500/mm3 \
- B) 500/mm3, \ 500/mm3, \
- C) 1900/mm3, \ 1900/mm3 \
- D) 2300/mm3, \ 2300/mm3 \
- E) Toate variantele \ All versions \

2. **CS** [M1331021] Care semn clinic sau de laborator nu este gasit in meningita purulenta a nou nascutului (pag. 138) \ Which clinical sign or laboratory is not found in purulent meningitis of the newborn (p. 138) \

- A) convulsii \ convulsion \
- B) bombarea fontanelei \ bulging fontanelle \
- C) varsaturi \ vomiting \
- D) proteinorahia cu valori ridicate \ high proteinorahia \
- E) hiperglicorahia \ hiperglicorahia \

3. **CS** [M2631074] Care din urmatoorii agenti etiologici este agentul clasic al artritei supurate si osteomielitei la nou-nascut: (pag. 139) \ Which of the following etiologic agents is classic agent in suppurated arthritis and osteomyelitis in the newborn (p. 139) \

- A) Stafilococ auriu; \ Staphylococcus aureus; \
- B) Streptococ betahemolitic grup \ Streptococ beta-hemolytic group B \
- C) Klebsiella; \ Klebsiella; \
- D) Proteus; \ Proteus; \
- E) E. Coli \ E. coli \

4. **CS** [M1231019] Terapia infectiei neonatale herpetice se realizeaza cu: (pag. 144) \ Therapy of neonatal herpes infection is achieved by: (p. 144) \

- A) Ganciclovir \ ganciclovir \
- B) Ribavirin \ Ribavirin \
- C) Interferon \ Interferon \
- D) Aciclovir \ Acyclovir \
- E) ZDV \ ZDV \

5. **CS** [M2631073] Urmatoarele sunt semne precoce ale meningitei neo-natale, cu exceptia: (pag. 138) \ The following are early signs of neo-natal meningitis, except: (p. 138) \

- A) Convulsii; \ convulsions; \
- B) Bombarea fontanelei anterioare; \ bulging anterior fontanelle \
- C) Tulburarile de termoreglare a temperaturii; \ Disorders of thermoregulation in temperature; \
- D) Opistotonus; \ Opistotonus; \
- E) Varsaturi \ vomiting \

6. **CS** [M1331024] Semnele clinice de sifilis congenital sunt urmatoarele in afara de unul: (pag. 145) \ Clinical signs of congenital syphilis are these but one (p. 145) \

- A) rinita persistenta unilaterala \ unilateral persistent rhinitis \
- B) hepatosplenomegalie \ hepatosplenomegaly \
- C) icter \ jaundice \
- D) periostita si osteocondrita \ periostitis and osteocondrita \
- E) pemfigus la nivelul trunchiului si a membrelor \ pemphigus on the trunk and limbs \

7. **CS** [M1531032] Standardul de aur pentru diagnosticul pozitiv al infectiei cu HIV la nou-nascut este (pag. 143) \ Gold standard for positive diagnosis of HIV infection in the newborn is (p. 143) \

- A) testul ELISA \ ELISA \
- B) testul Westernblott \ test Westernblott \
- C) determinarea antigenului viral (ARN-HIV) prin PCR \ Determination of viral antigen (HIV RNA) by PCR \
- D) determinarea limfocitelor CD4 \ determination of CD4 lymphocytes \
- E) determinarea raportului limfocitelor CD4/CD8 \ determination of lymphocyte CD4/CD8 ratio \

8. **CS** [M2831081] Date de laborator cu valoare predictiva pentru sepsis sunt urmatoarele, cu exceptia: (pag. 136,137) \ Laboratory data with predictive value for sepsis are the following, except: (p. 136 137) \

- A) Leucocitoza cu neutrofilie / nr leucocite < 5000 \ Leukocytosis with neutrophilia / No leukocytes <5000 \
- B) Proteina C reactiva > 5 mg% \ C-reactive protein > 5 mg% \
- C) Lactacidemia > 2 mmol / l \ Lactacidemia > 2 mmol / l \
- D) Cresterea Il 6 > 100 pg / ml \ Increased Il 6 > 100 pg / ml \
- E) Indice leucocitar < 0,2 \ leukocyte index <0.2 \

9. **CM** [M1431114] Sepsisul tardiv al nou-nascutului se caracterizeaza prin: (pag. 135) \ Late sepsis newborn is characterized by: (p. 135) \

- A) Debut dupa un "interval liber" de 5 zile \ Onset after a "free interval" of 5 days \

- B) []** Defineste intodeauna infectiile materno-fetale \ Define always the maternal-fetal infection \
- C) []** Simptomatologia este specifica \ symptoms is specific \
- D) [x]** Nerecunoscut precoce, se ajunge rapid la socul refractar si disfunctia organica multipla \ early recognition is quickly reach refractory shock and multiple organic dysfunction \
- E) []** Toate variantele de mai sus \ All of the above \
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- 10. CM [M1531129]** Vaccinarea antihepatita virala B (pag. 144) \ Antihepatitis viral B Vaccination (p. 144) \
- A) [x]** se face in tara noastra tuturor nou-nascutilor la termen in prima zi de viata \ is done in our country in all newborns in the first day of life term \
- B) [x]** se face la prematuri la varsta de 2 luni (la externarea din maternitate) \ is done on the premature age of 2 months (at discharge from maternity) \
- C) [x]** se face concomitent cu imunizarea cu imunoglobulina specifica (HBIG) pentru copiii nascuti din mame AgHBs pozitive \ is done concomitant with immunization with specific immunoglobulin (HBIG) for children born to HBsAg positive mothers \
- D) []** permite continuarea alimentatiei naturale la copiii din mame AgHBs pozitive \ allowed continuation natural food to children of HBsAg positive mothers \
- E) []** este inclusa intre vaccinarile obligatorii ale nou-nascutului chiar si in tarile cu portaj antigenic mic \ is included in the compulsory vaccinations of the newborn even in countries with low antigenic porting \
-

- 11. CM [M1131089]** In legatura cu sepsis-ul neonatal urmatoarele afirmatii sunt corecte: (pag. 134, 135, 136) \ In connection with neonatal sepsis the following statements are correct: (p. 134, 135, 136) \
- A) [x]** Diagnosticul se sustine pe hemocultura pozitiva, in prezenta unor semne clinice sugestive \ The diagnosis is supported by the positive blood cultures in the presence of clinical signs suggestive \
- B) [x]** Un nou nascut cu semne clinice de sepsis si reactanti de faza acuta pozitivi poate fi tratat ca sepsis chiar fara confirmare bacteriologica, deoarece pozitivarea reactantilor de faza acuta coincide cu bacteriemia \ A newborn with clinical signs of sepsis and positive acute phase reaction can be treated as sepsis even without bacteriological confirmation, since the positive value of acute phase reactants coincides with bacteraemia \
- C) []** Sepsis-ul neonatal cu debut precoce este de natura nozocomiala \ Neonatal Sepsis early debut is of nosocomial nature \
- D) []** Punctia lombara va fi efectuata obligatoriu oricarui nou nascut suspect de sepsis neonatal \ lumbar puncture will be made compulsory for any newborn suspected with neonatal sepsis \
- E) [x]** Prevenirea sepsis-ului neonatal cu streptococ B se face cu penicilina injectabila administrata mamei inainte de nastere \ Prevention of neonatal sepsis with site B streptococcus with penicillin injection is administered to the mother before birth of baby \
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- 12. CM [CMIPN003]** Sindromul Gregg intalnit in infectiile perinatale: () \ Gregg Syndrome met in perinatal infections: () \
- A) []** intalnim iridociclitza; \ we see iridocyclitis; \
- B) [x]** este dat de rubeola; \ is given by rubeola; \
- C) [x]** prezenta surditatii face parte din tabloul clinic; \ deafness is part of the clinical picture; \
- D) []** nu avem retard mental; \ no mental retardation; \
- E) []** Treponema palidum face parte din etiologie. \ Treponema palidum part of etiology \
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- 13. CM [M2231193]** Care afirmatii referitoare la sepsisul neonatal cu debut tardiv nu sunt valabile: (pag. 135) \ Which statements about late-onset neonatal sepsis are not valid: (p. 135) \
- A) [x]** disfunctia organica multipla este neobisnuita; \ multiple organic dysfunction is unusual; \
- B) []** interval liber pana la debut mai mare de 5 zile; \ free interval until the onset of more than five days; \
- C) []** sunt intotdeauna nozocomiale; \ is always nosocomial; \
- D) [x]** nu asociaza soc septic; \ does not associate septic shock; \
- E) []** apare mai frecvent la prematuri \ is more common in premature \
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- 14. CM [M2231174]** Despre sifilisul congenital se poate afirma ca: (pag. 144-145) \ About congenital syphilis can be said: (p. 144-145) \
- A) [x]** poate determina rinita unilaterala; \ may cause unilateral rhinitis; \
- B) [x]** asociaza hepatosplenomegalie si icter; \ associated hepatosplenomegaly and jaundice; \
- C) []** poate determina surditate; \ may cause deafness; \
- D) [x]** asociaza osteocondrita si periostita; \ associate osteocondrita and periostitis; \
- E) []** nu determina afectare osteo-articulara \ not cause damage osteo-articular \
- 15. CM [M1531132]** Complicatiile acute ale meningitei bacteriene la nou-nascut pot include: (pag. 139) \ Complications of acute bacterial meningitis in the newborn may include: (p. 139) \
- A) []** microcefalia \ microcephaly \
- B) [x]** hidrocefalia \ hydrocephalus \
- C) [x]** colectia subdurala \ subdural collection \
- D) [x]** ventriculita \ ventriculita \
- E) []** abcesul cerebral \ Cerebral abscess \
-

- 16. CM [M2231152]** Care afirmatii sunt false despre meningita neonatala? (pag. 138) \ What are false statements about neonatal meningitis? (pag. 138) (P. 138) \
- A) [x]** nu este o cauza principala de mortalitate neonatala; \ It is not a leading cause of neonatal mortality; \

- B)** apar tulburari de reglare a temperaturii; \ disorders of temperature control occur; \
- C)** este implicata E. coli tipul K1; \ type E. coli K1 is involved; \
- D)** nu sunt obligatorii culturile centrale; \ Not mandatory Cultural Central; \
- E)** apare pleiocitoza cu numar crescut de limfocite \ appear pleiocytosis with increased number of lymphocytes \
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17. CM [M1431115] Examenle de laborator care demonstreaza afectarea multisistemica in septicemia neonatala, sunt: (pag. 137-138) \ Laboratory tests demonstrating impairment in neonatal sepsis multisistemica are: (p. 137-138) \

- A)** Alterarea homeostaziei I \ Altered homeostasis I \
- B)** Tuburari hidroelectrolitice si acidobazice severe; \ Tuburari hidroelectrolitice and acid-base severe \
- C)** Hiperbilirubinemie, citoliza \ Hyperbilirubinemia, cytolysis \
- D)** Tulburari ale hemostazei \ Disorders of hemostasis \
- E)** Nici una dintre variantele de mai sus \ None of the above \
-

18. CM [M2231134] Despre manifestarile clinice ale sepsisului neonatal se poate afirma: (pag. 135) \ On the clinical manifestations of neonatal sepsis can say: (p. 135) \

- A)** sepsisul cu debut tardiv apare in primele 14 zile; \ late-onset sepsis occurs in the first 14 days; \
- B)** in sepsisul cu debut tardiv apare tahicardie; \ in late-onset sepsis occurs tachycardia; \
- C)** convulsiile apar constant in sepsisul cu debut precoce; \ convulsions appear constant occur early onset sepsis; \
- D)** apare meteorism abdominal; \ abdominal meteorism appears \
- E)** apare hipotensiune in afara unui sindrom de deshidratare \ hypotension occurs outside of a syndrome of dehydration \
-

19. CM [M2231143] Care afirmatii sunt false despre diagnosticul sepsisului neonatal? (pag. 135-136) \ What are false statements about the diagnosis of neonatal sepsis? (P. 135-136) \

- A)** doar culturile centrale au valoare pentru sustinerea diagnosticului; \ only the central culture have value to support the diagnosis; \
- B)** preferabil hemocultura se recolteaza din cateterul venos central; \ blood cultures harvested preferably from the central venous catheter; \
- C)** cultura pozitiva din LCR sau urocultura au aceeasi semnificatie ca si hemocultura; \ positive culture of CSF or urine culture have the same meaning as blood cultures; \
- D)** un volum de 1 ml de sange nu este suficient pentru hemocultura; \ a volume of 1 ml of blood is not enough blood cultures; \
- E)** examinarea LCR este obligatorie daca se suspecteaza meningita \ CSF examination is obligatory if meningitis is suspected \
-

20. CM [M2231138] Care afirmatii sunt adevarate despre infectia neonatala? (pag. 134) \ Which statements are true about neonatal infection? (P.134) \

- A)** Listeria monocytogenes este caracteristic prezenta in sectiile de prematuri; \ Listeria monocytogenes is a characteristic present in sections of premature; \
- B)** se indica antibioterapie intrapartum daca factorii de risc se cumuleaza; \ indicates intrapartum antibiotherapy if risk factors add up; \
- C)** Heamophilus influenzae netipabil poate da infectii transmise vertical; \ Heamophilus influenzae netipabil can give vertically transmitted infections; \
- D)** infectia cu Listeria poate avea o forma tardiva si una cu debut precoce; \ Listeria infection can have a late form and an early onset; \
- E)** infectiile nozocomiale se manifesta in primele 3 zile de viata \ Nosocomial infection occurs in the first three days of life \
-

21. CM [M2231207] Tratamentul oftalmiei gonococice neonatale se face cu: (pag. 142) \ Treatment in neonatal gonococcal ophthalmopathy (p. 142) \

- A)** Cefotaxim 100 mg/kg/zi; \ cefotaxime 100 mg / kg / day; \
- B)** Cefotaxim 15 mg/kg/zi; \ cefotaxime 15 mg / kg / day; \
- C)** Ceftriaxon 125 mg/kg/zi; \ Ceftriaxone 125 mg / kg / day; \
- D)** Streptomicina 10 mg/kg/zi; \ Streptomycin 10 mg / kg / day; \
- E)** Trimetoprim 50 mg/kg/zi \ Trimethoprim 50 mg / kg / day \
-

22. CM [M2231155] Care afirmatii sunt adevarate? (pag. 139-140) \ Which statements are true? (pag. 139-140) (P. 139-140) \

- A)** osteomielita neonatala are localizare epifizara; \ neonatal osteomyelitis has epifizara location; \
- B)** se indica interventie chirurgicala in caz de ventriculita in meningita neonatala; \ surgery indicated in cases of ventriculitis in neonatal meningitis; \
- C)** otita medie la nou nascut are risc crescut de transformare in otomastoidita; \ otitis media to the newborn has an increased risk of transformation otomastoidita; \
- D)** stafilococul auriu secretor de toxine determina leziuni buloase; \ toxin-secreting Staphylococcus aureus cause bullous lesions; \
- E)** omfalita se poate complica cu peritonita \ omfalita may be complicated by peritonitis \
-

23. CM [CMIPN002] Factori de risc pentru aparitia infectiilor bacteriene perinatale sunt: () \ Risk factors for perinatal bacterial

infections are: () \

A) ruperea prematura a membranelor --> cresc riscul de corioamniotita; \ Premature rupture of casings -> increased risk of corioamniotita; \

B) metereologici; \ metereologici; \

C) astroologici; \ astroologici; \

D) fetali; \ fetali; \

E) existenta febrei la gravida in timpul travaliului. \ existence of fever in pregnant women during labor \

24. CM [M1131087] Infectia perinatale cu streptococ β hemolitic grup B are urmatoarele caracteristici: (pag. 134) \ Perinatal infection with β haemolytic streptococcus group B has the following characteristics: (p. 134) \

A) Este cea mai frecventa etiologie intalnita in sepsis-ul neonatal tardiv \ The most common etiology found in late neonatal sepsis site \

B) Este cea mai frecventa etiologie intalnita in sepsis-ul neonatal precoce \ The most common etiology found in your early neonatal sepsis \

C) Este favorizata de ruptura prematura a membranelor amniotice \ It is favored by premature rupture of amniotic membranes \

D) Manifestarea pulmonara impune diagnostic cu detresa respiratorie precoce a noului nascut \ lung manifestation imposes diagnosis with early respiratory distress of new born \

E) Este intalnita mai ales la nou nascuti la termen si postmaturi \ It is especially common in newborns at term and postmaturi \

25. CM [M2231148] Care afirmatii nu sunt false despre fiziopatologia sepsisului neonatal? (pag. 137) \ Which statements are NOT false about the pathophysiology of neonatal sepsis? (P. 137) \

A) TNF activeaza fibrinoliza; \ TNF activates fibrinolysis; \

B) proteina C reactiva favorizeaza inflamatia; \ C-reactive protein favours inflammation; \

C) IL6 scade la nou nascutii cu infectie sistemica; \ IL6 decreased in newborns with systemic infection; \

D) IL1beta activeaza coagularea; \ IL1beta activated clotting; \

E) trombina stimuleaza factorii proinflamatori \ Thrombin stimulates proinflammatory factors \

26. CM [M2231213] Testele care pot identifica infectia cu Treponema pallidum la nou nascut sunt: (pag. 145) \ The tests that may identify Treponema pallidum infection to the newborn are: (p. 145) \

A) AAN; \ ANA; \

B) VDRL; \ VDRL; \

C) FTA-Abs; \ FTA-ABS; \

D) RAST; \ RAST; \

E) MHA-TP \ MHA-TP \

27. CM [M2231197] LCR-ul in meningita neonatala asociaza: (pag. 137) \ CSF in neonatal meningitis (p. 137) \

A) peste 100 celule/mm³; \ over 100 cells/mm³; \

B) predominanta limfocitelor; \ lymphocyte predominant; \

C) predominanta polimorfonuclearelor; \ polymorphonuclears predominant; \

D) proteinorahie sub 40 mg \ proteinorahie less than 40 mg \

E) glicorahie sub 40 mg/dl \ glicorahie below 40 mg / dL \

28. CM [M2231167] Despre infectia HIV se pot afirma urmatoarele: (pag. 143,144) \ About HIV can be stated: (p. 143 \ 144) \

A) transmiterea intrauterina este favorizata de inflamatie ale placentei; \ intrauterine transmission is favored by inflammation of the placenta; \

B) prematuritatea este un factor de risc; \ prematurity is a risk factor; \

C) interzicerea alaptarii poate preveni infectarea dupa nastere; \ interdiction breastfeeding may help prevent infection after birth; \

D) transmiterea intrapartum se poate face prin transfuzie materno-fetala; \ intrapartum transmission can be achieved by maternal-fetal transfusion; \

E) HIV-ARN PCR exprima incarcatura virala intracelulara \ HIV RNA PCR viral load expressed intracellular \

29. CM [M2231158] Care afirmatii sunt adevarate despre sepsisul neonatal? (pag. 140-141) \ Which statements are true about neonatal sepsis? (pag. 140-141) (P. 140-141) \

A) oftalmia gonococica poate conduce la cheratita si orbire; \ Ophthalmic and gonococcal keratitis can lead to blindness; \

B) Stafilococul aureu este agentul "clasic" al osteomielitei neonatale; \ Staphylococcus aureus is classic agent of neonatal osteomyelitis; \

C) gonococul poate determina endoftalmie necrozanta; \ gonorrhoea can cause necrotizing endophthalmitis; \

D) Cefotaximul este cel mai utilizat antibiotic la nou nascut; \ Cefotaxim is most commonly used antibiotics in the newborn; \

E) otita medie supurata poate fi determinata de streptococul hemolitic de grup B \ otitis media with effusion may be caused by hemolytic streptococcus group B \

30. CM [M1431117] Printre criteriile de risc septic la nou-nascut se numara: (pag. 137) \ The septic risk criteria in the newborn include: (p. 137) \

A) Raportul leucocitar > 0,2 \ leukocyte ratio > 0.2 \

B) Leucocite < 5 000/mm³ \ leukocytes < 5 000/mm³ \

C) VSH > 15 mm/ora \ ESR > 15 mm / hour \

D) Cresterea nivelului de haptoglobina \ Increasing the level of haptoglobin \

E) Nici una din variantele de mai sus \ None of the above options \

1. **CS** [M2632066] Cea mai frecventa cauza a colitei hemoragice este: (pag. 349) \ The most frequent search of hemorrhagic colitis is: (p. 349) \

- A) E Coli enteropatogen \ E. coli enteropathogens \
- B) E Coli enterotoxigen \ E. coli enterotoxigen \
- C) E Coli enterohemoragic \ E. coli enterohaemorrhagic \
- D) E Coli enteroadeziv \ E. coli enteroadeziv \
- E) E Coli enteroinvaziv \ E. coli enteroinvaziv \

2. **CS** [M2232042] Care etiologie virala este mai des intalnita in diareea acuta: (pag. 349) \ What is the most common viral etiology in acute diarrhea (p. 349) \

- A) adenovirusul; \ adenovirus; \
- B) picornavirusul; \ picornavirusul; \
- C) rotavirusul; \ Rotavirus; \
- D) parainfluenzae tip B; \ parainfluenzae type B; \
- E) parainfluenzae tip A; \ parainfluenzae type A; \

3. **CS** [M1132011] Tratamentul dietetic al diareii acute care evolueaza la un sugar de 3 luni alimentat artificial se face in felul urmator, cu o singura exceptie: (pag. 354, 355) \ Dietary treatment of acute diarrhea that develops in an artificially fed infant of three months is as follows, with one exception (p. 354, 355) \

- A) Continuarea alimentatiei anterioara imbolnavirii \ Continuation of previous food \
- B) Solutii orale de rehidratare orala (gesol) \ oral rehydration solutions Oral (gesol) \
- C) Dieta de tranzitie cu supa de morcov \ transition diet of carrot soup \
- D) Realimentarea progresiva cu lapte delactozat \ gradually recharge delactosed milk \
- E) Realimentarea progresiva cu lapte de soia daca se suspecteaza alergie la proteinele laptelui de vaca \ Progressive recharge with soy milk if suspected cow's milk protein allergy \

4. **CS** [M1132014] Urmatoarele afirmatii in legatura cu fiziopatologia diareii acute sunt corecte, in afara de: (pag. 351) \ The following statements about the pathophysiology of acute diarrhea are correct, except: (p. 351) \

- A) Accelerarea peristaltismului intestinal limiteaza absorbtia apei si electrolitilor din lumen \ Increased peristalsis, limit absorption of water and electrolytes in the lumen \
- B) Este interferat procesul de transport celular activ pentru apa si sodiu \ It interferes with active cellular transport process for water and sodium \
- C) Lichidele pierdute pe cale digestiva sunt izotone \ digestive fluids which are lost are isotonic \
- D) Este tulburata in special digestia proteinelor \ It especially disturbs protein digestion \
- E) Activitatea dizaharidelor intestinale este scazuta \ There is a low activity of intestinal disaccharides \

5. **CS** [M1132016] Urmatoarele afirmatii in legatura cu diareea acuta sunt corecte, in afara de: (pag. 349) \ The following statements about acute diarrhea are correct, except: (p. 349) \

- A) Diareea acuta de etiologie infectioasa se transmite pe cale fecal/orala \ Unexplained Acute infectious diarrhea is transmitted by fecal / oral route \
- B) Diareile acute de etiologie virala nu asociaza sindrom de deshidratare acuta \ viral etiology of acute diarrheal syndrome is associated with acute dehydration \
- C) in diareile acute de etiologie virala, rotavirusul este cel mai frecvent intalnit \ the viral etiology of acute diarrhea, Rotavirus is the most frequently encountered \
- D) Rotavirusul este un important agent nozocomial \ Rotavirus is a major agent of nosocomial \
- E) Rotavirusul este responsabil de diareile acute contactate in spital in timpul sezonului rece \ Rotavirus is responsible for acute diarrheal encountered in the hospital during the cold season \

6. **CS** [M1332025] Solutia (Gesol) folosita pentru rehidratare orala in diareea acuta contine urmatoarii compusi cu EXCEPTIA: (pag. 354) \ Solution (Gesol) used for oral rehydration in acute diarrhea contains the following compounds except: (p. 354) \

- A) NaCl \ NaCl \
- B) Bicarbonat de Sodiu \ sodium bicarbonate \
- C) KCl \ KCl \
- D) Carbonat de Calciu \ calcium carbonate \
- E) Glucoza \ Glucose \

7. **CS** [M1132002] Urmatoarele mecanisme de aparare ale gazdei impotriva agentilor patogeni ai diareii acute sunt adevarate, cu EXCEPTIA: (pag. 349) \ The following mechanisms of host defense against pathogens of acute diarrhea are true, except: (p. 349) \

- A) Aciditate gastrica \ gastric acid \

- B)** Secretie locala adecvata de IgA secretor \ Secretion of appropriate local secretory IgA \
- C)** Motilitatea intestinala \ intestinal motility \
- D)** Stimularea adenilciclazei enterocitare \ Stimulation enterocytic adenocyclase \
- E)** Microflora saprofită intestinală \ saprophytic intestinal microflora \
-

8. CS [M1332027] Mentionati carui tip de E Coli apartine serotipul 157 H 7 (pag. 349) \ Mention the type of which E. coli serotype 157 belongs to H 7 (p. 349) \

- A)** enteropatogen \ enteropathogens \
- B)** enterotoxigen \ enterotoxigen \
- C)** enteroinvaziv \ enteroinvaziv \
- D)** enterohemoragic \ enterohaemorrhagic \
- E)** enteroadeziv \ enteroadeziv \
-

9. CM [M2532226] Mecanismul de aderenta in producerea bolii diareice acute este specific urmatorilor germeni: (pag. 351) \ Bonding mechanism in producing acute diarrheal disease is specific germ next (p. 351) \

- A)** Shigella \ Shigella \
- B)** E Coli enteropatogen \ E. coli enteropathogens \
- C)** E Coli enterohemoragic \ E. coli enterohaemorrhagic \
- D)** Salmonella \ Salmonella \
- E)** Vibrio cholerae \ Vibrio cholerae \
-

10. CM [M2232200] Care afirmatii sunt adevarate despre semnele clinice din diareea acuta la copil? (pag. 352) \ Which statements are true about the clinical signs of acute diarrhea in children? (P. 352) \

- A)** diareile cu enteroinvazivi nu se insotesc de febra; \ not enteroinvazivi diarrhea accompanied by fever; \
- B)** infectia dizenterica asociaza tenesme si modificare a tonusului anal; \ infection and dysentery associated tenesme modified anal tone; \
- C)** pot aparE Colici, manifestate prin agitatie; \ colic may occur, manifested by agitation; \
- D)** diareea cu rotavirus apare fara prodrome; \ rotavirus diarrhea occurs without prodrome; \
- E)** apare anorexie \ is anorexia \
-

11. CM [M1232103] Dintre antibioticele recomandate in gastroenterita cu Shigella la copil fac parte: (pag. 356) \ The recommended antibiotics with Shigella gastroenteritis in children include: (p. 356) \

- A)** Ampicilina \ Ampicillin \
- B)** Eritromicina \ Erythromycin \
- C)** Tetraciclina \ Tetracycline \
- D)** Metronidazolul \ Metronidazole \
- E)** Acidul nalidixic \ nalidixic acid \
-

12. CM [M2232194] Care medicatie este indicata in shigelloze? (pag. 356) \ What medication is indicated in shigellose? (P. 356) \

- A)** Metronidazol; \ Metronidazole; \
- B)** Biseptol; \ Biseptol; \
- C)** floroquinolone; \ fluoroquinolone; \
- D)** Ampicilina; \ Ampicillin; \
- E)** Tetraciclina \ Tetracycline \
-

13. CM [M2232184] Care afirmatii sunt false? (pag. 351) \ What statements are false? (P. 351) \

- A)** shiga-toxina poate determina convulsii; \ Shiga-toxin can cause seizures; \
- B)** citotoxinele actioneaza asupra unor mediatori ai inflamatiei; \ cytotoxins act on mediators of inflammation; \
- C)** Campylobacter pylori actioneaza prin mecanism citotoxic; \ cytotoxic mechanism works by Campylobacter pylori; \
- D)** E Coli enterohemoragic actioneaza prin mecanism citotoxic; \ E. coli enterohaemorrhagic works by cytotoxic mechanism; \
- E)** Shigella, cel mai tipic agent citotoxic, este capabila sa actioneze si prin aderenta \ Shigella, the most typical cytotoxic agent, is able to act in adherence \
-

14. CM [M2632243] Etiologia infectioasa a bolii diareice acute poate fi suspectata in urmatoarele situatii: (pag. 348) \ Infectious etiology of acute diarrheal disease may be suspected in the following situations: \

- A)** Diareile din cresa; \ Diarrhea in day care; \
- B)** Diareile aparute in alte colectivitati de sugari; \ diarrhea occurred in other collectivities of infants; \
- C)** Diareile nosocomiale; \ Nosocomial diarrhea; \
- D)** Diareile aparute in familii cu nivel socio-cultural scazut; \ diarrhea occurred in families with lower socio-cultural level; \

E) Diareile aparute la schimbarea preparatului de lapte \ diarrhea appeared to change the milk preparation \

15. **CM** [M1232099] In boala diareica acuta urmatorii agenti etiologici survin endemic: (pag. 348) \ The etiological agents following acute diarrheal disease endemic occur (p. 348) \

- A) rotavirus \ Rotavirus \
- B) calicivirus \ calicivirus \
- C) astrovirus \ astrovirus \
- D) coronavirus \ Coronavirus \
- E) rinovirus \ rhinovirus \

16. **CM** [M2732265] Produsele dietetice avand la baza proteinele din lapte sunt: (pag. 357) \ Dietetic products based on milk proteins are: \

- A) Humana H \ Human H \
- B) Humana H + MCT \ Human H + MCT \
- C) Milupa HN 25 \ Milupa HN 25 \
- D) Milupa 2 \ Milupa 2 \
- E) Morinaga NL 33 \ 33 NL Morinaga \

17. **CM** [M2532236] Medicamentele antidiareice actioneaza prin: (pag. 355) \ Antidiaretic drugs work by (p. 355) \

- A) Ameliorarea motilitatii intestinale \ Improving intestinal motility \
- B) Ameliorarea microflorei intestinale \ Improving the intestinal microflora \
- C) Adsorbție \ Absorption \
- D) Scaderea secretiei intestinale \ decrease intestinal secretion \
- E) Cresterea rezistentei organismului la infectii \ Increased resistance to infection \

18. **CM** [M2232168] Pierderile usoare de lichide se vor corecta dupa principiile: (pag. 354) \ Slight loss of liquid will be correct by the following principles: (p. 354) \

- A) vor fi inlocuite in primele 4 ore; \ will be replaced in the first 4:00; \
- B) vor fi inlocuite in primele 10 ore; \ will be replaced in the first 10 hours; \
- C) cantitatea pentru sugar va fi de 50 ml/kg; \ amount for child will be 50 ml / kg; \
- D) cantitatea pentru sugar va fi de 200 ml/kg; \ amount for child will be 200 ml / kg; \
- E) daca nu varsa se folosesc solutii orale de rehidratare \ if you do not vomit use oral rehydration solutions \

19. **CM** [M2232181] Care afirmatii sunt adevarate referitor la mecanismul diareei prin germeni enteroinvazivi? (pag. 350) \ Which statements are true regarding the mechanism by germs enteroinvazivi diarrhea? (P. 350) \

- A) germenui proliferaza strict la nivelul intestinului subtire; \ proliferating germ strictly in the small intestine; \
- B) forteaza enterocitul sa treaca la endocitoza si sa inglobeze germenui; \ enterocit forces to go to endocytosis and encompassing germ; \
- C) este necesara adeziunea germenilor prin fimbrii sau pili; \ is required by fimbriated or pili adherence germs; \
- D) microorganismul se multiplica in enterocit; \ organism multiplies in the enterocytes; \
- E) apare hiperemie, edem si exsudat intraluminal \ is redness, swelling and intraluminal exudate \

20. **CM** [M1132091] Urmatorii factori sunt considerati protectori pentru a evita aparitia diareei la sugar: (pag. 351) \ The following factors are considered to prevent the occurrence of diarrhea in infants: (p. 351) \

- A) Alimentatia naturala \ The natural diet \
- B) Starea buna de nutritie \ good nutrition \
- C) Vaccinari obligatorii efectuate la timp \ mandatory vaccinations carried out on time \
- D) Administrarea zilnica de vitamina D oral \ Oral administration of vitamin D daily \
- E) Administrarea periodica de vitamine \ Administration of vitamin Periodicals \

21. **CM** [M2232167] In deshidratarea severa sunt prezente: (pag. 353) \ In severe dehydration these symptoms are present: (p. 353) \

- A) ochi incercanati; \ ringed eye; \
- B) tegumente uscate; \ dry skin; \
- C) poliurie; \ polyuria; \
- D) sete vie; \ thirsty come; \
- E) scadere in greutate \ weight loss \

22. **CM** [M1332112] Care din urmatoarele afirmatii nu reprezinta semne si simptome ale bolii diareice acute: (pag. 352) \ Which of these statements are not signs and symptoms of acute diarrheal disease (p. 352) \

- A) scaune diareice \ diarrhea \

- B) colici intestinale \ intestinal colic \
 - C) apetit exagerat \ excessive appetite \
 - D) varsaturi \ vomiting \
 - E) scaune steatoreice \ Seat steatorrhea \
-

23. **CM** [M1432121] Boala diareica acuta cu Clostridium Dificile este sensibila la urmatoarele antibiotice, in afara de: (pag. 356) \ Acute diarrheal disease with Clostridium Difficult is sensitive to these antibiotics, except for: (p. 356) \

- A) Ampicilina \ Ampicillin \
 - B) Cefotaxim \ cefotaxime \
 - C) Vancomiciyne \ Vancomiciyne \
 - D) Gentamicina \ Gentamicin \
 - E) Metronidazol \ Metronidazole \
-

24. **CM** [M2232160] Mentionati bacteriile care nu produc diaree prin enteroaderenta: (pag. 351) \ Mention bacteria which cause diarrhea by enteroaderenta: (p. 351) \

- A) Vibrio cholerae; \ Vibrio cholerae; \
 - B) Shigella; \ Shigella; \
 - C) E Coli enteroinvaziv; \ E. coli enteroinvaziv; \
 - D) E Coli enteropatogen; \ E. coli enteropathogens; \
 - E) E Coli enterohemoragic \ E. coli enterohaemorrhagic \
-

25. **CM** [M2232161] Care bacterii pot produce diaree atat prin mecanismul citotoxic cat si de enteroaderenta? (pag. 351) \ So bacteria can cause diarrhea and cytotoxic mechanism of enteroaderenta? (P. 351) \

- A) Clostridium difficile; \ Clostridium difficile; \
 - B) Salmonella; \ Salmonella; \
 - C) Vibrio cholerae; \ Vibrio cholerae; \
 - D) E Coli enteropatogen; \ E. coli enteropathogens; \
 - E) E Coli enterohemoragic \ E. coli enterohaemorrhagic \
-

26. **CM** [M2532233] Solutia electrolitica de rehidratare orala contine urmatorii compusi: (pag. 354) \ Oral rehydration electrolyte solution containing the following compounds: (p. 354) \

- A) KCl \ KCl \
 - B) NaCl \ NaCl \
 - C) Bicarbonat de calciu \ calcium bicarbonate \
 - D) Bicarbonat de sodiu \ Sodium bicarbonate \
 - E) Glucoza \ Glucose \
-

27. **CM** [M2232144] Agentii etiologici bacterieni ai diareilor se transmit: (pag. 348) \ Bacterial etiologic agents of diarrheal be transmitted: (p. 348) \

- A) pe cale aerica; \ about aerica; \
 - B) pe cale fecal-oral; \ the fecal-oral route; \
 - C) alimente contaminate; \ contaminated food; \
 - D) pe cale hematogena; \ by marrow; \
 - E) apa contaminata \ contaminated water \
-

28. **CM** [M2232183] Care afirmatii sunt adevarate despre mecanismul citotoxic de producere a diareei? (pag. 350) \ Which statements are true about the cytotoxic mechanism of production of diarrhea? (P. 350) \

- A) citotoxinele pot produce moartea celulei; \ citotoxinele can cause cell death; \
 - B) cel mai tipic agent bacterian care actioneaza prin acest mecanism este Salmonella; \ the most typical bacterial agent that acts by this mechanism is Salmonella; \
 - C) shiga-toxina este stimuloare a sintezei de proteine; \ Shiga-toxin is stimulating protein synthesis; \
 - D) Vibrio cholerae actioneaza prin acest mecanism; \ Vibrio cholerae act through this mechanism; \
 - E) shiga-toxina este secretogena \ Shiga-toxin is secretogena \
-

29. **CM** [M1132095] Urmatoarele antibiotice sunt recomandabile in tratamentul diareilor acute bacteriene: (pag. 356) \ The following antibiotics are recommended in the treatment of acute bacterial diarrhea (p. 356) \

- A) Ampicilina \ Ampicillin \
 - B) Cloramfenicol \ Chloramphenicol \
 - C) Penicilina \ Penicillin \
 - D) Oxacilina \ Oxacilline \
 - E) Acid nalidixic \ nalidixic acid \
-

30. CM [M2232188] Care afirmatii sunt adevarate despre E Coli enterohemoragic? (pag. 351) \ Which statements are true about enterohaemorrhagic E. coli? (P. 351) \

A) toxina are o fractiune termostabila; \ toxin is thermostable fraction; \

B) poate actiona prin mecanism invaziv; \ The mechanism may act through invasive; \

C) tipul O157 H7 este cauza colitei hemoragice; \ type O157 H7 causes hemorrhagic colitis; \

D) poate actiona prin mecanism citotoxic; \ cytotoxic mechanism may act through; \

E) poate actiona prin mecanism toxigenic \ The mechanism may act by toxigenic \

1. **CS** [CS33036] Căile de invadare a parenchimului pulmonar sunt următoarele cu o excepție: (p 199) \ Ways of invasion of lung parenchyma with one exception are the following: (p 199) \

- A) aerogen \ airborne \
- B) hemetogen \ hemetogen \
- C) iatrogen prin bronhoscopie \ iatrogenic by bronchoscopy \
- D) prin plăgi penetrante \ by penetrating wounds \
- E) limfatic \ Lymph \

2. **CS** [CS33030] Faringita streptococică durează: (pg 173) \ strep throat lasts: (pg 173) \

- A) 1-4 zile \ 1-4 days \
- B) 7-10 zile \ 7-10 days \
- C) 2-5 zile \ 2-5 days \
- D) 4-8 zile \ 4-8 days \
- E) 4-8 săptămâni \ 4-8 weeks \

3. **CS** [CS33014] În etiologia epiglotitei este implicat în 95% din cazuri următorul germene: (Pg. 177) \ epiglotitei etiology is involved in 95% of germ following: (pg. 177) \

- A) Streptococul beta hemolitic \ beta-hemolytic Streptococcus \
- B) Pneumococul \ pneumococcus \
- C) Haemophilus influenzae tip A \ Haemophilus influenzae type \
- D) Stafilococul \ Staphylococcus \
- E) Haemophilus influenzae tip B \ Haemophilus influenzae type B \

4. **CS** [CS33015] Prioritatea terapeutică absolută în fața evidentei epiglotitei constă în : (Pg. 178) \ Therapeutic absolute priority before epiglotitei record consists of: (pg. 178) \

- A) Antibioterapie \ antibiotic \
- B) Corticoterapie administrată \ corticotherapy administered and \
- C) Restabilirea permeabilității căilor aeriene \ Restoring airway permeability \
- D) Oxigenoterapie \ oxygen \
- E) Aerosoli cu epinefrină racemică \ racemic epinephrine aerosol \

5. **CS** [CS33076] Examenele de laborator în pneumonia stafilococică la copil evidențiază: (pag 215) \ Laboratory examinations in staphylococcal pneumonia in children highlights: (page 215) \

- A) Anemia hiperocromă \ Anemia dark \
- B) Devierea la stânga a formulei leucocitare \ deviation to the left of the leucocyte formula \
- C) Proteina negativă \ negative protein \
- D) Fibrinogen seric scăzut \ Fibrinogen decreased serum \
- E) VSH normal \ Normal ESR \

6. **CS** [CS33052] Obstrucția căilor aeriene superioare la copil în etajul subglotic produce: (pg 178) \ Airway obstruction in children occur in the floor subglotic (pg 178) \

- A) disfagie \ dysphagia \
- B) poziție ridicată în șezut \ sitting upright \
- C) trismus \ Lockjaw \
- D) voce capitonată \ Voice upper segment \
- E) febră 38 grade \ 38 degrees fever \

7. **CS** [CS33016] Afirmația falsă despre obstrucția inflamatorie a laringelui este : (pg 177) \ False statement about inflammatory obstruction of the larynx is: (pg 177) \

- A) Crupul se caracterizează prin tuse, voce răgușită, stridor \ The croup is characterized by coughing, ragustita voice, stridor \
- B) Stridorul care se modifică o dată cu poziția capului și gâtului sugerează leziune supraglotică \ stridorul which change position once the head and neck injury suggests supraglotica \
- C) Leziunile obstruante supraglotice determină de obicei un stridor mai accentuat în timpul plinului și diminuat în timpul expirației \

timpul somnului lesions blocked supraglottice cause stridor usually stronger during that one pin fell weeping and disappearance during sleep \

D) crupul poate fi insotit de semne de insuf resp acuta de tip obstructiv superior \ croup may be accompanied by signs of acute resp inspire higher obstructive type \

E) susceptibilitatea virstelor mici la obstructie laringiana rezulta din dimensiunile reduse ale laringelui \ Small ages susceptibility to laryngeal obstruction resulting from the reduced size of the larynx \

8. CS. [CS33002] Sistemul pediatric in scor radiologic nu foloseste in pneumonii: (pag201) \ pediatric scoring system does not use in radiological pneumonia (pag201) \

A) Infiltrate pulmonare \ pulmonary infiltrates \

B) Pleurezie \ Pleurisy \

C) Pneumatocele \ Pneumatocele \

D) Atelectazii \ Atelectazii \

E) Pneumotorax \ Pneumothorax \

9. CM. [CM33153] Diagnosticul diferential al pneumoniei pneumococice la copilul mare se face cu urmatoarele: () \ Differential Diagnosis of pneumococcal pneumonia in children than it is with these: () \

A) atelectazia \ atelectasis \

B) aspirarea de corp strain \ Foreign body aspiration \

C) abces pulmonar \ Lung abscess \

D) broniolita \ bronchiolitis \

E) TBC pulmonara cu suprainfectie bacteriana \ pulmonary tuberculosis with bacterial superinfection \

10. CM. [CM33031] Pnemoniile atipice au urmatoarele caracteristici clinice si paraclinice : (pg 194) \ Have atypical pneumonia following clinical and laboratory features: (pg 194) \

A) febra > 40° C \ fever > 40 ° C \

B) examen fizic pulmonar cu modificari specifice \ lung physical examination with specific changes \

C) sunt produse de agenti etiologici nebacterieni \ etiologic agents produced nebacterieni \

D) radiografia pleuro-pulmonara arata afectarea interstitiu \ X-rays show damage interstitiu pleuro-pulmonary \

E) prezinta tuse si tahipnee \ shows cough and tachypnea \

11. CM. [CM33040] In etiologia crupului viral, virusurile care acopera 2/3 din cazuri sunt: (Pg. 179) \ The etiology of viral croup viruses that covers two thirds of cases are: (pg. 179) \

