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STATE EDUCATIONAL INSTITUTION OF HIGHER  
PROFESSIONAL EDUCATION  
KYRGYZ-RUSSIAN SLAVIC UNIVERSITY

Department of *Therapy № 2, specialty "General Medicine"*



APPROVED BY  
Vice-Rector of Academic work

S.F. Usmanov

12 2022

**PROGRAM**

**state final certification (SFC)  
of graduates in the field of study**  
«560001 / 31.05.01»  
«General Medicine»

Level of higher education

(specialty)

Mode of study

(Full-time)

Bishkek 2022

The SFC program was developed, discussed and approved at a meeting of the Department of Therapy № 2 of the specialty "General Medicine"

Record № 3 from  
«4» ноября 2022

Head of the Department of Therapy № 2, specialty "General Medicine"

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«4» 11 2022

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The SFC program was reviewed, approved and recommended for use by the Academic Council of the Medical Faculty

Record № 4 from  
«21» 12 2022

Chairman of the Academic Council of the Medical faculty

Zarifyan A. G. A.G. Zarifyan

***Approval of the WP SFC for execution in the next academic year***

The SFC program has been revised, discussed and approved for use in 2023-2024 academic year.

Educational and methodological profile committee in the specialty "General Medicine" of the Medical Faculty

Record from « \_\_\_\_ » \_\_\_\_\_ 2023 № \_\_\_\_

Chairman of the EMPC of "General Medicine"  
of Medical Faculty \_\_\_\_\_ Sabirov I.S.

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***Approval of the WP SFC for execution in the next academic year***

The SFC program has been revised, discussed and approved for use in 2022-2023 academic year.

Educational and methodological profile committee in the specialty "General Medicine" of the Medical Faculty

Record from « \_\_\_\_ » \_\_\_\_\_ 202 № \_\_\_\_

Chairman of the EMPC of "General Medicine"  
of Medical Faculty \_\_\_\_\_ Sabirov I.S.

***Approval of the WP SFC for execution in the next academic year***

The SFC program has been revised, discussed and approved for use in 202 academic year.

Educational and methodological profile committee in the specialty "General Medicine" of the Medical Faculty

Record from « \_\_\_\_ » \_\_\_\_\_ 202 № \_\_\_\_

Chairman of the EMPC of "General Medicine"  
of Medical Faculty \_\_\_\_\_ Sabirov I.S.

***Approval of the WP SFC for execution in the next academic year***

The SFC program has been revised, discussed and approved for use in 202 academic year.

Educational and methodological profile committee in the specialty "General Medicine" of the Medical Faculty

Record from « \_\_\_\_ » \_\_\_\_\_ 202 № \_\_\_\_

Chairman of the EMPC of "General Medicine"  
of Medical Faculty \_\_\_\_\_ Sabirov I.S.

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## **1 General provisions**

### **1.1 The aim of the state final certification**

The aim of the state final certification is to establish the level of preparation of a graduate for the performance of professional tasks and the compliance of his preparation with the requirements of the federal state educational standard of higher education (FSES HE), approved by order of the Ministry of Education and Science of Russia dated *February 09, 2016 No. 95, the state educational standard of higher professional education of the Kyrgyz Republic*, approved by the order of the Ministry of Education and Science of the Kyrgyz Republic dated *September 15, 2015 No. 1179/1*, and the main professional educational program of higher education (MPEP HE), developed in KRSU.

### **1.2 The membership of the state final certification**

The state final certification of preparation

560001 / 31.05.01 "General Medicine" includes:

- a) state exam in the discipline "History of Kyrgyzstan";
- b) the state final interdisciplinary exam in the specialty (hereinafter - the final interdisciplinary exam).

### **1.3 Normative base of the state final certification**

- 1.3.1 State final certification (hereinafter SFC) is carried out in accordance with the normative document of the university "The procedure for conducting state final certification for educational programs of higher education - undergraduate programs, specialist's programs and master's programs of the Kyrgyz-Russian Slavic University" (hereinafter - the Procedure). This document defines and regulates:

- general provisions on SFC;
- rules and procedures for organizing and conducting the SFC;
- duties and responsibilities of the head of the final qualifying work;
- SFC results;
- the procedure for appealing the SFC;
- documentation for the state final certification.

## **2. Graduate characteristic**

### **2.1 The field of professional activity of graduates includes:**

Protecting the health of citizens by ensuring the provision of medical care in accordance with established requirements and standards in the field of healthcare.

### **2.2 The objects of professional activity of graduates are:**

- Individuals (patients);
- Population;
- A set of means and technologies aimed at creating conditions for protecting the health of citizens.

### **2.3 Types of professional activity**

The main professional educational program in the direction of training 560001 / 31.05.01 "General Medicine" provides for the preparation of graduates for the following types of professional activities:

- medical;
- organizational and managerial;
- research.

## 2.4 Professional tasks

A graduate who has mastered the specialty program in the specialty 31.05.01/560001 "General Medicine" is ready to solve the following professional tasks in accordance with the types of professional activities that the program is focused on (Table 1).

List of professional tasks of the specialty program "General Medicine".

Table 1.

Code Designation	The content of professional tasks
	<b>Medical activity:</b>
PT-1 <sup>1</sup>	Prevention of the occurrence of diseases among the population through preventive and anti-epidemic measures.
PT-2	Carrying out preventive medical examinations, medical examinations, dispensary observation.
PT-3	Collection and medical-statistical analysis of information on health indicators of the population of various age and sex groups, characterizing their state of health.
PT-4	Diagnosis of diseases and pathological conditions of patients.
PT-5	Diagnosis of emergency conditions.
PT-6	Pregnancy diagnostics.
PT-7	Conducting an examination of temporary disability and participation in other types of medical examination.
PT-8	Provision of primary medical care in outpatient and day hospital conditions.
PT-9	Providing primary medical care for sudden acute diseases, conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care.
PT-10	Participation in the provision of emergency medical care in conditions requiring urgent medical intervention.
PT-11	Providing medical assistance in emergency situations, including participation in medical evacuation.
PT-12	Participation in medical rehabilitation and sanatorium treatment.
PT-13	Formation of motivation among the population, patients and their families aimed at maintaining and strengthening their health and the health of others.
PT-14	Educate patients on the basic hygiene measures of a health-improving nature that contribute to the prevention of the occurrence of diseases and the promotion of health.
	<b>Organizational, managerial activities:</b>
PT-15	Application of the basic principles of organizing the provision of medical care in medical organizations and their structural divisions.
PT-16	Creation of favorable conditions in medical organizations for the stay of patients and the work of medical personnel.
PT-17	Maintaining medical records in medical organizations.
PT-18	Organization of a medical examination.
PT-19	Participation in the organization of the assessment of the quality of medical care for patients.
PT-20	Compliance with basic information security requirements.
	<b>Research activities</b>
PT-21	Analysis of scientific literature and official statistical reviews, participation in statistical analysis and public presentation of the results.
PT-22	Participation in solving individual research and scientific-applied tasks in the field of health care for diagnosis, treatment, medical rehabilitation and prevention.

<sup>1</sup> The table provides continuous numbering of tasks of professional activity.

### 3. The results of the development of the educational program

The results of mastering the MPEP HE are determined by the competencies acquired by the graduate, i.e. his ability to apply knowledge, skills and personal qualities in accordance with the tasks of professional activity.

As a result of mastering the MPEP HE in the specialty 31.05.01/560001 “General Medicine”, **the graduate should have the following general cultural competencies (GCC):**

GCC-1: Ability for abstract thinking, analysis, synthesis;

GCC-2: The ability to use the foundations of philosophical knowledge to form a worldview position;

GCC-3: The ability to analyze the main stages and patterns of the historical development of society in order to form a civic position;

GCC-4: Ability to act in non-standard situations, bear social and ethical responsibility for decisions made;

GCC-5: Readiness for self-development, self-realization, self-education, use of creative potential;

GCC-6: The ability to use the methods and means of physical culture to ensure a full-fledged social and professional activity;

GCC-7: Readiness to use first aid techniques, methods of protection in emergency situations;

GCC-8: Readiness to work in a team, tolerantly perceive social, ethnic, confessional and cultural differences.

A graduate in the specialty 31.05.01/560001 “General Medicine” must have the following **general professional competencies (GPC):**

GPC-1: Readiness to solve standard tasks of professional activity using information, bibliographic resources, biomedical terminology, information and communication technologies and taking into account the basic requirements of information security;

GPC-2: Readiness to communicate in oral and written forms in Russian and foreign languages to solve the problems of professional activity;

GPC-3: The ability to use the basics of economic and legal knowledge in professional activities;

GPC-4: The ability and readiness to implement ethical and deontological principles in professional activities;

GPC-5: The ability and readiness to analyze the results of their own activities to prevent professional errors;

GPC-6: Readiness to maintain medical records;

GPC-7: Readiness to choose the basic physical, chemical, mathematical and natural science concepts and methods in the search for professional tasks;

GPC-8: Readiness for the medical use of drugs and other substances, and their combinations in solving professional problems;

GPC-9: The ability to assess morphofunctional, physiological conditions and pathological processes in the human body to solve professional problems;

GPC-10: Readiness to ensure the organization of patient care and the provision of primary pre-medical health care;

GPC-11: Readiness for the use of medical devices provided for by the procedures for the provision of medical care.

