Contents

Acute rheumatic fever

Single Choice

1. Select the specific morphological abnormality in acute rheumatic fever:
   A. Rheumatoid nodules
   B. Aschoff nodules
   C. Osler nodules
   D. Heberden nodules
   E. Tophaceous nodules

2. Select the duration of the latent period in acute rheumatic fever:
   A. 1 – 2 months
   B. 1 – 2 weeks
   C 2 – 4 weeks
   D. 2 – 4 months
   E. 2 – 4 days

3. Select the age group most frequently affected by acute rheumatic fever:
   A. 3 –5 years
   B. 5 –6 years
   C. 6– 7 years
   D. 7 – 15 years
   E. 15 -20 years

4. Select the main pathogenetic theory in the development of acute rheumatic fever accepted at the moment:
   A. infectious
   B. toxic
   C. autoimmune
   D. infectious – allergic
   E. via circulating immune complexes

5. Select the most frequent cause of heart failure in acute rheumatic fever:
   A. Fibrinous pericarditis
   B. Exudative pericarditis
   C. Parceled myocarditis
   D. Diffuse myocarditis
   E. Endocarditis

6. Select the most sensitive index for evaluation of the rheumatic process activity:
   A. Anemia
   B. Erythrocyte sedimentation rate
   C. Leukocytosis
   D. Fibrinogen elevation

E. Inflammatory dysproteinemia

7. Select the first-line group of antibacterial drugs in the treatment of acute rheumatic fever:
   A. Macrolides
   B. Tetracyclins
   C. Penicillins
   D. Cephazolins
   E. Aminoglycosides

8. Select the average duration of anti-inflammatory treatment in acute rheumatic fever:
   A. 1 – 2 weeks
   B. 6 - 8 weeks
   C. 2 – 3 months
   D. 3 - 4 weeks
   E. 3 – 4 months

9. Select the drugs for secondary prophylaxis of acute rheumatic fever:
   A. Benzatin benzylpenicillin G
   B. Lincomycin
   C. Trimethoprim
   D. Nitrofurantoin
   E. Norfloxacin

10. Duration of secondary prophylaxis in acute rheumatic fever with carditis and without valvular heart disease:
   A. 3 years from the last rheumatic attack
   B. 5 years from the last rheumatic attack
   C. At least 10 years from the last rheumatic attack
   D. Until the age of 18 years old
   E. Lifelong

11. Maximal duration of arthritis in acute rheumatic fever is:
   A. 1-2 months
   B. 1-2 weeks
   C. 2-3 weeks
   D. 2-3 months
   E. 2-3 days

12. Mitral insufficiency in rheumatic heart disease develops within:
   A. 2-3 months
   B. 2-3 weeks
   C. 3-6 months
   D. 3-6 weeks
   E. More than 6 months

13. Rheumatic mitral stenosis develops within:
   A. 3-6 months
   B. 3-6 weeks
   C. 2-3 weeks
   D. 2-3 months
   E. More than 6 months

14. Duration of chorea in acute rheumatic fever is:
    A. 1-2 months
    B. 8-15 days
    C. 8-15 weeks
    D. 3-4 months
    E. 3-4 weeks

15. ASLO titers in acute rheumatic fever have a maximum value at:
    A. 1-2 weeks after the onset of the disease
    B. 1-2 weeks after streptococcal infection
    C. 4-6 weeks after the onset of the disease
    D. 4-6 weeks after streptococcal infection
    E. 6-8 weeks after streptococcal infection

16. What imaging procedures help to diagnose valvular heart disease in acute rheumatic fever?
    A. ECG
    B. EcoCG 2D
    C. Chest X-ray
    D. Chest computerized tomography
    E. Radiography of peripheral joints

17. The duration of secondary prophylaxis in acute rheumatic fever without carditis is:
    A. 3 years after the last rheumatic attack
    B. At least 5 years after the last rheumatic attack
    C. 10 years after the last rheumatic attack
    D. Up to the age of 18 years old
    E. E Until the age of 40 years old

18. Secondary prevention in acute rheumatic fever is made with:
    A. Benzathine benzylpenicillin G
    B. Lincomycin
    C. Trimethoprim
    D. Nitrofurantoin
    E. Norfloxacin

19. In case of penicillin allergy secondary prophylaxis of rheumatic fever is made with:
    A. Cephalosporins
    B. Macrolides
    C. Fluoroquinolone
    D. Nitrofuran
    E. Tetracycline

20. A contraindication for the treatment of acute rheumatic fever with acetylsalicylic acid is:
    A. Gastrointestinal ulceration in the acute phase
    B. Angina pectoris
    C. Interstitial pneumonia
    D. Acute thrombophlebitis
    E. Age up to 12 years

Multiple choice

21. Pathogenic properties of Group A hemolytic streptococcus in the acute rheumatic fever are due to:
    A. Protein M on the Streptococcus membrane
    B. Release of toxins and enzymes (streptokinase, streptohialuronidase, etc.)
    C. Expression of molecules of adhesion to the epithelium on the bacterial membrane
    D. Protein A on the Streptococcus membrane
    E. Protein N on the Streptococcus membrane