A) Virusuri paragripale \ Viruses paragripale \

B) Rhinovirusuri \ Rhinovirusuri \

C) Virusul gripal \ influenza virus \

D) Virusul rujeolic \ Measles virus \

E) Adenovirusul \ Adenovirus \

12. CM. [CM33183] Complicatiile pneumoniei pneumococice la copil sunt: (pag. 208) \ Pneumococcal pneumonia complications in children are: (p. 208) \

A) Pleurezia pneumococica \ Pleurisy pneumococcal \

B) Meningita pneumococica \ pneumococcal meningitis \

C) Pericardita pneumococica \ pneumococcal pericarditis \

D) Pielonefrita pneumococica \ Pyelonephritis pneumococcal \

E) Cistita pneumococica \ Cystitis pneumococica \

13. CM. [CM33123] Constituie semne sau simptome de obstructie supraglotica: (pag 180) \ Are signs or symptoms of obstruction supraglotica: (page 180) \

A) Disfagie \ Dysphagia \

B) Tuse "latratoare" bitonala \ Cough "barking" bitonic \

C) Febra mare \ high fever \

D) Trismus \ Lockjaw \

E) Voce ragusita aspra \ rough hoarse voice \

14. CM. [CM33034] Sugarul cu pneumonie determinata de Chlamydia poate prezenta: (pg 196) \ Infants caused by Chlamydia pneumonia may present: (pg 196) \

A) Stare generala extrem de grava \ The general condition very grave \

- B)** Febra peste 39°C \ fever over 39 ° C \
- C)** Conjunctivita rebela la terapia clasica \ conjunctivitis therapy Rebel Classic \
- D)** Crize paroxistice de tuse \ Depression paroxysmal cough \
- E)** Crize de apnee \ Depression apnea \
-

15. CM . [CM33095] Incidentele si accidentele toracocentezei pot fi: (pag.218) \ Incidents and accidents thoracentesis may be: (pag.218) \

- A)** Punctionarea plamanului cu hemoragie consecutiva \ puncturing lung with consecutive bleeding \
- B)** Hemoragie intercostala prin ranirea pachetului vasculo-nervos \ bleeding from intercostal nerve injury-Vascular package \
- C)** Emfizem cutanat, daca lumenul acului este prea mic si nu permite evacuarea eficienta a aerului pleural aflat sub presiune \ Emphysema skin, if lumen needle is too small and does not allow escape of air under pressure pleural \
- D)** Traumatizarea ficatului \ liver trauma \
- E)** Traumatizarea cordului \ cord trauma \
-

16. CM . [CM33199] Alegeti variantele corecte in pneumonia pneumococica la copil: (Pag.202) \ Choose the right ones in pneumococcal pneumonia in children (Pag.202) \

- A)** Propagarea procesului pneumonic se limiteaza la un lobul sau lob pulmonar,putand fi intalnita si diseminarea hematogena \ The propagation process is limited to one lung lobe or lung lobe, can be seen and dissemination marrow \
- B)** Hemoculturile se pozitiveaza in 20-30% din cazuri \ blood cultures are pozitivaeaza in 20-30% of cases \
- C)** Gradul de suspiciune pt. bacteriemia pneumococica creste daca varsta copilului e intre 6-24 luni,leucocitoza e >15.000/mm3 si febra >39 grade, chiar daca copilul nu pare grav bolnav \ degree of suspicion for. pneumococcal bacteraemia increased if the child is between 6-24 months old, leukocytosis is > 15.000/mm3 and fever > 39 degrees, even if your child seems seriously ill \
- D)** Pleurezia si pericardita pneumococica se caracterizeaza printr-un lichid seros,cu cantitate mica de fibrina \ Pneumococcal pleurisy and pericarditis is characterized by a serous fluid, with small amount of fibrin \
- E)** Bacteriemia e tranzitorie si se remite rapid sub tratament \ bacteraemia is transient and resolves quickly with treatment \
-

17. CM . [CM33070] Protocolul de investigatii in broniolita acuta la copil cuprinde: (p191) \ Protocol investigations in acute bronchiolitis in children include: (p191) \

- A)** hemoleucograma \ blood count \
- B)** radiografia toracica \ radiography toracal \
- C)** izolarea virusului prin tehnica PCR \ isolation of virus by PCR \
- D)** bronhoscopie \ bronchoscopy \
- E)** toracotomie \ thoracotomy \
-

18. CM . [CM33080] Criterii de diferentiere intre etiologia bacteriana si cea virala in infectiile respiratorii la copil pot fi: (pag. 186) \ Criteria for the differentiation between bacterial and viral etiology of respiratory infections in children may be: (p. 186) \

- A)** Radiografia permite diferentierea clara \ X-rays allow clear differentiation \
- B)** Asocierea conjunctivitei si a wheezingului pledeaza pentru etiologie bacteriana \ The combination of conjunctivitis and bacterial etiology of wheezing advocates \
- C)** Complicarea cu otita sugereaza etiologia virala \ Complicating otitis suggests viral etiology \
- D)** Asocierea conjunctivitei si a wheezingului pledeaza pentru etiologie virala \ Pair plead for conjunctivitis and wheezing viral etiology \
- E)** Complicarea cu otita sugereaza etiologie bacteriana \ Complicating bacterial etiology suggests otitis \
-

19. CM . [CM33179] Tratamentul pneumoniei stafilococice la copil include: (pag. 216) \ Treatment of staphylococcal pneumonia in children include: (p. 216) \

- A)** Tratament antibiotic \ antibiotic treatment \
- B)** Drenarea colectiilor purulente \ drain purulent collections \
- C)** Oxigenoterapie \ oxygen \
- D)** Reechilibrare hidro-electrolitica \ fluid and electrolyte rebalancing \
- E)** Tonice cardiace \ Cardiac Tonic \
-

20. CM . [CM33202] Cele mai noi medicamente folosite in tratamentul infectiei cu Pneumocystis carinii la bolnavii cu SIDA sunt: () \ Most new drugs used to treat Pneumocystis carinii infection in patients with AIDS are: () \

- A)** trimetaxatul \ trimetaxatul \

- B) piritreximul \ piritreximul \
- C) difluorometil ornitina \ difluorometil ornithine \
- D) dapson+protoxalt de fier \ dapson + protoxalt iron \
- E) cotrimoxazolul si pentamidina \ trimoxazole is warranted, and pentamidine \
-

21. **CM** . [CM33206] Dintre efectele adverse ale pentamidinei se citeaza: () \ The adverse effects of pentamidine are cited: () \

- A) afectarea functiei renale \ impaired renal function \
- B) anomalii ale functiei hepatice \ abnormal liver function \
- C) hipoglicemie \ hypo \
- D) tulburari hematologice \ Blood \
- E) inhibarea dihidrofolatreductazei \ inhibition dihidrofolatreductazei \
-

22. **CM** . [CM33188] Criteriile pentru ventilatia artificiala in crupul viral la copil sunt: (pag. 182) \ Criteria for artificial ventilation of viral croup in children are: (p. 182) \

- A) Cianoza \ cyanosis \
- B) PaO₂ > 50 mmHg \ PaO₂> 50 mmHg \
- C) PaCO₂ < 50 mmHg \ PaCO₂ <50 mmHg \
- D) Tahicardie, tahipnee \ Tachycardia, tachypnea \
- E) Tulburari ale constiintei \ Disorders of Consciousness \
-

23. **CM** . [CM33083] Pot constitui manifestari clinice de broniolita: (pag 191) \ May be clinical manifestations of bronchiolitis: (page 191) \

- A) Submatitate pulmonara difuza \ diffuse pulmonary Submatitate \
- B) Wheezing \ wheezing \
- C) Polipnee \ Polipnee \
- D) Cianoza \ cyanosis \
- E) Dilatarea aripilor nasului \ Dilatation nose wings \
-

24. **CM** . [CM33001] In laringita acuta subglotica se intalneste: (pag 179) \ In acute laryngitis subglotica meets: (page 179) \

- A) Fenomene de insuficienta respiratory de tip obstructive inferior \ The phenomena of lower obstructive type respiratory failure \
- B) Tuse aspra , latratoare \ Cough harsh, barking \
- C) Disfagie e absenta \ Dysphagia is absent \
- D) Murmurul vesicular nu e diminuat bilateral \ is not diminished bilateral vesicular murmur \
- E) Edemul inflamator al corzilor vocale \ inflammatory edema of vocal cords \
-

25. **CM** . [CM33122] Despre epiglotita la copil se poate afirma: (pag 177) \ About epiglottitis in children can say: (page 177) \

- A) Este o mare urgenta pediatrica \ A large pediatric emergency \
- B) 80% din cazurile de epiglotita au ca agent patogen Streptococcus pneumoniae \ 80% of cases of epiglottitis are pneumoniae pathogen Streptococcus \
- C) 95% din cazurile de epiglotita sunt determinate de H \ 95% of cases of epiglottitis are caused by H \
- D) Asociaza sialoree cu stridor \ Associate sialoree with stridor \
- E) Are frecventa maxima intre 2 si 7 ani \ Does the maximum frequency between 2 and 7 years \
-

26. **CM** . [CM33106] Cauze rare de pneumonie la copil: (pag186) \ Rare cases of pneumonia in children (pag186) \

- A) virusul varicelo-zosterian \ The varicella-zoster virus \
- B) rhinovirusul \ rhinovirusul \
- C) legionella \ Legionella \
- D) adenovirus \ adenovirus \
- E) coronavirus \ Coronavirus \
-

27. **CM** . [CM33115] Constituie criteriile de exsudat: (pag 215) \ Is exudate criteria: (page 215) \

- A) PMN>500/mm³ \ PMN> 500/mm³ \
- B) Densitatea >1016 \ density> 1016 \
- C) Glucoza<60 mg/dl \ glucose <60 mg / dL \
- D) PMN < 1000/mm³ \ neutrophils <1000/mm³ \

E) Ph <7,3 \ pH <7.3 \

28. CM . [CM33166] Printre cauze de wheezing la copil se numara : (pagina 192) \ Among the causes of wheezing in children include: (page 192) \

A) inele vasculare \ Vascular rings \

B) traheomalacie \ traheomalacie \

C) histoplasmoza alergica bronho-pulmonara \ histoplasmosis allergic lung \

D) candidoza pulmonara \ pulmonary candidiasis \

E) aspergiloza alergica bronho-pulmonara \ lung allergic aspergillosis \

29. CM . [CM33192] Care dintre urmatoarele variante ce caracterizeaza diagnosticul de laborator al pneumoniilor bacteriene la copil sunt adevarate? (Pag.206) \ Which of the following characterizing laboratory diagnosis of bacterial pneumonia in children are real? (Pag.206) \

A) Leucocitoza peste 12 \ Leukocytosis over 12 \

B) Leucocitoza peste 20000 \ Leukocytosis over 20,000 \

C) Leucopenie <5000/mm³ \ Leucopenia <5000/mm³ \

D) Proteina C reactiva absenta \ absence of C-reactive protein \

E) Proteina C reactiva prezenta, cu valori >20 mg/l \ C-reactive protein present, with values > 20 mg / l \

30. CM . [CM33029] Cauzele cele mai frecvente de infectii acute de cai respiratorii la sugarii sub 6 luni sunt : (pg 183) \ The most frequent causes of acute respiratory tract infections in infants under six months are: (pg 183) \

A) deficiente imunitare locale si generale \ Local and general immune deficiencies \

B) existenta asocierii terenului atopic \ combination of land existing atopic \

C) virulenta crescuta a agentilor etiologici \ increased virulence of etiologic agents \

D) diametrul redus al cailor aeriene \ diameter of small airways \

E) complianta mare al peretelui toracic \ large compliance of chest wall \

1. **CS**[M1137007] Urmatoarele date sunt corecte in convulsii, cu exceptia: (pag. 514, 515, 516)\The following data are correct in convulsions, except: (pp. 514, 515, 516)

- A) [] in tratamentul crizei de convulsii medicamentul de electie este diazepamul\ in the treatment of seizures medicine crisis the choice is diazepamul
- B) []Varsta de debut a convulsiilor febrile este peste 5 ani\ age of onset of febrile convulsiilor is over 5 years
- C) []Acidul valproic sau sarea sodica a acestuia este singurul antiepileptic al carui spectru de actiune cuprinde toate tipurile de epilepsii\ Valproic Acid or salt sodica thereof shall be the sole antiepileptic whose spectrum of action covers all types of epilepsii
- D) []Nu se trateaza prima criza de convulsii mai ales daca se suspecteaza o epilepsie idiopatica\ do not treat the first crisis of seizures especially if idiopatica is suspecteaza an epilepsy
- E) []Doza anticonvulsivanta de diazepam este de 0,3-0,5 mg/kg/zi\anticonvulsivanta Dose of diazepam is 0.3-0.5 mg/kg/day

2. **CS** [M2637083] Medicatia entiepileptica cuprinde urmatoarele grupe de medicamente, cu exceptia uneia: (pag. 514-516)\antiepileptic medications include the following groups of drugs, except one: (p. 514-516)

- A) []Acidul valproic (VPA) sau sarea sodica a acestuia ;\ valproic acid (VPA) or its sodium;
- B) []Hidantoinene (fenitoina) ;\ Hidantoinene (phenytoin);
- C) []Benzodiazepinele antiepileptice (clonazepam, diazepam) ;\ Benzodiazepine antiepileptic (Clonazepam, diazepam);
- D) []Antidepressivele triciclice (antidepin);\ tricyclic antidepressants (antidepin)
- E) []Analogi ai acidului gama-amino-butiric (vigabrantin, gabapentin)\ analogues of gamma-amino butyric acid (vigabrantin, gabapentin)

3. **CS** [M2337055] Convulsiile tonico-clonice ale copilului (pag. 508)\Tonico-clonice convulsions of the child

- A) []debuteaza intotdeauna insidios, precedate de aura\ Debuts always insidious, preceded by an aura
- B) []sunt cele mai putin severe convulsii\ are the less severe seizures
- C) []respiratia este stertoroasa, bolnavul devine cianotic\ breathing is the patient becomes stertoroasa, cianotic
- D) []faza clonica initiala este urmata de faza tonica\ clonica initial phase is followed by phase DC
- E) []bolnavul nu este niciodata amnezic post criza\ the patient is never amnezic post crisis

4. **CS** [M1237023] Antiepilepticele in asociere cu ACt sau corticoterapie se utilizeaza in tratamentul: (pag. 513)\Antiepileptics in combination with ACt or are used in treatment of: (pp. 513)

- A) []epilepsiilor idiopaticice\ idiopathic epilepsy
- B) []sindromului West\ West syndrome
- C) []epilepsiilor criptogenice\ cryptogenic epilepsy
- D) []sindromului Lennox-Gastaut\ Lennox-Gastaut syndrome
- E) []convulsiilor febrile\ febrile convulsions

5. **CS** [M2237049] In cadrul convulsiilor generalizate ale copilului nu se includ convulsiile: (pag. 508)\In generalized seizures of children are not included the following seizures

- A) []absentele tipice\ typical absence
- B) []absentele atipice\ atypical absence
- C) []mioclonice\ mioclonice
- D) []atone\ atone
- E) []Jacksoniene\ Jacksoniene

6. **CS** [M2237046] Se defineste ca status epileptic la copil orice convulsie, indiferent de etiologie, care se prelungeste peste: (pag. 517)\It defines the child as epilaptical status epileptic any convulsions, regardless of any etiology, which extends over: (pp. 517)

- A) []20 minute\ 20 minutes
- B) []40 minute\ 40 minutes
- C) []30 minute\ 30 minutes
- D) []1 ora\ 1 ora
- E) []24 ore\ 24 hours

7. **CS** [M2237048] Copilul cu convulsii partiale complexe nu prezinta: (pag. 508)\Child with complex partial seizures not presents: (508).

- A)** []stare confuzionala, fara pierderea completa a constientei\ confusional state, without complete loss of consciousness
- B)** [x]pierderea completa a constientei\ complete loss of consciousness
- C)** []automatisme motorii\ motor automatisms
- D)** []micropsii\ micropsii
- E)** []macropsii\ macropsii
-

8. CS [M2837084] Crizele febrile complexe se caracterizeaza prin urmatoarele, cu exceptia: (pag. 518)\complex febrile seizures are characterized by the following, except: (p. 518)

- A)** []Clonii unilaterale\ unilateral Clones
- B)** []Durata mai mare de 30 min\ 30 min longer
- C)** [x]Deficit hemiplegic permanent\ Deficit permanent hemiplegia
- D)** []Repetarea crizelor in 24 ore\ Repeated seizures in 24 hours
- E)** []Risc crescut de sechele neurologice\Increased risk of neurological sequelae
-

9. CM [M1237105] Convulsiile febrile "complexe" se caracterizeaza prin: (pag. 519)\ "complex" febrile convulsions is characterized by: (519).

- A)** [x]debut inaintea varstei de 18 luni\ debut before the age of 18 months
- B)** [x]antecedente de suferinta neonatala\ a history of neonatal pain
- C)** []durata sub 30 minute\ duration under 30 minutes
- D)** []manifestari motorii de tip clonic generalizate\ motor manifestations of generalized clonic type
- E)** [x]deficit hemiplegic post-critic\ Post-critical shortage hemiplegia
-

10. CM [M2237175] Tabloul clinic la copilul cu convulsii generalizate sub forma de absente, este urmatorul: (pag. 508)\[M2237175] Clinical picture in children with generalized convulsions under absence form, is the following : (p. 508)

- A)** [x]includ petit mal\includes petit mal
- B)** [x]bolnavul nu cade in timpul atacului\patients dont fall during the attack
- C)** [x]constau in oprirea brusca si de scurta durata a activitatii motorii, cu privire "in gol"\it consists of sudden stop and short duration motor activities, with staring a blank spot
- D)** []ocasional se asociaza devierea globilor oculari si clipitul rapid\occasionally deviation of ocular globe with rapid blinking associate
- E)** []bolnavul cade in timpul atacului\patients fall during the attack
-

11. CM [M2237176] Determinarea nivelului seric al medicamentelor antiepileptice la copil se indica: (pag. 516-517)\[M2237176] Determining the serum level of antiepileptic drugs in children indicates : (p. 516-517)

- A)** [x]nu este obligatoriu in tratamentul curent al epilepsiei\it is not obligatory in current treatment of epilepsy
- B)** [x]se impune in statusul epileptic la un bolnav tratat anterior\ it is inflicted in status epilepticus in a patient treated previously
- C)** [x]se impune la pacientii care necesita politerapie\it is inflicted in patients who need polytherapy
- D)** []se indica in convulsiile necontrolate, la copiii cu boli hepatice sau renale\it is indicated in uncontrolled convulsions, in children with hepratic or renal diseases
- E)** []este obligatorie pentru toti pacientii\it is obligatory for all patients
-

12. CM [M1537126] Urmatoarele afirmatii sunt valabile in cazul convulsiilor febrile la copil: (pag. 518, 519)\The following statements are valid in the case of the febrile child convulsions (pp. 518, 519)

- A)** [x]sunt mai frecvente la baieti\ are more common in boys
- B)** [x]apar in prima zi a unei afectiuni acute febrile\appear on the first day of acute febrile disease
- C)** []sunt declansate de scaderea rapida a temperaturii corporale\are initiated by the dropping of the body temperature
- D)** []nu sunt citate cazuri de antecedente familiale de convulsii febrile\no are cited cases of familial antecedents of febrile seizures
- E)** []durata lor depaseste frecvent 30 de minute\the duration of their frequently in excess of 30 minutes
-

13. CM [M2237158] Crizele epileptice parțiale la copil sunt determinate și se caracterizează prin: (pag. 507)\[M2237158] Partial epileptic seizures in children are determined and characterized by :

- A)** [x]sunt expresia afectării parțiale a unei singure emisfere cerebrale\they are expressions of partial effections of

a single cerebral hemisphere

B) [x]sunt expresia afectarii in totalitate a unei singure emisfere cerebrale\they are expressions of total effects of a single cerebral hemisphere

C) []starea de constienta a bolnavului, in timpul atacului convulsiv nu este pastrata\ consciousness state of the patient, during the convulsive attack is not reserved

D) [x]starea de constienta a bolnavului, in timpul atacului convulsiv este pastrata\consciousness state of the patient, during the convulsive attack is reserved

E) []in timpul crizei pot fi afectate temporar unele functii cognitive si vorbirea\during the seizure some cognitive and speaking functions can temporarily be affected

14. CM. [M1437121] Bolnavul cu epilepsie simptomatica prezinta adesea anomalii neurologice si deficit intelectual important in acest sens, care dintre urmatoarele afirmatii sunt corecte: (pag. 511-513)\125.

[M1437121] The patient with symptomatic epilepsy and neurological abnormalities often present significant intellectual deficit in this sense, which of the following statements is correct: (p. 511-513)

A) []intarzierea in dezvoltarea psihomotorie se intalneste foarte rar in spasmele infantile\meets Infantile spasms rarely in delayed psychomotor development

B) [x]in spasmele infantile se noteaza pe EEG aspectul de hipsaritmie\Infantile spasms are notes in the EEG appearance of hipsaritmie

C) [x]Tratamentul in spasmele infantile impune asocierea de antiepileptice, corticoterapie sau de ACT\Treatment requires a combination of anti-epileptic infantile spasms, glucocorticoids or ACT

D) []Criza convulsiva izolata necesita supraveghere si tratament cu anticonvulsivante\ isolated seizures require supervision and treatment with anticonvulsant

E) []Potentialul convulsiv inregistrat EEG, fara crize manifeste are indicatie terapeutica cu un medicament anticonvulsivant\EEG recorded seizure potential without therapeutic indication crisis has manifested an anticonvulsant drug

15. CM [M2237148] Convulsii epileptice primitiv generalizate la copil sunt determinate si se caracterizeaza prin: (pag. 506)[M2237147] In epileptic seizures of children the following modifications are produced : (p. 506)

A) [x]par a avea o crestere a excitabilitatii intregului cortex cerebral\ a big number of neurons discharge synchronously and with high frequency

B) [x]stimulii aferenti catre cortexul hiperexcitabil, plecati de la centrul din formatiunea reticulara a trunchiului declanseaza convulsiile\there are GABA-ergic neuron anomalies

C) [x]la acesti pacienti, activitatea convulsiva debuteaza sincron, in toate arile cortexului cerebral\calcium ion influx in neuronal cell and exit of the potassium from the cell

D) []sunt prezente numai la sugari\the normal balance between excitators and inhibitor influences of neuronal cell activities is broken

E) []crizele convulsive sunt recurente\inhibitor influences of neuronal cell activities increase

16. CM [M1437118] Care din urmatoarele afirmatii privind modificarile electroencefalografice din convulsii sunt corecte (pag. 506-507)\Which of the following statements on the changes electroencefalografice of seizures are correct (pp. 506-507)

A) [x]Un focar epileptogen cronic in cortexul cerebral poate determina activitate neuronală anormală in arile omologe din emisfera de partea opusa\ an outbreak in the cerebral cortex in chronic epileptogen may cause abnormal condition in task neuronală omologe areas in the northern hemisphere the opposing side

B) [x]Exista convulsii electrice, fara corespondent clinic\ there are no corresponding seizures, clinical trial

C) [x]Manifestarile clinice sugestive fara corespondent electric pe EEG, trebuie interpretate ca false convulsii\ clinical manifestations suggestive without corresponding electric on EEG, should be interpreted as false seizures

D) []Absenta grafoelementelor specific epileptice pe oregistrare EEG semnifica doar ca in momentul acelei inregistrari nu a existat nici o descarcare neuronală\ the absence of specific epileptic grafoelements on a registration EEG signify only that monet of that recordings there was no neuronal download

E) []Convulsiile cu evolutie jacksoniana se datoreaza unei leziuni focale localizate in cortexul senzitiv\ Convulsions with evolution jacksoniana comprises a focal lesions localized in prefrontal cortex

17. CM [M2237150] Urmatoarele afirmatii referitoare la EEG in epilepsia copilului sunt exacte: (pag. 506)[M2237150] Following affirmations regarding to EEG in epilepsy in children are correct :

A) [x]manifestarile clinice de tip convulsiv trebuie sa aiba corespondent sincron pe inregistrarea EEG\clinical manifestations of convulsive type must have correspondent synchronone on EEG registration

- B)** [x]există convulsii electrice fără corespondent clinic\there are electrical convulsions without clinical correspondance
- C)** []există convulsii tipice epileptice fără corespondent EEG\there are typical epileptic convulsions without corespondent EEG
- D)** [x]absența grafoelementelor specifice epileptice, pe o înregistrare EEG, semnifică doar că în momentul acelei înregistrări nu a existat nici o descărcare neuronală\absent specific epileptic graphoelements, on a EEG registration, signify only that in the moment of registration there wasnt any neuronal discharge
- E)** []înregistrarea EEG pe durata a 24 ore are o semnificație mai mare diagnostică\EEG registration of 24 hour duration has a bigger diagnostic significance
-

18. CM . [M1237026] Efectul anticonvulsivant neînsoțit de sedare este marele avantaj al: (pag. 514)\unaccompanied anticonvulsant effect of sedation is of great advantage : (514).

- A)** []acidului valproic\ valproic acid
- B)** [x]fenitoinei\ fenitoinei
- C)** []fenobarbitalului\ fenobarbitalului
- D)** []etosuccimidului\ etosuccimidului
- E)** [x]carbamazepinei\carbamazepinei
-

19. CM [M2237181] Evoluția și prognosticul convulsiilor febrile la copil sunt: (pag. 519)\] Evolution and prognosis of febrile convulsions in children are: (p. 519)

- A)** [x]în marea majoritate a cazurilor sunt favorabile\favorable in most cases
- B)** [x]la 1/3 din cazuri recidivele survin cel mai adesea în anul imediat următor primei crize\in 1/3 of the cases relapses occur most frequently in following year after the first seizure
- C)** [x]recidivele dispar după vârsta de 4-5 ani\ relapses disappear after 4-5 years of age
- D)** []vârsta sub 18 luni este un factor de risc pentru recidivă\age under 18 months is a risk factor for relapse
- E)** []dezvoltarea psihică și cognitivă este afectată la toți copiii\psyhological and cognitive development is affected in all children
-

20. CM [M1137097] Tratamentul crizei de convulsii febrile se face cu: (pag. 520)\febrile seizures treatment is done with: (pp. 520)

- A)** [x]Diazepam (iv)\ Diazepam (iv)
- B)** [x]Diazepam (rectal)\ Diazepam (rectal)
- C)** []Fenobarbital (oral)\ Phenobarbital (oral)
- D)** [x]Măsură antitermică (metode fizice și medicamentoase)\ Measures physical and antitermic ()
- E)** []Acid valproic (oral)\valproic Acid (oral)
-

21. CM [M2237164] Convulsiile parțiale cu simptome senzoriale la copil sunt secundare afectării următoarelor zone cerebrale: (pag. 508)\[M2237164] Partial convulsions with sensory symptoms in children are secondary to the effects of following cerebral zones : (p. 508)

- A)** [x]afectarea cortexului parietal se poate manifesta prin senzații tranzitorii de furnicături, înțepături, ameteala, de o parte a corpului\parietal cortex effectation can manifest by transient sensation of pins and needles, prickle, numbness, in one side of the body
- B)** [x]afectarea lobului occipital determină convulsii vizuale\occipital lobe effectation determines visual convulsions
- C)** [x]tumorile de lobi temporali se manifestă precoce prin convulsii olfactive\temporal lobe tumors manifest precociously by olfactive convulsions
- D)** []afectarea lobului occipital determină convulsii atone\occipital lobe effectation determines atonic convulsions
- E)** []afectarea lobului temporal determină absențe atipice\temporal lobe effectation determines atypic absences
-

22. CM. [M1237100] Amnezia crizei convulsive apare în: (pag. 508)\Historical amnesia and whooping cough appears in crisis: (508).

- A)** [x]convulsiile tonico-clonice\ convulsions tonico-clonice
- B)** []convulsiile parțiale complexe\ convulsions complex partial
- C)** [x]absențele tipice\ Typical absence
- D)** []convulsiile mioclonice\ convulsions mioclonice
- E)** []convulsiile parțiale cu simptome vegetative\ partial convulsions with vegetative symptoms with
-

23. CM [M1137099] Identificati afirmatiile corecte din urmatoarele date referitoare la actiunile diferitelor tipuri de medicamente cu actiune antiepileptica: (pag. 520)\Identify the correct affirmations from the the following data regarding the different types of drugs with antiepileptical action: (pp. 520)

- A)** Acidul valproic sau derivatii sai este singurul antiepileptic care poate fi recomandat in toate tipurile de epilepsie\ Valproic Acid: or its is the only modern antiepileptic which may be recommended in all types of epilepsy
- B)** Fenitoina este un antiepileptic la care actiunea anticonvulsivanta nu este insotita de sedare\ Fenitoina is an anticonvulsivant in wich the antiepileptic action is not accompanied by sedation
- C)** Diazepamul este un anticonvulsivant eficient cu actiune de lunga durata\ Diazepamul is a anticonvulsivant effective long-term action
- D)** Etosuccimid poate induce ca efect advers un sindrom lupus like\ Etosuccimid may induce adverse effect as a syndrome lupus like
- E)** In tratamentul epilepsiei medicul va alege medicamentele anticonvulsivante care nu au nici un fel de efecte adverse\ in treatment for epilepsy medicines anticonvulsivante doctor will choose which do not have any adverse effects

24. CM [M2237141] Diagnosticul convulsiilor febrile la copil se bazeaza pe urmatoarele criterii obligatorii: (pag. 518)\ [M2237141] The diagnostic in febrile child convulsion is based on the following mandatory criteria:

- A)** febra egala sau mai mare de 39°C \ fever equal to or greater than 39°C
- B)** durata sub 15 minute\ duration less than 15 minutes
- C)** durata sub 5 minute\ duration less than 5 minutes
- D)** absenta anomaliiilor neurologice in perioadele intercritice\ absence of neurological anomalies in intercritical periods
- E)** EEG normal in perioadele intercritice\ EEG in intercritice periods

25. CM [M2237187] Statusul epileptic (starea de rau convulsiv) la copil poate surveni in: (pag. 509)\ Status epilepticus (bad convulsive state) in children can occur in: (p. 509)

- A)** In deshidratarea extracelulara gradul II a sugarului\ in extracellular dehydration of the infant gr II
- B)** infectii ale SNC\CNS infections
- C)** traumatism cranian\cranial trauma
- D)** ruptura de anevrism cerebral
- E)** intoxicatii grave

26. CM [M1537129] Convulsiile febrile complexe sunt caracterizate prin: (pag. 519)\ [M1537129] complex febrile Convulsions are characterized by: (519).

- A)** unilateralitatea manifestarilor motorii de tip clonic\ motor type clonic unilateral manifestasion
- B)** criza cu durata sub 15-30 de minute\ crisis lasting less than 15-30 minutes
- C)** deficit hemiplegic postcritic\ deficit hemiplegic postcritic
- D)** risc crescut de sechele neurologice\ increased risk of neurological sequelae
- E)** Aparitia la copiii cu antecedente de suferinta neonatala sau dismaturitate\the appearance of the children with a history of suffering, neonatal or dismaturitaty

27. CM [M2237159] Convulsiile epileptice partiale simple cu semne motorii la copil se manifesta clinic prin: (pag. 507)\[M2237159] Simple partial epileptic convulsions with motor signs in children are manifested clinically by : (p. 507)

- A)** debuteaza sub forma unor clonii la un singur grup de muschi (adesea flexorii degetelor)\onset is under the form of some cloning in a single muscle group (frequently flexors of fingers)
- B)** convulsiile se extind la grupele musculare vecine (evolutie Jacksoniana)\convulsions extend to neighbour muscle groups (Jacksonian evolution)
- C)** prin extindere intereseaza o parte intreaga a corpului\extension involves an entire side of the body
- D)** bolnavul ramane constient\ patient remains conscious
- E)** in timpul atacului convulsiv copilul este inconstient\child is unconscious during the convulsive attack

28. CM [M2237146] In declansarea crizelor epileptice la copil: (pag. 506)\The onset seizures in children

- A)** sunt implicati in mod special neuronii inhibitori, a caror influenta scade\ neurons are involved in particular inhibitors, whose influence decreases
- B)** neuronii inhibitori folosesc ca substanta neurotransmitatoare acidul gama-aminobutiric (GABA)\ neurons inhibitors used as gamma-aminobutyric acid neurotransmitter substance (GABA)

- C)** []anomalia neuronilor GABA-ergici este singura cauza specifica care determina convulsii in toate tipurile de epilepsie\ GABA-neurons ergici anomaly is only due to that cause specific types of epileptic seizures in all
- D)** [x]existenta factori familiali predispozanti\ there are familial factors predisposing
- E)** []intervine o descarcare electrica excesiva a neuronilor cerebrali\ there is a excessive electrical discharges of brain neurons
-

29. CM [M2237156] Urmatoarele afirmatii, referitoare la epilepsia copilului, sunt corecte: (pag. 507)\[M2237156] Following affirmations regarding the childhood epilepsy are correct: (p. 507)

- A)** [x]lipsa de repetabilitate a unor convulsii epileptice se inregistreaza de obicei sub tratament\absence of repetition of some epileptic convulsions is registered usually under treatment
- B)** [x]reaparitia crizelor la sistarea tratamentului anticonvulsivant este semnalata la 15-50% din cazuri\reappearance of seizures after stopping anticonvulsant treatment is reported in 15-50% of the cases
- C)** [x]durata medie a activitatii epileptice este apreciata, in general, la 10 ani de la prima criza\average duration of epileptic activity is appreciated, in general, after 10 years from first seizure
- D)** []la 50% din cazurile de la copil durata medie a activitatii epileptice este de numai 2-3 ani\in 50% of the cases of children the average duration of epileptic activity is only 2-3 years
- E)** []crizele epileptice din sindromul West au un prognostic bun\epileptic seizures of West Syndrome have a good prognosis
-

30. CM [M1537128] Convulsiile febrile simple (benigne) la copil se caracterizeaza prin: (pag. 519)\simple febrile Convulsions (benign) the child is characterized by: (519).

- A)** [x]sunt cele mai frecvente convulsii febrile\ are the most common febrile seizures
- B)** []crizele sunt de lunga durata\ crises are long
- C)** [x]nu apar manifestari respiratorii\ does not appear Respiratory manifestations
- D)** []se prezinta ca manifestari motorii de tip clonic, unilaterale\ motor show as manifestations of type clonic, unilateral
- E)** []prezinta risc crescut de sechele neurologice\ presents increased risk of neurological sequelae

1. **CS** [CS35015] Substratul integrării din ciclul replicativ al HIV este: (pg.424)\Substrate integration of the HIV replicative cycle (pg.424)

- A)]ARN liniar flancat de cele doua regiuni repetitive lungi\Linear RNA flanked by the two long repetitive regions
- B)]ADN circular flancat de cele doua regiuni repetitive scurte\Circular DNA flanked by the two short repetitive regions
- C)]ADN circular flancat de cele doua regiuni repetitive lungi\Circular DNA flanked by the two long repetitive regions
- D)]ADN liniar flancat de cele doua regiuni repetitive lungi\Linear DNA flanked by the two long repetitive regions
- E)]ARN circular flancat de cele doua regiuni repetitive lungi\Circular RNA flanked by the two long repetitive region

2. **CS** [CS35069] In cadrul infectiei cu HIV, un bolnav cu leucoplakie paroasa si limfocite CD4 200-499 poate fi incadrat in stadiul (pg433-434)\In HIV infection, a patient with hairy leucoplakie and CD4 200-499 lymphocytes can be framed in the state: (pg433-434)

- A)]A2\A2
- B)]B1\ B1
- C)]B2\ B2
- D)]C1\ C1
- E)]C2\C2

3. **CS** [CS35057] Alegeti afirmatia falsa cu privire la modificarile medulare in HIV: (pg.438)\Choose the false statement about bone marrow changes in HIV (pg.438)

- A)]sint caracteristice pentru infectia cu HIV\Are characteristic of HIV infection
- B)]aspectele mielodisplazice sint intotdeauna prezente\Myelodysplastic issues are always present
- C)]raportul mieloide/eritroblasti este crescut\Report of myeloid / eritroblasti is increased
- D)]o celularitate crescuta este frecvent intilnita\ A cell is frequently encountered elevated
- E)]fibroza medulara moderata este constant prezenta\Moderate marrow fibrosis is consistently present

4. **CS** [CS35027] Raspunsul imun specific, umoral si celular este determinat de (p.425)\Specific immune response, humoral and cellular is determined by (p.425)

- A)]ficat\Liver
- B)]splina\Spleen
- C)]creier\Brain
- D)]ganglioni\Node
- E)]pancreas\Pancreatic

5. **CS** [CS35113] In ce categorie clinico-imunologica se incadreaza o persoana cu HIV ce prezinta adenopatie persistenta generalizata si un nivel al limfocitelor CD4 de 250 celulemmc? (pag. 433) ()\What clinical and immunological category fit a person with HIV presenting persistent generalized adenopathy and a level of 250 celulemmc and CD4 lymphocytes ? (P. 433) ()

- A)]A1\A1
- B)]A2\ A2
- C)]B2\B2
- D)]C2\C2
- E)]C3\C3

6. **CS** [CS35048] Infectia HIV/SIDA in lume inregistreaza numarul cel mai mare de infectati in : (pag 428-9)\HIV / AIDS in the world recorded the highest number of infection in: (p. 428-9)

- A)]europa de vest\Western Europe
- B)]africa de nord\North Africa
- C)]africa subsahariana\Sub-Saharan Africa
- D)]asia de sud-est\ South East Asia
- E)]america latina\Latin America

7. **CS** [CS35108] Principala cauza de cecitate la un bolnav infectat HIV-SIDA este: (pag 440)\The main cause of blindness in a patient infected with HIV-AIDS (p. 440)

- A) Toxoplasmoza retiniana\Retinal toxoplasmosis
 - B) Retinita cu citomegalovirus\Cytomegalovirus retinitis
 - C) Retinita candidozica\Candida retinitis
 - D) Pneumocistoza\Pneumocistoza
 - E) Necroza retiniana acuta\ Acute retinal necrosis
-

8. **CS** [CS35023] Principala manifestare urinara la bolnavii infectati cu HIV este: (Pag. 437)\The main urinary manifestation in patients infected with HIV is : (p. 437)A) Piuria\Piuria

- B) Proteinuria\ Proteinuria
 - C) Macrohematuria\Macrohematuria
 - D) Microhematuria\Microhematuria
 - E) Infectia urinara\Urinary Infection
-

9. **CM** [CM35147] Mecanismele imunologice implicate in stabilirea infectiei cronice cu HIV sunt: ()\immunological mechanisms involved in establishing chronic HIV infection are: ()

- A) Inhibarea productiei MHC1\inhibition of production MHC1
 - B) Pierderea de clone TCD4 si HIV specifice\loss of specific clones and HIV TCD4
 - C) Pierdere de clone TCD8 si HIV specifice\loss of specific clones and HIV TCD8
 - D) Acumularea timpurie LTC HIV specifice in cantitate mai mare in sange\accumulation of HIV-specific LTC early in greater quantity in the blood
 - E) Acumularea timpurie LTC HIV specifice in cantitate mai mare in tesutul limfoid\HIV-specific LTC early accumulation in excess of lymphoid tissue
-

10. **CM** [CM35244] Referitor la infectia cu HIV la femei nu sunt adevarate afirmatiile: (p.449)\for HIV infection in women is not true statements:

- A) Transmiterea se produce mai usor la femeie decat la barbat\transmission occurs more easily in women than in men
 - B) In urma unui contact sexual vaginal neprotejat cu un barbat HIV-seropozitiv, riscul de infectare este de 2%\After an unprotected vaginal intercourse with an HIV-seropositive men, the risk of infection is 2%
 - C) Riscul de infectare dupa mai multi ani de viata sexuala neprotejata cu un barbat HIV-seropozitiv este de 10-45%\Risk of infection after years of unprotected sex with an HIV-seropositive men is 10-45%
 - D) Prezenta unei BTS amplifica riscul de transmitere de 20 de ori\The transmission of STDs increase the risk 20 times
 - E) Vaginita candidozica poate fi prima manifestare clinica\Vaginitis candida may be the first clinical manifestation
-

11. **CM** [CM35124] Din suferintele cardiace din HIV se numara ()\Affect on heart of HIV include ()

- A) aritmii\Arrhythmias
 - B) cardiomiopatie hipertrofica\Hypertrophic cardiomyopathy
 - C) pericardita limfocitara\Lymphocytic pericarditis
 - D) endocardita nonbacteriana\Endocarditis nonbacteriana
 - E) moarte subita\Sudden death
-

12. **CM** [CM35105] In fazele initiale ale infectiei HIV: (pag 425)\In the early stages of HIV (p. 425)

- A) ne confruntam cu asa numita "fereastra imunologica"\We are dealing with so-called 'immunological window "
 - B) in plasma se detecteaza ARN HIV\Plasma HIV RNA is detected
 - C) noul nivel de ARN este desemnat ca punct fix ("set point")\A new level of RNA is designated as a fixed point (set point)
 - D) infectia poate fi confirmata de prezenta anticorpilor anti-HIV\The infection can be confirmed by this anti-HIV
 - E) incarcatura virala a ggl limfatici o depaseste pe cea a celulelor mononucleare circulante\GGL viral load of nodes exceeds than that circulating mononuclear cells
-

13. **CM** [CM35213] In fereastra imunologica infectia HIV poate fi dovedita prin: ()\The immunological window infectia HIV can be proved by: ()

- A) Detectarea antigenului p24\Detection of p24 antigen
- B) Anticorpi anti HIV-1\anti HIV-1
- C) Cultivarea HIV\Growing HIV

D) Evidențierea acizilor nucleici umani prin PCR\PCR highlight human nucleic acids

E) Anticorpi anti HIV-2\anti HIV-2

14. **CM.** [CM35173] Trombopenia la bolnavii HIV are următoarele cauze: (438)\Trombopenia in HIV patients has the following causes:

A) distrugere imunologică\immune destruction

B) hematopoieza ineficientă\ineffective hematopoiesis

C) distrugere excesivă în splină\excessive destruction in the spleen

D) afectare directă a trombocitelor de către HIV\directly affected by HIV platelet

E) efecte adverse ale medicamentelor\Adverse effects of drugs

15. **CM.** [CM35212] Despre neoplaziile oportuniste la persoanele infectate HIV sunt adevărate: (Pag 441)\About opportunistic malignancies in HIV infected people are true:

A) Sarcomul Kaposi este neoplazia oportunistă cea mai frecventă\Kaposi's sarcoma is the most common opportunistic neoplasia

B) Boala Hodgkin este revelatoare în SIDA\Hodgkin's disease in AIDS is revealing

C) Limfomul Burkitt apare la bolnavii cu imunodepresie moderată\likes Burkitt lymphoma in patients with moderate immunodepression

D) Limfoamele constituie neoplazia cea mai frecventă\Lymphomas are the most common neoplasia

E) Incidența boala Hodgkin este mult crescută la bolnavii cu infecție HIV comparativ cu populația generală\Incidence of Hodgkin's disease is significantly increased in patients with HIV infection than the general population

16. **CM.** [CM35072] În fazele inițiale ale infecției cu HIV: (pg.425)\In the early stages of HIV infection (pg.425)

A) Celulele mononucleare circulante conțin cantități mult mai mari de HIV decât GGL\Circulating mononuclear cells contain abundant HIV more than GGL

B) Are loc o transmitere a HIV între celulele limfoide ganglionare vecine\An HIV transmission takes place between neighboring ganglion cells in lymphoid

C) În structurile limfoide are loc o multiplicare virală continuă la rate înalte\In lymphoid structures occurs continuous viral multiplication at high rate

