

[9] Hydrocephaly

That does not provide skull defects plastic [1]:

- a) *preventive orientation;*
- b) *eradication of hydrocephalus;*
- c) *cosmetic orientation.*

Hypersecretory hydrocephaly takes place in [1]:

- a) *in the acute period of craniocerebral trauma with incendiary processes of the brain;*
- b) *foreign bodies in the brain;*
- c) *calcification of the pineal gland.*

Aresorptive hydrocephaly can develop in case of [1]:

- a) *with carotid artery stenosis;*
- b) *with arachnoiditis;*
- c) *sagittal sinus thrombosis.*

Occlusive hydrocephaly is usually caused by [1]:

- a) *tumor, adhesions of the meninges;*
- b) *atrophy of the brain;*
- c) *calcification of the pineal gland.*

A child was born in the normal term. Childbirth is not complicated. In the frontal lobe in the midline is a tumor-like protrusion (evagination) 4x4x5 cm. The skin in this area is not changed, protrusion increases with the stress of the child. In the neurological status changes are not identified. Determine the type of pathology [1]:

- a) *cephalohematoma;*
- b) *encephalocele;*
- c) *furuncle;*
- d) *osteoma;*
- e) *birth tumor.*

Contraindications to lumbar puncture in children. All true, except [1]:

- a) *communicating hydrocephalus;*
- b) *not disunited hydrocephalus;*
- c) *full spinal block;*
- d) *partial spinal block.*

The 9 months child's mother addressed to a doctor about repeated vomiting, which appeared a month ago. At 6 months the child fell off the sofa height 60 cm, and hit his head, there was a swelling of the parietal area, repeated vomiting throughout the day. A month after the injury began to increase cranial part of the head in the volume, has increased anterior fontanelle. During examination from a child: reduced nutrition, increased cranial part of the head, the skin is thin, transparent, veins on the scalp advanced, anterior fontanelle was stressful. Put a previous diagnosis [1]:

- a) *meningoencephalitis;*
- b) *ricketts;*
- c) *post-traumatic hydrocephalus;*
- d) *gastroenterocolitis;*
- e) *encephalopyosis (brain abscess).*

Right after the birth was a protrusion of elastic consistence in the lumbar area. Movement in the lower extremities was absent, the head increased in size. What is the pathology of the sick child [2]?

- a) *myelitis;*
- b) *polyneuropathy;*
- c) *hydrocephalus;*
- d) *ricketts;*

e) spinal hernia.

A child of 5th months revealed a significant size head, and increased stress anterior fontanelle, determined by non-union of coronary and sagittal sutures. Lagging behind in mental development. At x-ray divergences coronary and sagittal sutures. What disease in a child [1]?

a) meningoencephalitis;

b) brain abscess;

c) rickets;

d) hydrocephalus.

Frequent complications of colloid cyst of III ventricle [1]:

a) bilateral hemianopsia;

b) hydrocephalus;

c) ataxic gait;

d) optic atrophy.