22. What are the phases of evolution of the rheumatic morphopathologic lesions?
    A. Exudative-degenerative phase
    B. Granulomatous phase
    C. Fibrous phase
    D. Ulcer-necrotic phase
    E. Proliferative phase

23. Choose correct statements about Sydenham chorea:
    A. It is a rare manifestation of rheumatic fever
    B. It affects predominantly males
    C. It affects predominantly girls of 6-15 years
    D. It frequently has neurological sequela
    E. It does not affect psycho-emotional state

24. The following renal manifestations may be found in patients with acute rheumatic fever:
    A. Mild proteinuria
    B. Macroscopic hematuria
    C. Microscopic hematuria
    D. Leukocituria
    E. Casts in the urine

25. What laboratory data certify streptococcal etiology of acute rheumatic fever?
    A. Antistreptokinase titre
    B. Antistreptolysin-O titre
    C. Fibrinogen
    D. Gamma-globulins
    E. Serum albumin

26. Choose correct statements about anemia in acute rheumatic fever:
    A. It is usually moderate
    B. It is iron-deficient
    C. Correlates with the intensity of the inflammatory process
    D. It can be haemolytic
    E. It may be secondary to renal involvement in acute rheumatic fever

27. Choose correct statements about regimen of a patient with acute rheumatic fever:
    A. Hospitalization is indicated in high-activity cases with polyarthritis and carditis
    B. It depends on the age of the patient
    C. Patients with carditis should have bed rest at least for 4 weeks

D. There are no restrictions on activity in joint, cardiac and neurological involvement
E. It depends on the activity of inflammatory process

28. Treatment of acute rheumatic fever includes:
A. Anti-agregant treatment
B. Anti-inflammatory treatment
C. Antibacterial treatment
D. Anticoagulant treatment
E. Symptomatic treatment

29. The following antibacterial drugs may be indicated for the treatment of acute rheumatic fever:
A. Azithromycin
B. Benzylpenicillin
C. Doxycycline
D. Ciprofloxacin
E. Clarithromycin

30. Choose a correct diet for a patient with acute rheumatic fever complicated with heart failure:
A.With normal protein level
B. With high protein level
C. Normal caloric value
D. Salt restriction
E. Hydric in case of cardiac damage

31. Select factors which contribute to the development of acute rheumatic fever:
A. Overcooling
B. Infection with group A b-hemolytic streptococcus
C. Genetic predisposition
D. Age
E. Sex

32. Select from the following, the MAJOR criteria for the diagnosis of rheumatic fever:
A. Carditis
B. Fever
C. Sydenham's chorea
D. Erythema marginatum
E. Arthralgia

33. Select SUPPORTING EVIDENCE criteria for the diagnosis of acute rheumatic fever:
A. Recent scarlet fever
B. Fever
C. The presence of the inflammatory syndrome
D. Positive throat culture for b-hemolytic streptococcus
E. Rise in the titers of anti-streptococcal antibodies

34. Select the specific features of arthritis in acute rheumatic fever:
A. Symmetric involvement
B. Migratory character
C. Deforming character

D. Without any evolutionary changes
E. Erosive character (X-ray)

35. Select valves that the most frequent are affected in rheumatic endocarditis:
A. Mitral
B. Tricuspid
C. Aortic
D. Mitral and tricuspid
E. Aortic and pulmonary

36. Select auscultative phenomena found in rheumatic endocarditis:
A. Change in previously existent murmurs
B. Systolic apical murmur
C. Pericardial rub
D. New onset of dilation murmurs
E. Modification of heart sounds

37. Mark the types of murmurs present in rheumatic endocarditis:
A. Functional systolic
B. Organic apical systolic
C. Proto-diastolic
D. Apical meso-diastolic
E. Diastolic in Erb's point

38. Mark auscultative phenomena found in rheumatic myocarditis:
A. Systolic murmur
B. Diastolic murmur
C. Dulling of the I^{st} heart sound
D. Dulling of the II^{nd} heart sound
E. Pericardial rub

39. Which of the following examinations help to diagnose exudative pericarditis?
A. Auscultation
B. Electrocardiography
C. Echocardiography
D. Chest X-ray
E. Pericardial aspiration

40. Select correct statements about movements in chorea:
A. Are coordinated
B. Fine movements are affected
C. Can occur during sleep
D. Speaking can be affected
E. Movements of extremities are affected

41. Select correct statements regarding erythema marginatum:
A. Is frequently found in acute rheumatic fever
B. Is transitory
C. Is pruritic
D. Is migratory

E. Is circular

42. Select the correct statements regarding rheumatic nodules:
A. Are localized in hypodermis
B. Are non-painful at the palpation
C. The overlying skin is mobile
D. Have diameter of 0.1 – 2 cm
E. Their presence means concomitant heart involvement and they represent an index of disease severity

43. Confirmation of streptococcal infection presence can be performed by:
A. Physical exam
B. Endoscopic ENT exam
C. Throat exudate culture
D. Anti-streptococcal antibodies examination
E. Biopsy of affected tissues