D) În această perioadă testele de screening pentru detectia Ac anti-HIV nu permit confirmarea infecției\At this time screening tests for the detection of AC anti HIV do not allow confirmation of HIV infection

E) În această perioadă testele de screening pentru detectia Ac anti-Hiv permit confirmarea infecției\At this time of screening tests for detection of AC anti-HIV confirm to demonstrate infection

17. **CM.** [CM35194] "Sanctuarele" HIV din organism sunt: (pag.422)\ "sanctuaries" of HIV in the body are:

A) sângele\blood

B) sistemul nervos\nervous system

C) ganglionii limfatici\lymph nodes

D) organele genitale\genital organs

E) plămânii\lung

18. **CM.** [CM35159] Funcțiile polipeptidului VPU (Pag. 423)\VPU polypeptide functions

A) influențarea celulele care nu se divid\non-dividing cells influence

B) modularea joasă a CD4+\modulation of CD4 + low

C) blochează diviziunea celulară\block cell division

D) crește eliberarea virionilor de la suprafața celulelor infectate\increased release of virions from infected cells surface

E) perturbarea activității celulelor T\disruption of T cell activity

19. **CM.** [CM35179] Categoria clinică B (simptomatologie medie) din cadrul infecției cu HIV la copil include (pag .446)\clinical category B (symptoms average) in HIV infection in children includes

A) pneumonie interstital limfoidă\pneumonie interstital limfoidă A: lymphocytic interstitial pneumonia

B) hepatită\hepatitis

C) candidoza esofagiană/pulmonară\esophageal candidiasis / lung

D) pneumonie cu Pneumocystis carinii\Pneumocystis carinii pneumonia

E) leiomiomiosarcom\leiomyosarcom

20. CM. [CM35041] Definitia sdr.casectizant include: (pag.440)\Sdr.casectizant (wasting syndrome) definition includes: (pag.440)

- A) Scadere ponderala involuntara de cel putin 10% \ Involuntary weight loss of at least 10%
- B) Absenta oricarei infectii \ Freedom from infection
- C) Febra prelungita mai mult de 2 saptamani \ Prolonged fever for more than two weeks
- D) Diaree intermitenta \ Intermittent Diarrhea
- E) Scadere ponderala involuntara de cel putin 20% \ Involuntary weight loss of at least 20%

21. CM. [CM35188] Diagnosticul diferential al primoinfectiei HIV se face cu: (pag. 443)\Differential Diagnosis of HIV primoinfectiei do with:

- A) Oreion \ mumps
- B) Mononucleoza infectioasa \ Infectious Mononucleosis
- C) Viroze respiratorii \ respiratory virus
- D) Hepatita \ Hepatitis
- E) Pneumonie \ Pneumonia

22. CM. [CM35083] In celulele infectate s-au observat urmatoarele forme de ADN viral: (pagina 424)\The infected cells were observed in these forms of viral DNA (page 424)

- A) ARN liniar flancat de o LTR localizat in citoplasma \ Linear RNA flanked by an LTR located in the cytoplasm
- B) ADN liniar flancat de cele 2 LTR localizat exclusiv in nucleu \ Linear DNA flanked by the two LTR located exclusively in the nucleus
- C) ADN liniar flancat de cele doua LTR localizat in citoplasma \ Linear DNA flanked by two LTR located in the cytoplasm
- D) ADN liniar flancat de cele doua LTR localizat in nucleu \ Linear DNA flanked by two LTR located in the nucleus
- E) forme circulare aflate in citoplasma \ Circular shapes found in the cytoplasm

23. CM. [CM35186] Reprezinta etape ale ciclului replicativ al HIV: (pag. 423-424)\Is the HIV replicative cycle stages:)

- A) Multiplicarea \ Multiplication
- B) Reverstranscrierea \ Reverstranscrierea
- C) Adeziunea \ Adherence
- D) Atasarea si penetrarea \ attachment and penetration
- E) Integrarea \ Integration

24. CM. [CM35169] Care dintre urmatoarele microorganisme enumerate genereaza infectii oportuniste la nivelul sistemului nervos central la o persoana aflata in stadiul de SIDA? (pag.438-439)\Which of these organisms generates opportunistic infections listed in the central nervous system to a person in the state of AIDS

- A) Toxoplasma gondii \ Toxoplasma gondii
- B) virusul citomegalic \ cytomegalovirus
- C) Cryptococcus neoformans \ Cryptococcus neoformans
- D) Neisseria meningitides \ Neisseria meningitides
- E) bacilul Koch \ bacillus Koch

25. CM. [CM35189] Markerii clinici utilizati ca factori de predictie a progresiei infectiei HIV sunt: (pag. 444)\clinical markers used as predictor of progression of HIV infection are:)

- A) Tahicardia \ Tachycardia
- B) Candidoza orala \ Oral candidiasis
- C) Diareea trenanta \ Diarrhea dragged
- D) Paloarea \ pallor
- E) Febra \ Fever

26. CM. [CM35126] Markerii laborator de progresie spre SIDA sunt () \laboratory markers of progression to AIDS ()

- A) anticorpii antiHIV specifici \ antiHIV specific antibodies
- B) CD4+ >500/mm3 \ CD4 +> 500/mm3

- C) Trombocitopenia\Thrombocytopenia
 - D) ARN viral\viral RNA
 - E) B2microglobulina\B2microglobulina
-

27. **CM.** [CM35163] Numaratoarea limfocitelor CD4 are importanta clinica prin (Pag. 441)\CD4 cell count has clinical importance

- A) permite incadrarea bolnavilor in categorii imunologice\allows the classification of patients in immunological category
 - B) este utila la persoanele suspecte de infectie acuta sau cu debut recent\is useful in suspected acute infection or recent onset
 - C) orienteaza diagnosticul diferential\differential diagnosis oriented
 - D) ofera o baza relationala pentru initierea unui tratament\offers a relational basis for initiating treatment
 - E) bun indicator de prognostic\The best indicator of prognosis
-

28. **CM.** Celule susceptibile de infectia cu HIV sunt: (pag 425)\cells susceptible to HIV infection are:

- A) Limfocite T CD4+\CD4 + T lymphocytes
 - B) Fibroblaste\fibroblasts
 - C) Oligodendrocite\oligodendrocytes
 - D) Osteoclaste\osteoclasts
 - E) Eritrocite\Erythrocytes
-

29. **CM.** [CM35001] In etapa timpurie si medie a infectiei cu HIV: (pag 425)\The early and medium stage of HIV infection (page 425)

- A) nivelul circulant al HIV e mai mic decat nivelul din ganglionii limfatici\Circulating levels of HIV is lower than in lymph nodes
 - B) antigenele virale plasmatice sunt detectabile la titruri mari\Plasma viral antigens are detectable in high titers
 - C) nivelul ARN-HIV scade\HIV RNA level decreases
 - D) ARN-HIV inregistreaza niveluri ondulate timp de luni/ani\HIV RNA levels corrugated record for months / years
 - E) nivelul limfocitelor T CD4+ scade la 200-300/ mm cub\CD4 + T lymphocyte level decreased to 200-300 per mm cube
-

30. **CM.** [CM35112] Genomul viral HIV prezinta urmatoarele proprietati: (pag 423)\HIV viral genome has the following properties: (page 423)

- A) este format din molecule de ADN\is composed of DNA molecules
- B) format din 9 gene codificatoare de proteine\Genes are encoded by nine proteins
- C) genele gag si pol sunt implicate in diverse etape ale replicarii virale\Gag and pol genes are involved in various stages of viral replication
- D) genele pot fi majore, reglatoare si accesorii\Genes are major regulating and accessories
- E) este format din 2 molecule de ARN\is composed of two RNA molecules

1. **CS** [C1328008] In tiplu III de leziune splenică traumatică se descriu următoarele caracteristici exceptând" (pag. 2104)\In type III traumatic splenic injury, it is described by the following characteristics except

- A) Hematomul subcapsular ce interesează peste 50% din suprafața subcapsulară\subcapsular hematoma involves more than 50% of surface
- B) Devascularizarea a peste 25% din organ\devascularization over 25% of the organ
- C) Hematomul intraparenchimatos cu diametrul peste 5 cm\intraparenchymatous hematoma with a diameter more than 5 cm
- D) Ruptura de parenchim cu adâncime mare de 3 cm\rupture of the parenchyma with a large depth of 3 cm
- E) Ruptura de parenchim care interesează vasele trabeculare\rupture of the parenchyma which involves the trabecular vessels

2. **CS** [C1228003] Ruptura de splină în doi timpi se produce cel mai frecvent în: (pag. 2104)\The second time splenic rupture occurs, it is most frequently in: (p. 2104)

- A) Primele 24 ore\The first 24 hours
- B) După luni de zile\After months
- C) Primele 2 - 3 zile\The first 2 - 3 days
- D) Primele 2 - 3 săptămâni\The first 2-3 weeks
- E) Tipul V de ruptură\type V of rupture

3. **CS** [C1228005] Care din următoarele elemente clinice sunt mai puțin probabile în apariția unui revarsat Morel-Lavalle: (pag. 2094)\Which of the following clinical elements are less likely probable in the appearance of Morel-Lavalle lesion: (p. 2094)

- A) Bombarea tegumentelor, fluctuantă\swelling of the skin, fluctuation
- B) Echimoze cutanate\cutaneous ecchymosis
- C) Tegumente reci, cianotice, insensibile\cold skin, cyanotic, and insensitive
- D) Fluctuantă, crepitații, căldură locală\Fluctuation, crepitations, local heat
- E) Necroza tegumentară tardivă\late skin necrosis

4. **CS** [C1628022] În ce tip de leziune abdominală traumatică, se evidențiază semnul BOUCHACOURT? (pag. 2094)\What type of traumatic abdominal injury, is proven by the BOUCHACOURT sign? (pag. 2094) (P. 2094)

- A) Evenetrie postcontuzională\post-contusional eventration
- B) Revarsat Morel-Lavalle\Morel-Lavalle wound
- C) Hematom subaponevrotic\subaponeurotic hematoma
- D) Hematom properitoneal\properitoneal hematoma
- E) Hernie postcontuzională\post-contusional hernia

5. **CS** [C2528042] Care dintre structurile anatomice enumerate mai jos este obligatoriu lezată pentru ca o plagă abdominală să fie considerată penetrantă? (pag. 2096)\Which of the anatomical structures listed below is mandatory for an abdominal wound considered to be penetrating? (P. 2096)

- A) Tegumentele\skin
- B) Aponevroza\aponeurosis
- C) Viscerele parenchimatoase\parenchymatous viscera
- D) Epiploonul\mesentery
- E) Peritoneul parietal\parietal peritoneum

6. **CS** [C1328009] Semnul Mandel poate apărea în: (pag. 2098)\Mandel Sign can appear in: (p. 2098)

- A) Ocluzia intestinală prin volvulus de intestin subțire\intestinal obstruction by volvulus of the small intestine
- B) Invaginația intestinală\intestinal invagination
- C) Sindrom de iritație peritoneală\peritoneal irritation syndrome
- D) Pancreatită acută edematoasă\acute edematous pancreatitis
- E) Ocluzia intestinală prin volvulus de sigmoid\intestinal obstruction with volvulus of the sigmoid

7. **CS** [C1228001] Tehnica "mesh wrapping" în tratamentul leziunilor traumatice hepatice are o mortalitate de: (pag. 2106)\The technique of "mesh wrapping" in the treatment of traumatic hepatic lesions has a mortality of: (pag. 2106)

- A) 25-37%\25-37%
- B) Sub 5%\under 5%
- C) Jumătate din cazuri\half of all cases

D) 66-75% \ 66-75%

E) Tehnica este indicata numai pentru leziunile splenice \ the technique is indicated only for splenic lesions

8. **CS** [C2628052] Ruptura mezenterului situata in apropierea radacinii acestuia, se caracterizeaza prin: (pag. 2108) \ Rupture of the mesentery located near its root, is characterized by: (p. 2108)

A) Angajarea unei anse in zona de ruptura, cu aparitia ocluziei intestinale \ the engagement is always within rupture zone, with the appearance of intestinal obstruction

B) Aparitia semnelor de peritonita \ appearance of signs of peritonitis

C) Devitalizarea ansei \ devitalization a large portion of the intestine

D) Hemoragie masiva \ massive hemorrhage

E) Aparitia hematomului retroperitoneal \ the appearance of retroperitoneal hematoma

9. **CM** . [C2628167] In perioada primelor 24-48 de ore, prognosticul hematomului retroperitoneal post-traumatic, depinde de: (pag. 2114) \ During the first 24-48 hours, the prognosis of post-traumatic retroperitoneal hematoma depends on (p. 2114)

A) Aparitia insuficientei renale acute \ the appearance of acute renal failure

B) Intensitatea socului traumatic \ intensity of traumatic shock

C) Continuarea parezei intestinale \ continuation of intestinal paresis

D) Interesarea plexului celiac \ celiac plexus involvement

E) Intensitatea socului hemoragic \ the intensity hemorrhagic shock

10. **CM** . [C2528136] Peritonita tardiva aparuta in evolutia bolnavilor cu contuzie abdominala este rezultatul unuia dintre urmatoarele mecanisme: (pag. 2095) \ Late peritonitis occurring in the evolution of patients with abdominal contusion is the result of one of the following mechanisms: (p. 2095)

A) Translocatia bacteriana favorizata de socul hemoragic \ bacterial translocation favored by hemorrhagic shock

B) Ruptura unui hematom subcapsular splenic \ rupture of a splenic subcapsular hematoma

C) Plaga a colonului transvers \ a wound in the transverse colon

D) Eliminarea unei escare parietale intestinale \ removal of a parietal intestinal eschar

E) Necroza tardiva a unei anse, secundara rupturii sau dezinsertiei mezoului \ late necrosis, secondary rupture or removal of **mezoului**

11. **CM** [C1528075] Care sunt semnele clasice ale hemobiliei post-traumatice: (pag. 2107) \ What are classic signs of post-traumatic hemobilia (p. 2107)

A) Icteric de tip mecanic; \ jaundice of the mechanical type;

B) Icteric hemolitic; \ hemolytic jaundice;

C) Durere in hipocondrul drept de tip colicativ; \ pain in right hypochondrium of colic type;

D) Febra de tip septic; \ fever of type septic;

E) Hemoragii digestive exteriorizate prin hematemeza, melena \ gastrointestinal hemorrhage revealed by hematemesis, melena

12. **CM** . [C2228101] Care sunt formele anatomo-patologice ce pot apare in cazul unui traumatism colonic? (pag. 2109-2110) \ What are the anatomo-pathologic forms that can appear in the case of colonic injury? (P. 2109-2110)

A) Contuzia simpla minora \ simple minor contusion

B) Rupturi complete \ complete rupture

C) Infarctele entero-mezenterice \ entero-mesenteric infarctions

D) Exploziile \ **bursts/explosions (?)**

E) Stenoza intestinala tardiva \ late intestinal stenosis

13. **CM** [C2228088] Care dintre afirmatiile referitoare la traumatismele esofagului abdominal sunt false? (pag. 2100) \ Which of the statements about abdominal esophageal trauma are false? (pag. 2100) (P. 2100)

A) Ingestia de corpi straini ascutiti si manevrele iatrogene reprezinta etiologia cea mai frecventa \ ingestion of sharp foreign bodies and iatrogenic maneuvers represent the most frequent etiology

B) Cele mai multe leziuni ale esofagului terminal se datoreaza plagilor abdominale penetrante \ most lesions of the terminal esophagus are due to penetrating abdominal wounds

- C)** clinic se manifesta prin dureri vii retroxifoidiene sau retrosternale, disfagie si stare febrila persistenta\is clinically manifested by pain coming retro-xiphoidal or retrosternal, dysphagia and persistent feverish state
- D)** tratamentul este exclusiv chirurgical\treatment is exclusively surgical
- E)** tranzitul baritat eso-gastric este de mare utilitate diagnostica\esophageal-gastric barium transit has the most diagnostic value
-

14. CM [C2228086] Care dintre afirmatiile de mai jos referitoare la plagile abdominale sunt adevarate? (pag. 2096)\Which of the statements below about abdominal wounds are true? (pag. 2096) (P. 2096)

- A)** Apar prin actiunea indirecta a agentului vulnerant\occur through indirect actions of the vulnerable agent
- B)** plagile abdominale penetrante nu intereseaza peritoneul\penetrating abdominal wounds do not involve peritoneum
- C)** toate plagile abdominale sunt considerate infectate\all abdominal wounds are considered infected
- D)** pot fi prezente si hematoame parietale\parietal hematoma may be present as well
- E)** plagile se definesc prin existenta unei solutii de continuitate la nivelul tegumentelor\the wounds are defined by the existence through solution of continuity at level of the skin
-

15. CM [C1228057] Hemobilia se manifesta prin: (pag. 2107)\Hemobilia is manifested by: (p. 2107)

- A)** Tablou clinic cu abdomen acut hemoragic\clinical picture of acute abdominal hemorrhage
- B)** Icter mecanic\mechanical jaundice
- C)** Melena\melena
- D)** Soc\Shock
- E)** Dureri in hipocondrul drept\Pain in right hypochondrium
-

16. CM . [C2528134] Care sunt viscerale abdominale cel mai frecvent exteriorizate printr-o evisceratie abdominala traumatica (pag. 2095)\What are the abdominal viscera most frequently externalized through a traumatic abdominal evisceration: (p. 2095)

- A)** intestinul subtire\small intestine
- B)** duodenum\duodenum
- C)** pancreasul\pancreas
- D)** colonul transvers\ transverse colon
- E)** epiploonul\mesentery
-

17. CM [C1328062] Diagnosticul intraoperator al leziunilor semnificative pancreatice post-traumatice se poate stabili prin: (pag. 2102)\Intraoperative diagnosis of significant pancreatic post-traumatic lesions can be established through: (p. 2102)

- A)** deschiderea larga a ligamentului gastro-colic si controlul fetei posterioare unde se pot descoperi leziuni in oglinda\The wide opening of the gastro-colic ligament and control of the posterior face where you can find smooth lesions
- B)** mobilizarea colonului atunci cand sunt suspectate leziuni posterioare corporeo-caudale\mobilize the colon when posterior corporal-caudal injuries are suspected
- C)** manevra Kocher completata cu mobilizarea flexurii hepatice si portiunii a treia a duodenumului pana la vasele mezenterice superioare\the complete Kocher maneuver to mobilize the hepatic flexure and third portion of the duodenum up to the superior mesenteric vessels
- D)** inspectia portiunii retroperitoneale a duodenumului si fetei posterioare a capului pancreatic\ inspection of the retroperitoneal portion of the duodenum and posterior face of the head of the pancreas
- E)** tomografia computerizata ce poate aduce elemente decisive in diagnosticul leziunilor pancreatice\computerized tomography that can provide decisive elements in the diagnosis of pancreatic lesions
-

18. CM . [C2828195] Triada simptomatica clasica a hemobiliei cuprinde: (pg.165)\The classic symptomatic triad of hemobilia comprises: (pg.165)

- A)** icter\jaundice
- B)** stare febrila\feverish state
- C)** distensie abdominala\abdominal distension
- D)** hepatomegalie dureroasa\painful hepatomegaly
- E)** HDS\superior digestive hemorrhage
-

19. CM . [C2528154] Care dintre leziunile traumatice ale intestinului subtire si mezenterului poate determina aparitia unei ocluzii intestinale? (pag. 2108)\Which of the traumatic injuries of the small intestine and mesentery can determine the appearance of intestinal occlusions? (pag. 2108) (P. 2108)

- A)** hematoma parietal\parietal hematoma
- B)** escara parietala\parietal eschar

- C) ruptura completa\complete rupture
D) hematomul mezenterului\mesenteric hematoma
E) rupturile mezenterului\mesenteric rupture
-

20. **CM** [C1628079] In cazul traumatismelor abdominale cu hemoragie abundenta, manevra PRINGLE, consta in: (pag. 2106)\In the case of abdominal trauma with abundant hemorrhage, the Pringle maneuver, consists of: (p. 2106)

- A) aplicarea unei pense pe artera splenica\application of forceps to the splenic artery
B) clampajul digital al pediculului hepatic\digital clamp of the hepatic pedicle
C) clampajul digital al arterei mezenterice superioare\digital clamp of the superior mesenteric artery
D) aplicarea unei pense pe trunchiul celiac\application of forceps to the celiac trunk
E) aplicarea unei pense pe artera hepatica si vena porta\application of forceps to the hepatic artery and portal vein
-

21. **CM** . [C2828190] Semnul Blumberg poate fi pozitiv in: (pg. 2097)\Blumberg sign may be positive (p. 2097)

- A) etilism acut\acute alcoholism
B) contuzii de perete abdominal\abdominal wall contusion
C) dupa administrarea de opiacee\after administration of opioids
D) distensii intestinale paretice\distension due to intestinal paresis
E) eventratii posttraumatice\post-traumatic eventration
-

22. **CM** . [C2228111] Care din urmatoarele reprezinta indicatii clare pentru tomografie computerizata abdominala la traumatizati? (pag. 2099)\Which of the following represent clear indications for abdominal computerized tomography in trauma patients? (P. 2099)

- A) bolnavi stabili hemodinamic, dar cu examen clinic abdominal echivoc\patients which are hemodynamically stable, but with ambiguous clinical examination abdomen
B) bolnavi cu traumatism de coloana vertebrala\patients with spinal column injury
C) bolnavi instabili hemodinamic si cu examen clinic abdominal echivoc\hemodynamically unstable patients with ambiguous clinical abdominal exam
D) bolnavi cu fracturi pelvine fara sangerare semnificativa\patients with pelvic fractures without significant bleeding
E) bolnavi cu traumatisme craniene deschise\patients with open head injury
-

23. **CM** . [C2228112] Prin ce se manifesta clinic perforatia esofagului abdominal? (pag. 2100)\How does abdominal esophageal perforation manifest? (pag. 2100)

- A) varsaturi alimentare\vomiting food
B) dispnee, tuse seaca\dyspnea, dry cough
C) stare febrila persistenta\persistent feverish state
D) disfagie\dysphagia
E) dureri vii retroxifoidiene sau retrosternale\pain coming retro-xyphoidal or retrosternally
-

24. **CM** . [C2528157] Flegmonul piostercoral retroperitoneal secundar leziunilor traumatice ale colonului se traduce prin: (pag. 2110)\The **piostercoral (?)** pus of secondary retroperitoneal traumatic lesions of the colon is transmitted through (p. 2110)

- A) crepitatii gazoase\gaseous crepitation
B) tumefactie si durere lombara\swelling and back pain
C) disparitia matitatii hepatice\the disappearance liver dullness
D) sindrom septic\septic syndrome
E) lichid hiperseptic fetid sau puroi la punctie\ hyperseptic, fetid fluid or pus at puncture
-

25. **CM** . [C2628174] Care din urmatoarele afirmatii referitoare la traumatismele colonului sunt adevarate: (pag. 2109)\Which of the following statements are true about colon trauma (p. 2109)

- A) sunt grave\are serious
B) sunt frecvente (aparand in 50% din cazurile cu plagi penetrante)\are frequent (appearing in 50% cases with penetrating wounds)
C) complicatiile infectioase sunt severe\the infectious complications are severe
D) caracterul de gravitate este dat de septicitatea deosebita a continutului intestinului gros\The character of severity is shown by the unusual septic content of the large intestine
E) complicatiile hemoragice sunt severe\hemorrhagic complications are severe
-

26. **CM** [C1328063] Referitor la hematomul propperitoneal posttraumatic urmatoarele afirmatii sunt adevarate cu exceptia (pag. 2094)\On post-traumatic propperitoneal hematoma, the following statements are true except (p. 2094)

- A) apare dupa contuzii violente ce intereseaza musculatura lombara\occurs after violent contusion which involves the thoracic musculature
B) se manifesta deseori prin sindrom Reily\often manifests thorough Reily syndrome
C) tratamentul chirurgical se impune de urgenta in toate cazurile\surgery treatment is required to establish an emergency in all cases
D) evolueaza frecvent spre supuratie\frequently evolves towards suppuration
E) se poate prezenta ca un pseudosindrom de ocluzie intestinala paralitica\can present with a pseudo-syndrome of paralytic intestinal obstruction

27. CM [C2228097] Care sunt formele anatomo-patologice ce pot apare in cazul unui traumatism duodenal? (pag. 2101)\What are the anatomo-pathologic forms that can appear in the case of a duodenal trauma? (pag. 2101)

- A) hematomul mezenterului\mesenteric hematoma
- B) contuzia simpla cu echimoze subseroase\simple contusion with sub-serous ecchymosis
- C) ruptura completa\complete rupture
- D) contuzia cu escara\contusion with eschar
- E) explozia duodenului\duodenal explosion

28. CM . [C2528147] Leziunile traumatice ale pancreasului evolueaza fazic, parcurgand urmatoarele etape: (pag. 2103)\Traumatic pancreatic injuries evolve in phases by completing the following steps: (p. 2103)

- A) stare de soc\state of shock
- B) tablou clinic de ocluzie intestinala\clinical picture of intestinal obstruction
- C) interval liber\free interval
- D) tablou clinic de pancreatita acuta\clinical picture of acute pancreatitis
- E) sindrom peritonitic\peritonitic syndrome

29. CM [C1428066] Tratamentul chirurgical al plagilor intestinului subtire cuprinde: (pag. 2109)\Surgical treatment in wounds of the small intestine include: (p. 2109)

- A) Enteroplicatura;\enteroplication;
- B) Hemostaza este primul gest util pentru stoparea pierderilor volemic;\Hemostasis is the first useful gesture to stop volemic losses;
- C) Sutura simpla a oricaror leziuni;\simple suture of any injuries;
- D) Splenectomia;\splenectomy;
- E) Plagile mari sau multiple si leziunile intinse ale mezenterului vor fi rezolvate prin enterectomie;\large or multiple wounds and extensive lesions of mesentery will be resolved by enterectomy;

30. CM . [C2528158] Care sunt tehnicile chirurgicale curente folosite pentru rezolvarea leziunilor traumatice ale colonului? (pag. 2110)\What are the current surgical techniques used to solve traumatic lesions of the colon? (pag. 2110) (P. 2110)

- A) rezectia anterioara Dixon\anterior Dixon resection
- B) colostomia\colostomy
- C) reparatia primara\primary repair
- D) rezectia cu anastomoza primara\resection with primary anastomosis
- E) ileo-sigmoidostomia\ileo-sigmoidostomy

1. **CS**. [TMG00038] Cancerele gastrice precoce slab diferite reprezentate: ()\Poorly differentiated early gastric cancers are:

- A) []80%\80%\
- B) []70%\70%\
- C) []50%\50%\
- D) [x]30%\30%\
- E) []3%\3%\

2. **CS**. [TMG00024] Cel mai frecvent semn de cancer gastric este: ()\The most common sign of gastric cancer is: () \

- A) []hematemeza masiva\ Massive haematemesis \
- B) []greata si varsaturile\ nausea and vomiting \
- C) []hepatomegalia\hepatomegaly \
- D) [x]anorexia cu scadere ponderala\anorexia with weight loss \
- E) []disfagia\Dysphagia \

3. **CS**. [CS37016] Incidenta ce mai ridicata a CG din intreaga lume este intr-un: (Pag 1205)\The highest incidence of gastric cancer worldwide is in (Page 1205) \

- A) []Statele Unite\United States \
- B) []Malaezia\Malaysia \
- C) [x]Japonia\Japan \
- D) []Chile\Chile \
- E) []Islanda\Iceland \

4. **CS**. [CS37004] Urmatoarele afirmatii referitoare la cancerul gastric sunt adevarate, cu exceptia: (pag. 1205)\ The following statements are true regarding gastric cancer, except: (p. 1205) \

- A) []cancerul gastric este o tumora biologic agresiva\gastric cancer is a biologically aggressive tumour\
- B) []tumorile benigne ale stomacului sunt rare\benign tumors of the stomach are rare \
- C) []adenocarcinomul gastric este responsabil pentru 95% din numarul total de tumori gastrice maligne\Gastric adenocarcinoma is responsible for 95% of all malignant gastric tumors \
- D) []dieta a fost cel mai studiat factor de risc pentru cancerul gastric\diet has been the most studied risk factor for gastric cancer \
- E) [x]ulcerul duodenal este un marker pentru dezvoltarea in continuare a cancerului gastric\Duodenal ulcer is a marker for further development of gastric cancer \

5. **CS**. [CS37081] Peste 90% din tumorile stomacului sunt: (p1205)\Over 90% of stomach tumors are: (p1205) \

- A) []benigne\Benign\
- B) [x]maligne\ Malignant \
- C) []leiomiome\ leiomyoma\
- D) []leiiosarcoame\ leiomyoma\
- E) []polipoid\polypoid \

6. **CS**. [CS37090] Riscul mai mare de aparitie al cancerului gastric este la persoanele cu grupa de sange : (pg. 1205)\higher risk of developing gastric cancer is in people with blood type (p. 1205) \

- A) []O\O\
- B) [x]A\A\
- C) []B\B\
- D) []AB\AB\
- E) []B cu Rh-B cu Rh-\

7. **CS**. [CS37064] In stadializarea TMN: Tumora care penetreaza seroasa, fara interesarea structurilor adiacente este: (pg 1207)\ In TMN staging: serous tumor that penetrates without involving adjacent structures is (pg 1207)\

- A) []T1\T1\
- B) []T2\T2\
- C) []T2a\T2a\
- D) [x]T3\T3\
- E) []T4\T4\

8. **CS**. [CS37097] Cel mai frecvent semn de cancer gastric este: (pag.1207)\The most common sign of gastric cancer is: (pag.1207) \

- A) [x]anorexia cu scadere ponderala\anorexia with weight loss \
- B) []dureri pelvine cu constipatie\pelvic pain with constipation \
- C) []greata\nausea\
- D) []hematemeza masiva\massive haematemesis \
- E) []disfagia\ Dysphagia \

9. **CM**. [CM37048] Selectati afirmatiile corecte referitoare la cancerul gastric precoce: (Pag 1208)\Select correct statements about early gastric cancer (Page 1208) \

- A) []tipul II C consta in leziuni subdenivelate, cu aspect erodat, de ulceratie profunda\ type II C lesions are subdenivelate, looking eroded by deep ulceration \
- B) [x]supravietuirea la 5 ani cand sunt interesati ganglionii limfatici este de aprox 70%\survival at five years when lymph nodes are involved is about 70% \

- C)** []tipurile I,II A,II B au o morfologie ulcerativa\ type I, IIA, IIB have ulcerative morphology \
- D)** []celulele canceroase pot invada musculara proprie in tipul III(leziuni escavate)\Cancer cells can invade its muscle in type III (excavated lesions) \
- E)** [x]interesarea ganglionilor limfatici predispuie frecvent la recurente sistemice\involvement of lymph nodes predisposes to systemic recurrence \
-

10. CM. [CM37009] Despre tratamentul pacientilor cu cancer gastric se pot afirma urmatoarele: (pag 1208,1209)\On the treatment of patients with gastric cancer, the following can be stated: (p. 1208.1209) \

- A)** [x]este in primul rand chirurgical\ is primarily surgical \
- B)** [x]cea mai frecventa operatie efectuata pentru vindecare este gastrectomia radicala subtotala\The most common surgery performed to cure is radical subtotal gastrectomy \
- C)** []radio si chimioterapia sunt extrem de utile\Radio and chemotherapy are extremely useful \
- D)** [x]resectia ofera singura posibilitate de vindecare a cancerului gastric\resection offers the only possibility of cure of gastric cancer \
- E)** [x]gastrectomia este procedeul principal cu o mortalitate globala de 8%\ Gastrectomy is the main process with a global mortality of 8% \
-

11. CM. [CM37017] Prognosticul in CG e influentat de ()\Prognosis of GC is influenced by () \

- A)** []marimea tumorii\ tumor size \
- B)** []hemoragii\bleeding \
- C)** [x]invazia ganglionara\lymph node invasion \
- D)** [x]profunzimea invaziei in peretel gastric\depth of invasion in gastric wall\
- E)** []obstructia progresiva\progressive obstruction \
-

12. CM. [CM37013] Nivelul D3 de resectie implica ganglionii aflati: (Pag. 1209)\D3 resection level nodes are involved (p. 1209) \

- A)** []In jurul arterei hepatice comune\ Around the Common hepatic artery \
- B)** [x]In lungul ligamentului hepatoduodenal\Along the hepatoduodenal ligament \
- C)** []In jurul trunchiului celiac\Around the celiac trunk \
- D)** [x]In jurul capului pancreasului\Around the head of pancreas \
- E)** [x]La radacina mezenterului intestinului subtire\At the root of small intestine mesentery \
-

13. CM. [CM37080] Tipul difuz de cancer gastric: (pag 1206)\diffuse type of gastric cancer: (page 1206) \

- A)** []pare sa fie mai mult corelat cu influenata factorilor de mediu\seems to be more influenced by environmental factors \
- B)** [x]incidenta lui relativa a crescut prin scaderea incidentei tipul intestinal\Relative incidence increased by decreasing the incidence of intestinal type \
- C)** [x]apare mai frecvent la oamenii tineri\is more common in young people \
- D)** []se asociaza cu metaplazia\ is associated with metaplasia \
- E)** [x]se dezvolta prin mutatii ale tipului de celula din glandele gastrice normale\develop mutations in the cellular type from normal gastric glands\
-

14. CM. [CM37033] Tipurile macroscopice de cancer gastric: (pag 1205)\macroscopic types of gastric cancers (p. 1205) \

- A)** [x]superficial\superficial\
- B)** [x]polipoid\polypoid \
- C)** []ulcerovegetant\ulcerovegetant \
- D)** [x]ulcerative\ulcerative \
- E)** [x]schiros\schiros \
-

15. CM. [CM37040] Evenimentele moleculare care apar in patogenia celulei epiteliale, de la benign la malign, pot fi evenimente precoce: (Pag 1207)\molecular events occurring in the pathogenesis of epithelial cells from benign to malignant, may be early events (Page 1207) \

- A)** [x]Instabilitate genetica\genetic instability \
- B)** []Supraexpresia factorului epidermal de crestere\ overexpression of epidermal growth factor \
- C)** [x]Mutatia p53\p53 mutations \
- D)** []Activarea oncogenelor\oncogenes activation\
- E)** [x]Activitatea telomerazei: telomerase activity \
-

16. CM. [CM37076] Insamantarea peritoneala, intr-un cancer gastric poate determina: (pg 1207)\peritoneal seeding, in gastric cancer may cause: (pg 1207) \

- A)** [x]ascita masiva\massive ascites \
- B)** [x]tumora Krukenberg\ Krukenberg tumor \
- C)** [x]semnul Blummer\Blummer sign\
- D)** []sindrom Meig\Meig syndrome \
- E)** []tumora Bremmer\Meig syndrome \
-

17. CM. [CM37029] Leiomiiosarcomul ()\Leiomyosarcoma () \

- A)** []este cea mai frecventa dupa adenocarcinoamele gastrice\It is most common after gastric adenocarcinomas \
- B)** []are de obicei dimensiuni mici,cresterea lui fiind f lenta\is usually small, its growth is very slow \
- C)** []metastazeaza frecvent la nivelul ficatului\frequently metastasizes to the liver \
- D)** [x]nu raspunde la chimio,radioterapie\ does not respond to chemotherapy, radiotherapy \
- E)** [x]diagnosticul se pune de obicei datorita unei hemoragii gastro-intestinale sau consec malnutritiei\The diagnosis is made

usually due to gastrointestinal bleeding or malnutrition \

18. **CM**. [CM37015] Referitor la limfomul gastric, sunt adevarate afirmatiile: (Pag. 1209)\About gastric lymphoma, the following are true statements: (p. 1209) \

- A) [] Hemoragia apare intr-o proportie ridicata\Bleeding occurs in a high proportion \
- B) [x] Leziunea se prezinta ca o ingrosare a pliurilor epiteliale ale mucoasei\The lesion appears as a thickening of the epithelial mucosal folds \
- C) [x] Diagnosticul de certitudine este pus prin biopsie\ correct diagnosis is made by biopsy \
- D) [] Radioterapia prezinta o rata ridicata de morbiditate\Radiotherapy has a high rate of morbidity \
- E) [x] Satietea precoce se datoreaza infiltrarii neoplazice progresive a peretelui gastric\Early Satiety is due to progressive neoplastic infiltration of gastric wall \

19. **CM**. [CM37067] Privitor la etiologia CG: (pag 1205)\Regarding the etiology of GC: (page 1205) \

- A) [x] Nitritii formeaza compusi mutageni atunci cand vin in contact cu acizii biliari intr-o cavitate gastrica stimulata\nitrite form mutagenic compounds when in contact with bile acids in a stimulated gastric cavity \
- B) [x] Aclorhidria reprezinta un factor de risc pentru CG atunci cand se supraadauga colonizarea bacteriana\achlorhydria is a risk factor for GC when bacterial colonization is excessive\
- C) [] Aclorhidria determinata de utilizarea pe termen lung a inhibitorilor pompei de protoni si a antagonistilor receptorilor H2 se asociaza cu o incidenta crescuta a CG\achlorhydria caused by long-term use of proton pump inhibitors and H2 receptor antagonists is associated with a high incidence of GC \
- D) [x] Ulcerul duodenal e un factor de protectie contra CG\duodenal ulcer is a protective factor against GC \
- E) [x] Alimentatia sarata reprezinta un factor de risc\ salty diet is a risk factor \

20. **CM**. [CM37070] Gastrectomia radicala subtotala: (pag 1208): \radical subtotal gastrectomy (page 1208) \

- A) [] Este cea mai frecventa operatie efectuata in scop paliativ\Is the most common palliative surgery \
- B) [x] Presupune excizia a 50-85% din stomac\50-85% involves excision of the stomach \
- C) [] Limfadenectomia nu e necesara datorita metastazarii pe cale hematogena a carcinoamelor\lymphadenectomy is not necessary due to haematogenous metastasis \
- D) [] Se efectueaza cand leziunea neoplazica e situata la nivelul cardiei\is done when the neoplastic lesion is found in the cardia \
- E) [x] Continuitatea e restabilita utilizand o gastrojejunostomie\ continuity is reestablished using a gastrojejunostomy \

21. **CM**. [CM37088] In stadiile avansate ale cancerului gastric apar: () in advanced gastric cancer occur: () \

- A) [x] Nodulul Virchow\Virchow node \
- B) [x] Semnul Blumer\ Blumer sign\
- C) [] Semnul Rowsing\Rowsing sign\
- D) [x] Nodulul Sister-Joseph\Sister Joseph nodule \
- E) [x] Tumora Krukenberg\Krukenberg tumor \

22. **CM**. [CM37098] Tipul intestinal al cancerului gastric: (pg 1206)\intestinal type of gastric cancer (pg 1206)

- A) [x] Apare pe o portiune modificata de metaplazie\appears on a modified portion of metaplasia \
- B) [x] Displazia severa ar trebui sa constituie o indicatie de rezectie gastrica\severe dysplasia should be an indication of gastric resection \
- C) [] Metaplazia intestinala indica iminenta sau coexistenta unui cancer gastric\intestinal metaplasia indicate imminent or coexistence of gastric can\
- D) [] 50% din tumori apar pe un stomac cu aclorhidrie\50% of tumors occur in the stomach with achlorhydria \
- E) [x] Este tipul predominant\ is the predominant type\

23. **CM**. [CM37028] Despre limfom sunt adevarate urmatoarele afirmatii ()\About lymphoma, the following statements are true () \

- A) [] Satietea precoce este semn premonitor pt invadarea cardiei\ Early Satiety is a sign premonition for cardia invasion\
- B) [x] Hemoragia apare rar\bleeding occurs rarely \
- C) [x] Anorexia si scaderea in greutate sunt cele mai frecvente\anorexia and weight loss are the most common \
- D) [x] Radioterapia singura determina remisiune pe termen lung\Only radiotherapy causes long-term remission \
- E) [x] Supravietuire la 5 ani este de 85 % cand tumora e limitata la stomac\Survival at five years is 85% when the tumor is limited to the stomach \

24. **CM**. [CM37104] Urmatoarele afirmatii nu sunt adevarate: (pg 1207)\The following statements are true: (pg 1207) \

- A) [x] Nodulul lui Virchow este ganglionul palpabil in fosa subclaviculara stinga\Virchow's node is palpable in the left supraclavicular fossa \
- B) [] Nodulul Sister- Joseph reprezinta o metastaza ombilicala\Sister Joseph nodule is an umbilical metastasis \
- C) [x] Nodulul lui Virchow este ganglionul palpabil in fosa subclaviculara dreapta\Virchow's node is palpable in the right supraclavicular fossa \
- D) [x] Tumora Krukenberg este metastaza pancreasului\Krukenberg tumor is metastasis of the pancreas\
- E) [x] Semnul lui Blumer apare in diseminarea mediastinala\Blumer's sign appears in mediastinal dissemination \

25. **CM**. [CM37006] Tipurile de cancer gastric macroscopic sunt: (pag. 1205)\macroscopic gastric cancer types are: (p. 1205) \

- A) [x] Ulcerativ\ulcerative \
- B) [x] Polipoid\polypoid \
- C) [x] Cu localizare superficiala\the superficial location \
- D) [x] Schiros\schiros \

E) cu localizare profunda\with deep location \

26. **CM**. [CM37081] Tipul celular cu inel in pecete (pag 1206)\cell type with signet ring (page 1206) \
- A) este determinat de secretia intracelulara de mucine\is determined by intracellular secretion of mucus\
 - B) este asociat cu cancerul schiros\is associated with schiros cancer\
 - C) este determinat de secretia extracelulara de mucine\ is determined by the extracellular secretion of mucus\
 - D) este asociat cu cancerul polipoid\is associated with polypoid cancer \
 - E) nu este asociat cu cancerul ulcerativ\is not associated with ulcerative cancer\

27. **CM**. [CM37049] Selectati afirmatiile false legate de limfosarcomul gastric: (Pag 1209)\Select false statements related to gastric lymphosarcoma (Page 1209) \

- A) poate fi manifestarea unei boli infiltrative sistemice\may be the manifestation of a systemic infiltrative disease \
- B) gastrectomia este tratamentul de electie\gastrectomy is the treatment of choice \
- C) este diagnosticat de regula in urma unei hemoragii gastrointestinale\is usually diagnosed after a gastrointestinal hemorrhage \
- D) diagnosticul este stabilit prin endoscopie si biopsie\The diagnosis is established by endoscopy and biopsy \
- E) este cea mai rara dintre tumorile gastrice maligne\is the rarest of malignant gastric tumors \

28. **CM**. [CM37075] Evenimetele moleculare precoce, in ceea ce privesc ocogeneza cancerului gastric, sunt: (pg 1207)\early molecular events in which gastric cancer metastasizes are: (pg 1207) \

- A) activarea oncogenelor\activation of oncogenes \
- B) supraexpresia factorului epidermoid de crestere\Epidermoid growth factor overexpression \
- C) instabilitatea genetica\Genetic instability \
- D) activitatea telomerazei\ telomerase activity \
- E) mutatia p53\p53 mutation \

29. **CM**. [CM37024] Stadializarea TNM in neoplasmul gastric ()\TNM staging in gastric cancer () \

- A) T2 reprezinta invadarea musculareii dar fara depasirea ei\T2 is muscle invasion without overfulfilling it\
- B) Tis este tumora limitata la mucoasa cu penetrarea membranei bazale in lamina proprie\Tis is tumor penetration limited to the basement membrane lining the lamina propria \
- C) N2 cuprinde gg perigastrici sub 3 cm de tumora primara\N2 includes perigastric lymph nodes less than 3 cm from primary tumor \
- D) N3 cuprinde gg paraaortici\N3 includes paraaortic lymph nodes \
- E) N3 cuprinde gg mezenterici\N3 includes mesenteric lymph nodes\