A graduate in the specialty 31.05.01/560001 "General Medicine" must have the following **professional competencies (PC)**:

**in medical activity:**

PC-1: The ability and readiness to implement a set of measures aimed at maintaining and strengthening health and including the formation of a healthy lifestyle, prevention of the occurrence and (or) spread of diseases, their early diagnosis, identification of the causes and conditions for their occurrence and development, as well as aimed at eliminating the harmful effects of environmental factors on human health;

PC-2: The ability and readiness to conduct preventive medical examinations, medical examinations and the implementation of dispensary observation;

PC-3: The ability and readiness to carry out anti-epidemic measures, organize the protection of the population in the foci of especially dangerous infections, in case of deterioration of the radiation situation, natural disasters and other emergencies;

PC-4: The ability and readiness to use social and hygienic methods for collecting and medical and statistical analysis of information on population health indicators;

PC-5: Willingness to collect and analyze the patient's complaints, his medical history, examination results, laboratory, instrumental, pathoanatomical and other studies in order to recognize the condition or establish the presence or absence of the disease;

PC-6: The ability to determine in patients the main pathological conditions, symptoms, syndromes of diseases, nosological forms in accordance with the International Statistical Classification of Diseases and Related Health Problems - X revision, adopted by the 43rd World Health Assembly, Geneva, 1989;

PC-7: Readiness to conduct an examination of temporary disability, participate in the medical and social examination, ascertaining the biological death of a person;

PC-8: Способностью к определению тактики ведения пациентов с различными нозологическими формами;

PC-9: Readiness to manage and treat patients with various nosological forms on an outpatient basis and in day hospital conditions;

PC-10: Readiness to provide medical care in case of sudden acute diseases, conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care;

PC-11: Readiness to participate in the provision of emergency medical care in conditions requiring urgent medical intervention;

PC-12: Readiness to conduct a physiological pregnancy, childbirth;

PC-13: Readiness to participate in emergency medical care, including participation in medical evacuations;

PC-14: Readiness to determine the need for the use of natural healing factors, drug, non-drug therapy and other methods in patients in need of medical rehabilitation and spa treatment;

PC-15: Readiness to train patients and their relatives in basic hygiene measures of a health-improving nature, self-control skills for basic physiological indicators that contribute to the preservation and promotion of health, disease prevention;

PC-16: Readiness to engage in educational activities to eliminate risk factors and develop healthy lifestyle habits;

**in organizational and managerial activities:**

PC-17: The ability to apply the basic principles of organization and management in the field of protecting the health of citizens, in medical organizations and their structural divisions;

PC-18: Readiness to participate in assessing the quality of medical care using the main medical and statistical indicators;

PC-19: Ability to organize medical care in emergency situations, including medical evacuation;

**in research activities:**

PC-20: Readiness to analyze and publicly present medical information based on evidence-based medicine;

PC-21: Ability to participate in scientific research;

PC-22: Readiness to participate in the introduction of new methods and techniques aimed at protecting the health of citizens.

#### 4. Scope, structure and content of the state final certification

The total labor intensity of the state final certification is 3 credits, 108 academic hours.

The distribution of the volume of the state final certification is presented in table 2.

The scope of the state final certification in terms of composition.

Table 2.

SFC element	Content of Controlled Results	Conduct form	Labor intensity (in hours)
<b>State exam</b>			
<b>Formation test Of GCC "History of Kyrgyzstan"</b>	GCC-1, GCC-2, GCC-3	Computer testing	36
<b>Tests, questions and practical tasks of the state interdisciplinary exam</b>	GCC-4,5,6,7,8. GPC -1,2,3,4,5,6,7,8,9,10,11. PC-1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17, 18,19,20,21,22.	Blank testing, preparation of answers to theoretical questions, performing a practical task at the bedside of a patient	72
<b>Total</b>	–	–	108

#### 5. Fund of evaluation funds for conducting SFC

##### Passport of the fund of appraisal funds

Table 3.

<i>Controlled competencies (code of competence)</i>	<i>Planned learning outcomes (knows, able to, skilled)</i>	<i>Evaluation tools</i>
<b>GCC-1:</b> ability for abstract thinking, analysis, synthesis	<b>Knows:</b> the main methods, ways and means of obtaining, summarizing and analyzing scientific, reference, statistical and other information	<i>Computer testing</i>
	<b>Able to:</b> find, analyze, critically evaluate, select and apply information in professional activities	
	<b>Skilled:</b> methods of evaluation and analysis of information, its interpretation, gives his own assessment of the data received, logically and reasonably substantiates his conclusions and conclusions	

<b>GCC-2.</b> The ability to use the foundations of philosophical knowledge to form a worldview position	<b>Knows:</b> the main directions and problems of modern philosophy	<i>Computer testing</i>
	<b>Able to:</b> note the practical value of certain philosophical provisions, and identify the foundations on which the philosophical concept or system is built	
	<b>Skilled:</b> expression skills and substantiation of one's own position regarding modern socio-humanitarian problems and specific philosophical positions	
<b>GCC-3.</b> The ability to analyze the main stages and patterns of the historical development of society in order to form a civic position	<b>Knows:</b> the main stages in the development of historical sciences, the scientific achievements of outstanding scientists, the content of modern discussions on the problems of social development	<i>Computer testing</i>
	<b>Able to:</b> critically perceive, analyze and evaluate historical information, factors and mechanisms of historical changes	
	<b>Skilled:</b> skills of respectful and careful attitude to the historical heritage and cultural traditions	
<b>GCC-4.</b> Ability to act in non-standard situations, bear social and ethical responsibility for decisions made	<b>Knows:</b> the meaning and measure of social and ethical responsibility that arises in case of making wrong decisions in non-standard professional situations	<i>Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> make decisions in non-standard situations, observing the principles of social and ethical responsibility	
	<b>Skilled:</b> decision-making skills in non-standard situations, excluding negative consequences of a social and ethical nature	
<b>GCC-5.</b> Readiness for self-development, self-realization, use of creative potential	<b>Knows:</b> strategy, tactics and techniques for actualizing the creative potential of the individual	<i>Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> draw up plans for self-development, self-realization, the use of creative potential, taking into account the peculiarities of the motivational-need, cognitive, emotional-volitional spheres of the personality, determine the conditions and time prospects for achieving the desired result of self-development, self-realization, and the use of creative potential	
	<b>Skilled:</b> skills in diagnosing the current level of self-development, self-realization, the use of creative potential and assessing one's potential with the help of appropriate tools, ways to actualize one's creative potential in various activities, methods of self-assessment of the level of self-development, self-realization, use of creative potential	

<p><b>GCC-6.</b> The ability to use the methods and means of physical culture to ensure a full-fledged social and professional activity</p>	<p><b>Knows:</b> subject area, system and content of the foundations of a healthy lifestyle, the impact of health-improving systems of physical education on health promotion</p>	<p><i>Questions for the state exam. Student's answers to additional questions of the commission.</i></p>
	<p><b>Able to:</b> use the specific knowledge of methods and means of physical culture, organize your life in accordance with socially significant ideas about a healthy lifestyle to ensure full-fledged social and professional activities</p>	
	<p><b>Skilled:</b> the ability to use methods, means and ways of strengthening individual health, increasing functional and motor capabilities to ensure full-fledged social and professional activities</p>	
<p><b>GCC-7.</b> <b>Readiness</b> to use first aid techniques, methods of protection in emergency situations</p>	<p><b>Knows:</b> основы профессиональной деятельности для выработки потребности в обеспечении личной безопасности и безопасности среды обитания</p>	<p><i>Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i></p>
	<p><b>Able to:</b> identify risk in various areas of human activity, find non-standard solutions and be ready to work in suddenly changing conditions</p>	
	<p><b>Skilled:</b> reflexive skills that develop readiness to use first aid techniques, methods of protection in emergency situations</p>	
<p><b>GCC-8.</b> Readiness to work in a team, tolerantly perceive social, ethnic, confessional and cultural differences</p>	<p><b>Knows:</b> world practices of effective organization of group work, lines of behavior of individuals, ethical and etiquette aspects of their professional activities</p>	<p><i>Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i></p>
	<p><b>Able to:</b> analyze and optimize group work, determine the lines of behavior of an individual to optimize work with a formed group, control the activities of the work team</p>	
	<p><b>Skilled:</b> methods of team management, including individuals with social, ethnic, confessional and cultural differences, methods of improving the efficiency of the team</p>	
<p><b>GPC-1.</b> Readiness to solve problems of professional activity using information, bibliographic resources, biomedical terminology, information and communication technologies and</p>	<p><b>Knows:</b> basic techniques and methods development of specialized programs for solving problems, and the main requirements for the presentation of the results of work in the professional field of activity</p>	<p><i>Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i></p>
	<p><b>Able to:</b> Modernize standard and develop specialized programs to solve the problems of the professional field of activity, use information, communication and computer technologies to present the results of professional activity</p>	
	<p><b>Skilled:</b> skills in developing specialized programs for solving problems of the</p>	