44. In acute rheumatic fever the following ECG changes can be found:
A. Increase of the P-R interval > 0.20 seconds
B. Rhythm abnormalities
C. Conductions disorders
D. Absence of the P wave
E. Pathologic Q-wave (deep and wide)

45. Select the echocardiographic signs of rheumatic endocarditis
A. Basal valve thickening
B. Marginal valve thickening
C. Regurgitation
D. Valve hypokinesia
E. Valve floating vegetations

46. Select the duration of antibacterial treatment in acute rheumatic fever:
A. 7 days in case of Benzatin benzilpeniciline
B. 5 – 6 days, in case of Azythromycin
C. 14 days in case of Clarythromicine
D. 10 days in case of Fenoximethylpeniciline
E. 21 days in case of Amoxacilline

47. Select indications for NSAIDs in acute rheumatic fever:
A. Minimally active carditis
B. Severe pancarditis
C. Arthritis without carditis
D. Sydenham's chorea
E. Heart failure

48. Select indications for corticosteroids use in acute rheumatic fever:
A. Pancarditis
B. Fever
C. Polyarthritis
D. High activity of the rheumatic process with major risk for valve disease

E. Pulmonary involvement in acute rheumatic fever

49. Symptomatic treatment in Sydenham's chorea includes:
A. Prednisolon
B. Carbamazepine
C. Anticonvulsants
D. Phenobarbital
E. Aminazine

50. Duration of secondary prophylaxis in acute rheumatic fever with carditis and residual rheumatic valve disease is:
A. 3 years from the last attack
B. 5 years from the last attack
C. Minimum 10 years from the last attack
D. Until the age of 21
E. Until the age of 40

Systemic sclerosis

Single Choice

1. What factor DOES NOT favor the development of systemic sclerosis:
A. Vynil polychloride
B. Aromatic carbohydrates
C. Toxic oils
D. Bleomycin
E. Prostacyclin

2. CREST syndrome is a form of:
A. Systemic sclerosis
B. Rheumatoid arthritis
C. Systemic lupus erythematosus
D. Ankylosing spondylitis
E. Polymyositis

3. The following are diagnostic criteria for systemic sclerosis ACR/EULAR (2013), EXEPT:
A. Raynaud's syndrome
B. Skin thickening of the fingers
C. Interstitial lung disease
D. Digital tip ulcers
E. Dysphagia

(E)

4. Renal involvement in systemic sclerosis is clinically manifested by:
A. Malignant arterial hypertension
B. Renal calculi
C. Acute pyelonephritis
D. Renal polycystosis
E. Nephroptosis

Multiple choice

5. Which of the following manifestations make a part of systemic sclerosis definition:
   A. Connective tissue disease
   B. Involves only skin
   C. Characterized by obliteration of large arteries
   D. Characterized by obliteration of small arteries and capillaries
   E. Evolves with overwhelming collagen synthesis

6. Skin involvement in systemic sclerosis is manifested by:
   A. Skin edema
   B. Skin thickening
   C. Teleangiectasia
   D. Skin rash
   E. Tophi

7. Which of the following are included in CREST syndrome:
   A. Subcutaneous calcinosis
   B. Esophagopathy
   C. Sclerodactily
   D. Facial rash
   E. Teleangiectasias

8. What X-ray changes can be found in patients with systemic sclerosis?
   A. Soft tissue calcinosis
   B. Distal phalangeal osteolysis
   C. Contractures
   D. Osteophytes
   E. Periostitis

9. What pulmonary X-ray changes can be found in patients with systemic sclerosis:
   A. Diffuse interstitial fibrosis
   B. Hydro-air image
   C. Reticular bands from hilum towards base
   D. Honeycomb lung
   E. Large round opacities

10. Raynaud′s syndrome can be found in patients with:
   A. Gout
   B. Osteoarthritis
   C. Systemic sclerosis
   D. Systemic lupus erythematosus
   E. Rheumatoid arthritis

11. Which of the following are signs and symptoms of renal involvement in systemic sclerosis?
   A. Nephroptosis
   B. Proteinuria
   C. Marked leukocyturia

D. Arterial hypertension
E. Palpebral edema

12. Which of the following autoantibodies can be found in systemic sclerosis:
A. Antinuclear
B. Anti- topoisomerase
C. Anti-dsDNA
D. Anti-centromere
E. Anti-Jo1

13. Respiratory functional tests in patients with systemic sclerosis can find:
A. Restrictive syndrome
B. Gas diffusion changes
C. Exercise desaturation
D. Obstructive syndrome
E. Tiffneau index ≤70%

14. The following can be used in the treatment of Raynaud's syndrome:
A. Nifedipine
B. Drotaverine
C. Reopolyglucin
D. Propranolol
E. Prostacyclin

15. Immunosupressive treatment in systemic sclerosis includes the use of:
A. Metotrexate
B. Colchicine
C. Cyclophosphamide
D. Propranolol
E. Interferon

Polymyositis/Dermatomyositis

Single Choice

1. Positive diagnosis of dermatomyositis requires the following criteria, EXCEPT:
A. Symmetric muscle weakness
B. Elevation of serum muscular enzymes
C. Bone destruction
D. Electromyographic abnormalities
E. Muscular necrosis confirmed by hystology