30. **CM**. [CM37107] Cancerul gastric precoce: (pg 1208)\early gastric cancer (pg 1208) \

- A) nu intereseaza niciodata ganglionii limfatici\Does not involve lymph nodes \
- B) este limitat la mucoasa si submucoasa\limited to mucosa and submucosa \
- C) este detectat in 8-25% din cazuri in SUA\is detected in 8-25% of cases in the U.S. \
- D) tipul IIA are leziuni plate\ is detected in 8-25% of cases in the U.S. \
- E) tipul II C are leziuni subdenivelate\ type II C has subdenivelate lesions \

1. **CS** [C2526060] Reechilibrarea volemica a bolnavului cu ocluzie intestinala se face dupa evaluarea pierderilor (aspiratie, varsatura, diureza, etc) prin perfuzii cu solutii izotone de ser fiziologic si glucoza in doza de (pag. 2180)

- A) 10-20 ml/ kg corp
- B) 30-50 ml/kg corp
- C) 100-150 ml/kg corp
- D) 100-150 ml/metru patrat suprafata corporala
- E) 1500 ml ser fiziologic indiferent de greutate

2. **CS**[C1226004] Triada Konig descrisa in stenozele incomplete ale intestinului subtire cuprinde: (pag. 2173)

- A) Zgomote hidroaerice care survin pe o perioada de acalmie, urmate de emisie de scaun
- B) Colici de lupta cu accentuarea zgomotelor hidroaerice si ulterior perioade de acalmie
- C) Zgomote hidroaerice survenite dupa o "colica de lupta", urmate de scaune si ameliorare
- D) Scaune asociate cu "colici de lupta" pe fond de distensie abdominala
- E) Zgomote hidroaerice survenite dupa o "colica de lupta" urmate de ameliorare completa

3. **CS** [C2226029] In care categorii de ocluzii apar de la inceput tulburari de circulatie parietala: (pag. 2171)

- A) volvulare
- B) tulburari metabolice
- C) colica biliara
- D) hematoame postoperatorii
- E) bride

4. **CS** [C2326044] Obiectivele tratamentului in ocluzia intestinala sunt: (pag. 2180)

- A) aspiratie naso-gastrica, rezolvarea cauzei de ocluzie, profilaxia recidivelor, corectarea volemiei
- B) reechilibrare hidro-electrolitica si metabolica, decompresiunea abdominala, rezolvarea cauzei de ocluzie, profilaxia recidivelor
- C) clisma evacuatorie, aspiratie naso-gastrica, corectarea volemiei, rezolvarea cauzei de ocluzie
- D) reechilibrare hidro-electrolitica, aspiratie naso-gastriuca, stimularea motilitatii intestinale, clisma evacuatorie
- E) radiografie abdominala fara pregatire, aspiratie naso-gastrica, suprimarea cauzei de ocluzie, profilaxia recidivelor

5. **CS** [C2526050] Ce este ileusul biliar? (pag. 2169)

- A) o forma particulara de ocluzie functionala care insoteste colecistita gangrenoasa
- B) o ocluzie prin obstructie cu obstacol intraluminal (calcul biliar)
- C) ocluzie dinamica secundara colecistopancreatitelor acute
- D) ocluzia coledocului terminal printr-un calcul biliar migrat din vezicula biliara
- E) atrezia congenitala a coledocului

6. **CS** [C2826068] Inghrijirile postoperatorii in ocluziile intestinale constau in: (pag. 2182)

- A) Reechilibrare sustinuta a bolnavului
- B) Antibiotice cu spectru larg
- C) Medicatie pentru stimularea reluarii tranzitului intestinal
- D) Prevenirea complicatiilor postoperatorii
- E) Toate de mai sus

7. **CS** [C1626027] Care din urmatoarele afirmatii privind ocluziile dinamice sunt adevarate: (pag. 2167)

- A) nu au obstacol
- B) lumenul este partial stenozat
- C) se asociaza cu tulburari circulatorii
- D) se produc prin volvulare
- E) se produc prin strangulare

8. **CS** [C1526018] Care din afirmatiile referitoare la ocluziile prin invaginatie sunt adevarate: (pag. 2169)

- A) sunt ocluzii dinamice;
- B) sunt ocluzii prin obstructie;
- C) sunt favorizate de un mezou lung;
- D) apar datorita unei hiperperistaltici intestinale;
- E) presupune telescoparea segmentului caudal in cel cranial

9. **CM** [1235677] Ocluziile dinamice se produc prin: (pg 2169)

- A) hipoxie
 - B) hemoragii digestive
 - C) TBC
 - D) deshidratare
 - E) b Chron
-

10. **CM.** [C2226100] Din punct de vedere etiopatogenetic, ocluziile se clasifica in: (pag. 2168)

- A) dinamice
 - B) primitive
 - C) cronice
 - D) secundare
 - E) mecanice
-

11. **CM.** [C2526160] In ocluziile intestinale prin strangulare durerea este: (pag. 2172-2173)

- A) brusca, intensa, continua, sincopala
 - B) surda, insotita de distensie treptata
 - C) insotita de paloare, transpiratii, anxietate, stare de soc
 - D) progresiva, sub forma de colici de lupta
 - E) predomina semnele generale, durerea fiind de mica intensitate
-

12. **CM** [C1526093] Ocluzia postoperatorie tardiva: (pag. 2180)

- A) poate fi paralitica sau mecanica;
 - B) este intotdeauna mecanica;
 - C) rezolvarea ei se poate face printr-o clisma evacuatorie;
 - D) apare dupa orice interventie operatorie ce deschide abdomenul;
 - E) rezolvarea ei este numai chirurgicala
-

13. **CM.** [C2526164] Distensia abdominala este simetrica, generalizata de la inceput sau se generalizeaza ulterior in urmatoarele tipuri de ocluzie intestinala: (pag. 2173)

- A) ocluziile paralitice
 - B) volvulusul de sigmoid
 - C) invaginatia intestinala
 - D) ocluziile duodeno-jejunale
 - E) ocluziile joase
-

14. **CM.** [C2626190] Modalitatile de decompresie abdominala in ocluzia intestinala sunt: (pag. 2181)

- A) Intubarea recto-sigmoidiana cu o sonda Faucher
 - B) Rezectia segmentului intestinal afectat
 - C) Instalarea unei sonde nazo-gastrice
 - D) Devolvulare sau dezinvaginare urmata de enterectomie segmentara in caz de devitalizarea acestora
 - E) Golirea intraoperatorie a anselor pline de continut sero-lichidian
-

15. **CM** [C1226072] Distensia ansei intestinale aparuta in ocluzia intestinala antreneaza o serie de perturbari ale homeostaziei si fiziologiei intestinale si generale, reprezentate de: (pag. 2171)

- A) Tulburari de motilitate intestinala
 - B) Alcaloza in ocluziile joase, consecinta a pierderilor ionice
 - C) Tulburari de absorbtie intestinala
 - D) Vasodilatatie periferica generalizata cu fenomene de furt sangvin
 - E) Oligurie prin deshidratare si pierderile ionilor de sodiu
-

16. **CM.** [C2226115] Semnele generale intalnite in ocluzii sunt: (pag. 2174)

- A) anxietate
 - B) bradicardie
 - C) hipertensiunea arteriala
 - D) greturi
 - E) paloare
-

17. **CM.** [C2326143] La varstnici ocluziile se datoresc: (pag. 2180)

- A) leziunilor neurologice induse de ateroscleroza,

- B) cancerelor colonice,
 - C) mega-dolicocolonului,
 - D) volvulusului de sigmoid,
 - E) inflamatiilor intraperitoneale (apendicite, colecistite)
-

18. **CM.** [C2526161] Varsaturile precoce sunt caracteristice pentru: (pag. 2173)

- A) ocluziile joase
 - B) ocluziile dinamice
 - C) ocluziile inalte
 - D) ocluziile prin strangulare
 - E) neoplasmul de unghi splenic
-

19. **CM.** [C2526150] Ocluziile dinamice prin hipersimpaticotonie apar in: (pag. 2169-2170)

- A) tbc intestinal
 - B) traumatismele cranio-cerebrale
 - C) torsiuni ale viscerelor abdominale
 - D) hipocalcemie
 - E) intoxicatia cu stricnina
-

20. **CM** [C1526096] Diagnosticul diferential al ocluziilor intestinale se poate face cu: (pag. 2175)

- A) dilatatia acuta gastrica;
 - B) infarctul entero-mezenteric;
 - C) infarctul de miocard;
 - D) diverticulul Meckel;
 - E) tumori gigante intraperitoneale
-

21. **CM.** [C2926200] In ocluzia intestinala prin strangulare: (pag. 2173)

- A) Distensia abdominala se instaleaza lent;
 - B) Nu apare distensia abdominala;
 - C) Distensia abdominala este simetrica;
 - D) Distensia abdominala este asimetrica;
 - E) Distensia abdominala se instaleaza brusc;
-

22. **CM.** [C2526155] Distensia ansei intestinale secundara obstructiei determina staza venoasasi capilara, urmata de tulburari de permeabilitate capilara Care sunt consecintele acestei importante tulburari fiziopatologice (pag. 2170-2171)

- A) edemul parietal
 - B) necroza ansei situate in amonte de obstructie
 - C) acumularea de lichide in lumenul intestinal (sectorul III)
 - D) ascita ocluziei
 - E) hiperpristaltism
-

23. **CM.** [C2526158] Ce tip de ocluzii intestinale sunt precedate de febra, mici frisoane si dureri abdominale difuze?

- A) invaginatia intestinala
 - B) neoplasmele stenozante de jonctiune rectosigmoidiana
 - C) ocluziile postoperatorii
 - D) ocluziile inflamatorii
 - E) volvulusul de sigmoid
-

24. **CM.** [C2526166] In ocluziile intestinale, semnele generale sunt in functie de etiopatogenia ocluziei si momentul examinarii In ocluziile prin strangulare, debutul sindromului ocluziv este insotit de urmatoarele semne generale:

- A) scadere ponderala
 - B) anxietate, paloare tahicardie
 - C) hipotensiune
 - D) stare de soc
 - E) inapetenta selectiva
-

25. **CM.** [C2526167] in ocluziile intestinale, semnele care sugereaza deshidratarea severa sunt: (pag. 2174)

- A) oliguria
- B) faciesul hipocratic
- C) edemele carentiale

- D) febra
 - E) hipotensiunea
-

26. **CM** [C1326082] Ocluziile prin obstructie (obturare) se pot produce prin: (pag. 2169)

- A) tumori
 - B) compresiune extrinseca
 - C) infarct entero-mezenteric
 - D) ghem de ascarizi
 - E) leziuni inflamatorii intestinale specifice sau nespecifice
-

27. **CM**. [C2226120] Ocluzia prin obstructie se caracterizeaza prin: (pag. 2177)

- A) precedata de o suferinta cronica
 - B) debut cu dureri intense
 - C) meteorismul se instaleaza rapid
 - D) starea generala se altereaza rapid
 - E) durerile mai putin intense se continua cu "colici de lupta"
-

28. **CM**. [C2226111] Varsaturile apar precoce dupa durere in ocluziile: (pag. 2173)

- A) inalte
 - B) prin strangulare
 - C) postoperatorii
 - D) paralitice
 - E) joase
-

29. **CM**. [C2526168] Irigografia are indicatii limitate in ocluziile intestinale Ea poate confirma obstructia si ofera date referitoare la sediul obstructiei In care tipuri de ocluzie intestinala irigografia poate fi In acelasi timp o metoda terapeutica? (pag. 2174-2175)

- A) invaginatia intestinala
 - B) cancerul de colon drept
 - C) volvulusul de sigmoid
 - D) ileusul meconial
 - E) ocluziile dinamice
-

30. **CM**. [C2226109] In ocluziile mecanice, ansa craniala: (pag. 2172)

- A) este destinsa
- B) are diametrul intre 4-10 cm
- C) este plina cu lichid si gaze
- D) nu prezinta edem parietal
- E) prezinta peristaltica

1. **CS** \ [CS39054] Care din urmatoarele simptome apartine apendicitei acute: (pg.1382)\ Which of the following symptoms belong to acute appendicitis\

- A) disfagia\ Dysphagia\
- B) sialoreea\ Sialoreea\
- C) anorexia\Anorexia \
- D) regurgitatie\Regurgitation \
- E) sughitul\ Hiccups\

2. **CS** \ Intr-o apendicita acuta necomplicata numarul leucocitelor, predominant PMN, este in jurul valorilor de: (pg 1383)\ In uncomplicated acute appendicitis the number of leukocytes, predominantly PMN is around the values of:\

- A) 10 000-18 000/mm³\ 10 000-18 000/mm³\
- B) < 10000/mm³\< 10000/mm³\ \
- C) > 18000/mm³\> 18000/mm³ \
- D) 6000/mm³\ 6000/mm³\
- E) < 5000/mm³\ < 5000/mm³\

3. **CS** \ [CS39069] Primul simptom al apendicitei acute, intalnit la peste 95% dintre pacienti este: (pag 1382)\The first symptom of acute appendicitis, met over 95% of patients is:\

- A) leucocitoza\Leukocytosis\
- B) febra\Fever\
- C) durerea abdominala\Abdominal pain\
- D) anorexia\Anorexia\
- E) constipatia\Constipation\

4. **CS** \ [CS39089] Distensia lumenului apendicular continua datorita: (pag.1382)\ Appendicular lumen distension continue because\

- A) secretiei pulsatile a mucoasei intestinale\Pulsatile secretion of intestinal mucus\
- B) multiplicarii lente a bacteriilor locale din apendice\Slow local bacterial multiplication from appendix\
- C) cresterii presiunii intraapendiculare\Increasing intrappendicular pressure\
- D) suprimarii presiunii venoase\Suppression of venous pressure\
- E) infarctelor elipsoidale de la nivelul marginii antimezenterice\Elipsoidal infarct at the level of the antimezenteric margin\

5. **CS** \ [CS39075] Tratamentul apendicitei acute la gravide este: (pag 1386)\Treatment of acute appendicitis in pregnancy is:\

- A) chirurgical\Surgical\
- B) antibiotic\Antibiotic\
- C) antispastic\Antispastic\
- D) antiinflamator\Antiinflammatory\
- E) antialgic\Analgesic\

6. **CS** \ [CS39058] Rolul cel mai important al laparoscopiei in apendicita acuta este: (pag. 1388)\ The most important role of laparoscopy in acute appendicitis is:\

- A) permite vizualizarea in intregime a cavitatii abdominale\ Allow complete visualisation of abdominal cavity\
- B) evaluarea femeilor tinere care au simptome diferite de cele ale apendicitei clasice si a pacientilor cu diagnostic incert\Assessment of young women who have symptoms different from classic appendicitis and patients with uncertain diagnosis \
- C) timpul operator este folosit eficient\Operation time is followed efficiently \
- D) reducerea ratei infectiilor postoperatorii\Reduced postop infection rate \
- E) diferentierea de patologia ginecologica acuta\ Differential diagnosis of acute gynaecologic pathology\

7. **CS** \ [CS39066] Imagini fals pozitive la ecografia in apendicita acuta sunt urmatoarele, cu exceptia: (pag. 1383)\False positive images on echography in acute appendicitis are the following except:\

- A) proces inflamator periapendicular\Periappendicular inflammatory process\
- B) dilatarea trompelor uterine\Dilated fallopian tubes\

C) [resturi de fecale neevacuate\Non evacuated fecal waste\

D) [obeză\Obese\

E) [apendice retrocecal\Retrocecal appendix\

8. **CS** \ [CS39031] In gastroenterita cu Salmonella intalnim: (Pg. 1385)\ In gastroenteritis with salmonella we meet:\

A) [Leucocitoza\ Leukocytosis\

B) [Leucopenie\ Leukopenia\

C) [Leucocite normale\ Normal Leukocyte\

D) [Devierea la stanga a formulei leucocitare\ Deviation to the left of the leukocyte formula\

E) [Limfocitoza\ Lymphocytosis\

9. **CM**. [CM39102] Cel mai comun diagnostic preoperator eronat este in ordine descrescatoare frecventei (p1385)\The most common preop misdiagnosis is in descending frequency:\

A) [limfadenita mezenterica, BIP, chist ovarian bilateral, ruptura folicul de graaf, gastroenterita acuta\Mesenteric lymphadenitis, BIP, Bilateral Ovarian cyst, Graff follicle rupture, Acute gastroenteritis\

B) [BIP, limfangita mezenterica, ruptura folicul de graaf, chist ovarian, gastroenterita acuta\BIP, Mesenteric lymphangitis, rupture of the graff follicle, Ovarian cyst, acute gastroenteritis\

C) [limfadenita mezenterica, boala inflamatorie acuta pelvina, chist ovarian bilateral\Mesenteric lymphadenitis, Acute pelvic inflammatory disease, bilateral ovarian cyst\

D) [diverticul Meckel, BIP, Ruptura foliculului de graaf, torsiune de ovar\Meckel diverticulum, BIP, Rupture of the graff follicle, Ovary torsion\

E) [diverticul Meckel, ruptura de folicul de graaf, limfadenita mezenterica\Meckel diverticulum, graff follicle rupture, mesenteric lymphadenitis\

10. **CM**[CM39005] Manifestarile clinice ale apendicitei acute sunt: (pag. 1382)\Clinical manifestation of acute appendicitis are\

A) [durerea abdominala\Abdominal pain\

B) [anorexia\Anorexia\

C) [voma\Vomiting\

D) [constipatia\Constipation\

E) [hemoptizia\Hemoptysis\

11. **CM**. [CM39029] Cele mai frecvent izolate microorganisme in apendicite sunt: (Pag. 1382)\The most frequent microorganism isolated in appendicitis\

A) [Bacteroides fragilis\Bacteroides fragilis\

B) [Bacilul piocianic\Bacilul piocianic\

C) [Escherichia coli\Escherichia coli\

D) [Bacteroides subtilis: Bacteroides subtilis\

E) [Mycoplasma: Mycoplasma\

12. **CM**. [CM39129] Apendicele - aspect ecografic normal: (pag.1383)\The Appendix - normal echographic appearance\

A) [structura tubulara inchisa la un capat\closed tubular structure\

B) [usor compresibil\easily compressible\

C) [diametrul <5 mm\the diameter<5 mm\

D) [diametrul > 6 mm\the diameter > 6 mm\

E) [aspect de semiluna\crescent appearance\

13. **CM**. [CM39111] Germenii cei mai frecvent izolati in cadrul apendicitelor acute sunt (pg1382)\germs most commonly isolated in the acute apendicitelor are (pg1382) \

A) [Bacteroides fragilis\The Bacteroides fragilis \

B) [Stafilococ\Staphylococcus \

C) [E Coli\E Coli\

D) [Camylobacter\Camylobacter \

E) [Yersinia\Yersinia \

14. **CM**. [CM39123] Distensia apendicului in apendicita acuta determina: (pg1382)\appendectomy in acute appendicitis cause distension (pg1382) \

A) [oprirea tranzitului pentru gaze si fecale\Stopping for gas transit and faecal \

B) [greata\nausea \

C) [vome\vomiting \

D) [durere mai intensa\more intense pain \

E) [inflamarea anexei drepte\ inflammation Annex straight \

15. **CM**. [CM39165] Apendicita acuta: (Pag 1381)\Acute appendicitis is: (p. 1381)\

- A) Este una dintre cele mai frecvente afectiuni chirurgicale\one of the most frequent surgical diseases\
 B) Este mai frecventa la sexul masculin, incidenta crescind paralel cu virsta,\it is more frequent with males, with an increased incidence proportion due to agin\
 C) Incidenta creste paralel cu dezvoltarea tesutului limfoid, avind un apogeu la tinerete\the incidence increases in proportion with the development of lymphatic tissue, with a peak in the young early life\
 D) Factorul dominant cauzant este obstructia lumenului datorate hipertrofiei tesutului limfoid apendicular\ the dominant cause is the obstructed lumen due to the hypertrophy of the appendicular lymphatic tissue\
 E) Frecventa obstructiei creste proportional cu severitatea procesului inflamator\The rate of incidence of obstruction increases directly proportional to the inflammation process. \

16. **CM** [CM39004] Cele mai severe complicatii precoce aparute in apendicita acuta sunt: ((pag. 1389))\The most severe early complication appearing in acute appendicitis are:\

- A) septicemia\Sepsis\
 B) infectia plagii\Wound infection\
 C) perforatia apendiculara\Appendiculate perforation\
 D) peritonita\Peritonitis\
 E) abcesele\Abscess\

17. **CM**. [CM39158] Abcesele intraabdominale secundare perforatiei sau gangrenei apendiculare se localizeaza cu predilectie in: (pag. 1390)\Intraabdominal abscesses following perforation or appendicular gangrene are mainly localized in: (p. 1390)\

- A) fosa apendiculara\ the appendicular fossa\
 B) fundul de sac Douglas\the cul-de-sac of Douglas\
 C) spatiul subhepatic\the subhepatic area\
 D) spatiul suprahepatic\the suprahepatic area\
 E) spatiul dintre ansele intestinale\the space between intestinal loops\

18. **CM**. [CM39155] Perforatia apendiculara se poate suspecta in caz de: (pag. 1384)\Appendicular perforation is suspected in case of: (p. 1384)\

- A) febra peste 39 grade\fever higher than 39° C \
 B) leucocitoza peste 18000/mm³\leukocytosis over 18000/mm³ \
 C) leucopenie sub 4000/mm³\leucopenia under 4000/mm³ \
 D) febra peste 41 grade\fever higher than 41° C \
 E) trombocitopenie\ thrombocytopenia\

19. **CM**[CM39016] Perforatia apendiculara (pag 1384)\Appendicular perforation\

- A) apare distal de obstructie de-a lungul marginii antemesenterice\Appear distal to the obstruction along the antemesenteric margin\
 B) febra > 39 grade\Fever > 39 degrees\
 C) leucocite > 18000/mm³\Leukocytes > 18000/mm³ \
 D) absenta febrei\No fever\
 E) absenta durerii abdominale\No abdominal pain\

20. **CM**. [CM39124] In apendicita acuta procesul inflamator intereseaza: (pg.1382)\In acute appendicitis acute inflammation interest:\

- A) ileonul terminal\Terminal ileum\
 B) marele epiploon\Big Epiploon\
 C) seroasa apendiculara\Appendix serrosa\
 D) peritoneul parietal regional\Regional Parietal peritoneum\
 E) cecul\Caecum\

21. **CM**. [CM39137] Apendicita la gravide: (pag. 1386)\Appendicitis with pregnancy : (p. 1386)\

- A) diagnosticul devine dificil pe masura dezvoltarii sarcinii daca apendicele e plasat lateral si superior\ the more advanced the pregnancy, the more difficult the diagnosis if the appendix is positioned up and sideways\
 B) poate sa apara doar pe parcursul primelor 2 trimestre\can occur only during the first two semesters\
 C) laparoscopia este contraindicata\laparoscopy is not recommended\
 D) poate sa apara in orice moment al sarcinii\may occur at any time during pregnancy\
 E) durerea abdominala si apararea musculara sunt prezente\abdominal pain and muscular defense are present\

22. **CM**. [CM39103] Situsuri predilecte pentru abcesele intraabdominale dezvoltate pos perforatie apendiculara sunt: (p1390)\Favorite sites for for intraabdominal abscess after appendix perforation are:\

- A) spatiul suprahepatic\Suprahepatic space\
 B) spatiul subhepatic\Subhepatic space\
 C) spatiul dintre ansele intestinale\Space inbetween intestinal loops\
 D) fundul de sac Douglas\Base of douglas pouch\
 E) fisa ischio-rectala\Ischio-Rectal sheath\

23. **CM**. [CM39119] Poate da o imagine fals pozitiva la ecografie, pentru dg de apendicita acuta: (pg 1383)\May give a false positive ultrasound for acute appendicitis diagnosis:\

- A) proces inflamator periapendicular determinat de inflamatia tesuturilor limitrofe\Inflammatory process periappendicular determined by lymphoid tissue inflammation\
- B) dilatare a trompelor uterine\Dilated fallopian tubes\
- C) resturi de fecale neevacuate ce mimeaza un apendicolit\Fecal Remnants not evacuated which mimic appendicolitis\
- D) limitare proces inflamtor la varful apendicelui\Limit of inflammatory process at the appendix peak\
- E) la obezi datorita tesutului adipos apendice incompresibil\ Adipose tissue in obese due to appear incompressible\

24. **CM**. [CM39045] Cele mai frecvente bacterii intr-o apendicita acuta sunt: (pg 1382)\The most frequent bacteria in acute appendicitis are:\

- A) Lactobacilus\Lactobacilus\
- B) Bacteroides fragilis\Bacteroides fragilis\
- C) Pseudomonas\Pseudomonas\
- D) E\
- E) Bacteroides splanchnicus\Bacteroides splanchnicus\

25. **CM**[CM39006] Semnul psoasului: (pg 1382)\Psoas sign:\

- A) indica un focar iritativ in vecinatatea muschiului\Indicated a focal irritation in the vicinity of the muscle\
- B) se mai numeste semnul Rowsing\Is also named Rowsing sign\
- C) se realizeaza cu pacientul in decubit lateral stang\Is done with patient in the left lateral decubitus\
- D) este pozitiv daca produce aparare musculara\Is positive if muscular defense is produced\
- E) se realizeaza cu pacientul in supinatie\Is done with patient in supine *\

26. **CM**. [CM39083] Diagnosticul diferential al apendicitei acute se face cu urmatoarele afectiuni ginecologice: (Pg. 1386)\Differential diagnosis in acute appendicitis can be made with the following gynaecologic diseases:\

- A) Endometrioza\Endometriosis\
- B) Fibromul uterin subseros*Subseros uterine fibroma\
- C) Chist ovarian netorsionat\Ovarian cyst not torsioned\
- D) Diverticul Maeckel\Ovarian cyst not torsioned\
- E) Ruptura foliculului Graaf\Rupture of the graff follicle\

27. **CM**[CM39026] Dg diferential in apendicita acuta depinde de urmat factori majori (\)Differential diagnosis in acute appendicitis depends on the following major factors\

- A) pozitia anatomica\Anatomic position\
- B) localizarea durerii\Pain localisation\
- C) sex\Gender\
- D) varsta\Age\
- E) stadiul procesului inflamator\Stage of the inflammatory process\

28. **CM**. [CM39168] Factorii principali implicate in mortalitatea prin apendicita acuta sunt: (Pag. 1389)\The important lethal factors in acute appendicitis are: (p. 1389)\

- A) Perforatiile aparute anterior tratamentului chirurgical\perforations that occurred before the surgery treatment\
- B) Virsta pacientului\the patient's age\
- C) Starea de nutritie\nutrition\
- D) Ocluzia intestinala\intestinal occlusion \
- E) Sexul\the patient's sex\

29. **CM**[CM39009] Diagnosticul diferential al apendicitei acute se poate face cu urmatoarele afectiuni genito-urinare masculine: (pg 1385)\Differential diagnosis in acute appendicitis can be done with the following male genitor-urinary pathology:\

- A) hidrocele\Hydrocele\
- B) torsiunea de testicu\Testicular torsion\
- C) epididimita acuta\Acute epididymitis\
- D) orhita acuta\Acute orchitis\
- E) inflamatia veziculelor seminale\Inflammation of seminal vesicle\

30. **CM**. [CM39116] Cele mai frecvente specii de microorganisme ce au fost cultivate din lichidul peritoneal in apendicitele gangrenoase, perforate: (pg 1382)\The most frequent microorganism cultured in the peritoneal fluid in perforated gangrenous appendix:\

- A) Peptostreptococu\Peptostreptococu\
- B) Bacterodeides fragilis\Bacterodeides fragilis\
- C) Bacteroides spahnicus\Bacteroides spahnicus\
- D) Escheria Coli\Escheria Coli\
- E) Lactobacilu\Lactobacilu\

1. **CS** [C1425012] Cu privire la eliminarea sursei de contaminare din peritonite sunt false urmatoarele afirmatii ((pag. 2141,2142))\The source of contamination removal from peritonitis following statements are false ((p. 2141.2142))

- A) [] Calea de abord si tehnica operatorie variaza cu localizarea si natura patologica a leziunii\Route of approach and surgical techniques vary with location and nature of the pathological lesion\
- B) [] Excizia si sutura perforatiei unui viscer prezinta riscul dezunirii\Excision and suture perforation of visceral risk
- C) [x] Drenajul extern al organului perforat se foloseste la toti bolnavii\External drainage of the perforated body is used in all patients\
- D) [] Resectia sursei primare de infectie este de preferat\Resection of primary source of infection is preferable\
- E) [] Prin celioscopie se poate efectua evacuarea puroiului, lavajul peritoneal si tratarea perforatiei\By celioscopy may be pus discharge, and treatment of peritoneal lavage perforation\

2. **CS** [C1325007] Peritonitele primare la cirofici: (pag. 2137)\Primary peritonitis in cirrhotic patients:(p. 2137)

- A) [x] Sunt infectii monomicrobiene\Are mono microbial Infections \
- B) [] Cel mai frecvent sunt produse de cocci\The most frequently produced by cocci\
- C) [] Peste jumătate din bolnavi sunt asimptomatici\Over half of patients are asymptomatic\
- D) [] Lichidul de ascita este steril\Ascitis fluid is sterile\
- E) [] Diagnosticul se confirma prin hemocultura\Diagnosis is confirmed by blood cultures\

3. **CS** [C2625063] Principiile tratamentului chirurgical in peritonitele acute secundare au fost enuntate de Kirschner inca din 1926. Acestea sunt urmatoarele, cu exceptia: (pag. 2141)\] Principles of surgical treatment in secondary acute peritonitis were set forth by Kirschner in 1926. They are the following, except: (p. 2141))

- A) [] Eliminarea sursei de contaminare\Remove source of contamination\
- B) [] Reducerea contaminarii\Reducing contamination\
- C) [x] Tratamentul antibiotic este veriga terapeutica esentiala, substituind cu succes chirurgia\Antibiotic treatment is essential therapeutic ring, replacing successfully the surgery; \
- D) [] Tratarea infectiei reziduale\Treatment of residual infection\
- E) [] Prevenirea recurenteii infectiei\Prevention of recurrent infection\

4. **CS** [C1525020] Care afirmatie din enunt referitoare la peritonitele secundare este adevarata: (pag. 2118)\ Which statement referring the secondary peritonitis is true: (p. 2118)\

- A) [] constituie mai putin de 5% din totalul peritonitelor\Is less than 5% of total peritonitis\
- B) [] frecvent se asociaza cu debutul sindromului de disfunctie multipla de organe;\Frequently associated with onset of multiple organ dysfunction syndrome;\
- C) [] reprezinta localizarea de catre peritoneu a infectiei\Represents the location of the peritoneum to infection\
- D) [] sunt frecvent monomicrobiene\Are frequently mono microbial\
- E) [x] sunt datorate mai ales distrugerii tractului digestiv si constituie grupul cel mai numeros (peste 90%) din totalul peritonitelor\due mainly by destruction of digestive tract and is the largest group (90%) of total peritonitis\

5. **CS** [] Care dintre peritonitele acute pot debuta prin diaree ((pag. 2130)\ Which of acute peritonitis can start with diarrhea

- A) [] peritonita gonococic?\Gonococcal peritonitis?\
- B) [x] peritonita pneumococic? sau streptococic?\Pneumococcal peritonitis? or strep\
- C) [] peritonita cu piocianic\Peritonitis by Pseudomonas\
- D) [] peritonitele nozocomiale\Nosocomial peritonitis\
- E) [] peritonitele postoperatorii\Postoperative peritonitis\

6. **CS** [C2525046] Inflamatiia peritoneului determina conform legii lui Stokes: (pag. 2128)\According to Stokes' law inflammation of the peritoneum determine :(p. 2128)\

- A) [] vasodilatatia vaselor mezenterice\mesenteric vessels vasodilatation\
- B) [x] paralizia musculaturii netede intestinale\Paralysis of intestinal smooth muscle\
- C) [] spasmul musculaturii netede intestinale\Intestinal smooth muscle spasm\
- D) [] cresterea permeabilitatii capilare\Increased capillary permeability\
- E) [] paralizia musculaturii abdominale\Abdominal muscle paralysis\

7. **CS** [C2825065] Care dintre urmatoarele fac parte din principalele cauze ale abcesului subfrenic in peritonita localizata? (pag. 2150)\Which of these are part of the main causes of subfrenic abscess in localized peritonitis ? (P. 2150)\

- A) [] Perforatia gastrica sau duodenala\Gastric or duodenal perforation\
- B) [] Apendicita\Appendicitis\
- C) [] Angiocolita\Angiocolitis\
- D) [] Abces sau chist de pancreas\Pancreatic abscess or cyst\
- E) [x] Toate de mai sus\All the above\

8. **CS** [C2525045] Diametrul orificiilor contractile ("stomata") din peritoneul diafragmatic este de: (pag. 2124)\The diameter of contractile holes ("stoma") of the peritoneal diaphragm is: (p. 2124)\

- A) [] 5-6 microni\5-6 microns\
- B) [] 9-10 microni\9-10 microns\
- C) [x] 8-12 microni\8-12 microns\

D) 10-14 microni\10 to 14 microns\

E) 12-14 microni\12 to 14 microns\

9. **CM**. [C2825221] Care din afirmatiile de mai jos sunt adevarate cu privire la peritonitele acute primare? (pag. 2137)\Which of the following statements are true about acute primary peritonitis? (P. 2137)\

A) Apar in prezenta unui focar infectios intraabdominal\Appear in the presence of intra-abdominal infectious outbreak\

B) Pot apare la orice varsta, dar sunt prevalente la copil\Can occur at any age but are more prevalent in children\

C) Clinic se manifesta cu semne generale de infectie\Clinical signs manifest general infection\

D) In majoritatea cazurilor sunt polimicrobiene\In most cases are polymicrobial\

E) Tratamentul peritonitelor primare se bazeaza pe tratamentul chirurgical\Treatment of peritonitis based on primary surgery\

10. **CM** [C1325075] Peritonitele acute se clasifica in: (pag. 2117)\Acute peritonitis are classified in:(p. 2117)\

A) Peritonite primare\Primary Peritonitis\

B) Peritonite secundare\Secondary Peritonitis\

C) Peritonite simultane\Peritonitis simultaneous\

D) Peritonite tertiare\Tertiary Peritonitis\

E) Abcese intraabdominale\intra abdominal abscess\

11. **CM**. [C2525152] Clasificarea etiopatogenica a peritonitelor (modificarea clasificarii Hamburg) imparte peritonitele in: (pag. 2118)\Etiopathogenic classification of peritonitis (changing the classification of Hamburg) divides peritonitis into:

A) peritonite acute difuze\acute diffuse peritonitis\

B) peritonite primare\primary peritonitis\

C) peritonite secundare\secondary peritonitis\

D) peritonite tertiare\Tertiary peritonitis\

E) abcese intraabdominale\abdominal abscess\

12. **CM** [C1225071] In peritonitele acute celula tinta pentru endotoxina este macrofagul, pe care se fixeaza prin urmatoarele tipuri de receptori (pag. 2120)\In acute peritonitis the target cell for endotoxin is macrophage, on which is fixed by these types of receptors (p. 2120)\

A) CD14\CD14\

B) LDL acetilati\Acetylated LDL\

C) CD4\CD4\

D) Glicoproteina\Glycoprotein\

E) CD18\CD18\

13. **CM**. [C2825222] Principiile tratamentului chirurgical al peritonitelor acute expuse de Kirschner se refera la: (pag. 2141)\Principles of surgical treatment in acute peritonitis by exposed Kirschner refers to (p. 2141)\

A) Eliminarea sursei de contaminare\Remove source of contamination\

B) Interventie tardiva\Intervention late\

C) Reducerea contaminarii\Reducing contamination\

D) Resectia sursei primare nu se executa de electie\Resection of primary source does not perform elective\

E) Tratarea infectiei reziduale si prevenirea recurentiei infectiei\ Treatment of residual infection and infection prevention appellants\

14. **CM**. [C2825217] Care dintre urmatoarele criterii clinice definesc SIRS in peritonita acuta? (pag. 2126)\Which of the following clinical criteria defining SIRS in acute peritonitis? (P. 2126)\

A) Temperatura rectala >37C sau <35C\Rectal temperature > 37c or <35C\

B) Ritm cardiac >90 batai/minut\Heart rate > 90 beats / minute\

C) Ritm respirator <20 respiratii/minut\Respiratory rate <20 breaths / minute\

D) Pa CO2 <32 mmHg\Pa CO2 <32 mmHg\

E) Leucocite >8000/mm3\WBC > 8000/mm3\

15. **CM** [C2225104] In definirea SIRS (Sistemic Inflammatory Response Syndrome) intra urmatoarele criterii (pag. 2126)\In SIRS definition (Systemic Inflammatory Response Syndrome) enter the following criteria (p. 2126)\

A) Temperatura (rectala) > 39A,Â° C sau <36A,Â° C\Temperature (rectal) > 39 ° C or <36A ° C\

B) Ritm cardiac > 90 batai/min\Heart rate > 90 beats / min\

C) Ritm respirator >25 respiratii/min sau PaCO2 <32 mmHg\Respiratory rate > 25 breaths / min or PaCO2 <32 mmHg\

D) Leucocite >12000/mmc sau <4000/mmc sau 10% neutrofile tinere\WBC > 12000/mmc or < 4000/mmc or 10% young neutrophils\

E) pH ser <7,24\Serum pH <7.24\

16. **CM**. [C2225119] Peritonitele acute primare au urmatoarele cracteristici: (pag. 2137)\Primary acute peritonitis have the following characteristics (p. 2137)\

A) sunt prevalente la copil, pe un teren nefrotic\Primary acute peritonitis have the following characteristics (p. 2137)\

B) contractura este mai rar intalnita decat apararea musculara\contracture is less common than muscular defense\

C) in majoritatea cazurilor sunt polimicrobiene\ in most cases are poly microbial\

D) tratamentul peritonitelor primare se bazeaza pe chirurgie\primary peritonitis treatment is based on surgery\

E) [Jau evolutie favorabila\ have a favorable evolution \

17. **CM.** Care dintre urmatoarele afirmatii legate de examenele paraclinice in peritonitele acute difuze sunt false: (pag. 2132)\Which of the following statements relating to paraclinical examinations in acute diffuse peritonitis are false: (
A) [Radiografia abdominala simpla arata stergerea umbrei psoasului\Simple abdominal radiograph shows delete psoas shadow\
B) [Leucopenia poate fi prezenta la varstnici si este semn de gravitate\the leukopenia may be present in the elderly and is a sign of seriousness\
C) [Tomografia computerizata se practica de rutina\computer tomography is a routine practice\
D) [Punctia lavaj a cavitatii peritoneale este contraindicata\Lavage puncton of peritoneal cavity is contraindicated\
E) [Celioscopia ofera posibilitatea infectarii intregii cavitati peritoneale\Celioscopy allows inspection of the entire peritoneal cavity\

18. **CM.** [C2925225] In peritonita biliara fara perforatie aparenta au fost identificati urmatorii factori (pag 2134)\The biliary peritonitis without apparent perforation were identified following factors (page 2134)\

- A) [mecanic\Mechanical\
B) [infectios\Infectious\
C) [vascular\Vascular\
D) [enzimatic\Enzyme\
E) [imunologic\Immunological\

19. **CM.** [C2525173] Tabloul clinic in peritonitele difuze postoperatorii poate simula: (pag. 2135)\The clinical picture in diffuse postoperative peritonitis may simulate:(p. 2135)\

- A) [embolia pulmonara\Pulmonary embolism\
B) [insuficienta renala acuta\acute renal failure\
C) [infarctul miocardic\myocardial infarction\
D) [septicemia\ septicemia\
E) [accidentul vascular cerebral\stroke\

20. **CM.** [C2325145] Diagnosticul diferential al peritonitelor acute difuze se face cu: (pag. 2140)\Differential diagnosis of acute diffuse peritonitis is done with:(p. 2140)\

- A) [Abdomenul acut medical\FMedical acute abdomen\
B) [Tumori cerebrale cu manifestari digestive\Brain tumors with gastrointestinal manifestations\
C) [Falsul abdomen acut chirurgical\False surgical acute abdomen\
D) [Sarcina\ Pregnancy\
E) [Alte cauze de abdomen acut chirurgical\Other causes of acute surgical abdomen\

21. **CM.**[C2225127] In diagnosticul diferential al peritonitei cu abdomenul acut medical intra in discutie: (pag. 2140)\The differential diagnosis of peritonitis with acute abdomen medically we refer to (join the discussion)(p. 2140)\

- A) [colica abdominala saturnina\abdominal colic saturnine\
B) [porfirie acuta intermitenta\Acute intermittent porphyria\
C) [infarctul splenic\spleen infarction\
D) [infarctul miocardic acut\acute myocardial infarction\
E) [infarctul renal\Renal infarction\

22. **CM.** [C2525186] Care dintre afirmatiile legate de delimitarea spatiului suprahepatic drept sunt adevarate: (pag. 2149)\Which of the statements related to the delimitation of right supra hepatic space are true: (p. 2149)\

- A) [superior - diafragmul\Higher (superior) - diaphragm\
B) [inferior - fata superioara lob drept hepatic\Higher (superior) - diaphragm\
C) [posterior - ligamentul falciform\ (posterior) - falciform ligament\
D) [stanga - ligament coronar\Left - coronary ligament\
E) [dreapta - peretele abdominal\ Right - abdominal wall\

23. **CM.** [C1525092] Spatiul subdiafragmatic (subfrenic) cuprinde urmatoarele subdiviziuni (pag. 2148-2149)\Subdiafragmatic (subfrenic)space includes the following subdivisions (p. 2148-2149)\

- A) [spatiul suprahepatic drept\Right suprahepatic space\
B) [spatiul suprahepatic stang;\Right suprahepatic space\
C) [loja renala;\ renal lodge\
D) [bursa omentala\omentum \
E) [spatiul suhepatic drept\Subhepatic right space(side)\

24. **CM.** [C2525172] Care din urmatoarele afirmatii legate de peritonitele prin perforatia intestinului subtire in febra tifoida sunt adevarate: (pag. 2134)\Which of the following statements related to peritonitis by small intestine perforation in typhoid fever are true: (p. 2134)\

- A) [in prezent sunt frecvente\Currently, there are frequent\
B) [sunt grave deoarece se dezvolta la bolnavi cu reactivitate scazuta\is serious because it develops in patients with low reactivity\
C) [de obicei perforatiile intestinale sunt multiple la 15-20 cm de unghiul ileo-cecal\ usually the intestinal perforations are

multiple 15-20 cm ileo-caecal angle\

D) peritonita apare mai frecvent in saptamana a treia de evolutie a bolii\peritonitis occurs more frequently in the third week of the disease\

E) perforatiile din febra tifoida se manifesta ca o peritonita localizata\perforation of typhoid fever manifests as a localized peritonitis\

25. CM [C2225112] Diagnosticul peritonitei difuze produse prin perforatia ulcerului gastric sau duodenal se bazeaza pe: (pag. 2134)\Diagnosis of diffuse peritonitis caused by gastric or duodenal ulcer perforation is based on: (p. 2134)\

A) antecedente de ulcer\The history of ulcer\

B) durere brusca si violenta\sharp pain and violence\

C) aparare musculara\defensive muscle\

D) contractura musculara\muscle contracture\

E) silentium abdominal\Abdominal silentium (silent abdomen)\

26. CM [C2225125] Formele astenice ale peritonitei se caracterizeaza prin: (pag. 2139)\Asthenic forms of peritonitis is characterized by (p. 2139)\

A) forma intalnita la varstnici\as seen in elderly\

B) semnele locale trec pe planul doi\local signs cross on the 2nd level\

C) apare insuficienta cardio-vasculara\Cardio-vascular insufficiency occurs\

D) tomografia computerizata nu poate aduce date suplimentare\CT scan can not provide additional data\

E) interventia chirurgicala este contraindicata\surgery is contraindicated \

27. CM [C2825218] Care dintre urmatorii factori sunt definatorii pentru insuficienta multipla de organ(MODS), in peritonitele acute? (pag. 2126)\Which of the following factors are defining multiple organ failure (MODs) in acute peritonitis? (P. 2126)\

A) Ritm cardiac <54/min\Heart rate <54/min\

B) Ritm respirator <5/min sau >49/min\Respiratory rate <5/min or> 49/min\

C) Debit urinar <479mm/24h\Urinary flow rate <479mm/24h\

D) Nr leucocite >1000/mm³\No WBC> 1000/mm³\

E) Hematocrit >20%\Hematocrit> 20%\

28. CM [THMC234] Complicatiile mai frecvente ale drenajului percutan pt abcese intraperitoneale sunt: (2151)\Most common complications of percutaneous drainage for intraperitoneal abscesses are: (2151)\

A) Suprainfectia\Overgrowth\

B) Obturarea tubului de dren\Overgrowth\

C) Perforatia digestiva\Digestive perforation\

D) Apar in in 0-15% din cazuri\Appears in 0-15% of cases\

E) Imposibilitatea drenajului complet\Inability to completely drain\

29. CM [C1325077] Diagnosticul clinic de peritonita este dificil la: (pag. 2139)\Clinical diagnosis of peritonitis is difficult in: (p. 2139)\

A) Varstnici\Elderly\

B) Imunosupresati\Immuno suppressed\

C) Bolnave aflate la ciclul menstrual\Sick at menstruation\

D) Bolnavi spitalizati in unitati de terapie intensiva\patients in intensive care units\

E) Bolnavi alergici\allergic patients\

30. CM [C1425084] Examenul obiectiv al abdomenului in peritonite poate arata: (pag. 2130, 2131)\Objective examination of the abdomen in peritonitis may reveal(show): (p. 2130, 2131)\

A) Abdomen imobil, rigid, indiferent de cauza peritonitei si de momentul evolutiv\rigidly, immobile abdomen regardless of the cause peritonitis and evolutionary time\

B) Semnul Blumberg pozitiv\Blumberg sign positive\

C) Balonare abdominala in peritonita veche\Abdominal bloating in old peritonitis\

D) Rigiditate musculara maxima ("abdomen de lemn") cu caracterele: dureroasa, tonica, permanenta invincibila\Maximum muscle rigidity(wood abdomen) with characters: painful, tonic, permanent, invincible\

E) Durere generalizata la percutie fara intensificare intr-o anumita zona\Generalized pain in percussion without intensification in a certain area.