taking into account the basic requirements of information security	professional field of activity, presenting the results of work in the form of printed materials and oral messages	
<b>GPC -2.</b> Readiness to communicate in oral and written forms in Russian and foreign languages to solve the problems of professional activity	<b>Knows:</b> methods for developing long-term programs of language practice, style features, language features, features of the genre implementation of the studied foreign language	<i>Blank testing.</i> <i>Questions for the state exam, practical tasks at the curation at the bedside of the patient.</i> <i>Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> to build their own verbal and non-verbal behavior in accordance with the norms of the culture of the Russian and the language being studied, to model situations in professional activity that would require the use of oral and written speech skills of the foreign language being studied	
	<b>Skilled:</b> skills to build you-saying that adequately reflects the cultural values of the language, the skills of adapting one's own behavior to the standards of Russian and foreign cultures	
<b>GPC-3.</b> Ability to use the basics of economic and legal knowledge in various spheres of life	<b>Knows:</b> essence and components of production costs, sources and methods for optimizing costs and profits, skills of legal thinking and legal analysis	<i>Blank testing.</i> <i>Questions for the state exam, practical tasks at the curation at the bedside of the patient.</i> <i>Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> use the financial and economic information necessary to make informed financial decisions in various areas	
	<b>Skilled:</b> the ability to use methods of economic planning and implementation of basic management functions; the ability to independently make lawful, law-abiding decisions	
<b>GPC-4.</b> Ability and readiness to implement ethical and deontological principles in professional activities	<b>Knows:</b> ethical and deontological aspects of the problems of modern medical practice	<i>Blank testing.</i> <i>Questions for the state exam, practical tasks at the curation at the bedside of the patient.</i> <i>Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> determine the practical value of certain ethical and deontological principles of the work of a medical doctor	
	<b>Skilled:</b> the skills of expressing and substantiating one's own position regarding the ethical and deontological principles of work in pediatrics	
<b>GPC-5.</b> The ability and readiness to analyze the results of their own activities to prevent	<b>Knows:</b> assessment of diagnostic methods, treatment, possible errors and complications	<i>Questions for the state exam, practical tasks at the curation at the bedside of the patient.</i> <i>Student's answers to additional questions of the commission.</i>
	<b>Skilled:</b> skills in assessing methods of diagnosis, treatment and possible complications of diseases	

professional errors		
<b>GPC-6.</b> Readiness to maintain medical records	<b>Knows:</b> regulatory documentation adopted in healthcare, as well as documentation for assessing the quality and efficiency of medical organizations	<i>Practical tasks for supervision at the patient's bedside. Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> maintain medical records of various nature in medical organizations	
	<b>Skilled:</b> methods of maintaining medical records of various nature in outpatient and inpatient institutions	
<b>GPC-7.</b> Readiness to use the basic physical, chemical, mathematical and other natural sciences concepts and methods in solving professional problems	<b>Knows:</b> fundamental and applied issues of modern biochemistry, such as: chemical composition, structures, metabolism and functions of molecular and supramolecular formations; molecular basis of physiological processes and their disorders; mechanisms of energy exchange and energy supply of tissues; mechanisms of regulation and integration of metabolism, providing metabolic and physiological homeostasis of the body	<i>Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> explain the molecular mechanisms of the features of the structure and functional activity of the main organs and tissues; perform laboratory work, fill out the study protocol, evaluate its results; solve test tasks and situational tasks based on theoretical knowledge.	
	<b>Skilled:</b> the skills of biochemical thinking, the application of biochemical knowledge to understanding the molecular mechanisms of the pathogenesis of diseases; skills in assessing the diagnostic and prognostic significance of the results of a biochemical analysis of blood, saliva, urine; skills of independent work with reference, educational and scientific literature	
<b>GPC-8.</b> Readiness for the medical use of drugs and other substances, and their combinations in solving professional problems.	<b>Knows:</b> about the direction and problems of prescribing drugs for various diseases	<i>Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> prescribe medications for various diseases	
	<b>Skilled:</b> skills in prescribing drugs for various diseases	
<b>GPC-9.</b> The ability to assess	<b>Knows:</b> the main ways of differentiation and formulation of the conclusion based on the results of the assessment of morphofunctional,	<i>Blank testing. Questions for the state exam, practical tasks</i>

morphofunctional, physiological conditions and pathological processes in the human body to solve professional problems.	physiological processes and pathological conditions of the patient	<i>at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> note the practical value of specific morphofunctional, physiological processes and pathological conditions of the human body	
	<b>Skilled:</b> the skills of assessing, differentiating the main morphofunctional, physiological and pathological conditions of the human body and their own justification	
<b>GPC-10.</b> Readiness to ensure the organization of patient care and the provision of primary pre-hospital health care;	<b>Knows:</b> basic methods of organizing patient care and providing primary pre-hospital health care.	<i>Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> note the practical value of specific methods of organizing patient care and providing primary pre-hospital health care.	
	<b>Skilled:</b> skills in assessing, differentiating the main methods of organizing patient care and providing primary pre-hospital health care.	
<b>GPC-11.</b> Readiness for the use of medical devices provided for by the procedures for the provision of medical care	<b>Knows:</b> use of medical devices provided for by the procedures for providing medical care to patients	<i>Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> apply medical devices provided for by the procedures for providing medical care to patients	
	<b>Skilled:</b> skills in the use of medical devices provided for by the procedures for providing medical care to patients	
<b>PC-1.</b> The ability and readiness to implement a set of measures aimed at maintaining and strengthening health and including the formation of a healthy lifestyle, prevention of the occurrence and (or) spread of diseases, their early diagnosis, identification of the causes and conditions for their occurrence and development, as well as aimed at eliminating harmful effects on	<b>Knows:</b> a set of measures aimed at maintaining and strengthening health, the formation of a healthy lifestyle and factors affecting human health	<i>Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient.  Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> eliminate the causes of the occurrence and spread of diseases	
	<b>Skilled:</b> a set of measures aimed at the formation of a healthy lifestyle, the preservation and promotion of health and the prevention of diseases	

human health of environmental factors.		
<b>PC-2.</b> Ability and readiness to conduct preventive medical examinations, medical examinations and dispensary observation	<b>Knows:</b> methods of prevention and types of clinical examination of dental diseases	<i>Blank testing.</i> <i>Questions for the state exam, practical tasks at the curation at the bedside of the patient.</i>  <i>Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> conduct medical examination and prevention of major dental diseases	
	<b>Skilled:</b> skills of clinical examination and prevention in dental patients	
<b>PC-3.</b> Ability and readiness to carry out anti-epidemic measures, organize the protection of the population in foci of especially dangerous infections, in case of deterioration of the radiation situation, natural disasters and other emergencies.	<b>Knows:</b> a set of measures aimed at the formation of a healthy lifestyle, the preservation and promotion of health and the prevention of diseases emergency medical care algorithm; main medical diagnostic and therapeutic	<i>Blank testing.</i> <i>Questions for the state exam, practical tasks at the curation at the bedside of the patient.</i> <i>Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> independently choose a set of measures for the formation of a healthy lifestyle, features of the organization of medical care during mass and sporting events, in emergency situations and in case of disasters in peacetime and wartime	
	<b>Skilled:</b> the skills of complex measures aimed at maintaining and strengthening health and the formation of a healthy lifestyle, conducting anti-epidemic measures, organizing the protection of the population in foci of especially dangerous infections, in case of deterioration of the radiation situation, natural disasters and other emergencies	
<b>PC-4.</b> Ability and readiness to apply social and hygienic methods for collecting and medical and statistical analysis of information on population health indicators.	<b>Knows:</b> population health indicators, factors that shape human health and the impact of occupational, climatic, endemic factors on human health.	<i>Blank testing.</i> <i>Questions for the state exam, practical tasks at the curation at the bedside of the patient.</i> <i>Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> assess living conditions, according to hygiene requirements, the ability to collect social and hygienic information and medical and statistical analysis of morbidity	
	<b>Skilled:</b> methods of sanitary and educational work among the population on primary prevention of diseases and conduct a medical and statistical analysis of information on health indicators	
<b>PC-5.</b> Readiness to collect and analyze the patient's complaints, his medical history,	<b>Knows:</b> indications and contraindications for additional clinical and paraclinical research methods:	<i>Blank testing.</i> <i>Questions for the state exam, solving situational problems, practical tasks at the</i>
	<b>Able to:</b> use methods and means of medical examination, diagnostic measures.	