2. Patients with positive anti-Jo1 antibodies are diagnosed with:
A. Myositis associated with interstitial pulmonary fibrosis
B. Mixed connective tissue disease
C. Systemic lupus erythematosus
D. Sjögren syndrome
E. CREST syndrome

3. Symptoms of gastroesophageal reflux in dermatomyositis are caused by:
   A. Involvement of pharyngeal striated muscle
   B. Inferior esophageal sphincter dysfunction
   C. Cholecystitis
   D. Superior esophageal sphincter dysfunction
   E. Enzymopathies

4. For the diagnosis of polymyositis the essential exploration is:
   A. Magnetic resonance imaging
   B. Skeletal scintigraphy
   C. Muscle biopsy
   D. Computer tomography
   E. Pancreatic enzymes assessment

Multiple choice

5. The main diagnostic criteria for dermatomyositis are the following:
   A. Symmetrical muscle weakness
   B. Heliotrope skin rash
   C. Serum creatine phosphokinase elevation
   D. Elevated serum antistreptolysin-O level
   E. Neuropathic type electroneuromyographic abnormalities

6. The following characteristics define dermatomyositis:
   A. Chronic suppurative process
   B. Diffuse process
   C. Extremity muscles involvement
   D. Skin involvement
   E. Internal organs involvement

7. What factors are considered to be involved in the onset of dermatomyositis:
   A. Picornaviruses
   B. Smoking
   C. Genetic predisposition
   D. Corticosteroid use
   E. Alcohol abuse

8. Muscular manifestations found in inflammatory myopathies are:
   A. Spontaneous muscle pain
   B. Dysarthria
   C. Muscle atrophy
   D. Calcinosis
   E. Intramuscular phlegmon

9. Anatomo-pathological aspects of the striated muscle fiber in dermatomyositis are:
   A. Muscle atrophy
   B. Muscular lymphocyte infiltration
   C. Muscle fiber necrosis

D. Vasculitis with platelet thrombosis
E. Muscle microabcesses

10. Which of the following skin lesions are found in dermatomyositis:
A. Heliotropic rash
B. Maculo-papular rash
C. Gottron-sign
D. Nodular erythema
E. Alopecia

11. In late stages of dermatomyositis morphological study of muscles can reveal:
A. Muscle fibrosis
B. Perifascicular atrophy
C. Calcinosis
D. Anicicov myocytes (cells with prolonged nuclei)
E. Aschoff cells

12. What cardiovascular manifestations can be found in patients with inflammatory myopathies?
A. Aortic stenosis
B. Congestive heart failure
C. Myocarditis
D. Skin vasculitis
E. Raynaud's syndrome

13. In polymyositis immunosuppressive treatment is used together with glucocorticosteroids in cases of:
A. Interstitial lung disease appearance
B. Intolerance of prednisone megadoses
C. Corticotherapy-refractory cases
D. Heart involvement
E. Renal failure

14. Serum levels of WHAT enzymes rise in idiopathic inflammatory myopathies?
A. Amylase
B. Creatinkinase
C. Aldolase
D. Acid phosphatase
E. Transaminases

15. Pathognomonic skin manifestations in dermatomyositis are:
A. Malar rash
B. Facial rash
C. Erythema marginatum
D. Gottron papules
E. Erythema nodosum

Mixed connective tissue disease

Single Choice

1. Mixed connective tissue disease is defined as:
   A. The association of 2 or more diffuse connective tissue diseases
   B. The association of 2 or more diffuse connective tissue diseases and the presence of anti-U1RNP antibodies
   C. The association of symptoms of 2 or more diffuse connective tissue diseases
   D. The association of symptoms of 2 or more diffuse connective tissue diseases at the presence of anti-U1RNP antibodies
   E. Any association of autoimmune diseases and the presence of anti-U1RNP antibodies

2. The criteria of mixed connective tissue disease include the following, EXCEPT:
   A. Raynaud's phenomenon
   B. Digital ulcers
   C. Synovitis
   D. Sclerodactily
   E. The presence of anti-U1RNP antibodies

3. The presence of anti-U1RNP antibodies is associated with:
   A. Severe renal involvement
   B. Interstitial lung disease
   C. Relatively good prognosis for organ involvement
   D. Poor prognosis for organ involvement
   E. Poor prognosis due to severe musculoskeletal involvement

4. Choose the specific clinical manifestation for mixed connective tissue disease:
   A. Digital tip ulcers
   B. Raynaud's phenomenon
   C. Gottron papules
   D. Subcutaneous nodules
   E. Jaccoud arthropathy

Multiple choice

5. Choose the skin manifestations found in mixed connective tissue disease:
   A. Meynet nodules
   B. Trophic ulcers
   C. Sclerodactily
   D. Erythema marginatum
   E. Photosensitive rash

6. Choose correct statements referring to renal involvement in mixed connective tissue disease:
   A. Is considered to be a rare manifestation of the disease
   B. Frequently presents as subacute glomerulonephritis
   C. Has a better prognosis compared to lupus nephritis

