

**Sample Examination Tests in Pediatric Neurology
for MD program students**

//// The average brain mass of a newborn is:

- // 1/8 of the body mass
- /// 1/12 of the body mass
- //// 1/20 of the body mass
- /// 1/4 of the body mass

//// The total amount of cerebrospinal fluid in a newborn is, on average:

- // 15-20 ml
- /// 35-40 ml
- /// 60-80 ml
- /// 80-100 ml

//// The spinal cord of a newborn terminates:

- /// at the lower edge of the 12th thoracic spine,
- /// at the lower edge of the 1st lumbar spine,
- /// at the lower edge of the 2nd lumbar spine,
- // at the lower edge of the 3rd lumbar spine.

//// The oropalmar reflex can be observed in infants until when?

- // Present up to 2 months of age,
- //// Persistent up to 3 months of age,
- //// Evident up to 4 months of age,
- //// Observable up to 1 year of age.

//// Oral automatism congenital reflex includes:

- /// Stepping reflex
- // Sucking reflex
- /// Bauer reflex
- /// protective reflex

//// The sucking reflex usually diminishes:

- /// Between 6-8 months of age,
- /// Around 2-4 months of age,
- // From 12-24 months of age,

/// Approximately 8-10 months of age.

***////* The Nipple-Seeking (Kussmaul) reflex is:**

- ///* A spinal segmental automatism reflex,
- ///* A mesencephalic segmental automatism reflex,
- //* A reflex of oral segmental automatism,
- ///* All of the above.

***////* The Nipple-Seeking (Kussmaul) reflex typically disappears:**

- ///* Between 2-4 months of age,
- //* Around 3-5 months of age,
- ///* By 6-8 months of age,
- ///* Extending up to 12-24 months of age.

***////* The Snout Reflex is:**

- ///* A spinal segmental automatism reflex,
- ///* A mesencephalic segmental automatism reflex,
- //* A reflex of oral segmental automatism,
- ///* All of the above.

***////* The Snout Reflex disappears:**

- //* At the age of 3 months,
- ///* Around the age of 6-8 months,
- ///* Typically by the age of 10-12 months,
- ///* Extending up to the age of 12-24 months.

***////* The Grasp Reflex is:**

- //* A spinal segmental automatism reflex,
- ///* A mesencephalic segmental automatism reflex,
- ///* A reflex of oral segmental automatism,
- ///* All of the above.

***////* The Grasp Reflex typically diminishes:**

- //* Around 3-4 months of age,
- ///* By 6-8 months of age,
- ///* Typically between 10-12 months of age,
- ///* Extending up to 12-24 months of age.

//// The Crawling Reflex is:

- // A spinal segmental automatism reflex,
- /// A mesencephalic segmental automatism reflex,
- /// A reflex of oral segmental automatism,
- /// All of the above.

//// A premature newborn starts to hold their head:

- // At the age of 2-3 months,
- /// From birth,
- /// Around the age of 3-4 months,
- /// Typically by the age of 4-6 months.

//// A premature newborn begins to walk independently:

- /// From 8 months,
- // Between 9-16 months,
- /// From 18 months,
- /// From 7 months.

//// Possible causes of neonatal encephalopathy include:

- /// Premature placental abruption,
- /// Uterine rupture,
- /// Maternal eclampsia,
- // All of the above.

//// A clinical manifestation of neonatal encephalopathy can encompass:

- /// Asphyxial conditions,
- /// Neurological disorders,
- /// Other systemic disorders,
- // All of the above.

//// The diagnostic criteria for perinatal asphyxia include:

- /// Apgar score of 0-3 at 5 minutes,
- /// Acidemia,
- /// Absence of spontaneous breathing,
- // All of the above.

//// Cerebral palsy can be described as:

/// Progressive

// Non-progressive

/// Progressing during preschool age,

/// With ongoing recurrence.

//// The predominant form of cerebral palsy is:

// Spastic

/// Dyskinetic

/// Ataxic

/// Atonic

//// Aplasia of subcortical nodes and nuclear jaundice causes:

/// The spastic form of cerebral palsy

// The dyskinetic form of cerebral palsy

/// The ataxic form of cerebral palsy

/// The ataxic form of cerebral palsy

//// The prevalence of cerebral palsy is:

// 2.5-5 per 1000 healthy children

/// 5-10 for every 1000 healthy children

/// 1-2 per 1000 healthy children

/// 10-15 per 1000 healthy children

//// Identify the spastic form of cerebral palsy:

/// Dyskinetic

// Hemiparesis

/// Ataxic

/// Atonic

//// Identify the spastic form of cerebral palsy:

/// Dyskinetic

/// Ataxic

// Diplegic

/// Atonic

//// Identify the spastic form of cerebral palsy:

///
///
///
//

//// At what age does febrile seizures occur with the highest frequency?

///
//
///
///
///
///
//

//// Patients are more likely to have organic CNS pathology:

///
///
///
//

//// An effective and safe method for treating febrile seizures is:

///
//
///
///
///
//

//// In the presence of myoclonic convulsions in a neurologically normal infant, what differential diagnosis should be considered?

///
///
///
//

//// Which EEG-pattern is typical for West syndrome?

///
//
///
//
///
//

//// Most children with Lennox-Gastaut syndrome have:

// Mental retardation

/// Autism

/// Hemiplegia

/// All of the above

//// Causes of high mortality in newborns with purulent meningitis include:

/// Current with non-specific characteristics

/// Emergence of resistant strains

/// Immaturity of the immune system

// A combination of all these reasons

//// We should refrain from lumbar puncture in cases of bacterial meningitis if there are:

/// Macular edema

/// Mydriasis, ophthalmoparesis

/// Shock

// All of the above are correct

//// Neuroimaging is crucial in bacterial meningitis:

///At the beginning of the disease

///For guiding treatment

///To determine complications

///At recovery stage

//// Magnetic resonance imaging holds decisive diagnostic value when viral encephalitis is caused by:

/// Ebstein-Barr

/// Adenovirus

/// Enterovirus

/// Varicella-zoster

// Herpes simplex