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1. **CS** [C2546047] Cea mai eficienta masura profilactica in litiaza urinara este_ : (pg 2838)\The most effective prophylactic measure in urinary stones is (pg 2838) \

- A) []repausul fizic;\Bed rest; \
- B) []cura de sete;\Cure for thirst \
- C) [x]cura de diureza;\Diuresis cure \
- D) []alimentatia hipercalorica;\High calorie diet \
- E) []alimentatia hipocalorica.\Low calorie diet. \

2. **CS** [C1246006] Reprezinta factori de risc ai litiazei urinare, cu EXCEPTIA: ()\are risk factors for urinary lithiasis, except: \

- A) []tulburari ale metabolismului fosfatic\ Phosphorous metabolic disorders \
- B) []starea de incordare\ state of tension \
- C) []tulburari discrinice\ discrinic disturbances \
- D) [x]hidratarea excesiva\ excessive hydration \
- E) []ereditatea\ Heredity \

3. **CS** [C1446013] Dintre indicatiile terapeutice primare ale monoterapiei prin nefrolitotomie percutanata nu fac parte si: ()\The therapeutic indications of monotherapy by primary percutaneous Nephrolithotomy do not include () \

- A) []Calculii renali cu diametrul peste 3 cm;\Kidney stones than 3 cm in diameter; \
- B) []Calculii coraliformi;\Coraliformi stones; \
- C) [x]Calculii renali multipli, cu diametru sub 2 cm;\Multiple kidney stones, less than 2 cm in diameter; \
- D) []Calculii de cistina;\Stones of cystine; \
- E) []Calculii renali asociati cu stenoza jonctiunii pielo-ureterale.\Associated with kidney stones pyeloureteral junction stenosis. \

4. **CS** [C2646051] Prezenta insuficientei renale la un pacient litiazic renal cu rinichi controlateral normal morfofunctional traduce: ()\The presence of renal failure in a patient with urinary lithiasis on the contralateral normal morphofunctional kidney can be explain as () \

- A) []existenta unei obstructii si la nivelul cailor excretorii din partea rinichiului normal morfofunctional\The existence of obstructions in the excretory tract of the normal morphofunctional kidney \
- B) [x]existenta unei colectii septice in rinichiul litiazic obstructiv\Existence of a collection septic substance in the obstructed kidney \
- C) []existenta unei creatinemii normale\Existence of normal creatinine level \
- D) []existenta obligatorie a unei obstructii subvezicale\mandatory existence of an obstruction below the bladder \
- E) []nici una dintre raspunsurile de mai sus\None of the above \

5. **CS** [C1646022] Care dintre urmatoarele tipuri de calculi urinari este radiotransparent: (pg 2827)\Which of the following types of urinary calculi is radiotransparent (pg 2827) \

- A) []fosfat de calciu\Calcium phosphate \
- B) []oxalat de calciu\Calcium oxalate \
- C) []fosfat amoniaco-magnezian\Ammonium-magnesium phosphate \
- D) [x]xantina\Xanthine \
- E) []nici unul din calculii enumerati mai sus\Any of the stones above \

6. **CS** [C2846058] Hipercalciuria renala se trateaza cu: (pg 2839)\renal hypercalciuria is treated with (pg 2839) \

- A) []vitamina B6\Vitamin B6 \
- B) [x]ortofosfat\Orthophosphate \
- C) []acid chenodezoxicolic\chenodeoxycholic acid \
- D) []pirofosfat\Pyrophosphate \
- E) []D-pinicilamina\D-penicillamine \

7. **CS** [C2846056] Cea mai comuna cauza de hipercalcemie asociata litiazei urinare este: (pg 2827)\The most common cause of urinary lithiasis in association with hypercalcemia is (pg 2827) \

- A) [x]hiperparatiroidismul primar\Primary hyperparathyroidism \
- B) []imobilizari prelungite\prolonged immobilisation \
- C) []hipertiroidismul\Hyperthyroidism \
- D) []spasmodia\Spasmophilia \
- E) []hipervitaminaza D\Hypervitaminosis D \

8. **CS** [C1246001] Lacuna cu "mantel simptom" pe urografia intravenoasa sugereaza un: (pg 2831)\Lacuna with Mantel's symptoms on intravenous Urography suggests a (pg 2831) \

- A) [x]calcul radiotransparent\ radiotransparent calculi \
- B) []chist renal\ Renal cyst \
- C) []adenom de prostata\ Adenoma of prostate \
- D) []calcul radioopac\ Calculation radiopaque \
- E) []cancer urotelial\ urotelial cancer \

9. **CM** [C2646194] Un calcul la nivelul ureterului lombar inferior, de cca 7 mm are indicatie de: (pg 2834)\A calculi at the level of the ureter at the inferior lumbar about 7 mm is an indication of: (pg 2834) \

- A) Ureterolitotomie\Ureterolithotomy \
- B) Ureterolitotomie laparoscopica\Laparoscopic ureterolithotomy \
- C) NLP\NLP\
- D) tratament conservator\Conservative treatment \
- E) in unele cazuri ESWL\ESWL in some cases \
-

10. **CM.** [C2546183] In litiaza urinara, litotritia extracorporeala cu unde de soc(ESWL) este contraindicata in: (pg 2835)\In urinary lithiasis extracorporeal shock waves lithotripsy (ESWL) is contraindicated in (pg 2835) \

- A) litiaza coraliforma;\Coraliform stones \
- B) insuficienta renala;\Renal failure; \
- C) litiaza ureterala;\Ureteral lithiasis; \
- D) graviditate;\Pregnancy \
- E) coagulopatii.\Coagulopathy. \
-

11. **CM.** [C2346145] Calculul uretral este sugerat de: (pg 2829)\Urethral calculus is suggested by: \

- A) dureri hipogastrice\hypogastric pain \
- B) disurie marcata\marked dysuria \
- C) mictiuni in jet slab\weak stream urination \
- D) dureri perineale\perineal pain \
- E) dureri lombare\back pain \
-

12. **CM.** [C1446080] Dintre factorii de risc ai litiazei urinare fac parte si: (pg 2825)\The risk factors of urinary lithiasis are :

- A) Tulburarile metabolismului calcic;\Calcium metabolism disorders; \
- B) Expunerea la temperaturi reduse;\Exposure to low temperatures \
- C) Factorii genetici;\Genetic factors; \
- D) Compozitia crescuta in azotati a apei potabile;\The composition of drinking water high in nitrates; \
- E) Excesul alimentar proteic.\Excess protein food. \
-

13. **CM.** [C2646188] In cazul anuriei obstructive: (pg 2830)\In obstructive anuria (2830 pg) \

- A) apare hiperpotasemie\appears hyperkalemi \
- B) apare hipopotasemie \Appears hypokalemia \
- C) apare retentia acuta de urina\Acute retention of urine occurs \
- D) apare retentia cronica de urina\Chronic retention of urine occurs \
- E) trebuie sa institui un drenaj intern sau extern al caili urinare superioare\one must establish an internal or external drainage of the upper urinary track \
-

14. **CM.** [C2546182] Litotritia extracorporeala cu unde de soc(ESWL) este ineficienta in urmatoarele conditii: (pg 2836)\Extracorporeal shock waves lithotripsy (ESWL) is ineffective in these conditions: (pg 2836) \

- A) pacientii slabi;\Weak patients; \
- B) rinichi ectopic pelvin;\Ectopic kidney \
- C) litiaza vezicala;\Bladder stones \
- D) calcul impactat;\impacted calculi \
- E) calcul imobil.\immobile calculi. \
-

15. **CM.** [C2246125] Urmatoarele afirmatii privind litotritia extracorporeala sunt corecte: (pg 2832)\The following statements are correct for extracorporeal lithotripsy: (pg 2832) \

- A) localizarea calculilor se face radiologic si/sau ecografic\Location calculus is radiological and / or the ultrasound \
- B) este un procedeu invaziv\Is an invasive procedure \
- C) produce dezintegrarea calculului cu unde de soc produse extracorporeale\Extracorporeal shock waves produces decay products of calculi \
- D) nu se poate efectua in conditii de ambulator\cannot be performed in ambulatory conditions \
- E) necesita intotdeauna anestezie/anestezie \always require anesthesia / analgesia \
-

16. **CM.** [C2646191] Cu ajutorul ecografului decelam: (pg 2831)\ultrasound detects(2831 pg) \

- A) calculii radiotransparenti din vezica\Bladder stones which are radiotransparent \
- B) calculii radioopaci din ureterul iliac\Radiopaque stones in the iliac ureter \
- C) atat calculii radioopaci cat si cei radiotransparenti situati in vezica urinara\Both radiotransparent and radiopaque stones located in the bladder \
- D) calculii renali radioopaci\Radiopaque kidney stones \
- E) modificarile functionale ale rinichiului\Functional changes in kidney \
-

17. **CM.** [C2546186] Scintigrafia renala este utila in: (pg 2831)\Renal scintigraphy is useful in: (pg 2831) \

- A) rinichiul mut urografic;\Silent kidney Urography \
- B) rinichiul ectopic;\Ectopic kidney \
- C) rinichiul dublu;\Double kidney; \
- D) rinichiul malrotat;\Malrotated kidney \
- E) insuficienta renala.\Kidney failure. \
-

18. **CM**. [C1446081] Printre factorii de risc prerenali implicati in litogeneza urinara se numara si: (pg 2825-2826) Prerenal risk factors involved in urinary lithogenesis include: (pg 2825-2826) \

- A) Varsta; \Age; \
- B) Tulburarile metabolismului calcic; \Calcium metabolism disorders; \
- C) Scaderea volumului urinar; \Decreased urine volume; \
- D) Alimentatia; \Diet; \
- E) Hipercalciuria. \Hypercalciuria \

19. **CM**. [C2546159] Intre factorii de risc ai litiazei urinare pot fi enumerati urmatoarii: (pg 2825) The risk factors of urinary lithiasis can be listed as: (pg 2825) \

- A) tulburarile metabolismului calcic; \Calcium metabolism disorders \
- B) denutritia; \denutrition; \
- C) excesul alimentar proteic; \Excess protein food; \
- D) polidipsia; \Polydipsia \
- E) ereditatea. \Heredity. \

20. **CM**. [C2546172] Hematuria din litiaza renala este: (pg 2829) Hematuria resulting from kidney stones is (pg 2829) \

- A) initiala; \Initial; \
- B) totala; \total \
- C) terminala; \Terminal; \
- D) de efort; \with effort \
- E) in doi timpi. \in two times \

21. **CM**. [C2546171] Care din urmatoarele elemente patogenice sunt implicate in producerea nefralgiei: (pg 2829) Which of these elements are involved in producing pathogenic nephralgia (pg 2829) \

- A) obstructia completa; \Complete obstruction; \
- B) obstructia incompleta; \Incomplete obstruction; \
- C) obstructia acuta; \Acute obstruction; \
- D) obstructia cronica; \Chronic Obstructive; \
- E) obstructia subvezicala. \Subvesicular obstruction \

22. **CM**. Care sunt caracteristicile colicii renale litiazice? (pg 2828, 29) What are the characteristics of renal lithiasis colic? \

- A) poate apare ca singurul semn \May occur as the only sign \
- B) durerea apare brusc si are un caracter provocat \Pain occurs suddenly and has usually a provocative character \
- C) durerea iradiaz spre virful piciorului \Irradiates to tip of the foot \
- D) ca si in abdomenul acut bolnavul are o pozitie antalgica \As in the acute abdomen colic the patient has an analgesic position \
- E) poate sa apara la bolnav fara istoric litiatic sau urinar cunoscut \May occur in patients without known history or urinary lithiasis \

23. **CM**. Indicatiile ESWL in tratamentul litiizei urinare sunt: (pg 2835) Indications of ESWL treatment of urinary lithiasis are: \

- A) calculi renali cu diametrul maxim de 2-3 cm \Stones with maximum of diameter of 2-3 cm \
- B) calculi renali cistinici \Cystine stones \
- C) calculi vezicali \Bladder stones \
- D) calculi ureterali lombari si pelvini \lumbar pelvic ureteral calculi \
- E) B,C,D \B, C, D \

24. **CM**. [C2246117] Urmatoarele afirmatii legate de litiaza urinara sunt corecta: (pg 2828) The following affirmations about urinary lithiasis are correct (pg 2828) \

- A) ureeaza este produsa de majoritatea bacteriilor Gram negative \Urease is produced mostly caused by gram-negative bacteria \
- B) litiaza struvitica este tipul de litiaza post-infctie \struvite stones occur post-infection \
- C) litiaza struvitica este moderat radioopaca \struvite stones are moderately radiopaque \
- D) iritatie cronica de contact generata de calcul generata de calcul poate degenera in adenocarcinom renal \chronic contact irritation of calculi can degenerate in renal adenocarcinoma \
- E) corect B,C,D \B,C,D \

25. **CM**. [C2246129] Chirurgia deschisa a litiizei urinare se limiteaza actualmente la urmatoarele situatii: (pg 2837) Open surgery in urinary lithiasis is currently limited to the following situations \

- A) litiaza coraliforma dispusa preponderent in calice \coraliform stones arranged predominantly in the calyces potassium \
- B) litiaza renala pe rinichi in ectopie pelvina sau incrucisata \kidney stones or ectopic crossed kidney \
- C) graviditate \Pregnancy \
- D) diabet zaharat \diabetes \
- E) pacient pediatric \pediatric patient \

26. **CM**. Nefralgia cronica, in cadrul clinicii litiizei urinare: (2829) Clinically chronic nephralgia in urinary tract lithiasis

- A) tradeaza obstructia cronica incompleta; \reveals incomplete obstruction \
- B) este caracteristica litiizei inclavate in tija caliceala; \reveals an obstructed calyceal lithiasis \
- C) durerea este paroxistica; \is associated with a paroxysmal pain; \
- D) semnul Giordano este negativ; \D: has a negative Giordano sign; \
- E) Giordano pozitiv. \has a positive Giordano sign. \

27. CM [C1346075] Caracteristicile unei colici renale ce indica prezenta unui calcul in ureterul distal sunt: (pg 2828-2829)\The characteristics of renal colic indicating the presence of a distal ureteral calculi are: (pg 2828-2829) \
A) iradiere spre organele genitale externe si fata interna a coapsei\Radiation to the external genital organs and internal front of thigh \
B) iradierea ascendenta in lumba\accentuated irradiation in the lumba region \
C) asocierea cu polakiuria\Association with polakiuria \
D) pozitia antalgica\Positional antalgia \
E) tenesme vezicale\bladder tenesmus \

28. CM [C2246114] Urmatoarele afirmatii privind litiaza cistinica sunt false cu exceptia: (pg 2826)\The following statements are false for cystine stones except (pg 2826) \
A) este o tubulopatie de natura genetica\Is a genetic tubulopathy \
B) are o incidenta de aproximativ 25% in cadrul litiazei urinare\Has an incidence of approximately 25% in urinary lithiasis \
C) afecteaza varsta tanara (debut in copilare)\Affects young age (childhood onset) \
D) evolutie lent progresiva\Slowly progressive \
E) uneori duce inexorabil la insuficienta renala si deces timpuriu\Sometimes leads inexorably to renal failure and early death \

29. CM [C2346157] Cele mai importante masuri de metafiliexie a litiazei urinare oxalice sunt_: (pg 2839)\The most important metaphylaxic treatment of urinary oxalic lithiasis are (pg 2839) \
A) dieta restrictiva in oxalati\Diet restricted in oxalate \
B) alcalinizarea urinii\Alkalinisation of urine \
C) administrarea de vitamina B6\Administration of vitamin B6 \
D) tratamentul cu D-penicilamina\Treatment with D-penicillamine \
E) dieta restrictiva in proteine animale\Diet restricted in animal protein \

30. CM [C1446083] In litiaza reno-ureterala la gravida urmatoarele afirmatii nu sunt adevarate: (pg 2829-2830)\concerning renoureteral lithiasis in pregnant the following statements are true: (pg 2829-2830) \
A) Se caracterizeaza prin episoade frecvente de pielonefrita acuta;\It is characterized by frequent episodes of acute pyelonephritis; \
B) Are o incidenta de 1/3000 de internari obstetricale;\It has an incidence of 1 / 3000 of obstetric hospitalization; \
C) Impune intreruperea sarcinii;\causes abortion; \
D) Are o incidenta de 1/2500 de nasteri;\It has an incidence of 1 / 2500 live births; \
E) Sunt frecvente infectiile urinare persistente, refractare terapeutice.\Persistent urinary tract infections are common and treatment-resistant. \

1. **CS** [C1547020] Care dintre urmatoarele afirmatii despre hematuria din adenomul de prostata este corecta: (pag. 2909) \ Which of the following statements about haematuria in prostate adenoma is correct (p. 2909) \

- A**) face parte din tabloul clinic clasic al bolii, alaturi de disurie si polakiurie; \ forms part of the classic clinical picture of the disease, with dysuria and polakiurie; \
- B**) nu apare in tabloul clinic decat daca pacientul are, in afara afectiunii prostatice, si o alta cauza de sangerare (de exemplu cancer renal); \ Not in the clinical picture unless the patient has the disease outside the prostate, and another cause of bleeding (eg renal cancer); \
- C**) este intotdeauna abundenta si poate duce la retentie completa prin cheaguri; \ is always plentiful and can lead to complete retention by clots; \
- D**) nu reprezinta un semn foarte frecvent in adenomul de prostata; \ not a very common sign in prostate adenoma; \
- E**) este patognomonica pentru litiaza vezicala secundara adenomului \ is pathognomonic for bladder stones secondary adenoma \

2. **CS** [C2348035] Cancerele de prostata sunt in marea lor majoritate: (pag. 2920) \ Prostate cancers are mostly: (p. 2920) \

- A**) sarcoame \ sarcomas \
- B**) lipoame \ lipomas \
- C**) mioloposarcoame \ myoloposarcoma \
- D**) adenocarcinoame \ adenocarcinoma \
- E**) carcinoame tranzitionale \ Transitional cell carcinoma \

3. **CS** [] Dintre urimatorii markeri utilizati in diagnosticul cancerului de prostata, doar unul mai are valoare semnificativa la ora actuala: (pg. 2929) \ From the following markers used in diagnosis of prostate cancer, only one has significant value at present

- A**) LDH; \ LDH; \
- B**) Fosfataza acida prostatica; \ prostatic acid phosphatase; \
- C**) Leucinaminopeptidaza; \ Leucinaminopeptidaza; \
- D**) Colesterolul urinar; \ urinary cholesterol; \
- E**) Fosfataza alcalina serica \ serum alkaline phosphatase \

4. **CS** [C2247030] Doza de Omnic in tratamentul adenomului de prostataeste: (pag. 2916) \ The dose of Omnic in the treatment of prostate adenoma is: (p. 2916) \

- A**) 8-10 mg/zi \ 8-10 mg / day \
- B**) 4-8 mg/zi \ 4-8 mg / day \
- C**) 0,4-0,8 mg/zi \ from 0.4 to 0.8 mg / day \
- D**) 0,04-0,08 mg/zi \ 0.04 to 0.08 mg / day \
- E**) 0,8-1 mg/zi \ 0.8 to 1 mg / day \

5. **CS** . [C2847081] Greutatea medie a prostatei la adult este: (pag. 2905) \ Average weight of prostate in adults is: (p. 2905) \

- A**) 2-4 g \ 2-4 g \
- B**) 10-15 g \ 10-15 g \
- C**) 15-20 g \ 15-20 g \
- D**) 20-100 g \ 20-100 g \
- E**) 100-200 g \ 100-200 g \

6. **CS** [C1247001] Care din urmatoarele manifestari clinice ale adenomului de prostata nu este caracteristica in faza de prostatism: (pag. 2908) \ Which of the following clinical manifestations of prostate adenoma is not characteristic in prostatism phase

- A**) polakiurie \ polakiurie \
- B**) disurie \ dysuria \
- C**) diminuarea jetului urinar \ decrease in urinary flow \
- D**) incontinenta urinara \ urinary incontinence \
- E**) jet urinar terminal intrerupt \ terminal interrupted urinary stream \

7. **CS** [] Tratamentul de electie in cancerul de prostata localizat este: (pg. 2930) \ Treatment of choice in localized prostate cancer is: (p. 2930) \

- A**) Orhidectomia; \ Orhidectomy; \

B) Prostatectomia radicala; \ radical prostatectomy; \

C) Radioterapia; \ radiotherapy; \

D) Crioterapia; \ Cryotherapy \

E) Hormonoterapia \ hormonotherapy \

8. CS [C1348012] Tehnica cea mai sigura de apreciere a adenopatiei neoplazice pelvine in cancerul de prostata este: (pag. 2927) \ Best technique for assessing pelvic adenopathy cancer Prostate cancer is: (p. 2927) \

A) echografia \ Echography \

B) computer-tomografia \ computer tomography \

C) limfadenectomia pelvina \ Pelvic lymphadenectomy \

D) RMN \ MRI \

E) radiografia de bazin \ radiography pool \

9. CM . [C2347171] Mepartricina (Ipertrofan): (pag. 2916) \ Mepartricina (Ipertrofan) (p. 2916) \

A) inhiba alfa-5-reductaza \ inhibit 5 alpha-reductase \

B) scade concentratia serica a estrogenilor \ estrogen decreases serum concentrations of \

C) determina relaxarea colului vezical \ bladder cause relaxation of Article \

D) scade concentratia estrogenilor la nivel prostatic \ concentration decreases prostate estrogen level \

E) diminuea hiperplazia stromei \ reduce stromal hyperplasia \

10. CM . [C2247152] Printre complicatiile adenomului de prostatase numara: (pag. 2909-2910) \ The complications include prostatic adenoma (p. 2909-2910) \

A) Cistita cronica \ Cystitis chronic \

B) Litiata vezicala \ bladder lithiasis \

C) Adenomita \ adenoma \

D) Retentia completa de urina \ Full retention of urine \

E) Tumora renala \ Kidney Tumor \

11. CM . [C2547173] Semnele iritative ale adenomului de prostatasunt reprezentate de: (pag. 2909) \ Irritative signs of prostate adenoma are represented by: (p. 2909) \

A) polakiurie nocturnasi diurna \ polakiurie nocturnasi subsistence \

B) imperiozitate mictionala \ imperiozitate mictionala \

C) disconfort mictional (durere, arsura) \ mictional discomfort (pain, burning) \

D) hematurie initiala \ hematuria page \

E) hematurie terminala \ terminal haematuria \

12. CM . [C2847219] Adenomectomia deschisa: (pag. 2917) \ Open adenomectomy: (p. 2917) \

A) se poate efectua transvezical, retropubic sau perineal \ can be transvesical, retropubic, or perineal \

B) nu se recomanda in cazul adenoamelor peste 60 de grame \ is not recommended in the case of adenoma heavier than 60 gr \

C) complicatia majora imediata este hemoragia \ the immediate major complication is the hemorrhage \

D) orhiepididimita poate sa apara postoperator \ orchiepididimitis can occur post surgical procedure \

E) ejacularea retrograda apare postoperator \ retrograde ejaculation occurs post surgical procedure \

13. CM . [C2247127] Examinarea urografica la pacientii cu adenom de prostataeste obligatorie: (pag. 2912) \ Consideration of urography in patients with prostate adenoma is mandatory (p. 2912) \

A) La toti pacientii cu adenom de prostata \ In all patients with prostate adenoma \

B) La pacientii cu adenom si hematurie \ In patients with adenoma and haematuria \

C) La pacientii cu adenom si altapatologie urinaraasociata \ In patients with adenoma and other pathologic urine association \

D) La pacientii cu adenom necomplicat \ In patients with adenoma uncomplicated \

E) Cand cistoscopia nu transezacauza hematuriei \ When cystoscopy not transezacauza hematuria \

14. CM . [C2847225] Evolutia clinica a adenomului de prostata cuprinde urmatoarele faze: (pag. 2909) \ The clinical evoution of prostate adenoma includes the following stages: (p. 2909) \

A) Preprostatism \ Preprostatism \

B) Prostatism \ Prostatism \

C) Retentie incompleta fara distensie \ Incomplete retention without distension \

D) Retentie incompleta cu distensie \ Incomplete retention with distension \

E) Retentie completa de urina \ Complete urinary retention \

15. CM . [C2248141] Polakiuria in cancerul de prostata: (pag. 2924) \ Polakiuria in prostate cancer (p. 2924) \

A) este asemanatoare cu cea din adenomul de prostata \ is similar to that of prostate adenoma \

B) este intalnita pe tot parcursul zilei \ is encountered throughout the day \

C) nu este legata de volumul tumorii prostatice \ is not related to prostate tumor volume \

D) se explica prin iritatiea tumoralaa colului vezical \ cervix tumors can be explained by bladder irritation \

E) are intensitate variabila \ has variable intensity \

16. CM . [C2847224] Secretia interna a prostatei cuprinde urmatoorii produsi: (pag. 2907) \ Internal secretion of the prostate consists of the following substances: (p. 2907) \

- A) Antigenul prostatic specific (PSA) \ prostate-specific antigen (PSA) \
- B) Gamma-seminoproteina \ gamma-seminoprotein \
- C) Antigenul specific membranelor prostatic \ specific prostatic membrane antigen \
- D) Fosfataze acide \ acid phosphatases \
- E) Glucoza \ glucose \

17. CM . [C2648193] Care dintre urmatoarele afirmatii sunt corecte privind anatomia patologica a cancerului de prostata? (pag. 2921,2922) \ Which of the following assertions are correct about the prostate cancer? (pp. 2921,2922) \

- A) stadiul final este carcinoatoza prostatopelvina, sau _pelvisul inghetat_ \ the final stage is prostatic-pelvic carcinomatosis or the frozen pelvis_ \
- B) cancerul prostatic este in marea lor majoritate sarcoame \ the vast majority of prostate cancers are sarcomas \
- C) G2 inseamna adenocarcinom mediu diferentiat conform clasificarii UICC \ G2 stands for average differentiated adenocarcinoma according to the UICC classification \
- D) Scorul Gleason se calculeaza adunand valoarea aspectului celular dominant si cel minoritar \ Gleason score is calculated by adding the values of both dominant and minor cell aspect \
- E) Invazia rectului se realizeaza in stadii initiale \ rectal invasion is made in incipient stages \

18. CM . [C2248114] Factorii de risc principali in cancerul de prostata sunt: (pag. 2920) \ Main risk factors in prostate cancer are

- A) rasa \ Race \
- B) dieta bogata in grasimi \ high fat diet \
- C) factorii hormonalii \ hormonal factors \
- D) vitamina \ Vitamin \
- E) istoricul familial \ Family history \

19. CM . Displazia intraductala (PIN) se caracterizeaza prin: (pag. 2920) \ Intraductal dysplasia (PIN) is characterized by:

- A) acini de aspect normal; \ root normal aspect; \
- B) hiperplazie atipica adenomatoasa; \ atypical adenomatous hyperplasia; \
- C) atipii celulare; \ atypical cells, \
- D) necroza celulara; \ cell necrosis, \
- E) microinvazie \ microinvasive \

20. CM . [C1247088] Tratamentul minim-invaziv al adenomului de prostata include: (pag. 2917, 2918) \ Minimal-invasive treatment of prostate adenoma include: (p. 2917, 2918) \

- A) terapia cu laser \ Laser therapy \
- B) HIFU \ HIFU \
- C) TUNA \ TUNA \
- D) Electrovaporizarea transuretrala \ Electrovaporization transurethral \
- E) TUIP \ TUIP \

21. CM . [C2247141] Adenomectomia deschisa: (pag. 2917) \ Open adenectomy (p. 2917) \

- A) Se practica majoritatea pacientilor cu adenom de prostata \ It is practiced most patients with prostate adenoma \
- B) Se indica adenomii mari \ The large adenomas indicated \
- C) Complicatia majora imediata este hemoragia \ bleeding complication major immediate \
- D) Principiul interventiei variaza in functie de abord \ Principle intervention approaches depending variation \
- E) Are complicatii tardive \ late complications has \

22. CM . [C2847217] Retentia incompleta de urina cu distensie vezicala data de adenomul de prostata se caracterizeaza prin: (pag. 2907) \ Incomplete urinary retention with bladder distension caused by prostate adenoma is characterized by: (p. 2907) \

- A) glob vezical \ bladder globe \
- B) reziduu vezical sub 100 ml \ urine residue under 100 ml \
- C) reziduu vezical mai mare de 300-350 ml \ urine residue higher than 300-350 ml \
- D) ureterohidronefroza unilaterala \ one-sided urethra hydronephrosis \
- E) falsa incontinenta de urina \ treacherous urine incontinence \

23. CM . [C2647198] In adenomul prostatic, faza de retentie incompleta fara distensie, se caracterizeaza prin: (pag. 2908) \ In prostate adenoma the incomplete retention without distension is characterized by: (p. 2908) \

- A) aparitia rezidului vezical ce nu depaseste capacitatea fiziologica a vezicii \ the apparition of bladder residue which does not outweigh the physiological capacity of the bladder \
- B) aparitia rezidului vezical ce depaseste capacitatea fiziologica a vezicii \ the apparition of the urinary residue which outweighs the physiological capacity of the bladder \
- C) permanentizarea poliakiuriei diurne \ the fixation of daytime poliakiury \
- D) permanentizarea nicturiei \ the fixation of micturition \
- E) dezvoltarea lobului prostatic median \ the growth of median prostate lobe \

24. **CM** . [C2247128] Uretrocistoscopia la pacientii cu adenom de prostata se caracterizeaza prin: (pag. 2914) \ Urethroscopy in patients with prostate adenoma is characterized by: (p. 2914) \

- A) Este obligatorie la pacientii cu adenom si hematurie \ It is mandatory in patients with adenoma and hematuria \
- B) Nu este prima etapa inaintea rezectiei endoscopice \ It is not a step before the first endoscopic resection \
- C) Evidentiaza permeabilitatea uretrei \ Evidenced permeability urethra \
- D) Nu poate evalua capacitatea vezicii urinare \ Unable to assess bladder capacity \
- E) Evidentiaza vezica fortata \ Highlight bladder forced \

25. **CM** . [C1248081] Blocada androgenica maxima se realizeaza prin una din urmatoarele asocieri: (pag. 2932) \ Maximal androgen blockade is achieved by a combination of the following: (p. 2932) \

- A) orhiectomie + analogie de LH-RH \ The analogy of LHRH + orchidectomy \
- B) analogie de LH-RH + antiandrogeni \ LH-RH analogy + antiandrogens \
- C) analogie de LH-RH + estrogeni \ analogy of LHRH + estrogen \
- D) orhiectomie+ antiandrogeni \ orchidectomy + Antiandrogens \
- E) orhiectomie + estrogeni \ orchidectomy + estrogen \

26. **CM** \ . [C2547186] Ipotezele privind etiologia adenomului periuretral sunt: (pag. 2906) \ Assumptions periuretral adenoma etiology are: (p. 2906) \

- A) hipogonadismul \ hypogonadism \
- B) reinductia sinusului uro-genital \ uro-genital sinus reinductia \
- C) blocada androgenica \ androgen blockade \
- D) teoria maladiei de camp urotelial \ urotelial field theory of disease \
- E) stimularea estrogenica \ to stimulate estrogen \

27. **CM** \ . Semnele obstructive in adenomul de prostata sunt: (pag. 2909) \ Signs of obstruction in prostate adenoma are :

- A) disconfortul mictional \ mictional discomfort \
- B) polakiuria diurna \ polakiuria diurnal \
- C) scaderea calibrului si fortei jetului urinar \ decreased urinary stream caliber and force \
- D) imperiozitatea mictionala \ mictional imperosity \
- E) senzatia de evacuare vezicala incompleta \ the feeling of incomplete bladder evacuation \

28. **CM** \ . Potentialul invaziv al cancerului de prostata creste proportional cu: (p.2922) \ Invasive potential of prostate cancer rises with:

- A) dimensiunea tumorii \ tumor size \
- B) varsta pacientului \ patient age \
- C) grading-ul tumoral \ tumor grading and site \
- D) numarul de rude barbati \ number of male relatives \
- E) scorul Gleason \ Gleason score \

29. **CM** \ . [C2248148] Urmatoarele afirmatii despre limfadenectomia pelvina sunt adevarate: (pag. 2927) \ The following statements about real pelvic are lymphadenectomy (p. 2927) \

- A) se poate realiza laparoscopic \ can be done laparoscopically \
- B) este metoda de electie pentru aprecierea adenopatiei pelvine \ is the method of choice for assessing pelvic adenopathy \
- C) prezervarea drenajului limfatic medial de artera iliaca externa previne edemul limfatic al membrului pelvin \ preservation of lymphatic drainage of the medial external iliac artery to prevent lymph edema of the pelvic limb \
- D) se realizeaza intotdeauna prin chirurgie deschisa \ is realized always by open surgery \
- E) nici un raspuns corect \ no one right answer \

30. **CM** \ . [C1248077] Explorarile obligatorii ca screening la barbati de peste 45 ani pentru decelarea cancerului de prostata sunt reprezentate de: (pag. 2925) \ Mandatory exploration for screening of men over 45 years to detect prostate cancer are:

- A) tuseu rectal \ rectal touch \
- B) ecografie abdominala \ abdominal ultrasound \
- C) PSA \ PSA \
- D) PAP \ PAP \
- E) ecografie transrectala \ Ultrasound transrectal \

43

1. **CS** [CS43071] Cea mai frecventa cauza de HDS este: (pg.1067)\The most common cause of HDS is: (pg.1067) \

- A) []gastrita acuta hemoragica\Acute hemorrhagic gastritis \
- B) []esofagita\esophagitis \
- C) []hernia hiatala\hiatal hernia \
- D) []varice esofagiene\esophageal varices \
- E) [x]ulcerul peptic\peptic ulcer \

2. **CS** [CS43057] TIPS este metoda folosita: (pag 1069)* \

- A) []pentru toti pacientii cu HDS \
- B) [x]pentru complicatiile refractare ale hipertensiunii portale \
- C) []ca o punte catre transplantul splenic \
- D) []pentru pacientii cu HDI* \
- E) []la pacientii cu metastaze hepatice \

3. **CS** [CS43028] In hemoragiile digestive inferioare raportul uree/creatinina este mai mic de: (pg 1066)\The lower gastrointestinal bleeding ratio urea / creatinine is less than (pg 1066) \

- A) []36:1\36:1 \
- B) [x]20:1\20:1 \
- C) []25:1\25:1 \
- D) []35:1\35:1 \
- E) []40:1\40:1 \

4. **CS** [CS43024] Intr-o hemoragie digestiva pacientul prezinta initial: (pag 1066)\In a patient presents initially digestive hemorrhage (page 1066) \

- A) [x]Bradycardie\Bradycardia \
- B) []Sindromul insuficientei organice multiple\Multiple organ failure syndrome \
- C) []Tahicardie\Tachycardia \
- D) []Instabilitate cardiovasculara\Cardiovascular instability \
- E) []Insuficienta renala\renal failure \

5. **CS** [CS43014] Hematemeza are urmatoarele caracteristici cu exceptia ()\Hematemesis has the following characteristics except () \

- A) []reprezinta varsatura cu sange care poate fi digerat in stomac\ is vomiting blood that can be digested in the stomach \
- B) []poate fi nedureroasa\can be painless\
- C) [x]hemobilia determina frecvent hematemeza\hemobilia often cause haematemesis \
- D) []poate contine varsatura cu sange nealterat si proaspat\ may include vomiting blood and fresh unaltered \
- E) []sangerarile rapide pot determina si varsaturi cu cheaguri\rapid bleeding and vomiting can lead to clots \

6. **CS** [CS43067] Cea mai frecventa cauza de HDS e reprezentata de (pg 1067)\The most common cause of HDS is represented by (pg 1067) \

- A) [x]ulcer peptic\peptic ulcer \
- B) []rupere varice esofagiene\esophageal varices rupture \
- C) []sdr Mallory-Weiss\ SDR Mallory-Weiss \
- D) []gastritele datorate AINS\gastritis caused by NSAIDs \
- E) []esofagita de reflux\reflux esophagitis \

7. **CS** [CS43075] Hemoragiile digestive sunt mai frecvente: (pg.1066)\Gastrointestinal bleeding are more common: (pg.1066) \

- A) []copii\Children \
- B) []adolescenti\Teenagers \
- C) [x]persoanele in varsta\elderly \
- D) []adultul tanar\young adult \
- E) []sugar\infants \

8. **CS** [CS43073] Primul test diagnostic efectuat dupa stabilizarea pacientului in HDS este: (pag 1068)\First diagnostic test performed after stabilizing the patient's HDS is: (page 1068) \

- A) []scintigrafia cu eritrocite marcate cu tecmetiu\red blood cell scintigraphy with marked tecmetiu \
- B) [x]endoscopia digestiva superioara\upper GI endoscopy \
- C) []arteriografie\arteriography \
- D) []endoscopia digestiva inferioara\lower digestive endoscopy \
- E) []radiografie cu bariu\X-ray with barium \

9. **CS** [CM43106] Cauze de hemoragii digestive superioare masive pot fi: (pg.1067-1068)\[CM43106] cases of massive upper gastrointestinal bleeding can be: (pg.1067-1068) \

- A) []sindromul Mallory-Weiss\Mallory-Weiss syndrome\
- B) []neoplasmul gastric\gastric cancer\
- C) [x]malformatiile vasculare Dieulafoy\Dieulafoy vascular malformations\

- D) hernia hiatala\hiatal hernia\
E) fistule aorto-enterice\aorto-enteric fistulae\

10. CS\ [CM43028] Lezinile angiodisplazice: ()\ () [CM43028] Angiodysplasia lesions: () \

- A) determina HDI cronica\cause chronic HDI \
B) determina HDI masiva\cause massive IDH\
C) sunt congenitale\are congenital \
D) diagnosticate prin angiografie\are diagnosed by angiography \
E) au diametrul >5mm\diameter > 5mm \

11. CS\ [CM43021] Ulcerul duodenal hemoragic : ()\ () [CM43021] Duodenal peptic ulcer bleeding: () \

- A) este de 4 ori mai frecvent ca ulcerul gastric hemoragic\ is 4 times more frequent as gastric ulcer bleeding \
B) se mai numeste ulcer Cushing\ is called Cushing's ulcers \
C) este indicat de disparitia durerii odata cu aparitia hemoragiilor\ is indicated by disappearance of pain with the advent of bleeding \
D) este indicat de pirozis si arsura retrosternala\ is indicated by heartburn and chest burning \
E) este indicat de varsaturi initiale fara sange urmate de aparitia durerii si sangerarii\ is indicated by initial vomiting blood without pain and bleeding \

12. CS\ [CM43032] Melena are urmatoarele caracteristici ()\ () [CM43032] melena has following features () \

- A) poate persista 5-7 zile dupa o hemoragie de 2 U de sange\ may persist for 5-7 days after a hemorrhage of 2 U of blood \
B) persistenta testului guaiac pozitiv pana la 3 saptamani, semnifica continuarea hemoragiilor\ persistent positive guaiac test up to three weeks signifies further bleeding \
C) trebuie o pierdere minima de 10ml/zi pt ca testul guaiac sa fie pozitiv\ 10ml/day is the minimum loss for the guaiac test was positive \
D) aproape intotdeauna apare ca urmare a unei HDS\ almost always occurs as a result of HDS \
E) Fe determina test guaiac negativ, cu colorare in negru-verzui a scaunului\ iron gives a negative guaiac test, with black-green stool\

13. CS\ [CM43076] In sindromul Mallory-Weiss: (pg 1067)\ () [CM43076] In Mallory-Weiss syndrome (pg 1067)\

- A) initial apare hematemeza\ initially appears haematemesis\
B) varsaturile initiale sunt fara sange\ initial vomiting there is no blood\
C) este sangerarea prin eroziuni ale mucoasei eso-gastrice\ is bleeding from esophageal-gastric mucosal erosions\
D) la >90% hemoragia se opreste spontan\ > 90% bleeding stops spontaneously\
E) tratamentul consta in scleroterapie prompta\ prompt treatment consists of sclerotherapy\

14. CS\ [CM43007] Substantele care pot determina gastrita acuta hemoragica sunt: (pag. 1067)\ () Substances that can cause acute hemorrhagic gastritis are: (p. 1067) \

- A) AINS -uri\ NSAIDs \
B) alcool\ Alcohol \
C) cortico steroizi\ cortical steroids \
D) ser fiziologic\ saline\
E) K oral\ K Oral \

15. CS\ [CM43057] Hemoragia digestiva superioara poate fi determinata de: (pg 1067)\ () [CM43057] Upper GI bleeding can be caused by: (pg 1067)\

- A) sindromul Mallory-Weiss\ Syndrome Mallory-Weiss\
B) hernia hiatala\ hiatal hernia\
C) gastrita\ gastritis\
D) neoplasm duodenal\ Duodenal cancer\
E) ulcerul gastric\ stomach ulcer\

16. CS\ [CM43110] Alegeti factorii de risc pentru ulcer de stres (pg 1068)\ ()

- A) hipotensiunea\
B) pneumonia bacteriana\
C) insuficienta renala\
D) arsurile\
E) insuficienta cardiaca\

17. CS\ [CM43063] Hemoragia de la nivelul intestinului subtire: (pag 1070)\ () [CM43063] Bleeding from the small intestine (page 1070)\

- A) Este o cauza rara de hemoragie digestiva inferioara\ It is a rare cause of lower GI bleeding\
B) Reprezinta frecvent un diagnostic de excludere\ Is often a diagnosis of exclusion\
C) Atunci cand are loc, este masiva\ When occurs it is massive\
D) Poate avea drept cauza sdr. Peutz-Jeghers\ Maybe because of Peutz-Jeghers syndrome\
E) De cele mai multe ori nu pune in pericol viata pacientului\ most often it is not life-threatening\
.