D. Presents as chronic pyelonephritis
E. A high rate of progression to end-stage renal disease

7. Immunological abnormalities found in patients with mixed connective tissue disease are:
A. Antinuclear antibodies
B. Rheumatoid factor
C. Anti-smooth muscle antibodies
D. Anti-cyclic citrulinated peptide antibodies
E. Anti-histone antibodies

8. The choice of pathogenic treatment in patients with mixed connective tissue disease depends on:
A. The severity of renal involvement
B. Disease activity
C. Autoantibody titer
D. Present symptoms
E. Functional status of involved organs

9. Treatment of patients with mixed connective tissue disease includes:
A. Glucocorticosteroids
B. Antibacterial drugs
C. Biological therapy
D. Non-steroidal anti-inflammatory drugs
E. Cytostatic immunosuppressors

10. Choose the correct statements about prognosis of the patients with mixed connective tissue disease:
A. Depends on the sex of the patient
B. Depends on the present skin involvement
C. Depends on the patient's compliance
D. Is usually good
E. Is usually poor

Sjögren Syndrome

Single Choice

1. Secondary Sjögren syndrome can be found in the following diseases, EXCEPT:
A. Chronic viral hepatitis
B. Chronic pancreatitis
C. HIV infection
D. Sarcoidosis
E. Primary biliary cirrhosis

2. The specific eye involvement in Sjögren syndrome is:
A. Optic nerve neuritis
B. Retinopathy
C. Lacrimal duct abnormalities

D. Xerophtalmia
E. Anterior uveitis

3. The specific oral involvement in Sjögren syndrome is:
A. Lingual deposits
B. Parodontopathy
C. Xerostomia
D. Gingivitis
E. Hard palate ulcers
4. The skin involvement found in Sjögren syndrome is:
A. Subcutaneous nodules
B. Malar rash
C. Nodular erythema
D. Palpable purpura
E. Panniculitis

5. The systemic manifestations found in Sjögren syndrome are the following, EXCEPT:
A. Non-erosive arthritis
B. Interstitial lung disease
C. Renal tubular acidosis
D. Palpable purpura
E. Non-infectious endocarditis

Multiple choice

6. The diagnostic criteria for Sjögren syndrome include:
A. Dry eye symptoms
B. Minor salivary gland positive biopsy
C. Renal tubular acidosis
D. ESR and C-reactive protein elevation
E. The presence of anti-Sm antibodies

7. The tests for confirmation of dry-eye syndrome are the following:
A. Schöber test
B. Schirmer test
C. Bengal-pink staining
D. Methylene-blue staining
E. Lysamine-green staining

8. The biopsy of a minor salivary gland in Sjögren syndrome shows:
A. Focal syaladenitis
B. Eosinophilic infiltrate
C. Lymphocytic infiltrate
D. non-Hodgkin lymphoma
E. Fibrinoid necrosis

9. The following glands can be affected in Sjögren syndrome:
A. Sweat glands
B. Gastric glands

C. Pancreatic glands
D. Thymus
E. Adrenal glands

10. The following immune abnormalities can be frequently found in Sjögren syndrome:
A. ANCA antibodies
B. Rheumatoid factor
C. Anti-DNA antibodies
D. Anti-phospholipid antibodies
E. Antinuclear antibodies

11. The following specific immune abnormalities can be found in Sjögren syndrome:
A. Antinuclear antibodies
B. Anti-centromere antibodies
C. Anti-SS-A antibodies
D. Anti-histone antibodies
E. Anti-SS-B antibodies

12. Local treatment of glandular manifestations in Sjögren syndrome includes:
A. Anti-inflammatory ointments
B. Corticosteroids orally
C. Artificial tears
D. Artificial saliva
E. Cytostatics

13. The systemic treatment of glandular manifestations in Sjögren syndrome includes:
A. Pylocarpine
B. Papaverine
C. Cevimeline
D. Cimitidine
E. Acetylcysteine

14. The pathogenetic treatment in Sjögren syndrome includes:
A. Corticosteroids
B. Antibacterial drugs
C. Rituximab
D. Cytostatics
E. Anticoagulants

15. Complications of Sjögren syndrome are the following:
A. Nephrolitiasis
B. Skin ulcers
C. Anodontia
D. Gastric ulcer
E. Oral candidosis

Systemic vasculitis

Single Choice

1. Which of the following statements about vasculitides is correct?
   A. Clinical picture is not determined by the size of affected vessels
   B. Usually begins with an excessive fibrosis of vessels
   C. Are chronic autoimmune diseases
   D. Have a common etiological factor
   E. Are diseases with an exclusively secondary character

2. Which of the following vasculitis affects large size vessels?
   A. Polyarteritis nodosa (PAN)
   B. Takayasu arteritis (TA)
   C. Granulomatosis with polyangiitis (Wegener)
   D. IgA vasculitis (Henoch – Schönlein)
   E. Cryoglobulinemic vasculitis associated with viral hepatitis HCV

3. What criterion is essential for the classification of vasculitides?
   A. Suspected etiological factor
   B. Age at the onset of the disease
   C. Preferentially involved organs and systems
   D. Evolutive character of the disease
   E. The size of involved vessels