examination results, laboratory, instrumental, pathoanatomical and other studies in order to recognize the condition or establish the presence or absence of the disease;	<b>Skilled:</b> the skills of examining patients, carrying out the necessary diagnostic measures, skills in making a clinical diagnosis	<i>supervision at the bedside of the patient. Student's answers to additional questions of the commission.</i>
<b>PC-6.</b> The ability to determine the main pathological conditions, symptoms, syndromes of diseases, nosological forms in patients in accordance with the International Statistical Classification of Diseases and Related Health Problems, X revision	<b>Knows:</b> the main syndromes of damage to organs and systems and their specificity in the differential diagnosis of various nosological forms in accordance with (ICD).	<i>Blank testing. Questions for the state exam, solving situational problems, practical tasks at the supervision at the bedside of the patient. Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> note the practical value when comparing specific pathological syndromes, symptoms of diseases	
	<b>Skilled:</b> skills of own substantiation of combining various symptoms, syndromes into nosological forms in accordance with (ICD).	
<b>PC-7.</b> Readiness to conduct an examination of temporary disability, participate in a medical and social examination, ascertain the biological death of a person	<b>Knows:</b> expert assessment of temporary disability before biological death	<i>Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> to differentiate temporary disability up to the ascertainment of biological death	
	<b>Skilled:</b> skills of examination of temporary incapacity for work, until the ascertainment of biological death	
<b>PC-8.</b> The ability to determine the tactics of managing patients with various nosological forms	<b>Knows:</b> know the main directions and problems in the management of patients with various diseases	<i>Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> to note the practical value of individual tactics of managing patients with various nosological forms	
	<b>Skilled:</b> skills in determining the tactics of managing patients with diseases	
<b>PC-9.</b> Readiness to manage and treat patients with	<b>Knows:</b> methods of management and treatment of patients with various nosological forms in outpatient and day hospital conditions	<i>Blank testing. Questions for the state exam, practical tasks at the curation at the</i>

various nosological forms on an outpatient basis and in day hospital conditions.	<b>Able to:</b> manage and treat patients on an outpatient and day hospital basis	<i>bedside of the patient. Student's answers to additional questions of the commission.</i>
	<b>Skilled:</b> skills in managing and treating patients with various diseases on an outpatient basis and in day hospital conditions	
<b>PC-10.</b> Readiness to provide primary health care to children with sudden acute illnesses, conditions, exacerbation of chronic diseases that are not accompanied by a threat to the patient's life and do not require emergency medical care	<b>Knows:</b> general principles for the treatment of ophthalmic and ENT diseases, taking into account their etiology and pathogenesis; knowledge of pharmacological groups and their interaction with each other	<i>Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission</i>
	<b>Able to:</b> assess the stage of the disease and prescribe therapy appropriate to the stage of the disease	
	<b>Skilled:</b> master the skills of etiological and pathogenetic therapy in the treatment of visual organs and ENT diseases, depending on the severity of the disease on an outpatient basis	
<b>PC-11.</b> Readiness to participate in the provision of emergency medical care in conditions requiring urgent medical intervention	<b>Knows:</b> emergency medical care algorithm; basic medical diagnostic and therapeutic measures to provide first aid in emergency conditions requiring urgent medical intervention	<i>Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> choose an individual type of care for the treatment of the patient in accordance with the situation: first aid, ambulance, hospitalization	
	<b>Skilled:</b> a complex of resuscitation measures for acute respiratory and circulatory disorders, with clinical death; know modern methods of resuscitation and intensive care in providing care to patients and victims in critical conditions of various etiologies	
<b>PC-12.</b> Readiness to conduct a physiological pregnancy, childbirth	<b>Knows:</b> the main signs of pathological conditions during pregnancy and childbirth; the procedure for providing medical care in obstetrics and gynecology	<i>Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> under the guidance of a doctor, develop a plan and prognosis of childbirth, draw up a plan for the prevention of complications.	
	<b>Skilled:</b> skills of conducting physiological pregnancy and childbirth.	
<b>PC-13.</b> Readiness to participate in the provision of medical care in emergency	<b>Knows:</b> emergency medical care algorithm; the main medical diagnostic and therapeutic measures for the provision of first aid in case of urgent and life-threatening conditions in an emergency	<i>Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient.</i>

situations, including participation in medical evacuation.	<b>Able to:</b> analyze the features of the organization of medical care during mass and sporting events, in emergency situations and disasters in peacetime and wartime	<i>Student's answers to additional questions of the commission.</i>
	<b>Skilled:</b> the ability to choose an individual type of care for treating the patient in accordance with the situation: first aid, ambulance, hospitalization	
<b>PC-14.</b> Readiness to determine the need for the use of natural healing factors, drug, non-drug therapy and other methods in patients in need of medical rehabilitation and spa treatment	<b>Knows:</b> skills to assess the effectiveness of therapeutic measures at all stages of patient rehabilitation	<i>Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> assess the stage of the disease and is able to prescribe the necessary rehabilitation complexes, taking into account the form, stage and phase of the disease.	
	<b>Skilled:</b> the skills of prescribing non-drug methods of treating patients of various profiles, correctly assess the tolerability, adequacy and effectiveness of ongoing rehabilitation measures	
<b>PC-15.</b> Readiness to educate patients and their relatives on the basic hygiene measures of a health-improving nature, the skills of self-control of the main physiological indicators that contribute to the preservation and promotion of health, disease prevention	<b>Knows:</b> population health indicators, factors that shape human health and the impact of occupational and climatic, endemic factors on human health	<i>Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> conduct training of patients and their relatives on basic hygienic and immunological measures of a health-improving nature (organization of rational nutrition, work and rest regimen, reduction of meteorological diseases through physical education, hardening, etc.)	
	<b>Skilled:</b> rules for the prevention of cardiovascular diseases, lung diseases, oncological diseases, digestive system, meteorological diseases, preventive measures to increase the body's resistance to adverse environmental factors	
<b>PC-16.</b> Readiness for educational activities to eliminate risk factors and the formation of healthy lifestyle skills	<b>Knows:</b> a set of measures aimed at maintaining and strengthening health, educational activities to form healthy lifestyle skills and eliminate risk factors	<i>Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission</i>
	<b>Able to:</b> eliminate the causes of the emergence and spread of diseases, readiness for educational activities to eliminate risk factors and healthy lifestyle skills	
	<b>Skilled:</b> educational activities on the formation of healthy lifestyle skills, a set of measures aimed at promoting a healthy lifestyle	

<p><b>PC-17.</b> Ability to apply the basic principles of organization and management in the field of public health, in medical organizations and their structural divisions.</p>	<p><b>Knows:</b> principles of management in the field of health of citizens, medical organizations and their structural divisions</p>	<p><i>Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i></p>
	<p><b>Able to:</b> apply the principles of management of medical organizations and their structural divisions</p>	
	<p><b>Skilled:</b> basic principles of management of medical organizations and their structural divisions</p>	
<p><b>PC-18.</b> Readiness to participate in assessing the quality of medical care using the main medical and statistical indicators</p>	<p><b>Knows:</b> analyze medical and statistical indicators and their interpretation</p>	
	<p><b>Able to:</b> evaluate the quality of medical care using the main medical and statistical indicators</p>	
	<p><b>Skilled:</b> a set of measures to assess the quality of medical care using statistical indicators</p>	
<p><b>PC-19.</b> Preparedness to participate in the provision of medical care in emergency situations, including participation in medical evacuation.</p>	<p><b>Knows:</b> emergency medical care algorithm; the main medical diagnostic and therapeutic measures for the provision of first aid in case of urgent and life-threatening conditions in an emergency</p>	<p><i>Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i></p>
	<p><b>Able to:</b> analyze the features of the organization of medical care during mass and sporting events, in emergency situations and disasters in peacetime and wartime</p>	
	<p><b>Skilled:</b> the ability to choose an individual type of care for treating the patient in accordance with the situation: first aid, ambulance, hospitalization</p>	
<p><b>PC-20.</b> Readiness to analyze and publicly present medical information based on evidence-based medicine</p>	<p><b>Knows:</b> the main directions of evidence-based medicine and apply them in practice</p>	<p><i>Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i></p>
	<p><b>Able to:</b> analyze and publicly present medical information, taking into account evidence-based medicine</p>	
	<p><b>Skilled:</b> skills of expressing and substantiating one's own position regarding medical information, based on evidence-based medicine</p>	
<p><b>PC-21.</b> Ability to participate in scientific research</p>	<p><b>Knows:</b> various forms and methods of scientific knowledge, mathematical methods for solving intellectual problems</p>	<p><i>Student's answers to additional questions of the commission.</i></p>
	<p><b>Able to:</b> use educational, scientific, popular science literature, the Internet for professional activities; analyze issues of general pathology and modern theoretical concepts and trends in medicine.</p>	
	<p><b>Skilled:</b> the skills of conducting discussions and polemics, practical analysis of the logic of various kinds of reasoning; skills in research</p>	

	work, in working with primary sources and scientific literature	
<b>PC-22.</b> Readiness to participate in the introduction of new methods and techniques aimed at protecting the health of citizens	<b>Knows:</b> various types and methods of generalization and comprehension of data from various medical sciences from general physiological and natural science positions	<i>Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient. Student's answers to additional questions of the commission.</i>
	<b>Able to:</b> use the ability to generalize and comprehend the data of various medical sciences from general physiological and natural science positions	
	<b>Skilled:</b> principles of generalization and comprehension of data from various medical sciences from general physiological and natural science positions	

## **6. The program of the state exam in the discipline "History of Kyrgyzstan" and recommendations for students on preparing for it**

### **6.1 Test for checking the formation of general cultural competencies**

An element of the state exam is a test to check the formation of general cultural competencies. Verification of general cultural competencies is carried out in the form of testing. The test contains 30 questions. The test will take no more than 50 minutes to complete.