18. CS\ [CM43053] Factorii de risc asociati ulcerului de stress sunt: (pag 1068)\[CM43053]Ulcer risk factors associated with stress are: (page 1068)\.

- A) []HTA\ Hypertension\.
- B) [x]Politraumatismele\Politrauma\.
- C) [x]Icter\ Jaundice\.
- D) []Insuficienta cardiaca\heart failure\.
- E) [x]Sepsis\Sepsis\.

19. CS\ [CM43001] Ulcerul de stres are ca factori de risc: (Pag. 1068)\Stress ulcer risk factors (p. 1068)\

- A) [x]Politraumatismul\poly trauma\
- B) [x]*Insuficienta respiratorie\respiratory failure\
- C) []Insuficienta cardiaca\Heart Failure \
- D) [x]Icterul\Jaundice \
- E) [x]Insuficienta renala\renal failure \

20. CS\ [CM43046] In hemoragiile digestive superioare (pg 1066)\[CM43046] in upper gastrointestinal bleeding (pg 1066)\

- A) [x]ureea poate creste la 30-50 ml/dl\ urea may rise to 30-50 ml / dl\
- B) [x]raportul uree/creatinina este mai mare de 36:1\ratio urea / creatinine is greater than 36:1\
- C) [x]raportul uree/creatinina poate avea valoare prognostica si diagnostica\ratio urea / creatinine may have prognostic and diagnostic value\
- D) []raportul creatinina/uree este mai mare de 36:1\ratio creatinine / urea is greater than 36:1\
- E) []raportul uree/creatinina este mai mic de 20:1\ratio urea / creatinine is less than 20:1\

21. CS\ [CM43042] Screeningul cu scintigrafie cu Tc se face in caz de ()\[CM43042]Tc scintigraphy screening is done in case of () \

- A) [x]HDI la cei cu stabilitate hemodinamica\HDI in patients with hemodynamic stability\
- B) [x]Sangerari prelungite\prolonged bleeding\
- C) [x]Ex baritata neconcludent\inconclusive barium meal exam\
- D) [x]Risc pentru tratamentul chirurgical crescut\increased risk for surgery\
- E) []Risc de neoplazii colo-rectale\ Risk of colo-rectal cancer \

22. CS\ [CM43082] Leziunile angiodisplazice ale colonului: (pg 1070, 1071)\[CM43082]Angiodisplazice lesions of the colon (pg 1070, 1071)\

- A) []se asociaza cu leziuni vasculare ale viscerelor\ vascular lesions associated with visceral lesions\
- B) [x]sunt degenerative\ are degenerative\
- C) []sunt congenitale sau neoplazice\ are congenital or cancerous\
- D) [x]diagnosticul este pus cu acuratete de angiografie\ The diagnosis is made accurately by angiography\
- E) []coloscopia nu le poate diagnostica\colonoscopy can not diagnose\

23. CS\ [CM43064] In patogenia HDS avand drept cauza ulcerul de stress, pot fi implicate: (pag 1068).\ [CM43064] In the pathogenesis of SDH with stress ulcer as the cause, which mechanisms may be involved: (page 1068).\

- A) [x]. Activarea citokinelor\Activation of cytokines\.
- B) [x]. Vasoconstrictia splahnica\vasoconstriction splahnica\.
- C) []. Stressul psihic cronic\chronic psychological stress\.
- D) [x]. Coagulopatiile\coagulopathy\.
- E) [x]. Sepsisul\Sepsis\.

24. CS\ [CM43049] Intr-o hemoragie digestive cand se pierde cel putin 20% din volumul sanguine circulant: (pg 1068)\.[CM43049] in gastrointestinal bleeding when loss of at least 20% of circulating blood volume occurs (pg 1068)\.

- A) [].hemoragia este de gradul I\The bleeding is of degree 1\.
- B) [x].hemoragia este de gradul II\ Grade II hemorrhage\.
- C) [x].TA scade cu 20mmHg cand pacientul este ridicat in sezut\ BP decreases by 20mmHg when the patient stands up\.
- D) [x].Amplitudinea pulsului scade sau frecventa creste cu 25 bpm cand pacientul este ridicat in sezut\pulse amplitude decreases and frequency increases to 25 bpm when the patient gets up from sitting\.
- E) [x].Este nevoie de transfuzii\transfusion is needed\.

25. CS\ [CM43068] Majoritatea pacientilor: (pag 1066)\ [CM43068] Most patients (page 1066)\

- A) [x]Pot suporta o hemoragie digestiva de gradul I fara a intra in soc\can support a digestive hemorrhage degree without going into shock\
- B) []Intra in soc daca pierde prin hemoragie rapida 10-15% din volumul intravascular\Get into shock if the bleeding quickly lose 10-15% of the intravascular\
- C) [x]Suporta o hemoragie rapida daca e vorba de 10-15% din volumul intravascular\tolerates a bleeding when it comes to 10-15% of the intravascular volume\
- D) []Intra in soc dupa pierderea a mai mult de 15% din volumul intravascular, indiferent de viteza sangerarii si de raspunsul pacientului\Get into shock after losing more than 15% of intravascular volume, irrespective of bleeding and the patient response rate\

E) Sunt hipotensivi in urma unei hemoragii de gradul I \They are hypotensive after a grade 1 hemorrhage degree\

26. CS\ [CM43087] Despre utilizarea scintigrafiei cu eritrocite marcate cu technetiu in HDS sunt adevarate afirmatiile : (Pg. 1069)\[CM43087] About using scintigraphy with technetium marked erythrocytes in HDS are true statements: (pg. 1069)\

A) Detecteaza rata sangerarii de 0,1-0,2 ml/min\Detects bleeding rate of 0.1 to 0.2 ml / min\

B) Ajuta la localizarea HDS \help locate HDS\

C) Inlocuieste definitiv arteriografia\ Replace final arteriography\

D) Nu ajuta la localizarea HDS \doesn't help locate HDS\

E) E folosita frecvent inaintea arteriografie\ It is commonly used before arteriography\

27. CS\ [CM43065] Varsaturile in zat de cafea indica o hemoragie digestiva: (pag 1066)\.[CM43065] Coffee ground vomiting indicate a digestive hemorrhage (page 1066)\

A) Masiva\massive\

B) Lenta\slow\

C) Cu originea proximal de unghiul Treitz\ The origin proximal to Treitz angle\

D) Rapida\ Fast\

E) Cu originea distal de unghiul Treitz\The origin distal to Treitz angle\

28. CS\ [CM43044] Melena: (pg 1066)\[CM43044]Melena (pg 1066) \

A) reprezinta pasajul transanal al materiilor fecale amestecate cu sange modificat de culoare neagra, ca smoala si cu un miros caracteristic\ transanal passage of feces mixed with blood appearing black with a characteristic odor\

B) Apar cand s-au pierdut 30 ml de sange la nivelul tractulu gastrointestinal\ appear when 30 ml of blood is lost from the gastrointestinal tract\

C) mirosul caracteristic rezulta in urma actiunii hidrogenului sulfurat asupra fierului din molecula de hem\smell results from the action of hydrogen sulphide on iron from heme molecule\

D) Apar, de obicei, ca urmare a unei hemoragii digestive superioare\usually occur as a result of an upper gastrointestinal bleeding\

E) melena fara hematemeza indica o leziune distala ligmentului Treitz\ melena without haematemesis indicate a lesion distal to ligment Treitz\

29. CS\ [CM43005] Leziunile angiodisplazice colonice au ca si caracteristici: (Pag. 1070-1071)\ Angiodysplastic lesions in the colon are: (p. 1070-1071) \

A) Sunt leziuni degenerative\There are degenerative lesions \

B) Colonoscopia le diagnosticheaza cu acuratete\Colonoscopy to diagnose accurately \

C) Se asociaza cu leziuni vasculare ale viscerelor\vascular lesions associated with visceral \

D) Nu se asociaza cu leziuni vasculare ale pielii\Not associated with vascular skin lesions \

E) Au un diametru mai mic de 5 mm\have a diameter smaller than 5 mm \

30. CS\ [CM43031] Ganglionul Virchow: () \ [CM43031] Virchow Node () \

A) este localizat supraclavicular stanga\It is located left supraclavicular \

B) este localizat supraclavicular dreapta\ is located right supraclavicular\

C) sugereaza un proces malign intraabdominal\ suggest a malignant intra-abdominal process\

D) se intalneste in tumorile benigne de col uterin\ is found in benign tumors of the cervix \

E) sugereaza un proces malign intracranian\suggest intracranial malignant process \

1. **CS** [CS44020] Care nu sunt factori intrinseci implicati in etiopatogenia fracturilor: (pag 2304)\CS44020**Which of the following are not intrinsic factors involved in etiopathogenesis fractures:** \

- A) Rezistenta la oboseala sau stress\ Resistance to fatigue or stress \
- B) Densitatea\ density \
- C) Regiunile anatomice expuse mai frecvent la traumatisme\ anatomical regions most frequently exposed to trauma \
- D) Curba solicitare-deformare\application-deformation curve \
- E) Capacitate de absorbtie a energiei\energy absorption capacity \

2. **CS** [popliteu] Care este cea mai grava complicatie imediata a fracturilor? (2311)\(popliteu) **What is the most serious immediate complication of fractures?** \

- A) Interpozitia de parti moi intre fragmentele fracturii\ Interpose of the soft tissue between fracture fragments; \
- B) Prinderea intre fragmentele fracturii a unui trunchi nervos\The fixation between the fracture segments of a nerve trunk; \
- C) Fractura deschisa\ Open fracture; \
- D) Hidartroza genunchiului\ Hydrarthrosis (effusion) of the Knee joint ; \
- E) Retentia urinara\ Urinary retention. \

3. **CS** [] Varsta la care apar cel mai frecvent fracturile este: (pg .2301)\() **Age at which fractures occur most frequently is:** \

- A) intre 20-40 ani\ Between 20-40 years \
- B) intre 1-20 ani\ Between 1-20 y\
- C) intre 40-60 ani\ Between 40-60 y \
- D) intre 10-20 ani\ Between 10-20 y \
- E) dupa 60 de ani\ After age of 60\

4. **CS** [CS44003] In etiopatogenia fracturilor, urmatoarele afirmatii sunt corecte cu exceptia: ()\CS44003**(Concerning the pathogenesis of the fractures, the following statements are correct Except:** \

- A) Este afectata preponderent varsta cuprinsa intre 20-40 de ani\ The ages between 20-40 are more affected\
- B) Cele mai frecvent expuse sunt diafiza tibiala si epifiza proximala a radiusului\ The most frequently exposed to are the shaft of tibia and the proximal epiphysis of radius.\
- C) Fracturile de col sunt mai frecvente la varstnici\ Fracture of femoral neck are more frequent in the elderly\
- D) Copiii sunt frecvent expusi traumatismelor, dar elasticitatea oaselor scade frecventa fracturilor\ Children frequently expose to trauma, but bone elasticity reduces the frequency of fractures.\
- E) Factorii extrinseci, implicati in fracturi sunt datorita actiunii unor forte exterioare\ The extrinsic factors implicated in fractures are due to the action of external force.\

5. **CS** [] Selectati afirmatia falsa legata de imobilizarea chirurgicala a fracturilor (osteosinteza): (pag 2317-2320)\ **selects the false statement related to the surgical immobilization of a fracture (osteosynthesis)** \

- A) Osteosinteza cu placa si suruburi presupune reducerea cu focar deschis a focarului de fractura\ Osteosynthesis with plate and screws requires reduction with open focus of the fracture
- B) Osteosinteza centromedulara este indicatia de electie pentru fracturile oaselor antebratului\ Centromedullary osteosynthesis is the best indication for the forearm fractures.
- C) Suruburile de corticala au filet putin adanc si cu pas mic\ Cortical screws have fiber, small and a bit deep
- D) Osteosinteza cu placa a ramas indicata in fracturile epifizo-metafizo-diafizare\ Osteosynthesis with plate is still indicated in the epiphyso-metaphyso -diaphyseal fractures
- E) Pentru fracturile pertrohanteriene se utilizeaza in general DHS\ For the peritrochanter fractures, DHS is utilized usually

6. **CS** [] Fractura de ulna ar putea fi codificata prin (pg 2309)\CS44000(**Fractures of Ulna can be codified through:** \

- A) cifra 1\ Number 1\
- B) cifra 2\ Number 2\
- C) cifra 3\ Number 3\
- D) cifra 4\ Number 4\
- E) cifra 5\ Number 5\

7. **CS** [] La varstnici sunt mai frecvente fracturile: ()\ CS44030 **For the elderly the most common fractures are:** \

- A) diafizei tibiale\ Tibial shaft;\
- B) maleolei externe\ External malleolus;\
- C) extremitatii proximale femurale\ Proximal femoral extremity;\
- D) epifizei distale a radiusului\ Distal epiphysis of radius;\
- E) femurale supracondiliene\ Supracondylar fracture of femur\

8. **CS** [CS44039] Folosirea placii de osteosinteza in fracturi are ca indicatie de electie: (pg 2319)\(CS44039) **Using plate osteosynthesis in fracture is indicated in:** \

- A) fractura antebratului\ Fracture of the forearm shaft \
- B) Fracturile femurului\ Femur fracture\

- C) Fracturile tibiei\Tibia fracture\
 - D) Fracturile de humerus\ Fracture of the humerus\
 - E) Fracturile de bazin\ Fracture of the pelvis.\
-

9. **CM.** [CM44129] Conform clasificarii fracturilor deschise (Gustilo si Anderson), fractura de gradul II (pag 2312)\(CM44129) **From the classification of open fractures (Gustilo and Anderson), fracture grade II:**

- A) Este o fractura cu plaga cutanata de peste 2 CMA fracture with more than 2 cm skin wound\
 - B) Este produsa de o forta de energie moderata\The energy produced by a moderate force\
 - C) Este insotita de devitalizare musculara si poluare intensa\It is accompanied by intense contamination, muscle wasting\
 - D) Nu este o fractura cominutiva\There is a comminuted fracture\
 - E) Asociaza leziuni ale axului vascular principala\Mesions of principal vascular axis are associated\
-

10. **CM.** [CM44091] Pot fi complicatii tardive generale: (pg2312)\(CM44091) **Late general complications can be:**

- A) Embolia grasoasa pulmonara\pulmonary embolism, fatty \
 - B) Litiata renala\ kidney stones \
 - C) Osteoporoza\Osteoporosis \
 - D) CID\DIC \
 - E) Bronhopneumonia\Bronchopneumonia \
-

11. **CM.** [CM44083] Dintre factorii intrinseci implicati in determinarea susceptibilitatii la fractura fac parte: (pg 2304-2305)\(CM44083)**The intrinsic factors involved in determining susceptibility to fracture are: **

- A) capacitatea de absorbtie a energiei\The energy absorption capacity\
 - B) curba solicitare deformare si modelul lui Young\deformation curve and Young's model\
 - C) rezistenta la oboseala sau la stress\resistance to fatigue or stress\
 - D) densitatea\density \
 - E) marimea fortei agentului contudent\size of blunt agent force\
-

12. **CM.** [CM44065] Sunt mecanisme de producere a fracturilor indirecte : (pg. 2303)\(CM44065) **The followings are indirect mechanisms producing fracture:**

- A) mecanism de insurubare\The screw mechanism\
 - B) mecanism de incovoiere\bending mechanism\
 - C) mecanism de torsiune\ torsion (twisting) mechanism\
 - D) mecanism de compresiune\compression mechanism\
 - E) mecanism de smulgere\pulling (avulsion) mechanism\
-

13. **CM.** [CM44196] Embolia grasoasa pulmonara are urmatoarele caracteristici, cu exceptia: (2310) ()\[CM44196]**Fatty pulmonary embolism has following features, except:**

- A) clinic, semne de hipoxie\ clinical signs of hypoxia\
 - B) cresterea numarului de trombocite\increased number of platelets\
 - C) o metoda de profilaxie este administrarea de heparina\ a method of prophylaxis is the administration of heparin\
 - D) PO2 normala\normal pO2\
 - E) cresterea lipazei serice\increased serum lipase\
-

14. **CM.** [CM44057] Fractura angrenata este: (p2306)\(CM44057) **Engaged fracture is:**

- A) o fractura completa\A complete fracture\
 - B) are 2 fragmente\ has two parts\
 - C) are 4 fragmente\ has 4 pieces\
 - D) se produce prin telescoparea fragmentului diafizar in metaepifiza\ produced by telescoping diaphysis in metaphysis\
 - E) produce telescoparea metaepifizei in epifiza\produces telescoping of metaphysis in epiphysis\
-

15. **CM.** [CM44037] Semnele generale ale fracturilor apar mai frecvent in: (pg 2307)\(CM44037) **General signs of fractures occur more frequently in :**

- A) Politraumatisme\ polytrauma (multiple injuries)\
 - B) Polifracturi\multiple fractures\
 - C) fracturi inchise\closed fracture\
 - D) fracturi deschise\open fracture\
 - E) fracturi ale membrului superior\ upper limb fractures\
-

16. **CM.** [CM44165] Coplicatiile tardive generale ale fracturilor sunt: (pag 2312-2314)\ (CM44165) **General late complications of fractures are:**

- A) litiata renala\kidney stones\
 - B) osteoporoza\osteoporosis\
 - C) calus vicios\ vicious callus\
 - D) pseudartroza\pseudarthrosis\
 - E) necroza aseptica\ Aseptic necrosis\
-

17. **CM.** [CM44069] Cele mai frecvente mecanisme de producere ale fracturilor sunt: (pg 2302-2303)\(CM44069) **The most often**

**mechanisms producing fractures are: **

- A) mecanismul de incovoiere\bending mechanism *
- B) mecanismul direct\direct mechanism *
- C) mecanismul de torsiune\torsion mechanism *
- D) mecanismul de compresiune\compression mechanism \
- E) mecanismul de smulgere\pulling (avulsion) mechanism\

18. CM. Semne locale subiective in fracturi pot fi: (Pg. 2307)\(CM44045) Subjective local signs in fractures may be:

- A) Pozitii vicioase\vicious position\
- B) Scurtarea membrului\Shorter limb\
- C) Deformare si tumefactie\deformation and swelling \
- D) Impotenta functionala\Functional Impotence\
- E) Dureri la nivelul fracturii\ Pain at the site\

19. CM. Tija zavorata (Grosse si Kempf): ()\ (CM44075) closing , piped(zavorata??) rod (Grosse and Kempf):

- A) s-a imaginat pentru a extinde indicatia tijei in fracturile din treima distala si proximala a diafizelor oaselor lungi, precum si pentru fracturile cominutive\s-a imaginat (is spread??) due to the extend indication of rod in fractures of distal and proximal thirds diaphysis (shafts) of long bones, as well as comminuted fractures\
- B) zavorarea se realizeaza atat proximal cat si distal(zavorata dinamic)\ latching (closing) is performed both proximally and distally (dynamic pipe)\
- C) dinamizarea tijei permite compresiunea focarului in timpul mersului\ dynamic rod allows compression when walking\
- D) dupa 6-8 saptamani se poate scoate surubul cel mai departat de fractura (dinamizarea tijei)\after 6-8 weeks screw can be taken out away from fracture (dynamic rod)\
- E) dupa 6-8 zile se poate scoate surubul cel mai departat de fractura (dinamizarea tijei)\after 6-8 days screw can be taken out , as possible, away from fracture (dynamic rod)\

20. CM. Semnele de certitudine in diagnosticul fracturilor sunt: (pg 2308)\ (CM44034) Signs of certainty in the diagnosis of fractures are:

- A) mobilitate anormala\abnormal mobility\
- B) atitudine vicioasa\vicious attitude\
- C) netransmisibilitatea miscarilor\ not transferable movements\
- D) crepitatia osoasa\bone crepitation\
- E) deformarea locala\ Local deformation\

21. CM. Dintre factorii intrinseci favorizanti ai fracturilor fac parte: (p2304-2305)\ (CM44055) The intrinsic factors favoring fractures are:

- A) capacitatea de absorbtie a energiei\The energy absorption capacity\
- B) curba solicitare-deformare\ application-deformation curve\
- C) modelul lui Young(raportul dintre unitatea de solicitare si unitatea de deformare)\Young's model (ratio between application unit and deformation unit)\
- D) rezistenta la efort prelungit este crescuta\ is increased resistance to prolonged effort\
- E) densitatea(fracturi pe os normal sau pe os patologic)\density (normal bone fracture or bone disease)\

**22. CM. Suruburile de spongie folosite la tratamentul fracturilor (pg2317)\(CM44093) Sponge screws used in fracture treatment: **

- A) sunt folosite pentru fracturile epifizare\are used for epiphyseal fractures\
- B) pot fi folosite cu succes in fracturile diafizare oblice lungi si spiroide\can be used successfully in long and spiroid oblique fractures of diaphysis\
- C) au filet rar si pas adanc\they rarely step deep groove \
- D) au filet cu pas mic\have threaded with small step\
- E) sunt folosite pentru reducerea ortopedica a fracturii\is used for orthopedic fracture reduction\

23. CM. Semnele de probabilitate dupa Radulescu in fracturi sunt: (pag.2308)\(CM44155) Signs of probability of a fracture, after Radulescu are:

- A) Echimoza\Ecchymosis\
- B) Durere in punct fix\Fixed Pain\
- C) Atitudine vicioasa\ vicious attitude\
- D) Crepitatie osoasa\bone Crepitation\
- E) Deformare locala\ Local deformation\

24. CM. Embolia grasoasa pulmonara, ca urmare a fracturilor, are urmatoarele semne clinice: (pg 2310)\(CM44152) Fat pulmonary embolism due to fractures, has the following clinical signs:

- A) tahipnee\tachypnea\
- B) cresterea umarului de trombocite\ increased platelet count\
- C) somnolenta\ somnia\
- D) opacitati mari, multiple la RX pulmonar\Multiple large opacity in the chest X-ray\
- E) globule de grasime in urina\ fat globules in urine\

25. CM. [CM44162] Care dintre urmatorii sunt factori intrinseci importanti in determinarea susceptibilitatii la fractura? (pag 2306)\(CM44162) **Which of the following are important intrinsic factors in determining susceptibility to fracture?**\

- A) capacitatea de absorbtie a energiei\The energy absorption capacity\
- B) curba solicitare-deformare si modelul lui Young\application-deformation curve and Young's model\
- C) rezistenta la oboseala sau la stres\ resistance to fatigue or stress\
- D) densitatea\density\
- E) fora exterioara\external force\

26. CM. [CM44063] Urmatoarele fac parte din complicatiile tardive locale ale unei fracturi: (pag 2312)\(CM44063) **The followings are part of the local late complications of a fracture:** \

- A) calusul vicios\ vicious callus \
- B) intarzierea in consolidare\ delay in union \
- C) redoarea articulatiilor vecine focarului de fractura\ stiffness of neighboring joints \
- D) osteoporoza\osteoporosis \
- E) litiaza renala\ kidney stones \

27. CM. [CM44185] Semnele locale de probabilitatea ale fracturii pot fi intalnite si in: (pg 2308)\(CM44185) **local signs of probability of fractures can be found in:**\

- A) urticarie\Urticaria\
- B) contuzii\contusion\
- C) luxatii\luxation\
- D) eritem polimorf\erythema multiforme\
- E) eritem nodos\erythema nodosum\

28. CM. [CM44092] Oasele susceptibile, in cadrul fracturilor la necroza osoasa sunt (pg2314)\() **bones susceptible to fracture in the bone necrosis are:**\

- A) Capul femura\ femoral head \
- B) Osul trapezoid\trapezoid bone\
- C) Scafoidu\scaphoid \
- D) Humerusul\humerus \
- E) Corpul astragalului\Body of astragalus \

29. CM [CM44019] Urmatoarele afirmatii sunt adevarate (pag 2312-2314)\(CM44019) **The following statements are true:** \

- A) Calusul vicios se poate asocia cu angulare sau decalaj\ vicious callus may be associated with angulation or gap \
- B) Distrofia simpatica reflexa se evidentiaza radiografic ca o zona de osteoporoza localizata, unica\reflex sympathetic dystrophy evidenced radiographically as a localized area of osteoporosis, only \
- C) Necroza aseptica determina redoare articulara si durere\ aseptic necrosis cause pain and joint stiffness\
- D) Pseudartroza reprezinta neconsolidarea articulatiei in intervalul mediu de timp\ pseudarthrosis represents nonunion of joints in medium interval time\
- E) La mobilizarea membrului cu pseudartroza apare durere\ in pseudarthrosis , pain appears with limb movement\

30. CM. Complicatii imediate generale ale fracturilor sunt: (pag 2311)\() **Fractures general immediate complications are:**\

- A) Embolia grasoasa pulmonara\pulmonary fat embolism\
- B) Coagulare intravasculara diseminata\ disseminated intravascular coagulation\
- C) Bronhopneumonia\ Bronchopneumonia\
- D) Litiaza renala\kidney stones\
- E) Sindromul de detresa respiratorie a adultului\ The adult respiratory distress syndrome\

1. **CS**[ARS00001] Cea mai obisnuita cauza a arsurilor este: (pg 228)\Most usual cause of burns is (p. 228):\

- A) prin flacara\ through flame\
- B) prin contact cu lichide fierbinti\ through contact with boiled liquids\
- C) prin explozie\through explosion\
- D) contactcu carbuna incinsi\through hot coals\
- E) contact cu metale incinse\ through contact with hot metals\

2. **CS**[ARS00002] Transportul cu elicopterul al pacientilor cu arsuri este de preferat cand distanta dintre spital si centrul de tratament este (pg230)\The transport with helicopter of burned patients is preferred when the distance between the hospital and the treatment centre is (p. 230):\

- A) intre 80 si 220 km\between 80 and 220 km\
- B) intre 80 si 240 km\between 80 and 240 km\
- C) intre 70 si 220 km\between 70 and 220 km\
- D) mai mica de 80 km\ less thn 80 km\
- E) mai mare de 240 km\ more than 240 km\

3. **CS**[CM45264] Dupa agresiunea termica exista o diminuare marcata a concentratiei serice totale a: ()\After a thermic aggresion / burn, there is recorded a decrease in seric concentration of:\

- A) GCSF\GCSF\
- B) IgA\IgA\
- C) IgM\IgM\
- D) IgG\IgG\
- E) GM-CSF\GM-CSF\

4. **CM** . [CM45198] In privinta dextranului, utilizat in tratamentul arsurilor sunt adevarate urmatoarele: (pag 241)\Regarding the dextran, used to treat burns, the following are true: (page 241)\

- A) dextranul este excretat de rinichi cu eliminarea a 40% in primele 24h, iar restul este metabolizat lent\ Dextran is excreted by the kidneys with the elimination of 40% in the first 24 hours and the remainder is metabolized slowly\
- B) dextran70 se asociaza cu risc de reactii alergice\ Dextran70 is associated with the risk of allergic reactions \
- C) dextranul este un coloid constituit din molecule de glucoza polimerizate in lanturi\ Dextran is a colloid consisting of glucose molecules polymerized in chains \
- D) dextranul cu greutate moleculara medie de 40000 este cunoscut ca dextran cu greutate moleculara mica\ Dextran with average molecular weight of 40,000 is known as Dextran with low molecular weight\
- E) dextran 40 se asociaza cu risc de reactii alergice\ Dextran40 is associated with risk of allergic reactions \

5. **CM** . Sunt adevarate afirmatiile urmatoare: (Pag 234)\The following statements are true: (Page 234) *\

- A) arsurile pe toata grosimea se vindeca numai prin retractarea plagii\ Full thickness burns heal only by the retraction of the wound\
- B) Arsurile de grad IV implica epidermul si toate straturile dermului fara extensia mai in profunzime\ IV degree burns involve the epidermis and all the dermis layers without deeper extension \
- C) Arsurile superficiale devin eritematoase fara insa de aparitia de vezicule\ Superficial burns becomes erythematous but without the appearance of blistering \
- D) Arsurile dermice profunde afecteaza si stratul reticular al dermului\ Deep dermal burns affect the reticular dermis layer \
- E) Arsurile dermice superficiale daca este prevenita infectia se vindeca spontan in mai putin de 3 saptamini\ Superficial dermal burns heal spontaneously if the infection is prevented in less than three weeks\

6. **CM** . [CM45186] Severitatea unei arsuri este dependenta de: (pag.232)\The severity of a burn is dependent of: (pag.232)

- A) marime\ Size\
- B) profunzime\ Depth\
- C) segmentul afectat\ The affected segment\
- D) afectarea sau nu a extremitatii cefalice\ Affecting or not of the cephalic extremity\
- E) pierderea sau nu a constientei\ The loss of consciousness or not\

7. **CM** . [CM45254] Severitatea leziunilor cauzate de arsuri depinde de: (pg 229)\Burn lesions severity depends on:\

- A) suprafata totala a arsurii\ The total burn surface\
- B) profunzimea arsurii\ the depth of the burn\
- C) mecanismul ce a produs arsura\ The mechanism which caused the burn\
- D) varsta pacientului\ The age of patient\
- E) leziunile asociate arsurii\ The associated lesions to the burn \

8. **CM** . [CM45135] Urmatoarele afirmatii referitoare la arsurile produse prin explozie sunt adevarate: (pg.228)\The following allegations regarding the burns produced by explosive are true: (pg.228)\

- A) reprezinta a doua cauza obisnuita de arsuri\ It represents the second common cause of burns\
- B) se distribuie, in general, pe toata suprafata corpului\ Are distributed, generally, over the whole body\
- C) sunt preponderent dermice\ Are primarily dermal\
- D) se vindeca fara a necesita grefe extise de piele\ They heal without requiring extend skin grafts \
- E) sunt limitate ca extindere\ Are limited as extension\

9. **CM** . [CM45124] In protocolul de evaluare nutritionala al pacientilor arsi parametrii urmariti sunt: (pag 254)\In the protocol of nutritional evaluation of burned patients the parameters are as follows: (page 254)\

- A) greutate\Weight\
- B) [] teste cutanate ale hipersensibilitatii intaziate,numarul total de limfocite,C3,IgM\Skin test of the delayed hypersensitivity, the total number of lymphocytes, C3, IgM\
- C) [x]aportul nutritive din toate sursele (oral,sonda de alimentare,parenteral)\The nutrient intake from all sources (oral food probe, parenteral)\
- D) [x]calorimetrie indirecta\Indirect calorimetry\
- E) [x]albumina serica,transferina,prealbumina,proteina care leaga retinolul\Serum albumin, transferrin, prealbumin, the protein that binds retinol\

10. **CM** . [CM45095] Despre arsurile superficiale de gradul I se poate afirma cu exceptia: (p234)\Regarding the first degree superficial burns it can be said with the exception: (p234)\

- A) [x]dupa 2-3 zile eritemul si edemul se intensifica\After 2-3 days the redness and swelling intensifies\
- B) []dupa 2-3 zile eritemul si edemul descresc\After 2-3 days the redness and swelling decrease in intensity\
- C) []dupa a 4-a zi apare fenomenul de cojire\after the 4th day appears the phenomenon of scaling\
- D) [x]nu sunt dureroase\Are not painful\
- E) [x]intereseaza atat dermul cat si epidermul\Are looking both the dermis and epidermis\

11. **CM** . [CM45132] Severitatea unei arsuri este dependenta de: (pag 232)\The severity of a burn depends on: (page 232)\

- A) []etiologia arsurii;\The etiology of burn\
- B) [x]marimea arsurii;\The burn size\
- C) [x]profunzimea arsurii;\The burn depth\
- D) [x]segmentu anatomic afectat;\The anatomically affected segment;\
- E) []lipsa posibilitatilor de acordare a ingrijirilor medicale;\No possibility of granting medical care*\

12. **CM** . [CM45185] Arsurile de gradul III (pag 234)\Third degree burns: (page 234) \

- A) [x]Implica toate straturile dermului\It involves all layers of dermis \
- B) []De obicei se decoloreaza la digitopresiune\Usually fade when digital pressure \
- C) []Rareori determina cicatrici hipertrofice\Rarely causes hypertrophic scars \
- D) []Implica si tesutul adipos subcutanat\It involves the subcutaneous fat tissue too\
- E) [x]Simptomatologia poate semana cu cea a unei arsuri dermice profunde\The symptoms may resemble with that of a deep dermal burns \

13. **CM** . [CM45127] Socul termic in cazul pacientului ars se caracterizeaza prin : (pg. 239)\Thermal shock in burned patients is characterized by: (p. 239)\

- A) []edem cerebral\Cerebral edema\
- B) [x]scaderea debitului cardiac\Decreased cardiac output\
- C) [x]oligurie\Oliguria\
- D) [x]scaderea lichidului extracelular\Reduction of extracellular fluid\
- E) [x]scaderea volumului plasmatic\Decrease in the volume of plasma\

14. **CM** . [CM45098] Arsurile profunde de gradul II sunt caracterizate prin: (p234)\Deep second degree burns are characterized by: (p234)\

- A) [x]cuprind stratul reticular al dermului\They include the reticular layer of the dermis\
- B) [x]cand se aplica o presiune pe leziune,reumplerea apare foarte lent sau poate fi absenta\When pressure is applied on the lesion, refilling occurs very slowly or may be absent\
- C) [x]veziculele apar imediat dupa injurie\Blistering occur immediately after injury\
- D) [x]imediat dupa injurie suprafata plagii apare ca un amestec de pete roz si albe\Immediately after injury the wound surface appears as a mixture of pink and white spots\
- E) []exercitiile fizice nmu sunt obligatorii pentru recuperare\Physic exercises are not mandatory for recovery\

15. **CM** . [CM45241] Severitatea leziunii cauzate de arsuri este proportionala cu : (pag. 229)\The severity of injury caused by burns is proportional to: (p. 229)\

- A) [x]suprafata totala a arsurii\The total area of burn \
- B) [x]profunzimea ei\Its profundity \
- C) [x]varsta\Age\
- D) []cauza ce a produs arsura\The cause that produced the burning \
- E) [x]afectiunile preexistente si cele asociate arsurii\The pre-existing conditions and the ones associated to the burning \

16. **CM** . [CM45133] Arsurile gradul I: (pag 234)\First degree burns: (page 234)\

- A) []implica stratul reticular al dermului;\It involves the reticular layer of dermis;\
- B) []produc vezicule;\It produces blistering\
- C) [x]devin eritematoase prin vasodilatatie dermica;\; It becomes erythematous with dermal vasodilatation\
- D) [x]sunt destul de dureroase;\Is quite painful\
- E) [x]implica numai epidermul\It involves only the epidermis\

17. CM . [CM45145] Debitul urinar necesar la pacientii cu lezini termice majore este de : (pg.243)\ The necessary urinary flow in patients with major thermal injuries is of: (pg.243)\

- A) 1500-2000 ml/24h la adulti\1500-2000 ml/24h in adults \
- B) 2000-2500ml/24h la adulti\2000-2500ml/24h in adults \
- C) 3-4ml/kg/h la copii\3-4ml/kg/h in children \
- D) 2-3 ml/kg/h la copii\2-3 ml / kg / h in children \
- E) 1,5-2,5 ml/kg/h la copii\1.5 to 2.5 ml / kg / h in children \

18. CM . [CM45102] Principalii derivati ai acidului arahidonic in raspunsul la arsura sunt: (p238)\The main derivatives of the arachidonic acid in response to the burn are: (p238)\

- A) PGE2 e produsul major al metabolismului acidului arahidonic, produsa de macrofage si mediata partial de endotoxina\ PGE2 is the major product of arachidonic acid metabolism, produced by macrophages and partially mediated by endotoxin\
- B) PGE2 stimuleaza productia de IL-2\ PGE2 stimulates the production of IL-2\
- C) metabolizarea acidului arahidonic se face pe o cale calciu dependenta si o alta calciu independenta\ Arachidonic acid metabolism is made by a calcium-dependent pathway and another independent calcium pathway\
- D) tromboxanul B are valori crescute imediat post arsura si in episoadele septic\ Thromboxan B has elevated values immediately after burn and in septic episodes\
- E) leucotriena B exercita un puternic efect anti-chemotactic pentru neutrofile\ Leukotriene B exert a powerful anti-chemo tactic effect for neutrophils\

19. CM . [CM45158] Despre infectia din arsuri este adevarat : (pg254,255)\ Regarding the infection from burns is true: (pg254, 255) \

- A) incidenta infectiei si a sepsisului creste odata cu cresterea marimii arsurii\ The incidence of infection and of the sepsis increases with the burn size \
- B) hipertermia e prezenta la pacientii cu arsuri doar in infectie\ Hyperthermia is present only in patients with burn infection \
- C) hipotermia indica in mod obisnuit sepsisul produs frecvent de microorganisme gram negative\ Hypothermia usually indicates sepsis, frequently produced by gram negative micro-organisms\
- D) trombocitopenia reprezinta una din manifestarile majore ale infectiei\ Thrombocytopenia represents one of the major manifestations of the infection \
- E) cea mai comuna localizare a infectiilor letale este cea de la nivelul tractului respirator\ The most common location for the fatal infection is that of the respiratory tract\

20. CM . [CM45151] Urmatoarele afirmatii prin explozie sunt adevarate: (pg.228)\ The following statements regarding the burns by explosion are true: (pg.228) \

- A) sunt pe locul 4 ca frecventa\ Are on the fourth place as frequency \
- B) se distribuie in general pe toata pielea expusa\ Are generally distributed on all exposed skin \
- C) sunt preponderent dermice\ Are primarily dermal \
- D) se vindeca, in general, fara a necesita grefe extinse de piele\ It heal, usually without requiring extensive skin grafts\
- E) se pot asocia cu leziuni termice importante la nivelul cailor respiratorii superioare\ Can be associated with important thermal lesions in upper airway \

21. CM . [CM45232] Arsurile dermice profunde : (pagina 234)\ Deep dermal burns: (page 234)\

- A) implica toate straturile dermului\ Involve all layers of dermis \
- B) nu determina formarea de cicatrici\ Does not cause the formation of scars \
- C) pacientul se plange mai mult de disconfort decat de durere\ The patients complain of discomfort more than for the pain \
- D) nu se albesc la digitopresiune\ Do not turn white in digital pressure \
- E) plaga e adesea mai putin sensibila la intepatura decat pielea normala inconjuratoare\ The wound is frequently less sensitive to sting than normal surrounding skin\

22. CM . [CM45173] Arsurile electrice pot produce: (256)\ Electrical burns may cause: (256)\

- A) infarct miocardic\ Myocardial infarction \
- B) pericardita\ Pericarditis\
- C) contuzie miocardica\ Contusion myocardial\
- D) ruptura de perete cardiac\ Heart wall rupture \
- E) insuficienta valvulara acuta\ Acute valve failure\

23. CM . [CM45214] Despre rolul histaminei i socul termic se pot face urmatoarele afirmatii: (pag.237)\ Regarding the role of histamine and thermal shock the following statements can be done: (pag.237)\

- A) este responsabila de faza precoce a permeabilitatii capilare crescute dupa producerea arsurilor\ Is responsible of the early phase of the increased capillary permeability after the burns \
- B) este responsabila de faza tardiva a permeabilitatii capilare crescute dupa producerea arsurilor\ Is responsible of the late phase of the increased capillary permeability after the burns\
- C) este eliberata de mastocite\ Is released by the mast cells \
- D) atinge nivelul maxim in primele 3 ore postarsura\ Reach the peak in the first 3 hours post-burning \
- E) maximul este atins in ziua 3\ Maximum is reached in day 3\

24. CM . [CM45163] Arsurile produse prin explozie: (pag228)\ The burnings made by an explosion: (pag228) \

- A) sunt pe locul 2 ca frecventa\ Are on the second place as frequency \

- B)** hainele sunt protectoare impotriva arsurilor prin explozie\Clothes are protective against burns in explosion \
- C)** se distribuie pe toata pielea expusa\Is distributed on all the exposed skin \
- D)** sunt preponderent dermice\Are predominantly dermal \
- E)** necesita grefe extinse de piele\It need extensive skin grafts \

25. CM . [CM45196] La un pacient care a suferit arsuri imunitatea este afectata: (pag 239)\To a patient who suffered burns the immunity is affected: (p. 239)\

- A)** scad nivelurile de Ig M\It lowers the levels of Ig M \
- B)** scad nivelurile de Ig A\It lowers the levels of Ig A \
- C)** Scad nivelurile de Ig G\It decreases the levels of Ig G \
- D)** Scade activitatea complementului\It decreases the complement activity \
- E)** este deficitara productia GCSF\GCSF production is poor \

26. CM . [CM45221] In arsurile electrice sunt frecvent distruse in intregime: (pag.256)\

- A)** Degetele\Toes\
- B)** Gambele\Legs\
- C)** Antebrațele\Forearms\
- D)** Trunchiul\Trunk\
- E)** Mainile\Hands\

27. CM . [CM45235] In tratamentul local avantajele exciziei in plan suprafascicular sunt: (pag. 249)\In the local treatment the advantages of excision in suprafascicular plan are: (pag. 249)\

- A)** Determina un pat cu viabilitate certa\Determine a bed with brawl viability \
- B)** Garourile pot fi folosite de rutina pentru extremitati\Tourniquets can be used routinely to extremities \
- C)** Timpul operator este mai scurt\The operator time is shorter \
- D)** Hemoragia intraoperatorie este mai mica decat in excizia tangentiala\Intra operative bleeding is less than tangential excision \
- E)** Necesita mai putina experienta pentru obtinerea unui pat optim\It requires less experience to obtain an optimal bed \

28. CM . [CM45093] Arsurile de gradul I se deosebesc de cele de gradul II prin urmatoarele caracteristici: (p234)\First degree burns are different from those of grade II by the following characteristics: (p234)*\

- A)** produc vezicule\They cause blistering\
- B)** implica numai dermul\It involves only the dermis\
- C)** implica epiderma\It involves the epidermal\
- D)** nu produc vezicule\Do not produce blistering\
- E)** nu sunt dureroase\Are not painful\

29. CM . [CM45101] Urmatoarele citokine sunt corelate cu raspunsul la agresiunea termica (p238)\The following cytokines are correlated with the response to thermal aggression: (p238)\

- A)** TNF-alfa, IL-1, IL-6\TNF-alpha, IL-1, IL-6\
- B)** numai IL-6 si IL-2\only IL-6 and IL-2\
- C)** IL-2, IL-8\IL-2, IL-8\
- D)** IL-3,IL-4 si TNF-beta\IL-3, IL-4 and TNF-beta\
- E)** IL-2 este supresata si se coreleaza cu durata timpului scurs de la agresiunea termica\IL-2 is suppressed and correlates with the length of time since the thermal aggression\