4. Which of the following is an ANCA – associated vasculitis?
   A. Takayasu arteritis
   B. Polyarteritis nodosa
   C. Granulomatosis with polyangiitis (Wegener)
   D. IgA vasculitis (Henoch – Schönlein)
   E. Lupus vasculitis

5. Which of the following pathogeneticl mechanisms is NOT characteristic for systemic vasculitides?
   A. Formation of circulating immune complexes and their deposition in the vascular wall
   B. Development of a chronic inflammatory process in the vessel wall
   C. Ischemic changes in the adjacent tissues of the involved vessel
   D. Granuloma formation
   E. Progressive degeneration of the connective tissue

6. Which of the following clinical manifestations in NOT characteristic for systemic vasculitides:
   A. Absence of the pulse or pulse deficit
   B. Purpura or other types of eruptions
   C. Mononeuritis multiplex
   D. Malar rash
   E. Weight loss

7. What viral infection is more frequently found in patients with polyarteritis nodosa?

A. Epstein – Bar virus
B. Cytomegalovirus
C. HCV – infection
D. HBV – infection
E. Herpes – infection

8. Which of the following statements regarding the clinical picture of the small caliber vessel vasculitides is true?
A. Palpable purpura is a rarely found manifestation in small size vessel vasculitides
B. A specific clinical sign is a deficit or even an absence of pulse
C. Nodules, representing aneurisms of the vessel wall, can be found along the small size vessels
D. Mononeuritis multiplex is a common finding
E. Vessel involvement is not accompanied by any ischemic tissue changes

9. What clinical manifestation is considered pathognomonic for polyarteritis nodosa?
A. Livedo reticularis
B. Arthritis
C. Subcutaneous nodules
D. Glomerulonephritis
E. Iridocyclitis
(C)

10. What is characteristic renal manifestation in polyarteritis nodosa?
A. Tubulo – interstitial nephritis
B. IgA glomerulonephritis
C. Polycystic kidney
D. Interlobar artery involvement
E. Membrano – proliferative glomerulonephritis

11. What clinical manifestation is not a part of the ACR criteria for granulomatosis with polyangiitis (Wegener)?
A. Inflammatory changes of the oral and nasal cavities (painful ulcers, purulent discharge or hemorrhage)
B. Diffuse myalgia, muscle weakness, pain in the lower extremities
C. Urinary sediment changes (hematuria or red blood cell casts)
D. Radiological changes in the lungs (nodules, infiltrations, cavities)
E. Biopsy result revealing granulomas, leukocytoclastic vasculitis and necrosis

12. What immunological test has the highest specificity for granulomatosis with polyangiitis (Wegener)?
A. Anti-CCP antibodies
B. ANCA – antibodies against proteinase 3 (c – ANCA MP3)
C. ANCA – antibodies against myeloperoxidase (p – ANCA MPO)
D. Antinuclear antibodies ANA
E. Increased titer of circulating immune complexes (CIC)

13. What immunological test is especially important in the diagnosis of microscopic polyangiitis?
A. Antinuclear antibodies ANA

B. Circulating immune complexes
C. Antibodies against double stranded DNA
D. ANCA – antibodies against myeloperoxidase (p – ANCA MPO)
E. ANCA – antibodies against proteinase 3 (c – ANCA MP3)

14. For clinical picture of IgA deposit vasculitis (Henoch – Schönlein) the most common is:
A. Bronchopulmonary involvement
B. Renal involvement
C. Skin involvement in the form of petechial, hemorrhagic palpable purpura
D. Nasal and oral ulcers
E. Digital necrosis

15. IgA deposit vasculitis (Henoch – Schönlein) is a part of:
A. Large size vessel vasculitides
B. Medium size vessel vasculitides
C. Small size vessel vasculitides
D. Various size vessel vasculitides
E. ANCA – positive vasculitides

16. Skin and gastrointestinal manifestations in patients with IgA vasculitis (Henoch – Schönlein) are the consequence of:
A. Direct action of microbial toxins at tissue level
B. Action of circulating immune complexes that induce inflammatory process in the vascular wall
C. Lesions induced by excessive exposure to ultraviolet rays
D. Lesions induced by the action of the antibodies on the endothelial cell
E. Direct action of certain drugs, vaccines

17. Which of the following immunological abnormalities is characteristic for IgA vasculitis (Henoch – Schönlein)?
A. Presence of the HBsAg antigen
B. Increase in circulating immune complexes (CIC) level
C. Positive anti – phospholipid antibodies
D. Presence of ANCA antibodies
E. Increase in IgG level

18. What drug is not used in the treatment of IgA vasculitis (Henoch – Schönlein)?
A. Corticosteroids
B. Antibiotics
C. Antiaggregants (dipyridamole, pentoxyphilline)
D. Allopurinol
E. Cyclophosphamide

19. What change in the parameters of the complete blood count is characteristic for eosinophilic granulomatosis with polyangiitis (Churg – Strauss)?
A. Leukocytosis
B. Thrombocytopenia
C. Lymphopenia