The maximum number of points is 30. For each correct answer, the student receives 1 point, for an incorrect one - 0 points.

### **6.2 State exam form**

Computer testing.

### **6.3 The list of control tasks or other materials submitted for verification at the SE**

- I. The Kyrgyz and Kyrgyzstan in Antiquity and the Early Middle Ages
- II. Kyrgyz and Kyrgyzstan in the X-XVIII centuries.
- III. Kyrgyzstan as part of the Russian Empire and the USSR.
- IV. Sovereign Kyrgyz Republic

### **6.4 Recommendations for students on preparing for the SE**

When preparing for the exam, special attention should be paid to the following points:

It is necessary to study the factual material of the discipline by topic, memorizing dates and highlighting the role of historical figures in the events of the era.

It is useful to draw up a schematic plan for the development of the historical process, highlighting turning points.

Highlight the following problems: the Saks and their struggle with the conquerors, the Usun state, the first mention of the ethnonym Kyrgyz, the ancient Turks, the great power of the Kyrgyz, the Karakhanid Khaganate, the Khaidu state, the ethnogenesis of the Kyrgyz people, the Dzungar Khanate, the Kokand Khanate, the annexation of Kyrgyzstan to Russia, the uprising of 1916, Soviet period, sovereign Kyrgyzstan.

The program of the state exam in the discipline "History of Kyrgyzstan"

## **7. The program of the final interdisciplinary exam and recommendations for students to prepare for it.**

The state interdisciplinary exam in the specialties “*General Medicine*” provides for the assessment of theoretical and practical preparedness based on state requirements for a minimum content and level of graduate training.

### **7.1 State exam form**

The state interdisciplinary exam in the specialty “**General Medicine**” is carried out in stages and includes the following mandatory certification tests:

- checking the level of theoretical preparedness by means of a test exam on a blank or computer basis;
- checking the level of development of practical skills;
- assessment of the ability to solve specific professional problems during an oral interview.

### **7.2 The list of control tasks or other materials submitted for verification at the State Examination.**

The elements of the final interdisciplinary exam are:

- 1. *Computer-blank testing*** to check the formation of general cultural, general professional and professional competencies.

For **testing**, standard test tasks are used, approved by the Ministry of Health of the Russian Federation and supplemented by local tests that reflect regional specifics. Their processing is carried out using a special computer program, which made it possible to randomly prepare individual test tasks for each of the graduates, and then quickly analyze them. Due to this, at the testing stage, the possibility of a subjective approach or technical errors in the assessment of knowledge is excluded. Each graduate on testing receives an individual test task containing 100 questions. Criteria for evaluating test items: up to 70 points - unsatisfactory, from 71 to 80 - satisfactory, from 81 to 90 - good, and from 91 to 100 - excellent. Bank of test tasks in **Appendix No. 1**.

- 2. *Curation at the bedside of the patient*** to check general professional and professional competencies. The practical assessment tests that make up the final interdisciplinary examination should be conducted at the patient's bedside, using simulators, dummies, phantoms, instruments, equipment, modular and situational clinical tasks, ECG, radiographs, laboratory data, slides, recipes and a demonstration of one or more practical skills.

- 3. *Oral survey to test*** general professional and professional competencies. When conducting a final interdisciplinary oral exam, students receive exam tickets drawn up in accordance with the approved exam program, containing tasks that the examinees must complete. Questions for the final interdisciplinary exam in **Appendix No. 2**.

- The structure of the examination ticket includes questions on academic disciplines (modules), the results of which are of decisive importance for the professional activities of graduates:

- ***Internal illnesses;***
- ***Obstetrics and gynecology;***
- ***Surgical diseases;***
- ***Pediatrics.***

Recommended literature, revealing the content of examination questions, typical practical tasks, from various sections - disciplines of internal medicine, is presented in Table 4.

Recommended literature in preparation for the SFC in the sections of internal diseases.

Table 4.

№ question	The content of the question	Recommended literature
<b>Section 1. Internal diseases</b>		
1	Propaedeutics of internal diseases	1. B. Bates «Guide to Physical Examination and History taking» LWW, 15 ed, 2021 2. Anthony S. Fauci, Braunwald, Kasper, Longo, Jameson, Loscalzo Harissons «Principles of Internal Medicine» 2012, 17th Edition 3. Graham Douglas & Fiona Nicol Macleod's «Clinical examination» 15th Edition, 2019.
2	Faculty therapy	1. Lectures of the Dpt of Therapy №2 of KRSU. 2. Harrison's Principles of Internal Medicine, Twentieth Edition (Vol.1 & Vol.2) 20th Edition by J. Larry Jameson (Author), Anthony Fauci (Author), Dennis Kasper (Author), Stephen Hauser (Author), Dan Longo (Author), Joseph Loscalzo (Author) by McGraw-Hill Education 2018 3. Current Medical Diagnosis & Treatment by Maxine A. Papadakis & Michael W. Rabow, 2019 4. Pathophysiology of Disease: An Introduction to Clinical Medicine by Gary D. Hammer, 2018 5. The ECG Made Easy 8th Edition by John Hampton, 2019
3	Hospital therapy	1. Lectures of the Dpt of Therapy №2 of KRSU. 2. Differential Diagnosis of Common Complaints 7th Edition by Andrew B. Symons MD MS, Robert H. Seller MD by ELSVIER 2018 3. Oxford Handbook of Clinical Medicine I. Wilkinson, J.M. Longmore, 10th edition 2017.
4	Polyclinic therapy	1. Lectures of the Dpt of Therapy №2 of KRSU. 2. Handbook of Outpatient Medicine Book Editors: Elana Sydney, Eleanor Weinstein, Lisa M. Rucker. 2018 3. Urgent and Ambulatory Care, Second Edition: The Pocket NP 2nd Edition, Sheila Sanning Shea, Karen Sue Hoyt. 2020 4. The Washington Manual of Outpatient Internal Medicine Third Edition, Maureen D. Lyons, Peter McDonnell. 2022
5	Occupational diseases	1. Occupational diseases. Textbook for students of medical institutes. // Artamonova V.G., Mukhin N.N. - M., Medicine, 2009. 2. Vibration disease. Tutorial. Komleva L.M. - Moscow, 2008.
6	Endocrinology	1. Harrison's Principles of Internal Medicine Vol 1-2 2015 2. Atlas of Diabetes, 4th (ed. Skyler J.S.) - 2012 y 3. Williams Textb. of Endocrin., 12th (Melmed Sh.) - 2011 4. Imaging in endocrinology, 1st (Pozzilli P.) - 2014 y
7.	Clinical pharmacology	1. Goodman & Gilman's. The pharmacological basis of therapeutics, 14 Edition, 2023. 2. Whalen. Lippincott Illustrated Reviews: Pharmacology 2015 3. Tripathi K.D. Essentials of Medical Pharmacology