30. CM . [CM45228] Legat de profilaxia antitetanica in arsuri putem afirma, CU EXCEPTIA: ()\Related to the anti tetanus prophylaxis in burns we can say, except: \

- A)** imunizarea in ultimii 5 ani nu mai necesita tratament\Immunization in the last five years do not require treatment \
- B)** imunizarea in ultimii 10 ani necesita rapel cu anatoxina\Immunization in the past 10 years require anatoxin booster\
- C)** imunizarea in ultimii 10 ani nu mai necesita tratament\Immunization in the last 10 years do not require treatment \
- D)** imunizarea in ultimii 5 ani necesita ser imun\Immunization in the past five years require immune serum \
- E)** imunizarea in ultimii 10 ani necesita evaluarea starii imunologice inaintea administrarii serului imun\Immunization in the past 10 years require the evaluation of the immune status before administering the immune serum\

1. **CS** [CS46081] Herniile femurale: (pag.1583)\femoral hernias (pag.1583)\
- A) Reprezinta o forma de hernie inghinala directa\It is a form of direct inguinal hernia\
 B) Reprezinta o forma de hernie inghinala indirecta\is a form of indirect inguinal hernia\
 C) Sunt frecvente\They are frequent\
 D) Cel mai frecvent se prezinta ca o masa reductibila de dimensiunile unei nucii\The most commonly presents as a reducible mass the size of a walnut\
 E) Reprezinta 25% din herniile inghinale\25% of inguinal hernias\

2. **CS** [CS46051] Condesarea fasciala in regiunea vaselor epigastrice inferioare este cunoscut sub numele de: (pag.1594)\fascial condensation of inferior epigastric vessels in the region is known as the: (p. 1584)\

- A) Bandeleta lui Thomson\bandage Thomson\
 B) Ligamentul Hesselbach\Hesselbach ligament\
 C) Ligamentul Henle\ligament Henle\
 D) Fascia transversalis\Fascia transversalis\
 E) Tractul iliopubic\Tractor iliopubic\

3. **CS** [CS46060] Semnul Howship-Romberg apare in: (pag 1602)\Howship-Romberg sign appears (page 1602)\

- A) hernie inghinala indirecta\indirect inguinal hernia\
 B) hernie inghinala directa\direct inguinal hernia\
 C) hernie femurala\femoral hernia\
 D) hernie obturatorie\Hernia shutter*\
 E) hernie perineala\perineal hernia\

4. **CS** [CS46059] Interventia chirurgicala clasica pentru hernia ombilicala este: (pag.1601)\classic surgery for an umbilical hernia is: (pag.1601)\

- A) tehnica Marcy\Technical Marcy\
 B) tehnica Cheatle-Henry\Technical Cheatle-Henry\
 C) tehnica Mayo\Technical Mayo\
 D) tehnica Lichtenstein\Lichtenstein technique\
 E) tehnica Stopa\Stopa technique\

5. **CS** [CS46020] Manevra taxis reprezinta : (pag.1582)\taxis maneuver is: (pag.1582)\

- A) iesirea completa a sacului herniar la nivelul peretelui\Full output of the hernial sac in the wall\
 B) iesirea intraparietala a sacului herniar\output of the hernial sac intraparietal\
 C) reducerea manuala a sacului de hernie\manual reduction of hernia sac\
 D) prezenta sacului herniar in interiorul cavitatii\hernial sac inside the cavity\
 E) reducerea spontana a sacului de hernie\spontaneous reduction of the hernia sac\

6. **CS** [CS46019] Marimea herniei este determinata de : (pag.1582)\hernia size is determined by: (pag.1582)\

- A) orificiul herniar\hernial orifice\
 B) marimea viscerului herniat\size of the herniated viscera\
 C) dimensiunea gatului herniei si a volumului sacului destines\size and volume neck hernia sac destines\
 D) defectul peretelui cavitatii de unde se produce hernia\cavity wall where the defect occurs hernia\
 E) nici una de mai sus\none of the above\

7. **CS** [CS46056] Cea mai mare rata a strangurarii dintre toate herniile o are: (pg.1583)\The highest rate of strangulation of hernias has all (pg.1583)\

- A) hernia inghinala\inguinal hernia\
 B) hernia ombilicala\umbilical hernia\
 C) hernia femurala\femoral hernia\
 D) hernia epigastrica\epigastric hernia\
 E) hernia pelvina\pelvic hernia\

8. **CS** [CS46030] Herniile parastomale : (pag.1602)\parastomale hernias (pag.1602)\

- A) interfereaza cu irigatia colostomei si aderarea pungii de colostoma\interfere with colostomy irrigation and adhering colostomy bag\
 B) nu interfereaza cu irigatia colostomei\do not interfere with colostomy irrigation\
 C) nu interfereaza cu aderarea pungii de colostoma\does not interfere with the accession of colostomy bag\
 D) herniile paracolostomice sunt mai rare decat cele paraileostomice\paracolostomic hernias are less common than paraileostomic\
 E) se prefera pt\is preferred for\

9. **CM** . [CM46180] Despre herniile inghinale indirecte sunt adevarate: (pg 1587)\which is true about indirect inguinal hernias (pg 1587)\

- A) toate sunt congenitale\All are congenital\
 B) 80% sunt congenitale\80% are congenital\

- C) [x]se datoreaza unui proces vaginal patentis due to a patent vaginal process \
- D) []prezenta potentialului de dezvoltare a unei hernii inseamna ca aceasta se va dezvolta la un moment dat\This potential development of a hernia means that it will develop at a time \
- E) [x]inchiderea procesului vaginal continua pana la 2 ani\Vaginal closure process continues until two years \

10. **CM** [CM46021] Continutul sacului intr-o hernie inghinala indirecta, poate fi obtinut prin alunecarea: (1587)\The contents of the bag in a indirect inguinal hernia can be achieved by slipping: (1587)\

- A) [x]colonului sigmoid\sigmoid colon\
B) [x]cecului\cecum\
C) [x]ureterului\ureter\
D) []vezicii urinare\bladder\
E) []duodenumului\duodenum\

11. **CM** . [CM46211] Urmatoarele proteze folosite pentru hernioplastie sunt elastice, semirigide, cu memorie plastica si se curbeaza cand sunt intinse in 2 directii odata: (1592)\prosthetic material for hernioplasty, porous, slightly elastic, semirigid, and relatively heavy, and contain plastic memory and buckle when bent in two directions at once (1592) \

- A) [x]Surgipro\Surgipro\
B) []Mersilene\Mersilene\
C) [x]Marlex\Marlex\
D) [x]Prolene\Prolene\
E) []Gore-tex\Gore-tex \

12. **CM** . [CM46189] Factori implicati in etiologia herniilor abdominale sunt, CU EXCEPTIA: ()\Factors involved in the etiology of abdominal hernias are, except: () \

- A) []presiunea intraabdominala\abdominal pressure \
B) [x]inciziile inalte pentru apendicectomie\high incisions for appendectomy \
C) []fumatul\smoking\
D) []diverse boli de tesut conjunctiv\various connective tissue diseases \
E) [x]cancerul de colon\colon cancer \

13. **CM** . [CM46162] Despre inelul profund al canalului inghinal sunt adevarate: (pag. 1585)\which is true about ring of deep inguinal canal : (p. 1585) \

- A) []stalpul superior este format de bandeleta Thompson\The upper pole is formed by Thompson sling\
B) []stalpul superior este format de tractul iliopubic\upper pole tract consists of iliopubic \
C) [x]stalpul inferior este format de arcul crural profund\lower pole is composed of deep crural arch \
D) [x]marginea mediala este formata de aponevroza muschiului transvers si de fascia transversalis\medial edge is formed by transverse muscular aponeurosis and transversalis fascia\
E) [x]marginea laterala este formata de transversul abdominal\edge side is formed by the transverse abdominal\

14. **CM** . [CM46178] In ceea ce priveste herniile inghinale, inelul profund este format din: (pg 1585)\In terms of inguinal hernias, deep ring is composed of: (pg 1585)\

- A) []aponevroza transversului, laterala\aponeurosis transverse side \
B) [x]aponevroza transversului,medial\transverse aponeurosis, medial \
C) [x]fascia transvrals,medial\transvrals fascia, medially \
D) []muschiul transvers abdominal,medial\transverse abdominal muscle, medial \
E) [x]muschiul transvers abdominal, laterala\transverse abdominal muscle, lateral \

15. **CM** [CM46003] Cura chirurgicala a herniilor post incizionale la obezi are o morbiditate crescuta datorita urmatoarelor afectiuni asociate: (pag 1602)\surgical treatment of hernias after incision in obese is due to the following conditions associated with increased morbidity (page 1602)\

- A) [x]HTA\Hypertension\
B) [x]diabet zaharat\diabetic\
C) [x]afectiuni cardiace si renale\heart disease and kidney\
D) [x]intertrigo purulent\intertrigo foul\
E) []degenerarii grase a muschilor laterali abdominali\fatty degeneration of the lateral abdominal muscles\

16. **CM** . [CM46202] Locul de aparitie al herniilor congenitale spontane sau traumatice este: (pag 1601)\Place of occurrence of spontaneous or traumatic hernia is congenital (page 1601) \

- A) []A De-a lungul portiunii subombilicale a liniei semilunare Spiegel\A portion along the semilunar line subombilicale Spiegel\
B) [x]B Prin triunghiul superior Grynfeldt\B The upper triangle Grynfeldt \
C) []C Prin triunghiul inferior Grynfeldt\C The lower triangle Grynfeldt \
D) [x]D Prin triunghiul inferior Petit\D The lower triangle of Petit \
E) []E Prin triunghiul superior Petit\E The upper triangle of Petit \

17. **CM** . [CM46209] Codronul spermatic contine: (1586)\spermatic cord contains: (1586) \

- A) canal deferent\vas deferent \
- B) canal epididimar\channel epididimas\
- C) grasime\Fat\
- D) artera testiculara\Testicular artery \
- E) nervi vegetativi\autonomic nerves\

18. **CM** . [CM46198] Zone herniare rare sunt: (pag. 1582)\rare hernia Zone (p. 1582) \

- A) perineu\The perineum \
- B) gaurile obturatorii si sciaticice\obturator orifice and sciatic \
- C) linia semilunara Spieghel\semilunar line Spieghel \
- D) triunghi lombar superior Grynfeltt\triangular upper lumbar Grynfeltt \
- E) triunghiul lombar inferior Petit\lower lumbar triangle Petit \

19. **CM** . [CM46177] Din punctul de vedere al chirurgului care opereaza o hernie, important este stratul profund aponevroticofascial al abdomenului, format din: (pg 1584)\From the viewpoint of the surgeon who operated a hernia, the structurally important aponevroticofascial deep layer of the abdomen, consisting of: (pg 1584) \

- A) aponevroza transversului\transverse aponeurosis \
- B) ligamentul inghinal\inguinal ligament \
- C) muschiul transvers abdominal\transverse abdominal muscle \
- D) fascia transversalis\fascia transversalis \
- E) muschiul oblic intern\internal oblique muscle \

20. **CM** . [CM46158] Cordonul spermatic contine: (pag 1586)\the spermatic cord contains (page 1586)\

- A) Canalul deferent\vas deferens \
- B) Nervul genitofemural\Nerve genitofemoral \
- C) Artera testiculara\Testicular artery \
- D) Artera canalului deferent\vas deferens artery \
- E) Vasele cremasteriene\cremasteriene vessels\

21. **CM** . [CM46204] Cauzele principale ale herniei postincizionale sunt (pag 1602)\The main causes of incisional hernias are (page 1602)\

- A) A Hipertensiunea\Hypertension \
- B) B Afectiunile cardiace\heart disease \
- C) C Diabetul\Diabetes\
- D) D Obezitatea\Obesity\
- E) E Infectiile\Infections\

22. **CM** . [CM46214] Hernia epigastrica: ()\epigastric hernia: () \

- A) apare de-a lungul linie albe;\occurs along the linea alba\
- B) frecvent este ireductibila;\frequently is irreducible\
- C) pot fi multiple si mici;\may be multiple and small\
- D) apare de-a lungul linie Spiegel;\occurs along the line Spiegel\
- E) frecvent este insotita de protuzia epigastrului.\is frequently accompanied by epigastric protrusion\

23. **CM** . [CM46172] Herniile pelvine: (pag.1602)\pelvic hernias (pag.1602) \

- A) Sunt rare\There are rare \
- B) Cele mai frecvente sunt herniile obturatorii\The most common are obturator hernias\
- C) Nu apar la batrani\Not to old \
- D) Sunt mai putin frecvente la sexul feminin\They are less common in women \
- E) Apar la casectici\with cachectic appearance \

24. **CM** . [CM46164] Factorii care determan incapacitatea fasciei transversalis de a retien sacul visceral in orificiul miopectinela sunt: (pag. 1588)\what are the Factors that determine the inability of fascia transversalis to retain orifice myopectinal: (p. 1588)\

- A) clinostatismul\supine\
- B) deficitul muscular\muscle deficit \
- C) distensia abdominala din ascita\abdominal distension from ascites \
- D) deformatiile osoase ale pelvisului\skeletal deformities of the pelvis \
- E) operatiile abdominale in antecedente\ a history of abdominal surgery\

25. **CM** . [CM46215] Hernia postincizionala sau eventratia postoperatorie are urmatoarele repercusiuni: ()\incisional

hernia or postoperative eventration has the following consequences: () \

- A) []mbunatatirea miscarii diafragmului;\improvement of diaphragmatic movement\
- B) [x]disfunctia respiratorie;\respiratory dysfunction; \
- C) [x]edemul mezenterului;\swelling of mesentery; \
- D) [x]durerea de spate;\back pain\
- E) []edemul Quinke.\Quinke edema\

26. **CM** . [CM46152] Durerea prin dezaferentare aparuta in urma hernioplastiilor are urmatoarele caracteristici: (pag 1599)\by definition pain occurred after hernioplasty has the following characteristics: (page 1599)\

- A) [x]Are caracter de arsura cu debut tardiv\has the nature of late-onset burn\
- B) []Variaza cu pozitia\Varies with position \
- C) [x]Au loc frecvent exacerbari paroxistice\They occur frequently paroxysmal exacerbations \
- D) [x]Percutia locului nu determina accentuarea durerii\Percussion site does not cause increased pain \
- E) []Are debut precoce\has early onset \

27. **CM** . [CM46156] Stratul aponevrotico-fascial al transversului aflat la marginea superioara a aponevrozei femurale mai este numit si: (pag 1584)\aponeurotico-fascial layer on a side of the transverse upper femoral aponeurosis is called (p. 1584)\

- A) []Arcul aponevrotic al muschiului transvers abdominal\aponeurotic arch of transverse abdominal muscle\
- B) [x]Tractul ileopubic\ileopubic Tract \
- C) [x]Arcul crural profund\deep crural arch \
- D) []Pilierul superior al inelului profund\upper pillar deep ring \
- E) [x]Bandeleta lui Thomson\bandage Thomson \

28. **CM** [CM46014] Despre hernia lombara se poate spune: ()\About lumbar hernia can say:\

- A) []se poate trata prin inchidere simpla in cele mici\can be treated by simple closure in small*\
- B) [x]triunghiul petit este acoperit de fascia superficiala\Petit triangle is covered by superficial fascia\
- C) []triunghiul Grynfelt este marginit de oblicul intern,sacrospinali si coasta a Xa\Grynfelt triangle is bordered by the internal oblique, and coast sacrospinali X\
- D) [x]cele congenitale sau traumatice sunt rare\those are rare congenital or traumatic\
- E) [x]h difuze mari se produc frecvent dupa nefrectomie\diffuse large hernia occur frequently after nephrectomy\

29. **CM** . [CM46201] Factorii de risc sau predispozanti pentru hernia ombilicala sunt: (pag 1601)\risk factors predisposing to an umbilical hernia are: (page 1601) \

- A) [x]A Obezitatea\To Obesity \
- B) []B Varsta inaintata\old age \
- C) [x]C Sarcinile\Tasks\
- D) [x]D Sexul feminin\Female gender \
- E) []E Sexul masculin\male\

30. **CM** . [CS46039] Despre hernia ombilicala este adevarat ca : ()\About navel hernia is true:\

- A) [x]la sugar se inchide spontan daca este mai mica de 1 cm\if smaller than 1 cm, in babies, it closes spontaneously
- B) []strangularea cecului este frecventa\Caecum strangulation is frequent\
- C) []hernioplastia Mayo este tehnica clasica cel mai frecvent folosita ca tratament\Mayo hernioplasty is a classical technique mostly used as treatment\
- D) [x]defectul mai mare de 2 cm la sugar trebuie tratat chirurgical\if the defect is bigger than 2 cm, in babies, it needs a surgery treatment\
- E) []cand defectul este mic se poate sutura cu cateva fire din poliester\if the defect is small, it can be sutured with some polyester fibers

1. **CS** [CS47029] TSH crescut si horm tiroidieni crescuti pledeaza pentru () \ Increased TSH and thyroid horm advocates raised () \

- A) hipetiroidism hipofizar \ hipetiroidism pituitary \
- B) hipotalamic \ hypothalamic \
- C) normotiroidism \ normotiroidism \
- D) adenom toxic \ Toxic adenoma \
- E) tiroidita subacuta \ thyroiditis subacuta \

2. **CS** [CS47050] La adultii tineri cu hipotiroidie si cardiopatie ischemica doza de levotiroxina este : (Pag132) \ In young adults with hypothyroidism and coronary heart disease is the dose of levothyroxine (Pag132) \

- A) 50-100 μ g/zi \ 50-100 μ g/zi \
- B) 25 μ g/zi \ 25 μ g/zi \
- C) 1-2 μ g/kgc/zi \ 1-2 μ g/kgc/zi \
- D) Nu se administreaza in sarcina \ Do not give in charge \
- E) Nici una din valorile de mai sus \ None of the above values \

3. **CS** [CS47024] Doza initiala de levo-tiroxina la tineri fara cardiopatie ischemica este: (132) \ Initial dose-thyroxine threofom without coronary heart disease in young people is (132) \

- A) 80-200 micrograme/zi \ 80-200 micrograms / day \
- B) 50-100 micrograme/zi \ 50-100 micrograms / day \
- C) 25 micrograme/zi \ 25 micrograms / day \
- D) 150 micrograme/zi \ 150 micrograms / day \
- E) 30-50 micrograme/zi \ 30-50 micrograms/day \

4. **CS** [CS47041] Hipertiroidismul se manifesta prin urmatoarele, cu exceptia: (pg.119) \ Hyperthyroidism occurs in the following, except: (pg.119) \

- A) Prurit \ Pruritus \
- B) Fatigabilitate \ fatigue \
- C) Apetit scazut (frecvent la tineri) \ poor appetite (often in young people) \
- D) Fibrilatia atriala \ Atrial fibrillation \
- E) Onicoliza \ Onicoliza \

5. **CS** [CS47004] Despre hipotiroidism in sarcina nu este adevarat ca: (pag 132) \ About hypothyroidism in pregnancy is not true that (page 132) \

- A) Se recomanda monitorizarea TSH si FT4 la 3 luni \ It is recommended that monitoring of TSH and FT4 in three months \
- B) Exista o hipertiroxinemie fiziologica \ There is a physiological hipertiroxinemie \
- C) In sarcina cresc proteinele de legare a tiroxinei \ The growing burden of thyroxine binding proteins \
- D) T4 total nu are valoare diagnostica \ total T4 has no diagnostic value \
- E) Este necesara scaderea dozei de levo-tiroxina \ It is necessary to lower-dose thyroxine threofom \

6. **CS** [CS47026] Antitiroidianul de sinteza cel mai utilizat la gravidele cu hipertiroidism este: (124) \ Synthetic antithyroid most pregnant women with hyperthyroidism is used to: (124) \

- A) metiltiouracil \ metiltiouracil \
- B) metimazol \ methimazole \
- C) tirazol \ tirazol \
- D) propiltiouracil \ propiltiouracil \
- E) carbimazol \ carbimazol \

7. **CS** [CS47002] In screening-ul mixedemului congenital ,este sugestiva o valoare a TSH: (pag. 133) \ In screening congenital mixoedema is suggestive of a TSH value (p. 133) \

- A) mai mare de 10 mU/l \ more than 10 mU / l \
- B) mai mica de 20 mU/l \ less than 20 mU / l \
- C) mai mare de 25 mu/l \ greater than 25 mU / l \
- D) mai mare de 30 mU/l \ greater than 30 mU / l \
- E) mai mare de 20mU/l \ more than 20mU / l \

8. **CS** [CS47022] Care din urmatoarele afirmatii cu privire la tratamentul insuficientei de corticosuprenala primara asociata cu

hipotiroidism este adevarata: (132) \ Which of the following statements on the treatment of cortical insufficiency associated with primary hypothyroidism is true: (132) \

- A) se administreaza numai levo-tiroxina \ is given only threoform-thyroxine \
- B) se administreaza dexametazona si levo-tiroxina \ dexamethasone is administered and threoform-thyroxine \
- C) se administreaza concomitent levo-tiroxina si prednison \ concomitant threoform-thyroxine and prednisone \
- D) se administreaza prednison si apoi levo-tiroxina \ and then administer prednisone threoform-thyroxine \
- E) se administreaza levo-tiroxina si apoi prednison \ threoform-thyroxine is given and then prednisone

9. **CM** . [CM47154] Un deficit moderat de iod este indicat de : () / A moderate iodine deficiency is indicated by:

- A) o prevalenta a gusii (copii 7-14 ani) de 5-19,9% / The prevalence of the goiter (children 7-14 years) of 5 - 19.9%
- B) o iodurie de 20-49 micrograme la litru / An iodide of 20-49 micrograms per liter /
- C) prevalenta TSH neonatal peste 5 microU/ml intre 20-39,9% / A prevalence of neonatal TSH above 5 micro U / ml between 20 - 39.9% /
- D) o prevalenta a gusii (copii 7-14 ani) de 20-29,9% / A prevalence of the goiter (children 7-14 years) of 20 - 29.9%
- E) o iodurie sub 20 micrograme la litru / iodine below 20 micrograms per liter /

10. **CM** . [CM47153] Dintre complicatiile hipotiroidismului clinic manifest sau subclinic fac parte : (pg. 131) / Between the complications of clinically manifest or subclinical hypothyroidism are: (p. 131) /

- A) depresia / Depression /
- B) limfomul primitiv tiroidian / Primitive thyroid lymphoma /
- C) fibrilatia atriala / Atrial fibrillation /
- D) ateroscleroza / Atherosclerosis /
- E) insuficienta cardiaca congestiva / Congestive heart failure /

11. **CM** . [CM47177] Forme clinice de tireotxicoza fara hipertiroidism sunt: (pg120)/The clinical forms of thyrotoxicosis without hyperthyroidism are: (pg120) /

- A) boala basedow graves/Graves' disease /
- B) tiroidita indolora/ Painless thyroiditis /
- C) tiroidita subacuta/Subacute thyroiditis /
- D) tireotxicoza din struma ovarii/Thyrotoxicosis from the ovarian Struma /
- E) tireotxicoza factitia/Thyrotoxicosis factitive /

12. **CM** . [CM47179] Afirmatii adevarate sunt : (pg121)/Affirmations are true: (pg121) /

- A) in hipertiroidismul factice tiroglobulina serica e crescuta/In artificial hyperthyroidism the tiroglobulin is increased /
- B) in adenomul toxic tiroidian la scintigrama se evidentiaza un nodul hiperfixant/In toxic thyroid adenoma, on the scintigram is evidenced a hiperfixant nodule /
- C) in adenomul toxic tiroidian e inhibata fixarea iodului radioactiv la nivelul tesutului tiroidian extranodular/In toxic adenoma of thyroid is inhibited the radioiodine fixation in the extranodular thyroid tissue /
- D) in hipertiroidismul indus de iod ioduria e absenta/In the iodine-induced hyperthyroidism the iodine is absent /
- E) in tiroidita subacuta gusa e dureroasa/In the subacute thyroiditis the goiter is painful /

13. **CM** . [CM47167] Cauzele principale de hipotiroidism primar la adult sunt: (pag. 130) / The main causes of primary hypothyroidism in adults are: (p. 130)/

- A) leziunile autoimune / Autoimmune lesions/
- B) tratament radical cu iod radioactiv sau cura chirurgicala / Radical treatment with radioactive iodine or surgical treatment /
- C) sdr. Sheehan / SDR. Sheehan /
- D) deficitul de iod / Iodine deficiency/
- E) insuficienta hipotalamo-hipofizara / The hypothalamic-pituitary insufficiency /

14. **CM** . [CM47185] Hipotiroidismul congenital : (pag. 145)/Congenital hypothyroidism: (p. 145) /

- A) presupune prezenta leziunilor SNC ireversibile de la nastere/It assumes the irreversible CNS lesions presence from birth
- B) leziunile SNC se pot preveni prin administrarea tiroxinei la nastere/CNS lesions may be prevented by the administration of thyroxine at birth /
- C) functia tiroidei postnatal este corespunzatoare aportului iodat/Postnatal thyroid function is adequate to the intake of iodate /

- D) Functia tiroidei postnatal este deficitara permanent/Postnatal thyroid function is always poor /
E) [toate afirmatiile de mai sus sunt false/All the above statements are false/

15. **CM** . [CM47197] Indicatii pt tiroidectomie partiala reprezinta: (p.123)/Indications for partial thyroidectomy are: (p.123) /

- A) [recidiva dupa I2 radioactiv/Relapse after I2 radioactive /
B) [gusa mare/Large goiter /
C) [varsta peste 20 de ani/Age over 20 years /
D) [preferinta pacientului/Patient preference /
E) [fenomene de compresiune/Compression phenomena /

16. **CM** . [CM47200] La probele paraclinice de rutina se pot evidentia modificari, care nu sunt diagnostice: (p 129)/The routine laboratory tests can reveal changes that are not diagnosed: (p 129)

- A) [Colesterol seric crescut./Increased serum cholesterol/
B) [Cresterea moderata a transaminazelor./Moderate increase of transaminases/
C) [Homocistinurie serica moderat crescuta./Moderately elevated homocystinuria serum/
D) [Dilipidemie cu LDL-colesterol crescut./Dyslipidemia with LDL increased cholesterol/
E) [Hiprenatremie./Hypernatremia/

17. **CM** . [CM47191] ATS nu se recomanda: (pag.123,124)/ATS is not recommended in: (pag.123, 124) /

- A) [sarcina/Pregnancy /
B) [tiroidita subacuta/Subacute thyroiditis /
C) [tiroidita indusa de amiodarona/Amiodarone-induced thyroiditis /
D) [gusa mica/Small goiter /
E) [la primul episod/In the first episode /

18. **CM** . [CMjim007] Identificati va rog judetele declarate endemice pentru deficitul de iod moderat clinic manifest din Romania: (/)

- A) [Ialomita/
Ialomita/
B) [Maramures/Maramures/
C) [Ilfov/Ilfov/
D) [Arad/Arad/
E) [Prahova/Prahova/

19. **CM** . [CM47168] In hipotiroidismul hipotalamo-hipofizar, explorarile de laborator releva: (pag. 129)/ In hypothalamic-pituitary hypothyroidism, laboratory explorations reveal: (p. 129) /

- A) [TSH plasmatic scazut/ Low serum TSH /
B) [TSH plasmatic normal /Normal serum TSH /
C) [FT4 scazut / Low FT4 /
D) [FT4 crescut / Increased FT4 /
E) [FT4 normal / Normal FT4 /

20. **CM** . [CM47181] Dg diferential al hipertiroidismului se face cu : (pg121)/Differential Dg of hyperthyroidism is made by: (pg121) /

- A) [sdr hipercolinergice/SDR hyper colinergic /
B) [sdr maniacale/Manic SDR /
C) [HTA/Hypertension /
D) [DZ clinic manifest/Clinically manifest diabetes /
E) [Feocromocitom/Pheochromocytoma /

21. **CM** . [CM47149] Urmatoarele semne si simptome pot sa apara atat in hipertiroidism cat si in hipotiroidism: (/) / The following signs and symptoms can occur in both hyperthyroidism and hypothyroidism: (/)

- A) [alopecia / Alopecia /
B) [constipatia / Constipation /
C) [amenoreea / Amenorrhea /
D) [scaderea libidoului / Decreased libido /
E) [prurit / Pruritus /

22. **CM** . [CM47155] Forma neurologica a cretinismului endemic se caracterizeaza prin : (pg. 145) / The neurological form of endemic cretinism is characterized by: (p. 145) /

- A) diplegie spastica / Spastic diplegia /
- B) disgenezie a epifizei capului femural / Dysgenesis of the femoral head epiphysis /
- C) hipotiroidism subclinic / Subclinical hypothyroidism /
- D) ROT diminuate / ROT reduced /
- E) gusa absenta / The absence of goiter /

23. CM . [CM47196] Clasificarea NOSPECS a modificarilor oculare din Boala Graves (p127)/NOSPECS classification of the eye changes of Graves' disease: (p127) /

- A) cls 0 fara semne, numai semne clinice/Grade 0, no signs, only clinical signs /
- B) cls 2 afectarea tes moi/Grade 2 damage soft woven /
- C) cls 3 exoftalmie/Grade 3 protruding /
- D) cls 4 leziuni comeene/Grade 4 cornea lesions /
- E) cls 6 afectarea nervului optic/6 grade, optic nerve damage /

24. CM . [TYR00003] Cazurile de gusa polinodulara si boala Graves necesita supraveghere endocrinologica datorita (pag 126)/The cases of poli -nodular goiter and the Graves' disease require endocrinologist supervision due to:

- A) riscului de recidiva a hipertiroidismului dupa oprirea ATS sau dupa un tratament radical/The risk of relapse of hyperthyroidism after the ATS stopping or after a radical treatment /
- B) pentru evidentiarea non-compliancei terapeutice la unii pacienti hipotiroidieni cu tratament substitutiv/For outlining the non-adherence therapeutic in some hypothyroid patients with substitute treatment /
- C) risc de hipertiroidism dupa tratament medical (ATS si euthyrox)/Risk of hyperthyroidism after medical treatment (ATS and euthyrox)/
- D) riscului de deces al pacientului/The risk of death of the patient/
- E) risc de hipotiroidism dupa tratamente radicale (chirurgie si iod radioactiv)/The risk of hypothyroidism after radical treatment (surgery and radioactive iodine)/

25. CM . [CM47160] In criza tireotoxica apar: (pag. 128) /the thyrotoxic crisis occurs: (page 128) /

- A) Febra / Fever /
- B) Tulburari cardiovasculare / Cardiovascular Disorders /
- C) Deshidratare / Dehydration /
- D) Hipertensiune arteriala / Hypertension /
- E) Paloare / Pallor /

26. CM . [CM47186] Despre cretinismul endemic nu sunt adevarate urmatoarele afirmatii: (pag 145, 146)/About endemic cretinism the following statements are not true: (page 145, 146) /

- A) deficitul de iod elemental nu are efect propriu asupra creierului/The elemental iodine deficiency has no effect on the brain /
- B) in patogenia formei mixedematoase exista deficit de seleniu/In the mix edematous form pathogenesis there is selenium deficiency /
- C) in forma mixedematoasa sunt prezente surdomutismul si diplegia spastica/In the mix edematous form are presented the deaf-and-dumb and spastic dysplasia /
- D) forma neurologica prezinta disgenezie epifizara a capului femural/The neurological form show the epiphysis dysgenesis of the femoral head /
- E) cauza cretinismului produsului de conceptie este excesul de iod/The cause of cretinism of the product of conception is the excess iodine /

27. CM . [CM472002] Unele medicamente, mai ales pe fondul unei tiroidite cronice, pot induce hipotiroidism: (130)/Some drugs, especially for a chronic thyroiditis, can cause hypothyroidism: (130) /

- A) amiodarona;/Amiodarone; /
- B) propranolol;/Propranolol; /
- C) acid valproic;/Valproic acid; /
- D) litiu;/Lithium; /
- E) fenitoina./Phenytoin. /

28. CM . [CM47175] TSH supresat apare in urmatoarele situatii: (Pagina 122)/Suppressed TSH appears in the following situations: (page 122) /

- A) Hipertiroidism clinic manifest/Hyperthyroidism clinical manifestations /

- B) Hipertiroidism subclinic/Hyperthyroidism subclinical /
- C) Dupa administrare de glucocorticoizi/After administration of glucose- corticoids /
- D) Depresie majora/Major depression /
- E) Dupa administrare de beta-blocante/After administration of beta blockers /

29. **CM** . [CM472003] Forma severa de hipotiroidism: (129)/severe form of hypothyroidism: (129) /

- A) Japare un infiltrat localizat;/There is a localized infiltrate; /
- B) se numeste mixedem;/Is called myxedema; /
- C) infiltratul contine glicozaminoglicani;/The infiltrate contains glycosaminoglycans; /
- D) apare un infiltrat generalizat in tegumente, seroase, viscere;/Is a generalized infiltrated in the skin, serous, viscera; /
- E) Japare si in adenomul toxic tiroidian./Appears in toxic thyroid adenoma. /

30. **CM** . Hipotiroidismul se clasifica in functie de: (pag.130)/Hypothyroidism is classified according to:

- A) localizarea leziunii / The location of lesion/
- B) gradul insuficientei tiroidiene primare / The degree of primary thyroid failure/
- C) durata/Duration/
- D) varsta la care apare / The age when it appears/
- E) necesitatile terapeutice / Therapeutic needs /

1. **CS** [C2250029] In cancerul de col uterin, care este cea mai frecvent intalnita cale de extensie: (pag. 3070) \ In cervical cancer, which is the most common way to add: (p. 3070) \

- A) din aproape in aproape, ca o "patade ulei" \ step by step, as an "oil patade" \
- B) calea limfatica \ via lymphatics \
- C) calea hematogena \ path marrow \
- D) calea limfaticasi hematogena \ path limfaticasi marrow \
- E) nici una din cele de mai sus \ none of the above \

2. **CS** [C2650058] Cat reprezinta durata expunerii in cazul sistemului Stokholm de tratament radiologic in cazul cancerului de col uterin? (pag. 3074) \ What is the duration of exposure for radiation treatment system of Stockholm where cervical cancer? (P. 3074) \

- A) 6-8 zile \ 6-8 days \
- B) 2-3 zile \ 2-3 days \
- C) 27-30 ore \ 27-30 hours \
- D) 12-18 ore \ 12-18 hours \
- E) 6-8 ore \ 6-8 hours \

3. **CS** [C1550024] Stadializarea cancerului de col uterin asociat cu sarcina este mai dificila datorita: (pag. 3073) \ Staging of cervical cancer associated with pregnancy is more difficult because: (p. 3073) \

- A) hormonilor de sarcina; \ The hormones of pregnancy; \
- B) ascensiunii uterului in abdomen; \ rise of the uterus in the abdomen; \
- C) constipatiei; \ constipation; \
- D) imbibitiei hidrice din parametre; \ water imbibitiei of parameters; \
- E) prezentei hemoroizilor \ this hemorrhoids \

4. **CS** [C2350039] Stadiul II b (stadializarea FIGO) a cancerului de col reprezinta: (pag. 3072) \ Stage IIb (FIGO staging) is cervical cancer (p. 3072) \

- A) invazia 1/3 caudale a vaginului, fara atingerea peretilor excavatiei, in caz de invazie a parametrelor; \ The invasion of third tail of the vagina, without touching the walls of excavations, in case of invasion of parameters; \
- B) invazia vaginului fara interesarea parametrelor; \ invasion of the vagina without involving parameters; \
- C) invazia parametrelor pana la peretele excavatiei si / sau hidronefroza sau rinichi nefunctional; \ wall invasion parameters to excavation and / or hydronephrosis or kidney unfunctional; \
- D) invazia parametrelor, dar nu pana la peretele excavatiei; \ invasion parameters, but not until the excavation wall; \
- E) leziune mai mare de 4 cm; \ lesion larger than 4 cm; \

5. **CS** [C2350041] Rolul factorului infectios in etiologia cancerului de col uterin este sustinut de prezenta: (pag. 3069) \ The role of infectious factor in the etiology of cervical cancer is supported by this: (p. 3069) \

- A) virusul Epstein -Barr; \ Epstein-Barr virus; \
- B) HIV; \ HIV; \
- C) virus herpes simplex tip 2; \ herpes simplex virus type 2; \
- D) virusul rubeolic; \ rubella; \
- E) virus herpes simplex tip 1; \ herpes simplex virus type 1; \

6. **CS** [C2650070] In cancerul de col si sarcina, stabilirea stadialitatiei este: (pag. 3073) \ In cervical cancer and pregnancy, stadialitatiei setting is: (p. 3073) \

- A) facila \ Easy \
- B) facila in prezenta computer tomografiei \ easy in this computer tomography \
- C) dificila datorita imbibatiei hidrice \ difficult because water imbibatiei \
- D) dificila in functie de prezentatie \ hard depending on the presentation \
- E) dificilala prima sarcina \ difficult first pregnancy \

7. **CS** [C2650060] Cate cure de polichimioterapie pot fi efectuate in cazul tratamentului asociat al sarcomului de col uterin? (pag. 3078) \ Polichimioterapie How many courses of treatment may be conducted in association with cervical sarcoma? (P. 3078) \

- A) 2-4 \ 2-4 \
- B) 4-6 \ 4-6 \
- C) 6-8 \ 6-8 \
- D) 8-10 \ 8-10 \
- E) 10-12 \ 10-12 \

8. **CS** [C1450014] Strategia terapeutica in stadiul 0 al neoplasmului de col uterin la bolnave peste 40 de ani cuprinde: (pag. 3076) \ Therapeutic strategy of stage 0 cervical cancer in patients over 40 years include: (p. 3076) \

- A)** brahiterapie utero-vaginala si/sau interventie chirurgicala de tip oncologic la 5 - 6 saptamani postiradiere \ utero-vaginal brachytherapy and / or type oncological surgery in 5-6 weeks postiradiere \
- B)** teleterapie si/sau interventie chirurgicala \ teleterapie and / or surgery \
- C)** chimioterapie si/sau interventie chirurgicala \ chemotherapy and / or surgery \
- D)** radioterapie \ radiotherapy \
- E)** histerectomie totala cu conservarea anexelor \ total hysterectomy with conservation Annexes \
-

9. CM [C2250128] Tratamentul chirurgical al cancerului de col uterin: (pag. 3073) \ Surgical treatment of cervical cancer (p. 3073) \

- A)** este doar paleativ \ It is only palliative \
- B)** urmareste in primul rand prognosticul vital \ aims primarily vital prognosis \
- C)** sacrifica functionalitatea in favoarea radicalitatii \ sacrificing functionality in favor radicalitatii \
- D)** urmareste pastrarea functionalitatii, nu este radical \ follow preservation functionality is not radically \
- E)** extirpa dincolo de limitele aparente ale leziunii tumorale cu extirparea in bloc a cailor de propagare \ remove the lesion beyond the apparent tumor with removal of horses spread block \
-

10. CM [C2550186] Care sunt timpii operatori care fac parte din histerectomia radicala? (pag. 3073) \ What time operators as part of radical hysterectomy? (P. 3073) \

- A)** Extirparea 1/3 craniale a vaginului; \ removal of third cranial to the vagina; \
- B)** Extirparea trigonului vezical; \ removal of bladder trigonal; \
- C)** Extirparea ligamentelor utero-sacrate; \ utero-sacral ligament removal; \
- D)** Extirparea parametrelor; \ removal of parameters; \
- E)** Extirparea ganglionilor iliaci externi \ external iliac lymph removal \
-

11. CM [C2250119] Clasificarea histologica a cancerului de col uterin se face astfel: (pag. 3070) \ Histologic classification of cervical cancer is as follows: (p. 3070) \

- A)** tumori epiteliale benigne \ Benign epithelial tumors \
- B)** tumori epiteliale maligne \ Malignant epithelial tumors \
- C)** tumori nonepiteliale maligne \ nonepiteliale malignant tumors \
- D)** tumori secundare \ secondary tumors \
- E)** tumori nonepiteliale benigne \ Benign tumors nonepiteliale \
-

12. CM [C2750245] Tratamentul in cancerul de col stadiul la2 include urmatoarele, cu exceptia: (pag. 3076) \ Treatment la2 stage cervical cancer include the following, except: (p. 3076) \

- A)** brahiterapie 60 Gy in punctele A din parametre \ brachytherapy 60 Gy in point A of parameters \
- B)** histerectomie totala cu anexectomie bilaterala la 5-6 saptamani dupa radioterapie \ total hysterectomy with bilateral anexectomy 5-6 weeks after radiotherapy \
- C)** momochimioterapie cu taxani \ momochimioterapie with taxanes \
- D)** brahiterapie 10-20 Gy postoperator la bontul vaginal \ 10-20 Gy postoperative Brachytherapy to the vaginal stump \
- E)** teleterapie 60 Gy \ 60 Gy teleterapie \
-

13. CM [C2250113] Factorii infectiosi incriminati in etiologia cancerului de col uterin sunt: (pag. 3069) \ Infectious factors incriminated in the etiology of cervical cancer are: (p. 3069) \

- A)** herpes simplex virus tip 1 (HSV-1) \ The herpes simplex virus type 1 (HSV-1) \
- B)** herpes simplex virus tip 2 (HSV-2) \ Herpes simplex virus type 2 (HSV-2) \
- C)** human papiloma virus (HPV) \ human papilloma virus (HPV) \
- D)** parvo virus \ Parvo Virus \
- E)** HIV (SIDA) \ HIV (AIDS) \
-

14. CM [C1550095] Precizati care sunt factorii favorizanti in etiologia cancerului de col uterin: (pag. 3069) \ Clarify which factors favored etiology of cervical cancer (p. 3069) \

- A)** multiparitatea; \ multiparity; \
- B)** debutul vietii sexuale la varsta tanara; \ onset of sexual activity at young age; \
- C)** status socio-economic scazut; \ low socio-economic status; \
- D)** bacilul DO-DERLEIN; \ bacillus DÖDERLEIN; \
- E)** circumcizia partenerului sexual \ circumcision sexual partner \
-

15. CM [C2250109] Etiologia cancerului de col uterin este cunoscuta (pag. 3069) \ Etiology of cervical cancer is known (p. 3069) \

- A)** cu precizie \ The precise \
- B)** nu este cunoscuta \ not known \
- C)** exista factori favorizanti incriminati \ no risk factor incriminated \

D) nu exista factori favorizanti \ no risk factor \

E) este urmarita prin studii epidemiologice efectuate pe loturi populationale cu mare valabilitate statistica \ is followed by epidemiological studies conducted on population-groups with high statistical validity \

16. **CM** [C2650229] Brahiterapia in cancerul de col uterin trebuie sa acopere cu doza tumoricala "volumul tinta": (pag. 3075) \ Brachytherapy in Cervical Cancer tumoricala dose should cover "target volume" (p. 3075) \

A) uterul \ uterus \

B) partea proximala a parametrelor (punctul A) \the proximal parameters (point A) \

C) treimea superioaraa vaginului \ third superioaraa vagina \

D) treimea inferioaraa vaginului \ third inferioara a vagina \

E) ovarele \ ovaries \

17. **CM** [C2250146] Pentru stadializarea cancerului de col uterin: (pag. 3071) \ For staging of cervical cancer (p. 3071) \

A) se folosesc doua stadializari, TNM si FIGO \ doua stadializari used, TNM and FIGO \

B) se foloseste doar stadializarea FIGO \ Use only the FIGO staging \

C) se foloseste doar stadializarea TNM \ TNM staging is used only \

D) stadializarea FIGO permite o foarte corecta codificare terapeutica \ FIGO staging corecta codificare given a therapeutic \