D. Eosinophilia
E. Monocytosis

20.What clinical finding allows the differential diagnosis between eosinophilic granulomatosis with polyangiitis (Churg – Strauss) and granulomatosis with polyangiitis (Wegener)?
A. Presence of pulmonary infiltrates
B. Constitutional symptoms (fever, weakness, myalgia)
C. History of long – standing bronchial asthma, allergic rhinitis, polinosis in the patient
D. Presence of antinuclear antibodies (ANA)
E. Presence of microaneurisms in the pulmonary vessels, detected by MRI – angiography

Multiple choice

1. Which of the following factors increase susceptibility for the development of systemic vasculitides?
A. Some medications
B. History of chronic viral hepatitis (HBV, HCV)
C. Lipid metabolism changes
D. Chronic alcohol use
E. Vitamin D level changes

2. The presence of what immunological markers determines the division of small size vessel vasculitides into two categories?
A. Antinuclear antibodies (ANA)
B. Anti – double stranded – DNA antibodies
C. Anti – neutrophilic – cytoplasmic – antibodies (ANCA)
D. Immunological markers of the infection with hepatic B and C viruses
E. Circulating immune complexes (CIC)

3. Granulomatosis with polyangiitis (Wegener) belongs to what category of vasculitides?
A. Large size vessel vasculitides
B. ANCA associated vasculitides
C. Small size vessel vasculitides
D. Immune complex vasculitides
E. Secondary vasculitides

4. Which of the following systemic vasculitides are NOT a part of the ANCA associated vasculitides?
A. Granulomatosis with polyangiitis (Wegener)
B. Eosinophilic granulomatosis with polyangiitis (Churg – Strauss)
C. Microscopic polyangiitis
D. Polyarteritis nodosa
E. IgA vasculitis (Henoch – Schönlein)

5. Which of the following vasculitides are primary, idiopathic?
A. Eosinophilic granulomatosis with polyangiitis (Churg – Strauss)
B. Drug – associated ANCA vasculitis

C. Microscopic polyangiitis
D. Lupus vasculitis
E. Polyarteritis nodosa

6. What vasculitides belong to the group of ANCA – associated vasculitides?
A. Cryoglobulinemic vasculitis
B. Eosinophilic granulomatosis with polyangiitis (Churg – Strauss)
C. Microscopic polyangiitis
D. Granulomatosis with polyangiitis (Wegener)
E. IgA vasculitis (Henoch – Schönlein)

7. The vessel wall in patients with systemic vasculitis is affected in the following ways?
A. Due to specific antibodies such as ANCA, anti – endothelial cell antibodies
B. As a consequence of excessive exposure to ultraviolet rays
C. Due to direct damage to the vessel wall by certain infectious agents
D. Due to a primary vasospastic process
E. Due to inflammatory cytokines and adhesion molecules

8. Which of the following pathogenetic events take place in the mechanism of development of systemic vasculitides?
A. Soft tissue damage by lymphocytic infiltrates
B. Vessel wall lesions due to the action of circulating immune complexes
C. Excessive vessel wall fibrosis
D. Ischemic changes of tissues adjacent to the vessel wall
E. Granuloma formation

9. Which of the following clinical manifestations are characteristic for large size vessel vasculitides?
A. Mononeuritis multiplex
B. Pathological murmurs at vessel level
C. Pulse deficit or absence
D. Palpable purpura
E. Vision loss (cecity)

10. Etiological treatment in systemic vasculitides is possible in the following cases:
A. HCV – associated cryoglobulinemic vasculitis
B. Polyarteritis nodosa
C. Microscopic polyangiitis
D. Eosinophilic granulomatosis with polyangiitis
E. Rheumatoid vasculitis

11. What instrumental investigations are useful in the diagnosis of systemic vasculitis?
A. DXA osteodensitometry
B. Large vessel doppler ultrasound
C. MRI – angiography
D. Bronchoscopy with bronchoalveolar lavage
E. Skeletal scintigraphy

12. Which of the following drugs are NOT used in the treatment of systemic vasculitides?
A. Rituximab

B. Corticosteroids
C. Sulphanilamides
D. Chondroitin sulphate
E. Cyclophosphamide

13. Polyarteritis nodosa is part of:
A. Large size vessel vasculitides
B. Small size vessel vasculitides
C. ANCA associated vasculitides
D. Medium size vessel vasculitides
E. Vasculitides frequently associated with HBV – infection

14. In the pathogenesis of polyarteritis nodosa the following factors are considered to have an importance:
A. Estrogen level imbalance
B. HBV infection
C. Genetic predisposition and association with certain HLA antigens
D. Cytomegalovirus and parvovirus B19
E. Tuberculostatic drugs administration

15. Which of the following clinical manifestations are NOT found in patients with polyarteritis nodosa?
A. Intense abdominal pain, which can simulate an acute abdomen
B. Palpable hemorrhagic purpura on the lower extremities
C. Orhitis
D. Blindness
E. Arthritis

16. What clinical parameters make a part of the criteria for polyarteritis nodosa?
A. Progressive body weight loss
B. Symmetric, erosive arthritis of hand joints
C. Muscle weakness, myalgia in lower extremities
D. Diastolic arterial hypertension > 90 mmHg
E. Oral ulcers