		2013
8.	Family medicine	1. Paul M. Paulman (editor). Family Medicine. Principles and Practice. Eighth Edition.   Cham, Switzerland: Springer International Publishing Switzerland, 2022
9.	Neurology and Neurosurgery	1. Acute Care Neurosurgery by Case Management, Pearls and Pitfalls 2022. 2. Examining Neurocritical Patients, Eelco F. M. Wijdicks, Saint Marys Hospital, Mayo Clinic Rochester, MN USA, 2021 3. Oxford Handbook of Key Clinical Evidence 2016
10.	Dermatovenerology	1. Robin Graham-Brown, Tony Burns Lecture notes: Dermatology 10th ed., Wiley-Blackwell, UK, 2011 2. Christopher Griffiths, Jonathan Barker, Tanya Bleiker and oth. Rook's Textbook of Dermatology 10th ed., Wiley-Blackwell, UK, 2011 3. Mahbub M.U. Chowdhury, Ruwani P. Katugampola, Andrew Y. Finlay, Dermatology at a glance. Wiley-Blackwell, 2019.
11.	Psychiatry, med. psychology, psychotherapy	1. Rana M.H. A handbook of Behavioural sciences for Medical and Dental Students 2013 2. Diagnostic and statistical manual of mental disorders 2013 3. Companion to psychiatric studies, 2004
12.	Infectious diseases	1. Harrison's's Infectious diseases. Editors Dennis L. Kasper, MD Anthony S. Fauci, MD Copyright © 2018 by The McGraw-Hill Companies, Inc. All rights reserved.
13.	Medical rehabilitation.  Sports Medicine	1. Alymkulov D.A. Medical control and the basics of physiotherapy exercises, KRSU 2012 2. Saralinova G.M., Abdyldeaeva S.O., Alymkulov, R.D. Kalyuzhnaya O.A. Physical therapy, Bishkek 2018 3. Saralinova G.M., Khamzaev B.J., Karagulova M.Sh. Physiotherapy for diseases and injuries of the musculoskeletal system, Bishkek 2016 4. Ponomarenko G.N. Medical rehabilitation GEOTAR-Media 2014 5. Madden C., Cifu X. Netter's Sports Medicine. Medical rehabilitation of the respiratory and cardiovascular systems Balneotherapy for ischemic heart disease, 2010. 6. General physiotherapy. Medical rehabilitation. Traditional medicine of the East and the West, 2016  7. Bryan E.. The Comprehensive Manual of Therapeutic Exercises Orthopedic and General Conditions, 2018
14.	Phthisiology	1. Shevchenko O.S., Matvyeyeva S.L., Choporova O.I. Phthisiology, 2011.
15.	Radiation diagnostics	1. Munjal Yash Pal API Textbook of Medicine (в 2-х тома) 2015 2. Harrison's Principles of Internal Medicine Vol 1-2 2015
16.	General care of therapeutic patients	1. Abraham Alano Basic Clinical Nursing Skills, 2017.
17.	Gerontology	1. Jeffrey B. Halter & Joseph G. Ouslander & Stephanie

		<p>Studenski &amp; Kevin P. High &amp; Sanjay Asthana &amp; Mark A. Supiano &amp; Christine Ritchie Hazzard's Geriatric Medicine And Gerontology? 2016</p> <p>2. Harrison's Principles of Internal Medicine Vol 1-2 2015</p>
18	Diagnostic and treatment standards	<p>1.B.I. Shulutko, S.V. Makarenko Standards of diagnostics and treatment of internal diseases "Elbi-S P", 2005</p> <p>2.Dzhaylobayeva K.A., Mirbakiyeva D.M., Sabirov I.S. Questions of diagnostics and treatment in gastroenterology: Studies. Bishkek: KRSU 2016 publishing house</p> <p>3.B. Kaganov, H.Sharafetdinov Clinical nutrition at chronic diseases Eksmo, 2014</p> <p>4. Moses V.S. Kobalava Railway, Moiseyev S.V. Internal diseases with fundamentals of evidential medicine and clinical pharmacology "GEOTAR-media" of 2010</p>
19	Evidence-based medicine	<p>1.Greenhalkh T. Fundamentals of evidence-based medicine. 4-edition. Per. s English. Moscow, Gaotar-Med,2019, 330 p.</p> <p>2.Kameshwar Prasad. Fundamentals of Evidence-Based Medicine. Second Edition. Springer India Heidelberg. New York. 2013, 165 p.</p>
<b>1.1. Medical and preventive disciplines</b>		
20	Hygiene	<p>1. Guidelines for Drinking-water Quality (4th Edition, WHO.-2011.</p> <p>2. Protecting surface water for health. Identifying, assessing and managing drinking-water quality risks in surface-water catchments. WHO.-2016.6.</p> <p>3. Suryakantha A.H.; Textbook of Community Medicine with Recent Advances, 4th Edition, 2020</p> <p>4. Industrial Hygiene Control of Airborne Chemical Hazards, Second Edition 2nd Edition William Popendorf CRC Press Published July 12, 2019 Reference - 696 Pages - 332 B/W Illustrations</p> <p>5. Woolfolk, A., &amp; Perry, N. E. (2012). Child and adolescent development. Upper Saddle River, NJ: Pearson Education, 2018</p> <p>6. S. Jeffery, W.H. van der Putten. Soil Borne Diseases of Humans, 2011.</p> <p>7. Health care organization: An educational-methodical manual / R.O. Kasymova, M.R Azhimatova, M.J. Kudayarova, I.A. Abdigulova; Kyrgyz-Russian Slavic University Medical Faculty Bishkek, 2021. – 103 p.</p>
21	Epidemiology	<p>1. Ray M. Merrill "Introduction to Epidemiology" - Jones &amp; Bartlett Learning, 2016.</p> <p>2. J. E. Park "Community medicine"- Karachi, Pakistan, 2015</p> <p>3. K. Park "Preventive and social medicine"- Mumbai, India, 2016</p> <p>4. Vincent Lo Re III "Infectious diseases" Hot topics- Liverpool, USA, 2006</p> <p>5. Richard Farmer, David Miller "Lecture notes on</p>

		Epidemiology and Public Health Medicine"-USA, 2006. 6. Ann Aschengrau, ScD, George R. Seage, ScD "Essentials of Epidemiology in Public Health", Jones & Bartlett Learning, 2020.
22	Public health and healthcare, healthcare economics	1. Rozyeva R.S., Bolbachan O.A., Ishenova G.I., Artykbaeva A.K. Medical statistics: study guide Bishkek KRSU 2014. 2. Kasiev N.K., Bolbachan O.A. and etc. Public health and healthcare: textbook KRSU 2016. 3. Bolbachan O.A., Rozieva R.S. Public Health and Healthcare: A Study Guide Bishkek: Publishing house of KRSU 2017. 4. Kasiev N.K., Bolbachan O.A., Ibraimova D.D., Aytalieva R.R. Medical statistics Bishkek KRSU 2022
<b>Section 2. Surgical diseases</b>		
1.	General surgery	1. Shenoy K.Rajgopal. Manipal Manual of Surgery, 2014 2. Boviley and Love's short practice of Surgery, 2013 3. Diagnostic Surgical Pathology, 2017
2	Faculty Surgery	1. Shenoy K.Rajgopal. Manipal Manual of Surgery 2014 2. Boviley and Love's short practice of Surgery 2013 3. Diagnostic Surgical Pathology, 2017
3.	Hospital surgery	1. Shenoy K.Rajgopal. Manipal Manual of Surgery, 2014 2. Boviley and Love's short practice of Surgery, 2013 3. Diagnostic Surgical Pathology, 2017
4.	Pediatric surgery	1. Ashcraft's Pediatric Surgery" by George W. Holcomb III, J. Patrick Murphy, and Daniel J. Ostlie, 2020 (6th edition) 2. "Pediatric Surgery" by Arnold G. Coran, N. Scott Adzick, Thomas M. Krummel, Jean-Martin Laberge, and Robert Shamberger, 2012 (7th edition) 3. "Pediatric Surgery Handbook" by Stephanie B. Abbuhl, 2017 (2nd edition) 4. "Principles and Practice of Pediatric Surgery" by Keith W. Ashcraft, J. Patrick Murphy, and Shawn D. St. Peter, 2020 (2nd edition) 5. "Operative Pediatric Surgery" by Lewis Spitz and Arnold Coran, 2013 (7th edition) 6. "Pediatric Surgery Secrets" by Richard A. Polin and Mark R. Stephens, 2020 (2nd edition)
5.	Urology	1. Campbell-Walsh Urology 12th Edition, 2017 2. Brady H. Wilcox C. Therapy in Nephrology and Hypertension 2003
6.	Topographic anatomy and operative surgery	1. Gabitov V.H., Akramov E.H., Beisembaev A.A. Short course of lectures of topographic anatomy and operative surgery: Textbook Part 1 Altyn Print 2014 2. Gabitov V.H., Akramov E.H., Beisembaev A.A. Short course of lectures of topographic anatomy and operative surgery: Textbook Part 2, Altyn Print 2014 3. "Grant's Atlas of Anatomy" by Anne M. R. Agur, Arthur F. Dalley.