E) stadializarea FIGO este cea folosita cu predilectie de ginecologi si radioterapeuti \ FIGO staging is the predilection of gynecologists and radioterapeuti folosita cu \

18. **CM** [C2250132] In tratamentul radiologic al cancerului de col uterin se folosesc: (pag. 3074) \ The radiological treatment of cervical cancer using: (p. 3074) \

A) radionuclidul cesiu (137Cs) \ radionuclide cesium (137Cs) \

B) radionuclidul iridiu (192Ir) \ radionuclide iridium (192Ir) \

C) nici unul dintre acestia \ none of them \

D) radionuclidul strontiu \ radionuclide strontium \

E) fototerapia bioptron \ phototherapy bioptron \

19. **CM** [C2250144] Tratamentul sarcomului de col uterin: (pag. 3078) \ Treatment of cervical sarcoma (p. 3078) \

A) impune o atentie speciala \ requires special attention \

B) se practica brahiterapia preoperatorie in scop hemostatic \ preoperative practica brahiterapia haemostatic purposes \

C) se practica polichimioterapia postoperatorie \ Postoperative practica polichimioterapia \

D) nu se practica cura chirurgicala \ no surgical practica cura \

E) nu impune atentie speciala \ does not require special attention \

20. **CM** [C2650230] Teleterapia cancerului de col uterin utilizeaza: (pag. 3075) \ Teleterapia cervical cancer using: (p. 3075) \

A) fascicule de radiatii Gamma (telecobaltoterapia) \ Gamma radiation beam (telecobaltoterapia) \

B) fotoni X \ Photon X \

C) electroni (acceleratori liniari si betatron) \electrons (linear accelerator and betatron) \

D) iradiieri cu activitati mari si timp de expunere foarte scurt \ irradiation with high activity and very short exposure time \

E) sistemul Paris \ Paris System \

21. **CM** [C2650222] Complicatiile imediat ale tratamentului chirurgical al cancerului de col uterin includ: (pag. 3074) \ Immediate complications of surgical treatment of cervical cancer include: (p. 3074) \

A) hemoragii \ bleeding \

B) leziuni ale ureterelor \ ureteral injury \

C) leziuni ale vezicii urinare \ lesions of the bladder \

D) leziuni ale anselor intestinale \ damage to the intestinal loops \

E) fistulele tractului urinar \ urinary fistula \

22. **CM** [C2250136] Tratamentul citostatic in cancerul de col uterin are urmatoarele indicatii: (pag. 3075) \ Chemotherapy in cervical cancer has the following indications: (p. 3075) \

A) adjuvant in terapia complexa radiochirurgicala \ adjuvant in complex therapy radiochirurgicala \

B) prezenta metastazelor ganglionare, ovariene sau in tesutul parametrial \ this node metastases, ovarian tissue or parameters \

C) poate fi asociat cu o cura scurta de iradiere \ may be associated with radiation cura scurta de \

D) se aplica in formele incipiente ale bolii \ apply early forms of disease \

E) in cazul recidivelor sau metastazelor la distanta \ If recurrences or distant metastases \

23. **CM** [C2550165] Precizati care sunt formele particulare de cancer de col uterin (pag. 3071, 3073) \ Clarify which particular forms of cervical cancer (p. 3071, 3073) \

- A) adenocarcinomul \ adenocarcinoma \
- B) cancerul de col asociat cu fibrom uterin \ Cervical cancer associated with uterine fibroids \
- C) cancerul de col asociat cu sarcina \ cervical cancer associated with pregnancy \
- D) blastomul de col uterin \ cervical blastomul \
- E) microcarcinomul \ microcarcinomul \

24. **CM** [C2650224] Complicatiile tardive in cadrul tratamentului chirurgical ale cancerului de col uterin, sunt dominate de: (pag. 3074) \ Late complications in the surgical treatment of cervical cancer, are dominated by: (p. 3074) \

- A) disfunctia vezicala \ bladder dysfunction \
- B) fistule ale tractului urinar \ urinary tract fistulae \
- C) formatiuni limfocistice si limfedem \ formation and lymphedema limfocistice \
- D) hemoragii prin leziuni ale vaselor iliace \ bleeding from injuries of iliac vessels \
- E) hemoragii ale vaselor din fose obturative \ bleeding vessels of septic root \

25. **CM** [C1450092] Care sunt factorii favorizanti in aparitia cancerului de col uterin? (pag. 3069) \ What are the factors favoring the occurrence of cervical cancer? (P. 3069) \

- A) debutul precoce al vietii sexuale, inainte de 17 ani \ Early onset of sexual activity before 17 years \
- B) parteneri sexuali circumscrisi \ circumscribed sexual partners \
- C) rapoarte sexuale frecvente \ report frequent sexual \
- D) nasteri multiple \ Multiple births \
- E) fumatul \ smoking \

26. **CM** [C2250114] Care din urmatoarele afirmatii sunt corecte: (pag. 3069) \ Which of the following statements is correct: (p. 3069) \

- A) herpes simplex virus tip 2 (HSV-2) este initiatorului ce actioneaza ca factor mutagen \ The herpes simplex virus type 2 (HSV-2) is what actioneaza ca initiatorul mutagenic factor \
- B) human papiloma virus (HPV) este ipromotorul aparitiei leziunii \ Human papilloma virus (HPV) is promotorul lesion appearance \
- C) posibilitatea biologica a rolului HPV in oncogeneza cervicala este evidentiata prin faptul ca acesta determina infectie persistenta a epiteliului metaplastic in zona scuamo-columnara \ possible biological role of HPV cervical oncogeneza is evidenced by the fact ca acesta determina infectie persistenta a epiteliului metaplastic scuamo-columnar zone \
- D) toate afirmatiile de mai sus sunt corecte \ all above statements are correct \
- E) nici una din afirmatiile de mai sus nu sunt corecte \ none of the above statements are correct \

27. **CM** [C2350147] Simptomele din faza initiala a cancerului de col sunt: (pag. 3071) \ Symptoms of the initial stage of cervical cancer are: (p. 3071) \

- A) secretia apoasa; \ The watery secretion; \
- B) disurie; \ dysuria; \
- C) hematurie; \ hematuria; \
- D) durere in flancuri sau membre inferioare; \ pain in the flanks or legs; \
- E) scurgere redusa, nemirositoare, de obicei cu striuri sangvinolente, aparute de regula dupa microtraumatisme; \ low leakage, nemirositoare usually with grooves sanguinolent, typically occurs after microtraumatisme; \

28. **CM** [C2750242] Selectati afirmatiile false legate de tratamentul citostatic in cancerul de col: (pag. 3075) \ Select false statements related to chemotherapy treatment of cervical cancer (p. 3075) \

- A) este indicat in formele precoce de boala \ shown in early forms of disease \
- B) indicatia si initierea chimioterapiei nu necesita investigatii cardiovasculare si renale \ indication and initiation of chemotherapy do not require investigation of cardiovascular and renal \
- C) este indicat in cazul recidelor si metastazelor la distanta, in asociere cu radioterapie \ is indicated if recurrences and distant metastases in combination with radiotherapy \
- D) taxanii se pot utiliza in monoterapie secventiala \ taxanii can be used in sequential monotherapy \
- E) este indicat in prezenta metastazelor ganglionare, ovariene sau in tesutul parametrial diagnosticate dupa radio-chirurgie \ is indicated in the presence of lymph node metastases, ovarian tissue or radio parameters diagnosed after surgery \

29. **CM** [C2250030] In cancerul de col uterin, in faza avansata apare: (pag. 3071) \ In cervical cancer in advanced stage appears (p. 3071) \

- A) o scurgere redusa, nemirositoare cu striuri sangvine ce apare dupa microtraumatisme \ a low leakage, nemirositoare with blood grooves appearing after microtraumatisme \
- B) sangerare abundenta, uneori urat mirositoare \ heavy bleeding, sometimes foul-smelling \
- C) durere in membrele inferioare \ sore legs \
- D) hematurie \ haematuria \

E) sangerari rectale \ rectal bleeding \

30. CM [C1550100] Diagnosticul pozitiv de cancer de col uterin in stadii incipiente se precizeaza cu ajutorul: (pag. 3071) \ Positive diagnosis of cervical cancer in its early stages is specified by (p. 3071) \

A) testului LAHM SCHILLER; \ test Lahm Schiller; \

B) testului LUGOL; \ Lugol test; \

C) biopsia tintita colposcopic; \ Target colposcopic biopsy; \

D) screening citologic; \ cytological screening; \

E) frotiului citohormonal vaginal \ citohormonal vaginal smear \

1. **CS** [C1654032] La sfarsitul lunii a III-a de sarcina fundul uterului se palpeaza: (pag. 74) \ At the end of the third month of pregnancy, the uterus fundus is palpable: (p. 74)\

- A) [] la nivelul ombilicului \ at the umbilicus \
- B) [] la nivelul xifoidului \ the xiphoid level \
- C) [x] la jumatatea distantei pubo-ombilicale \ *midway pubo-umbilical \ \
- D) [] la jumatatea distantei xifo-ombilicale \ midway xipho-umbilical \
- E) [] la nivelul simfizei pubiene \ at the level of the pubic symphysis \

2. **CS** [C2654067] Semnul Hegar decelat la tactul vaginal combinat in cadrul examenului local din sarcina consta in: (pag. 75) \ Hegar sign detected at the vaginal tact combined during the local examination in pregnancy consist of : (p. 75) \

- A) [] consistenta pastoasa a corpului uterin, care poate fi deprimat digital cu usurinta \ pasty consistency of the uterine body, which can be easily depressed by the fingers \
- B) [] umplerea fundurilor de sac vaginale de catre corpul uterin globulos \ filling the fundus of the vaginal sac by the uterine globular body \
- C) [x] inmuierea istmului uterin \ softenng of the uterine isthmus \
- D) [] mobilitatea accentuata a corpului uterin fata de istm/col \ the emphasized mobility of the uterine body towards the isthmus/cervix \
- E) [] datorita consistentei pastoase uterul gravid scapagreu din manafatade cel negravid care alunecaintre degete ca simburele de cireasa \ Due to the pasty consistency, the pregnant uterus is hard to slip from hand in comparison to the non-pregnant which slips between fingers like the cherry nuts \

3. **CS** [C2354054] Cresterea ponderala normala a unei gravide normoponderale in cele 9 luni de sarcina va fi de: (pag. 78) \ he normal weight growth of a pregnant woman in the 9 months of pregnancy will be: (p. 78) \

- A) [x] 10-12 kg \ 10-12 kg \
- B) [] 8-9 kg \ 8-9 kg \
- C) [] 7-8 kg \ 7-8 kg \
- D) [] 5-6 kg \ 5-6 kg \
- E) [] 20kg \ 20kg \

4. **CS** [C1254006] In ansamblu, toate diametrele stramtorii medii ale bazinului osos sunt de aproximativ: (pag. 92) \ Overall, all the medium strait diameters of the bony pelvis are about: (p. 92) \

- A) [] 10cm \ 10cm \
- B) [x] 11cm \ 11cm \
- C) [] 12cm \ 12cm \
- D) [] 10,5 cm \ 10,5 cm \
- E) [] 9cm \ 9cm \

5. **CS** [C1454015] Diametrul biparietal al craniului fetal la o sarcina la termen are valoarea normala: (pag. 94) \ Biparietal diameter of the fetal skull to a term pregnancy has normal value of: (p. 94) \

- A) [] 7cm \ 7cm \
- B) [] 7,5 cm \ 7.5 cm \
- C) [] 8cm \ 8cm \
- D) [x] 9,5 cm \ 9.5 cm \
- E) [] 10cm \ 10cm \

6. **CS** [C1254005] Modificarile de forma, volum si consistenta a uterului sunt semne (pag. 75) \ Changes in shape, volume and consistency of the uterus are signs (p. 75) \

- A) [] decelabile prin inspectie \ Detectable by inspection \
- B) [x] decelabile prin tact vaginal combinat \ Detectable by combined vaginal cycle \
- C) [] decelabile doar ecografic \ Detectable only by ultrasound \
- D) [] fetale de sarcina \ fetal pregnancy \
- E) [] ce nu pot deveni de certitudine a prezentei sarcinii \ who cannot be certain of the presence of pregnancy \

7. **Punctajul: 4** \ [C1654034] Care din urmatoare semne clinice de sarcina (de probabilitate) reprezinta semnul Hegar: (pag. 75) \ Which of the following clinical signs of pregnancy (of probability) represents the Hegar sign: (p. 75) \

- A) [] \ mobilitatea accentuata a corpului uterin fata de istm/col \ Accentuated mobility of the uterine body towards the isthmus/cervix \

- B)** \inmuierea istmului uterin \softening of the uterine isthmus \
- C)** \umplerea fundurilor de sac vaginale de catre corpul uterin globulos \The filling of the fundus of the vaginal sac by the globular uterine body \
- D)** \consistenta pastoasa a corpului uterin \pasty consistency of the uterine body \
- E)** \uterul gravid scapa greu din mina fata de cel negravid care aluneca intre degete ca simburele de cireasa \The pregnant uterus hardly escapes from hand in comparism with the non-pregnant uterus which slips between fingers like cherry seeds \
-

8. CS [C1254004] Dupa luarea in evidenta, o gravida va fi urmarita periodic: (pag. 77) \After registration , a pregnant woman will be followed regularly: (p. 77) \

- A)** \trimestrial \ trimesterly \
- B)** \bilunar in trimestrul I \bi-monthly in the first trimester \
- C)** \lunar in primele doua trimestre \ monthly in the first two trimesters \
- D)** \saptamanal in trimestrul I \weekly in first timester \
- E)** \ocazional \ Occasionally \
-

9. CM . [C1654131] La examenul cu valve in timpul sarcinii putem observa: (pag. 74) \At the valve examination during pregnancy we can observe: (p. 74) \

- A)** \coloratia violacee a peretilor vaginali \ The purple coloration of vaginal walls \
- B)** \corpul uterin marit de volum \ corpul uterin marit de volum \
- C)** \fanta vulvara mai dehiscenta cu orificiul vulvar lax \fanta vulvara mai dehiscenta cu orificiul vulvar lax \
- D)** \umectare mai intensa a vaginului \more intensive wetting of the vagina \
- E)** \colul ramolit, inmuiat, de consistenta scazuta \cervix decrepiti, soft, low consistency \
-

10. CM . [C2254155] Igena sarcinii presupune masuri profilactice pentru protectia mamei si copilului Care din urmatoarele recomandari sunt corecte in acest sens: (pag. 88-89) \The pregnancy hygiene requires preventive measures to protect the mother and the child. Which of these recommendations are correct in this respect: (p. 88-89) \

- A)** \interzicerea consumului de alcool si tutun in sarcina \ ban alcohol and tobacco during pregnancy \
- B)** \combaterea constipatiei cu laxative \ control constipation with laxatives \
- C)** \permiterea raporturilor sexuale cu frecventamoderata \allowing sex with frequent moderation \
- D)** \evitarea expunerii gravidei la stress, emotii \ pregnant women avoid exposure to stress, emotions \
- E)** \evitarea eforturilor fizice mari \ avoid large physical effort \
-

11. CM . [C2254135] La inspectia clinica a unei gravide in primul trimestru se pot decela: (pag. 73-74) \ On clinical inspection of the first trimester of pregnancy someone can detect: (p. 73-74). \.

- A)** \.masca de sarcina \ The mask of pregnancy. \ .
- B)** \.pigmentatia liniei albe abdominale \ abdominal pigmentation white line. \ .
- C)** \.aparitia de varice \ the appearance of varicose veins. \ .
- D)** \.pigmentatia organelor genitale \ genital pigmentation. \ .
- E)** \.fundul uterin situat la citeva laturi de deget suprasimfizar \ the back of the uterus at a finger distance . \ .
-

12. CM . [C2254140] Varsta gestationala poate fi gresit calculata in urmatoarele conditii: (pag. 76) \Gestational age may be wrongly calculated in the following conditions: (p. 76) \

- A)** \menstruatii neregulate \irregular periods \
- B)** \notarea gresitaa datei ultimei menstruatii \ the wrong date of periods \
- C)** \lipsei de luare in evidentaa gravidei (absenta primei consultatii prenatale) \ lack of taking pregnancy into consideration (absence of first prenatal consultation \
- D)** \masurare a parametrilor ecografici \ measurement of ultrasound parameters \
- E)** \masurarea inaltimii fundului uterin \measurement of uterine height bed \
-

13. CM . [C1454117] Care din urmatoarele elemente formeaza micul bazin ? (pag. 91) \ Which of these elements form the small pelvis? (P. 91) \

- A)** \marginea superioara a simfizei pubiene \ The upper edge of pubic symphysis \
- B)** \corpul pubelui \ pubic body \
- C)** \liniile nenumite \ unnamed lines \
- D)** \cavitatea cotiloida \ cotyloid cavity \
- E)** \articulatiile sacroiliace \ sacroiliac joints \
-

14. **CM** . [C2554182] In mod normal uterul gravid este: (pag. 75) \ Normally pregnant uterus is (p. 75) \

- A) Dureros la palpare \ Painful to touch \
- B) Nedureros la palpare \ painless to palpation \
- C) Piriform \ Piriform \
- D) Globulos \ globular \
- E) Elastic \ Elastic \

15. **CM** . [C2554183] Examenul clinic in primul trimestru de sarcina ofera date despre (pag. 74-75) \ The clinical examination in the first trimester provides data for: (p. 74-75) \

- A) Col \ Uterine cervix \
- B) Istm uterin \ uterine isthmus \
- C) Corp uterin \ endometrium \
- D) Anexe \ Attachments \
- E) Vulva si vagin \ Vulva and vagina \

16. **CM** . [C2854244] Cu toate ca elementele subiective intr-o sarcina sunt variable si nepatognomonice, cele neuropsihice pot fi reprezentate de: ()

\ Although the subjective elements in a pregnancy are variable and not pathognomonic, the neuropsychological ones may be represented by: \

- A) iritabilitate; \ irritability; \
- B) letargie; \ lethargy; \
- C) emotivitate; \ emotion; \
- D) abulie; \ aboulia (loss of will power) \
- E) labilitate psihica. \ psychic liability \

17. **CM** . [C2254150] In cadrul masurarii pelvimetriei externe a bazinului obstetrical, diametrul antero-posterior se defineste ca masurind: (pag. 83) \ In measuring the external pelvic metre of the obstetrical pelvis, anterior-posterior diameter is defined as measuring: (p. 83) \

- A) distanta intre punctele cele mai indepartate ale crestelor iliace \ The distance between the farthest points of the iliac crests \
- B) distanta intre cele douaspine iliace antero-superioare \ distance between the two anterior-superior iliac spine \
- C) distanta intre fata anterioara a simfizei pubiene si varful apofizei spinoase a vertebrei 5 lombar \ distance between the front of the pubic symphysis and the tip of the spinal apophyses of the 5th lumbar vertebra \
- D) 20 cm \ 20 cm \
- E) 24 cm \ 24 cm \

18. **CM** . [C1454118] Care sunt testele biofizice utilizate in supravegherea starii fatului ? (pag. 100) \ What are the biophysical tests used in monitoring foetal status? (P. 100)

- A) roll over - test \ roll over - test \
- B) EKG \ ECG \
- C) EEG \ EEG \
- D) cardiocografia antepartum \ antepartum cardiotocography \
- E) ecografia \ ultrasound \

19. **CM** . [C2654198] Care din urmatoarele afirmatii, in ceea ce priveste regimul alimentar in sarcina, sunt adevarate: (pag. 88) \ Which of the following statements regarding diet in pregnancy are true: (p. 88) \

- A) nevoile energetice sunt de 2500-3000 calorii/zi \ The energy needs are 2500-3000 calories / day \
- B) necesarul protidic este de 1,5 grame/kg corp din care jumătate sub formă de proteine animale \ the protein requirement is 1.5 g / kg of body weight of which half is animal protein \
- C) nevoile de fier sunt crescute la 30 miligrame/zi, față de 10-15 miligrame/zi \ iron needs are increased to 30 mg / day, in comparison 10 to 15 milligrams / day \
- D) glucidele trebuie sa atingă nivelul de 500-1000 grame/zi \ The carbohydrate needs to reach the level of 500-1000 grams per day \
- E) glucidele trebuie sa atingă nivelul de 350-400 grame/zi \ The carbohydrate needs to reach the level of 350-400 grams per day \

20. **CM** . [C1654126] Care din urmatoarele antecedente ginecologice obstetricale includ gravida in categoria celor cu risc obstetrical crescut: (pag. 97) \ Which of the following obstetric and gynecology history include the pregnant woman in the

category of the ones with high obstetrical risk?(p. 97)\

- A) uter cicatriceal \ uterine scar \
- B) sterilitate tratata \ treated infertility \
- C) alcoolism \ alcoholism \
- D) nefropatii \ kidney diseases(nephropathies) \
- E) avort, nastere prematura \ abortion, premature birth \

21. **CM** . [C2554184] Uterul gravid in luna a V-a : (pag. 76) \ The pregnant uterus at the 5th month: (p. 76)\

- A) Are inaltimea de 20 cm \ height of 20 cm \
- B) Atinge cicatricea ombilicala \ \Touch the umbilical scar maxlength
- C) Are 28-30 cm inaltime \ has 28 to 30 cm in height \
- D) E la jumatarea distantei ombilic-apendice xifoid \ is half the distance of the unmblical-appendix xiphoid \
- E) E suprasimfizar \ It is at two finger distance from the suprasymphysis\

22. **CM** [C1354109] Pentru diagnosticul de sarcina in trimestrul I, la inspectie au valoare orientativa urmatoarele semne: (pag. 73 si 74) \For diagnosis of pregnancy in the first trimester, on inspection the following signs have orientative value: (p. 73 and 74)\

- A) Masca de sarcina \ The mask of pregnancy\
- B) Pigmentarea liniei albe \ Pigmentation of white line\
- C) Vergeturile de culoare alb-sidefie \ pearly-white stretch marks \
- D) Pigmentarea organelor genitale \ genital pigmentation \
- E) Hiperpigmentarea areolelor mamare \ Hyperpigmentation of mammary areola \

23. **CM** . [C2554191] Colul uterin al multiparelor la termen este: (pag. 90) \The uterine cervix of the multiparous woman at full-term is: (p. 90) \

- A)]mai lung de 2,5 cm \ 2.5 cm longer\
- B)]cu orificiul intern inchis \ the internal opening closed\
- C)]ramolit \ senile \
- D)]cu orificiul extern dehiscent \ the external orifice dehiscence \
- E)]cilindric \ cylindrical \

24. **CM** . [C2554185] Alimentatia recomandata femeii gravide este : (pag. 77) \ Recommended diet of pregnant women is

- A)]Rationala \ Rational \
- B)]Normocalorica \ Normocaloric\
- C)]Echilibrata \ Equilibrium \
- D)]Hiperproteica \ Hyperprotein \
- E)]Hiposodata \ Hypersodium \

25. **CM** .] Bolta craniana la fat este alcatuita din urmatoarele oase, (pag. 93) \The foetal cranial arch, consists of these bones:

- A)]Etmoid; \ ethmoid;\
- B)]Doua parietale; \ Two parietal; \
- C)]Doua temporale; \ Two temporal\
- D)]Frontal; \ Frontal; \
- E)]Occipital \ Occipital \

26. **Punctajul:** 5 \ . [C2354172] Pentru diagnosticul de sarcina, existenta amenoreei are valoare daca: (pag. 73) \ For diagnosis of pregnancy, amenorrhea existence has value if: (p. 73) \

- A)] femeia este tanara \ The woman is young \
- B)] femeia este sanatoasa \ the woman is healthy \
- C)] femeia are menstruati normala \ the woman has regular menses \
- D)] femeia nu alapteaza \ woman is not breast feeding \
- E)] femeia urmeaza un tratament cu Penicilina \ a woman following treatment with penicillin \

27. **CM** . [C1454115] Care din urmatoarele semne sunt semne de probabilitate materne de sarcina ? (pag. 75) \ Which of these pregnancy signs are of maternal probability? (P. 75)\

- A)]semnul Hegar \Hegar sign \
- B)]semnul McDonald \sign McDonald \
- C)]semnul Bonnair \sign Bonnair \

- D)]semnul Piscacek \sign Piscacek \
- E)]semnul Babinski *Babinski sign\
-

28. **CM** . [C2654200] Diametrele stramtorii superioare sunt: (pag. 92) \The superior narrowing diameters are: (p. 92) \

- A)]diametrul promonto-subpubian = 10 cm \ promonto-subpubian diameter = 10 cm \
- B)]diametrul transvers median, util = 12,5-13 cm \ transverse median diameter, utilize = 12.5 to 13 cm \
- C)]diametrul retro-pubian (util sau conjugata vera) = 10,8 cm \ Retro-pubic diameter (useful or conjugated Vera)=10.8cm \
- D)]diametrul transvers maxim = 13,5 cm \ maximum transverse diameter = 13.5 cm \
- E)]diametrele oblice (stang si drept) = 11-12 cm \ oblique diameters (left and right) = 11-12 cm \
-

29. **CM** . [C2254165] Care dintre urmatoarele conditii se incadreaza la factori intranatali in vederea depistarii gravidelor cu risc: (pag. 98) \ Which of these conditions fall under ante-natal factors to detect pregnancies at risk (p. 98) \

- A)] hemoragie in primul trimestru \ bleeding in first trimester \
- B)] hemoragie recenta \ recent haemorrhage \
- C)] membrane rupte de peste 6 ore faradeclansarea contractiilor \ membranes ruptured more than 6:00 hours without the beginning of contractions \
- D)] procidentade cordon \procidentia(sinking or prolapse) of the cord \
- E)] travalii de peste 12 ore la primipare \ labors over 12 hours in primiparous \
-

30. **CM** . [C2254134] In cadrul examenului obiectiv efectuat in primul trimestru de sarcina, informatii utile pentru stabilirea diagnosticului sunt furnizate de: (pag. 73-74) \ The objective examination carried out in the first trimester, useful information for diagnosis provides (p. 73-74) \

- A)]inspectia generala \ general inspection \
- B)]inspectia sanilor \ Breast inspection \
- C)]palparea sanilor si abdomenului \ palpation of the breasts and abdomen \
- D)]percutia abdominala \ abdominal percussion \
- E)]auscultatia \auscultation \

1. **CS** [CS50037] Urmatoarea afirmatie despre Arrenoblastoame este adevarata (pg 1835) \The following statement is true about Arrenoblastoame (PG 1835) \

- A) este o tumora cu celule Sertoli-Leydig \ Is a Sertoli-Leydig cell tumor \
- B) e o tumora cu celule germinale \ Is a germ cell tumor \
- C) se manifesta prin precocitate sexuala la fetite \ It manifests by sexual precocity in girls \
- D) e o tumora cu celule granuloase \ Is a granulosa cell tumor \
- E) pot fi insotite de sdr Meig \ It can be accompanied by Meigs syndrome \

2. **CS** [CS50050] Urmatoarele afirmatii despre vestigiile ductului Wolffian sunt corecte, cu EXCEPTIA() \The following statements about Wolffian duct remains correct, except () \

- A) [adesea nu pot fi diferite clinic de tumorile ovariene \ Often can not be clinically differentiated from ovarian tumors \
- B) [sunt mici chisturi uniloculare \ Are small unilocular cysts \
- C) [sunt chisturi ovariene \ are ovarian cysts \
- D) [se pot torsiona \ can be torsioned \
- E) [se pot infarctiza \ Can be infarcted \

3. **CS** [CS50014] Precizati care afirmatie este falsa: (Pag 1834) \Specify which statement is false: (Pag 1834) \

- A) [Chisturile foliculare reprezinta foliculii de Graaf nerupti, micsorati \ Follicular cysts represents small unbroken Graafian follicles \
- B) [Chisturile corpului galben pot atinge dimensiuni de 10-11 cm \ Corpus luteum cysts can reach sizes of 10-11 cm \
- C) [Endometrioamele constituie majoritatea chisturilor ciocolatii \ Endometriomas consists of mostly chocolate cysts \
- D) [Vestigiile ductului Wolffian sunt mici chisturi uniloculare \ Vestiges of the Wolffian duct are small unilocular cysts \
- E) [Vestigiile ductului Mullerian pot ap ca tumori chistice paraovariene \ Mullerian duct artifacts can appear as paraovarian cystic tumors \

4. **Punctajul: 4** \ [CS50041] Chisturile foliculare sunt: (p1834) \ Follicular cysts are: (p1834) \

- A) [chisturi ciocolatii \ Chocolate cyst \
- B) [chisturi de corp galben \ corpus luteum cysts \
- C) [foliculi de graaf mariti,nerupti \ Large, unbroken Graafian folicule \
- D) [tumori paraovariene \ Paraovarian tumors \
- E) [mici chisturi inflamatorii ale fimbrii terminale \ Small Inflammatory cysts of the terminal fimbria \

5. **CS** [CS50046] Cele mai frecvente tumori benigne pelviene la femei sunt: (pag. 1834) \ The most common benign pelvic tumors in women are: (p. 1834) \

- A) [polipii \ Polyps \
- B) [leiomiomele \ Leiomyomas \
- C) [chisturile foliculare \ Follicular cysts \
- D) [tumori cu celule din granuloasa \ Granulosa cell tumors \
- E) [adenomioza \ Adenomyosis \

6. **CS** [CS50004] Tumorile ovariene cele chist non-neoplazice sunt, cu exceptia: (1834) \ Ovarian tumors that are non-neoplastic cysts are, except: (1834) \

- A) [chisturilor foliculare \ Follicular cysts \
- B) [vestigiiile ductului Wolffian \ Vestiges of the Wolffian duct \
- C) [endometrioamelor \ Endometrioamas \
- D) [chistadenamelor \ Cystadenomas \
- E) [chisturile corpului galben \ Corpus luteum cysts \

7. **CS** [CS50027] Cea mai frecventa localizare leiomiomele (tumori uterine benigne) este: (pg 1835) \ The most frequent location of leiomyomele (benign uterine tumors) is: (p. 1835) \

- A) [Submucoasa \ Submucosa \
- B) [Intracavitara \ Intracavitary \
- C) [Prolabat \ Prolapse \
- D) [Intramural \ Intramural \
- E) [Pediculat \ Pediculated \

8. **CS** [CS50049] Tumori ovariene nefunctionale sunt: (pag. 1834) \Functional ovarian tumors are: (p. 1834) \

- A) \ chistadenoamele \ Cystadenomas \
- B) \ tumori cu celule tecale \ Theca cell tumors \
- C) \ struma ovarii \ Ovarian Stroma \
- D) \ tumori cu celule Sertoli \ Sertoli cell tumors \
- E) \ formate din tesut tiroidian \ Consists of thyroid tissue \

9. **Punctajul:** 5 \ . [CM50040] Chisturile foliculare: (pag. 1834) \Follicular cysts (pag. 1834) \

- A) \Prin rupere pot produce infarctul ovarului sau al trompei si ovarului \By rupture they can cause ovarian infarction or of ovarian trunk and the ovary \
- B) \Pot regresa spontan \Can regress spontaneously \
- C) \Sunt non-neoplazici \Are non-neoplastic \
- D) \Sunt foliculi de Graaf rupti \Are broken Graafian follicles \
- E) \Se pot complica prin torsionare \Can be complicated by torsioning \

10. **CM** . [CM50049] In sindromul Meig: (pag 1835) \Meig's syndrome (page 1835) \

- A) fibroamele ovariene sunt insotite de ascita si hidrotorax \Ovarian fibroids are accompanied by ascites and hydrothorax \
- B) acumularea de lichid insoteste fibroamele ovariene > 2 cm \Accumulation of fluid accompanies ovarian fibroids of > 2 cm \
- C) in cancerile ovariene se produce o pleurezie citologic benigna, situatie denumita sindrom pseudo-Meig \Ovarian cancer produces a benign cytologic pleurisy, a condition called pseudo-Meig's syndrome \
- D) acumularea lichidului persista dupa excizia fibromului \Fluid accumulation persists after excision of fibroid \
- E) lichidul de ascita apare prin obstructia limfaticelor ovariene de catre tumora \Ascites fluid occurs through by ovarian lymphatic obstruction of the tumor \

11. **Punctajul:** 5 \ [CM50012] Leiomiomele pot fi localizate : (pg 1835) \Leiomyomas can be located: (pg 1835) \

- A) \intramural \Intramural \
- B) \prolabat \Prolapsed \
- C) \pediculat \Pediculated \
- D) \subcervical \Subcervical \
- E) \subseros \Subserous \

12. **CM** . [CM50052] Vestigiile duct Muller au urmatoarele trasaturi cu exceptia: () \Muller duct vestiges have following features except: () \

- A) sunt asemanatoare clinic cu tumorile ovariene \are clinically similar to ovarian tumors \
- B) sunt paraovariene \Are paraovarian \
- C) chisturi inflamatorii \Inflammatory cysts \
- D) sunt de dimensiuni mari \Are large \
- E) sunt localizate frecvent pe fimbria terminala \are frequently located in the terminal fimbria \

13. **CM** [CM50011] Tratatamentul in leiomiome presupune : (pg 1836) \Treatment of leiomyomas involves: (pg 1836) \

- A) in prezenta unei tumori mici efectuarea chemoreductiei \In the presence of small tumors chemoreduction is performed \
- B) expectativa pt marea majoritate a tumorilor asimptomatice \Expectations for the vast majority of asymptomatic tumors \
- C) interventia histeroscopica pentru majoritatea tumorilor pediculate din cavitatea endometriala \ Hysteroscopy surgery for most pediculated tumors in the endometrial cavities \
- D) utilizarea Nafarelinului sau Leuprolidului Acetat ca si chemoreductoare \The use of Nafareline or acetate Leuprolide as chemoreductors \
- E) indepartarea laparoscopica a tumorilor prolabate \Laparoscopic removal of Prolapsed tumors \

14. **Punctajul:** 5. \ [CM50078] Interventia chirurgicala a leiomiomului trebuie sa tina cont de : (pag 1835) \Leiomyoma surgery must take into account: (page 1835) \

- A) Varsta pacientei \Age of patient \
- B) Numarul de copii doriti \The number of children wanted \
- C) Reactia la posibila pierdere a functiei de reproducere \ Reaction to the possible loss of reproductive function \
- D) Locul de munca \Workplace \

E) Dorinta pacientei \ Desire of patient \

15. **CM** [CM50008] Evidentiati afirmatiile corecte : (pg 1834, 1835) \ Emphasize the correct statements:

A) Chisturile corpului galben pot atinge dimensiune de max.10-11mm \ Corpus luteum cysts may reach a maximum size of 10-11mm

B) Vestigiile ductului Wolffian sunt tumori ovariene \ Wolffian duct vestiges are ovarian tumors \

C) Cea mai frecventa localizare a leiomiomelor este cea intramurala \ The most common of location leiomyomas is intramural \

D) Struma ovarii poate sa produca uneori tabloul clinic al unei hipotiroidii \ Ovarian stromas can sometimes produce a clinical picture of hypothyroidism \

E) Chisturile corpului galben pot mima o sarcina ectopica \ Corpus luteum cysts can mimic an ectopic pregnancy \

16. **CM** . [CM50056] Lichenul scleros are urmatoarele caracteristici () \ Lichen scleros has the following characteristics () \

A) reprezinta o iritatie cronica \ Is a chronic irritation \

B) se afla pe zone vulvare albe \ Is on the White vulvar area \

C) pruriginos \ Pruritic \

D) de regula este o atrofie a mucoasei scleroasa \ Usually, is a sclerosed mucosa atrophy \

E) leziune premaligna \ Premalignant lesion \

17. **Punctajul:** 5 \ Modalitatile evolutive ale chisturilor foliculare sunt: (Pag.1834) \ Evolutionary ways of follicular cysts are:

A) \ Ruperea \ Rupturing \

B) \ Malignizarea \ Malignancy \

C) \ Torsionarea \ Torsioning \

D) \ Infectia \ Infection \

E) \ Regresia spontana \ Spontaneous Regression \

18. **Punctajul:** 5. \ [CM50099] Teratomul matur se caracterizeaza prin: (p1835) \ Mature teratoma is characterized by :

A) ia nastere din celulele germinale totipotente ale ovarului \ arise from totipotent ovarian germ cells \

B) contin mase calcificate (uneori la radiografie apar dinti sau fragmente osoase) \ contain calcified masses (sometimes appearing teeth or bone fragments in the radiograph) \

C) contin tesut endo,ecto si mezoderm \ containing endo , ecto and mesoderm tissue \

D) materialul vascos si grasos continut poate produce peritonita bacteriana daca se revarsa in timpul interventiei \ viscous material and fat content can cause bacterial peritonitis if it flows during surgery. \

E) indiferent de varsta,nu se va prezerva masa de tesut ovarian functional \ any age , will not preserve functional ovarian tissue mass \

19. **CM** [CM50007] Chisturile foliculare : (pg 1834) \ Follicular cysts (pg 1834) \

A) se pot rupe, determinand iritatie peritoneala \ They can break, causing peritoneal irritation \

B) nu pot simula adevaratele chisturi \ Can not simulate true cysts \

C) reprezinta foliculi de Graaf nerupti, mariti \ Represents large, unbroken Graafian follicles \

D) se pot torsiona, producand infarctul ovarului +/- al trompei \ Can be torsioned, producing ovarian infarction + / - the fallopian tube \

E) nu pot regresa sponta \ Can not regress spontaneously \

20. **Punctajul:** 5. \ [CM50068] Adenomioza : (1836) \ Adenomyosis : (1836) \

A) poate mima o sarcina ectopica \ may mimic an ectopic pregnancy \

B) apare, mai ales, in timpul perioadei reproductive \ occurs mainly during reproductive period \

C) este cunoscuta si sub numele de endometrioza corpului uterin \ is known as the endometriosis of the body of uterus \

D) poate determina marirea uterului \ can cause uterine enlargement \

E) apare ,mai ales, la femeile ce au avut un numar mare de sarcini \ occurs mainly in women who have had a number of pregnancies \

21. **CM** [CM50131] Tumora Brenner : (1835) () \ Brenner Tumor (1835) () \

A) este o tumora epiteliala rara \ is a rare epithelial tumor \

B) in general nu secreta hormoni \ in general, it does not secrete hormones \

C) secreta estrogen si progesteron \ it secretes estrogen and progesterone \

D) secreta numai estrogen \ it secretes only estrogen \

E) are potential malign redus \ it has a low malignant potential \

22. **Punctajul:** 5 \ [CM50024] Tumora Brenner: (Pag1835) \ Brenner Tumor (Pag1835)\

A) \Este o tumora epiteliala rara care in general nu secreta hormoni \ It is a rare epithelial tumor which generally do not secrete hormones \

B) \Elementele epiteliale nu sunt similare vestigiilor Walthard \Epithelial elements are not similar with walthard remains \

C) \Apare predominant la persoane tinere \ Occurs predominantly young staff \

D) \Are un mic potential malign \ Has a low malignant potential \

E) \Simpla ovariectomie este de obicei terapia suficienta, iar prognosticul este excelent \ Simple ovariectomy is usually sufficient therapy and prognosis is excellent \

23. **CM** . [CM50057] Despre CIS (carcinomul in situ) vulvar (pg. 1836) \About CIS (carcinoma in situ) of the vulva

A) asemanator clinic si histologic cu CIS cervical \ It is similar clinically and histologically with cervical CIS \

B) boala bowen afecteaza zone limitate la nivelul elementelor scuamoase \Bowen's disease affects limited areas in the squamous elements \

C) se pot observa celule paget mari,cu citoplasma putina \ One can see large Paget cells with little cytoplasm \

D) ca terapie, excizia locala largita e utila \ As therapy, large local excision is useful \

E) se poate folosi laser local \ Laser can be used locally \

24. **Punctajul:** 5. \ [CM50107] Care dintre urmatoarele modificari degenerative sunt posibile pentru leiomiomul uterin: (p.1835) \Which of these degenerative changes are possible for uterine leiomyoma : (p.1835) \

A) calcificarea \ calcification \

B) leucoplazia \leukoplakia \

C) degenerescenta grasoasa \ fatty degeneration \

D) hiperplazia glandulo-chistica \ glandulo - cystic hyperplasia \

E) sarcomatoasa \sarcomatosis \

25. **CM** [CM50132] Tumora Brenner: (1835) () \ Brenner Tumor (1835) () \

A) \are prognostic rezervat \has a reserved prognosis \

B) \apare predominant la persoanele foarte tinere \ occurs predominantly in very young people \

C) \histologic este similara vestigiilor Walthard \ histologically are similar to Walthard vestiges \

D) \prognosticul este excelent \ prognosis is excellent \

E) \in general nu secreta hormoni \generally does not secrete hormones \

26. **CM** \ [CM50079] Tumori ovariene BENIGNE sunt: (pag 1834)\BENIGN ovarian tumors are : (page 1834) \

A) Chisturi non-neoplazice\Non - neoplastic cysts \

B) Tumori neoplazice\ neoplastic tumors \

C) Tumori nefunctionale\non - functional tumors \

D) Tumori functionale\ Functional tumors \

E) Tumori mixte\Mixed Tumors \ \

27. **CM** [CM50087] Urmatoarele afirmatii despre teratomul matur sunt adevarate (pg 1835)\ The following statements are true about mature teratoma (pg 1835) \

A) e mai frecvent intre 40-60 ani\ most frequently between 40-60 years \

B) se trateaza prin histerectomie cu anexectomie bilaterala\ is treated by hysterectomy with bilateral anexectomy \

C) este un chist dermoid benign\ is a benign dermoid cyst \

D) ia nastere din celulele totopotentiale ovariene\ arise from totopotentiale ovarian cells \

E) e o tumora cu celule germinative\ is a germ cell tumor \

28. **CM** [CM50134] Despre tecoame se poate afirma ca: (1835) () \ About tecomoma, we can say : (1835) () \

A) cele cu elemente celulare granuloase sunt intotdeauna benigne \ the ones with granulosa cell elements are always benign \

B) sunt mai frecvente la femeile tinere, pana la 20 ani \are most common in young women , up to 20 years \

C) sunt mai frecvente la femeile adulte cu un maxim de aparitie intre 40-60 ani \ are most common in adult females with a maximum occurrence between 40-60 years \

D) daca se depisteaza la femeile tinere se practica histerectomie totala cu anexectomie bilaterala \ if it is found in young women, total hysterectomy with bilateral anexectomy id performed \

E) la femeile adulte se asociaza cu carcinomul endometrial \ in adult women it is asociated with endometrial carcinoma

29. Punctajul: 5. \ [CM50063] Selectati tumorile ovariene benigne: (pg 1834) \Select benign ovarian tumors (pg 1834) \

A) Chistadenoame \Cystadenomas \

B) Endometrioamec \Endometrioma \

C) histurile Naboth \Naboth cysts \

D) struma ovarii \ Ovarian Stroma\

E) chisturi non-neoplazice \ Non-neoplastic cysts \

30. CM . [CM50136] Urmatoarele afirmatii despre struma ovarii sunt adevarate: (1835) () \The following statements about ovarian Stroma are true : (1835) () \

A) reprezinta tesut tiroidian detectabil macroscopic in ovar \ represents thyroid tissue macroscopically detectable in the ovary \

B) reprezinta tesut tiroidian detectabil microscopic in trompa \ represents thyroid tissue microscopically detectable in the fallopian tube \

C) poate sa produca un tablou clinic de hipertiroidism \can produce a clinical picture of hyperthyroidism \

D) poate fi un element predominant intr-un chist dermoid \may be a predominant element in a dermoid cyst \

E) poate sa produca un tablou clinic de hipotiroidism \can produce a clinical picture of hypothyroidism \