1. Acute liver failure is characterized by the rapid development of
   a) encephalopathy
   b) fatty liver
   c) coagulopathy
   d) hypoalbuminemia

2. Liver function test - choose the correct statement
   a) AST is the most sensitive indicator of hepatocyte damage
   b) cholestasis is characterized by increase of ALP, GGT and conjugated bilirubin
   c) hepatocyte injury is characterized by increased levels of ALT
   d) albumin level and INR characterize proteosyntetic liver function

3. Disorder of liver function is characterized by
   a) changes in the aminoacids composition
   b) hypoglycemia rather than hyperglycemia
   c) dyslipoproteinemia with ↑HDL a ↓LDL
   d) decreasing oestrogen and aldosterone levels

4. Portal hypertension
   a) prehepat (presinusoidal) type does not damage the liver
   b) intrahepatic type occurs in cirrhosis
   c) arises as a consequence of collateral circulation
   d) leads to splanchnic vasodilatation

5. The development of hepatic encephalopathy is associated with
   a) changes in HEB permeability
   b) hyperbilirubinemia
   c) hyperaldosteronism
   d) hyperamonemia and hyperproduction of false neurotransmitters

6. The development of ascites in liver disease is caused by
   a) impairment of hepatic degradation of aldosterone
   b) hypovolemia induced ADH secretion
   c) increasing plasma onctic pressure
   d) decreasing permeability of splanchnic capillaries

7. Consequences of cirrhosis do not include
   a) hypersplenism
   b) hepatorenal sy
   c) ARDS
   d) hepatopulmonary sy
   e) oedemas

8. In obstructive icterus is
   a) typically high concentration of unconjugated bilirubin
   b) high concentration of conjugated bilirubin
   c) high concentration of bile acids
   d) dark colour of stool

9. Increased concentration of unconjugated bilirubin
   a) leads always to bilirubin encephalopathy
   b) is in Gilbert’s syndrome
   c) can result in dark colour of urine
   d) is not present in situations characterized by increased hemolysis
10. The causes of acute pancreatitis include
a) cholelithiasis
b) viral infections
c) alcoholism
d) hyperglycemia

11. For the enzymes released in acute pancreatitis applies
a) serum pancreatic amylase can be used diagnostically
b) lipases cause fat necrosis
c) the amylase is responsible for the eventual development of ARDS
d) trypsin is responsible for the activation of pancreatic enzymes

12. Chronic pancreatitis
a) can be caused by obstruction of the main pancreatic duct
b) is one of the manifestations of cystic fibrosis
c) may be due to hyperthyroidism
d) may lead to malabsorption and diabetes mellitus

13. Complications of acute pancreatitis include
a) hypoglycemia
b) hypocalcemia
c) DIC
d) hypotension

14. Esophagaeal achalasia is characterized by
a) increased tone of the upper oesophageal sphincter
b) lack of peristaltics
c) inability of the lower oesophageal sphincter to relax
d) increased secondary peristaltics

15. In the ethiology of the reflux esophagitis is involved
a) increased gastric volume
b) lower oesophageal sphincter dysfunction
c) increased acid production in stomach
d) sliding hiatal hernia

16. Gastritis type A
a) is associated with the pernicious anemia
b) is usually caused by Helicobacter pylori
c) is the acute inflammatory disease of stomach
d) is characterized by high plasmatic levels of gastrin

17. Peptic ulcer
a) is associated with the lack of COX-2 function
b) is always accompanied with Helicobacter pylori infection
c) appears only in stomach and duodenum
d) occur when the balance between the aggressive and the defensive factors is disrupted
e) is related to duodenogastric reflux

18. Duodenal ulcus
a) has a high risk for duodenal cancer
b) causes a burning abdominal pain immediately after the eating
c) can be complicated by vomiting of the fresh blood
d) management is based on H. pylori eradication and administration of proton pump inhibitors
19. Dumping syndrome
a) symptoms appear soon (30 min) or late (90 min) postprandial
b) develops if the part of stomach has been surgically removed
c) is associated with diarrhoea
d) cannot be resolved by the changing of diet
e) has cardiovascular symptoms

20. Malabsorption syndrome
a) can occur also in normal small intestine
b) secondary type includes tropical and nontropical sprue
c) has typical signs: diarrhoea, weight loss and weakness
d) can accompany some systemic diseases

21. Metabolic syndrome
a) does not affect risk of stroke
b) includes decreased plasmatic LDL
c) includes gynecoid type of obesity
d) includes hypotension

22. In patogenesis of diarrhoea can play role
a) decreased intraluminal osmotic pressure
b) increased secretion
c) motility disorders
d) inflammatory exudation

23. Inflammatory bowel disease
a) ulcerative colitis typically affects distal ileum
b) in pathogenesis of Crohn’s disease play role immunologic factors
c) is caused by infection
d) both forms have similar signs

24. Constipation as symptom can be found
a) when defecation reflex is weakened
b) in diverticular disease
c) after compression by a pelvic tumor
d) when slow bowel transit is caused by hypothyreosis

25. Acute form of intestinal pseudoobstruction can result from
a) surgery
b) myocardial infarction
c) depletion of potassium
d) depletion of natrium

26. Ileus
a) can be caused by incarcerated hernia
b) can lead to the syndrome of acute abdomen
c) can resulted in ischemia of small intestine wall
d) can be complicated by peritonitis

27. Choose the correct statement
a) BMI well reflects fat distribution in the body
b) kwashiorkor is protein-energy malnutrition
c) stress-starvation is characterized by decreased basal metabolism
d) cachexia can accompany heart diseases
28. Hyperuricemia is present
a) in arthritis uratica
b) in myeloproliferative processes
c) during cytostatic treatment of hemoblastosis
d) in early stage of nephrotic syndrome
e) in gout