		<p>4. Netter's Surgical Anatomy and Approaches, 1e (Delaney C.) - 2014 y.</p> <p>5. Principles of Anatomy &amp; Physiology 13th (Tortora G.J.) - 2012 y</p> <p>6. Laboratory Atlas of Anatomy &amp; Physiology, 6th (Eder D.) - 2008 y</p> <p>Principles of Human Anatomy 12th (Tortora G.J.) - 2012 y</p> <p>7. Mader's Understanding Human Anatomy &amp; Physiology, 7th (Longenbaker S.N.) - 2011 y</p>
7.	Otorhinolaryngology	<p>1. Diseases of Ear, Nose &amp; Throat and Head &amp; Neck Surgery (ENT) By Dhingra 8th Edition, 2021</p> <p>2. Manual of Clinical Cases in Ear, Nose and Throat, 2nd Edition, 2021</p>
8.	Ophthalmology	<p>1. Ophthalmology. A Pocket Textbook Atlas. - 2nd ed. / Gerhard K. Lang. - Thieme. - Stuttgart-New York, 2015. -</p> <p>2. The Wills eye manual: office and emergency room diagnosis and treatment of eye disease. - 5th ed. / R. Douglas Cullom, Jr. Benjamin Chang. - Lippincott - Raven Publishers. - Philadelphia, 2015.</p> <p>3. Clinical Ophthalmology. - 7th ed. / Kanski Jack J. - Elsevier. - London, 2016.</p> <p>4. Basic Ophthalmology. - 8th ed. / Renu Jogi. - Jaypee Brothers Medical Publishers. - New Delhi, 2017.</p> <p>5. Bazarbaeva Ch.S. Course of Lectures on Ophthalmology. - KSMA. - Bishkek, 2017.</p> <p>6. Fundamentals And Principles Of Ophthalmology. - American Academy of Ophthalmology. - San Francisco, 2019.</p>
9.	Anesthesiology, intensive care, intensive care	<p>1. Mills K. Morton R. Color atlas and text of Emergencies 2004</p> <p>2. Morgan and Mikhail's clinical anesthesiology. USA, McGraw Hill LLC, 2022.</p> <p>3. Atlas of Airway Management: Techniques and Tools, 1st (Orebaugh S.L.) - 2007 y</p> <p>4. Basics of Anesthesia, 6th (Miller R.D.) - 2011 y</p> <p>5. Miller - Anesthesia 6th - 2004 y</p> <p>6. Pain Management, 2nd (ed. Waldman S.D) - 2011 y</p> <p>7. Anesthesia for medical students (Sullivan Pat) - 1995</p> <p>8. Clinical Anesthesia (Barash Paul G.) - 2006</p> <p>9. Emergency Medicine (Henderson Sean O.) - 2006</p> <p>10. Obstetric Anesthesia (Sanjay Datta) - 2006</p> <p>11. THE ICU BOOK (Marino Paul L.) - 1998</p>
10.	Dentistry	<p>1. Clinical dentistry. Churchill's Pocketbooks. 4th edition, 2016</p> <p>2. Odell's Clinical Problem Solving in Dentistry, 2020</p> <p>3. Oxford Handbook of Clinical Dentistry (Oxford Medical Handbooks) Flexibound - 1 Sept. 2020</p> <p>4. Clinical Periodont. and Implant Dentistry (Lan Lindhe) - 2008 y</p> <p>5. An Introd. to Oral and Maxillof. Surgery. (David A. Mitchell.) - 2008</p> <p>6. Contemp. Oral and Maxill. of Surgery (James R. Hupp) -</p>

		2013 y.
11.	Oncology, radiation therapy	1.Gansev Sh.H. Oncology: book M.: OOO " Medical Information Agency ", 2006 2.Chissov V.I. Oncology, 2007 3.Kamarli 2.P., Makimbetov E.K. Course of lectures on urology oncology Bishkek. KRSU 2016
12.	Traumatology, orthopedics	1.Harrison's Principles of Internal Medicine Vol 1-2 2015
13.	General care of surgical patients	1.Kendall G., Shiu K.Y., Johnston S.L. Medicine and surgery, 2019.
<b>Section 3. Obstetrics and gynecology</b>		
1.	Obstetrics and gynecology	1. Dutta D.C. (edited by H. Konar) Text Book of Obstetrics – 2004. 2. Elmar P. Sacala Obstetrics and gynecology 1997. 3. Padubidri V.G., Shirish N. Daftary Shaw`s Textbook of Gynecology – 2009. 4. Dolgaya G.V., Umarbaeva D.A., Potylitsyna N.V., Asymbekova A.S. Textbook for practical training in obstetrics. // KRSU - 2022. 5. Umarbaeva D.A. Course of lectures on obstetrics. Textbook. // KRSU - 2022. 6. Dolgaya G.V. Course of lectures on gynecology. Textbook. // KRSU - 2022.
<b>Section 4. Pediatrics</b>		
1.	Pediatrics	1. Baker P.N. Obstetrics by Ten Teachers 2006 2. Moor K.L., Persaut T.V.N. The Developing Human: clinically oriented embryology 2009 3. Ola-Ojo Oluwakemi O. Obstetrics and Gynaecology Ultrasound: A Self-assessment Guide 2005 4. Tindall V.R. Jeffcoate`s Principles of Gynecology 1987 5. Devis F.A.Taber`s cyclopedic medical dictionary 2001, 2005 6. Ghai OP. Essential Pediatrics 2019 7. Nelson. Textbook of Pediatrics, Stedman`s. Medical dictionary, 2018 8. Beattie M. MRCPCH 1: Essential Questions in Paediatrics 2009 9. McIntosh N. Helms P. Smyth R. Forfar and Arneil`s Textbook of Pediatrics 2003
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**Exam ticket structure (sample):**

MINISTRY OF EDUCATION AND SCIENCE OF THE KYRGYZ REPUBLIC  
MINISTRY OF SCIENCE AND HIGHER EDUCATION OF THE RUSSIAN FEDERATION  
STATE EDUCATIONAL INSTITUTION OF HIGHER  
PROFESSIONAL EDUCATION  
KYRGYZ-RUSSIAN SLAVIC UNIVERSITY

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STATE INTERDISCIPLINARY EXAM

for 2022-2023 academic year

specialty general medicine

Medical Faculty

Department of Therapeutic Disciplines №2, specialty GM

EXAMINATION TICKET NO. \_\_

1. Question about internal medicine.
2. Question on obstetrics and gynecology.
3. Question on surgical diseases.
4. Interdisciplinary situational task.

Dean of the Medical Faculty \_\_\_\_\_ Zarifyan A. G.

Head Department of Therapy No. 2, specialty GM \_\_\_\_\_ Sabirov I.S.

**Example of a test task:**

**HOSPITAL THERAPY**

Question No. 1

What are the immunological shifts in post-streptococcal glomerulonephritis?

- 1) high titers of antibodies to streptococcus antigens
- 2) increased titer of renal autoantibodies
- 3) the presence of antinuclear antibodies
- 4) high level of complement
- 5) increased serum IgA

Question No. 2

Risk factors for the development of arterial hypertension do not include:

- 1) hereditary predisposition
- 2) overweight
- 3) dyslipidemia
- 4) excessive protein intake
- 5) the level of consumption of table salt

Question No. 3

In which disease is bronchoscopic drainage most effective for therapeutic purposes?

- 1) bronchial asthma with a high level of IgE in the blood
- 2) chronic purulent bronchitis
- 3) progressive emphysema of the lungs with deficiency of the alpha-1 antitrypsin inhibitor
- 4) exogenous fibrosing alveolite
- 5) bronchopulmonary aspergillosis

Question No. 4

What is Dressler syndrome?:

- 1) rupture of the interventricular septum
- 2) rupture of the atrial septum
- 3) separation of the papillary muscle and the development of the insufficiency of the mitral valve
- 4) autoallergic reaction
- 5) sudden appearance of complete atrioventricular block

Question No. 5

Chronic obstructive bronchitis is characterized by changes in ventilation indicators:

- 1) PSV (peak exhalation rate) - 68% of the proper value, the increase in PSV during bronchodilation test - 20%
- 2) PSV - 90% of the proper value, the increase in PSV during the bronchodilation test - 15%
- 3) PSV - 66% of the proper value, - increase in PSV during bronchodilation test 8%
- 4) PSV - 78% of the proper value, the increase in PSV during the bronchodilation test - 30%
- 5) correct answers 1 and 3

Question No. 6

The stage of sclerodermic skin lesion does not include:

- 1) dense edema
- 2) scarring
- 3) induration
- 4) atrophy
- 5) -

Question No. 7

On an ECG in a patient with angina pectoris outside of an attack , it can be recorded:

- 1) normal ECG
- 2) violation of repolarization
- 3) changes in intraventricular conduction
- 4) extrasystoles
- 5) all of the above

Question No. 8

What complication can be assumed if a patient with a long-term course of gastric ulcer has constant pain with irradiation in the back?