17. Granulomatosis with polyangiitis (Wegener) is part of:
A. Medium size vessel vasculitides
B. ANCA – associated vasculitides
C. CIC – associated vasculitides
D. Small size vessel vasculitides
E. Mixed size vessel vasculitides

18. Which of the following clinical and paraclinical manifestations make a part of the ACR diagnostic criteria for granulomatosis with polyangiitis (Wegener)?
A. Corneal ulcers and keratitis
B. Inflammatory abnormalities of the nasal and oral cavities (ulcers, purulent and/or hemorrhagic discharge)
C. Nephrotic syndrome
D. Pulmonary radiological changes in the shape of nodules, infiltrates, cavities
E. Hematuria or red blood cell casts

19. Which of the following treatment strategies are considered to be efficient in granulomatosis with polyangiitis (Wegener)?

A. Corticotherapy in doses of 0.5 mg/kg/day orally in monotherapy until remission , with subsequent dose reduction

B. Prednisolone 1 mg/kg/day + Cyclophosphamide 2 – 3 mg/kg/day until desired effect is obtained, with subsequent dose reduction

C. Non-steroidal anti-inflammatory drugs in association with Methotrexate 10 mg/week

D. Non-steroidal anti-inflammatory drugs + corticosteroids 0.5 mg/kg/day orally 3 – 5 days, with subsequent dose reduction

E. Rituximab weekly for 4 weeks in association with high doses of corticosteroids

20. Which of the following clinical manifestations are found in microscopic polyangiitis?

A. Microhematuria, proteinuria
B. Utethral stenosis
C. Mononeuritis multiplex
D. Nasal cavity lesions with nasal septum perforation
E. Hepato- and splenomegaly

21. Pulse – therapy in the treatment of systemic vasculitides is performed with?

A. Prednisolone 0.5 – 1 mg/kg/day orally + Hydroxichloroquine 200 mg/day
B. Methylprednisolone 1000 mg/day i/v 3 days + Cyclophosphamide 1000 mg
C. Methylprednisolone 500 mg/day 5 days + Cyclophosphamide 1000 mg/day
D. Azathioprine 1.5 – 2 mg/day + Prednisolone 1 mg/kg/day
E. Mofetil mycophenolate 2 g/day + extracorporeal treatment (plasmapheresis)

22. Which of the following statements regarding IgA vasculitis (Henoch – Schönlein) are correct?

A. Is one of the rarest systemic vasculitides
B. Usually involves small size vessels (capillaries, venules, arterioles)
C. Is diagnosed more frequently in young adults and children than in elderly people
D. Is a part of the CIC – associated vasculitides
E. Usually has a poor life prognosis

23. Etiological factors suspected in IgAvasculitis (Henoch –Schönlein) ethyology are:

A. Bacterial factor (Streptococci, Staphylococci, Mycoplasma, Legionella, etc.)
B. Viral factor (Epstein – Bar virus, Parvovirus B 19, etc.)
C. Endocrine abnormalities (thyroid dysfunction, estrogenic imbalance, androgenic imbalance)
D. HLA – B27 correlation
E. Use of certain drugs, vaccines

24. Which of the following clinical manifestations can show up at the onset of IgA vasculitis (Henoch – Schönlein)?

A. Mononeuritis multiplex
B. Arthritis in interphalangeal hand joints
C. Skin rashes in the shape of palpable hemorrhagic petechiae on the lower extremities
D. Abdominal pain, sometimes colicative

E. Cough with muco-purulent discharge

25. What is NOT true regarding skin manifestations in IgA associated vasculitis (Henoch – Schönlein)?
A. Rash appears preferentially on the skin of lower extremities
B. Rash usually has necrotizing character
C. Rash appears preferentially on the face and neck
D. Purpura is frequently associated with arthritis at the level of lower extremities
E. Skin rash intensifies in ortostatism

26. Which of the following internal organs can be involved in patients with IgA deposit vasculitis (Henoch – Schönlein)?
A. Gastrointestinal tract
B. Hepatobiliary system
C. Kidneys
D. Heart
E. Lungs

27. Which of the following statements regarding eosinophilic granulomatosis with polyangiitis (Churg – Strauss) are true?
A. Is a part of ANCA – associated vasculitides
B. Is a vasculitis induced by the presence of circulating immune complexes
C. Is a part of the granulomatous vasculitides
D. Is not associated with respiratory tract involvement
E. Patients frequently suffer from bronchial asthma

28. Which of the following pathological situations precede for a long time the development of eosinophilic granulomatosis with polyangiitis (Churg – Strauss)?
A. Valvular heart disease
B. Bronchial asthma
C. Chronic hepatopathies
D. Persistent hematuria
E. Allergic rhinitis, polinosis
(B, E)

29. In what systemic vasculitides the respiratory system is severely affected?
A. IgA deposit vasculitis (Henoch – Schönlein)
B. Eosinophilic granulomatosis with polyangiitis (Churg – Strauss)
C. HBV – associated polyarteritis nodosa
D. Granulomatosis with polyangiitis (Wegener)
E. Non – HBV – associated polyarteritis nodosa