- 1) gatekeeper stenosis
- 2) penetration
- 3) malignancy
- 4) perforation
- 5) dumping syndrome

Question No. 9

Rheumatic endocarditis in acute rheumatic fever corresponds to:

- 1) valvulitis
- 2) the formation of defects
- 3) violation of atrioventricular conduction
- 4) joint deformity
- 5) Negative T wave on the ECG

Question No. 10

Complications of myocardial infarction are not:

- 1) cardiogenic shock
- 2) heart failure
- 3) heart rhythm and conduction disorders
- 4) Dressler syndrome
- 5) Leffler syndrome

Question No. 11

Which of the following causes the formation of ascites in cirrhosis of the liver:

- 1) secondary hyperaldosteronism
- 2) hypoalbuminemia
- 3) portal hypertension
- 4) thrombocytopenia
- 5) true 1, 2, 3

Question No. 12

What is not typical for exudative pericarditis:

- 1) pericardial friction noise
- 2) shortness of breath
- 3) tachycardia
- 4) swelling of the cervical veins
- 5) increasing the size of the heart

Question No. 13

It is not typical for the decompensation stage in asthmatic status:

- 1) patients are conscious, adequate
- 2) the patient cannot say more than one phrase without taking a breath
- 3) the discrepancy between the noises heard at a distance and the auscultative picture
- 4) ineffectiveness of bronchodilator therapy
- 5) hypoventilation with severe hypoxemia

Question No. 14

The combination of paraorbital edema, purplish-chalky erythema of the upper eyelids and persistent flaking erythema over the metacarpophalangeal and proximal joints is characteristic of:

- 1) systemic scleroderma
- 2) nodular periarteritis
- 3) acute rheumatic fever
- 4) dermatomyositis
- 5) systemic lupus erythematosus

Question No. 15

Pronounced dilation of the pulmonary arteries is achieved with the appointment of:

- 1) sodium nitroprusside
- 2) quinidine
- 3) nitroglycerin
- 4) calcium antagonists
- 5)  $\beta$ -blockers

Question No. 16

With idiopathic thrombocytopenic purpura:

- 1) the number of megakaryocytes in the bone marrow is increased and hypochromic anemia may occur
- 2) the number of megakaryocytes in the bone marrow is reduced
- 3) there are no hemorrhages in the brain
- 4) liver enlargement is characteristic
- 5) the number of megakaryocytes in the bone marrow does not change

Question No. 17

For chronic atrophic gastritis, radiologically characteristic:

- 1) the relief of the gastric mucosa is smoothed
- 2) thickening of the folds of the mucous membrane
- 3) tone and peristalsis are enhanced
- 4) evacuation of stomach contents is accelerated
- 5) convergence of mucosal folds

Question No. 18

In what kidney diseases is the appointment of nonsteroidal anti-inflammatory drugs (NSAIDs) not indicated?

- 1) mixed-type HCG
- 2) Kidney amyloidosis
- 3) Hypertension-type CGN
- 4) HGN of latent type
- 5) At all

Question No. 19

Primary hyperaldosteronism is characterized by:

- 1) transient proteinuria
- 2) polyuria
- 3) nicturia
- 4) hypoisostenuria
- 5) all of the above

Question No. 20

Highlight the criteria for infectious myocarditis:

- 1) subfebrile temperature
- 2) cardiomegaly, heart failure
- 3) rough systolic noise at the apex
- 4) as a rule, the diagnosis is made ex juvantibus
- 5) enlargement of the liver and spleen

Question No. 21

Specify the typical localization of the inflammatory process in the joints at the onset of rheumatoid arthritis:

- 1) II, III proximal interphalangeal joints and metacarpophalangeal joints of the hands
- 2) hip
- 3) metatarsophalangeal
- 4) knee
- 5) that's right

Question No. 22

The clinical picture of chronic cholangitis is characterized by the following symptoms:

- 1) sharp paroxysmal pain in the right hypochondrium
- 2) pain in the right hypochondrium on the background of jaundice and fever
- 3) pressing or bursting pain in the right hypochondrium
- 4) periodically aching pain in the right hypochondrium
- 5) positive symptoms of Ortner, Vasilenko, Murphy

## **POLYCLINIC THERAPY**

Question No. 23

In the presence of diarrhea and the absence of malabsorption syndrome, you can think about:

- 1) irritable bowel syndrome
- 2) achlorhydria
- 3) hysteria
- 4) granulomatous colitis
- 5) gluten enteropathy

Question No. 24

For ulcers of which department are the most characteristic nocturnal, "hungry" pains?

- 1) ulcer of small curvature of the stomach
- 2) body ulcer
- 3) ulcer of the pyloric stomach
- 4) ulcer of the 12th duodenum
- 5) colon ulcer

Question No. 25

The terms of temporary disability in osteoarthritis with synovitis are:

- 1) 3-5 days
- 2) 5-7 days

- 3) 7-10 days
- 4) 10-12 days
- 5) 15-20 days

Question No. 26

The etiology of the Morgagni – Edems – Stokes syndrome is not:

- 1) S-A blockade of the II degree
- 2) High-grade A-V blockade
- 3) A-V blockade of the I degree
- 4) Full A-V blockade
- 5) Sinus node failure

Question No. 27

What type of cardiomyopathy is characterized by anginosus syndrome:

- 1) all types of cardiomyopathies
- 2) dilated cardiomyopathy
- 3) restrictive cardiomyopathy
- 4) hypertrophic cardiomyopathy
- 5) for none of the cardiomyopathies

Question No. 28

A patient with chronic cholecystitis in the remission phase is characterized by:

- 1) bitterness in the mouth
- 2) frequent constipation
- 3) pain in the right hypochondrium
- 4) vomiting with bile
- 5) none of the above

Question No. 29

A certificate of disability is issued:

- 1) unemployed;
- 2) employees from among the citizens of the Kyrgyz Republic working in organizations regardless of their forms of ownership;
- 3) military personnel;
- 4) students.
- 5) -

Question No. 30

The main criterion for determining the disability group in CHF is:

- 1) functional class CH
- 2) clinical manifestations of HF
- 3) ECG data
- 4) radiological data
- 5) none of the above

Question No. 31

Contraindicated working conditions for bronchial asthma include:

- 1) dustiness of the room
- 2) hard physical labor
- 3) work on the conveyor
- 4) contact with allergen
- 5) all of the above

## OBSTETRICS AND GYNECOLOGY

Question No. 32

Most often , choriocarcinoma occurs after

- 1) abortions
- 2) bubble drift
- 3) normal childbirth
- 4) premature birth
- 5) -

Question No. 33

Name the symptom of estrogen saturation when examining the cervix in mirrors, except:

- 1) A symptom of mucus arborization
- 2) Pupil symptom
- 3) Symptom of mucus tension
- 4) Schiller's symptom
- 5) true 1,3

Question No. 34

What is a 3 degree perineal tear:

- 1) skin tear
- 2) skin and muscle rupture
- 3) rupture of the posterior vaginal wall
- 4) rupture of the skin, perineal muscles and rectal sphincter
- 5) -

Question No. 35

The principles of treatment of postpartum inflammatory diseases are:

- 1) In choosing an antibiotic, taking into account the form and localization of the disease
- 2) In the local impact on the focus of infection
- 3) In increasing the nonspecific activity of the body
- 4) In all of the above
- 5) None of the above

Question No. 36

The most dangerous complication of the early postpartum period is, in addition:

- 1) hypotension of the uterus
- 2) uterine atony
- 3) postpartum bleeding
- 4) coagulopathic bleeding
- 5) infection and subinvolution of the uterus

Question No. 37

Most often , choriocarcinoma occurs after:

- 1) Abortions
- 2) Bubble drift
- 3) Normal childbirth
- 4) Premature birth
- 5) All answers are correct

Question No. 38

What provisions are correct to prevent repeated pregnancy in the postpartum period:

- 1) non-breastfeeding mothers should start taking oral contraceptives 4 weeks after giving birth
- 2) nursing mothers should start taking oral contraceptives 5 weeks after giving birth
- 3) after cesarean section, mothers should start taking oral contraceptives 12 months after giving birth
- 4) nursing mothers may not use oral contraceptives, as they have a sharply reduced risk of re-pregnancy
- 5) on the 7th day after delivery, it is necessary to start using oral contraceptives for all mothers

Question No. 39

In which phase of the menstrual cycle is the frequency of "pulsation" of LH secretion the maximum

- 1) In the follicular
- 2) In the pre-ovulatory period
- 3) In the post-cumulative period
- 4) In the luteal phase
- 5) true 3,4

Question No. 40

Premenstrual syndrome occurs in women :

- 1) With a regular menstrual cycle
- 2) With amenorrhea
- 3) With oligomenorrhea
- 4) With menometroragia
- 5) -

Question No. 41

What is distraction of muscle fibers:

- 1) muscle fiber contractions
- 2) relaxation of muscle fibers
- 3) displacement of contracting muscle fibers in relation to each other
- 4) contractions of longitudinally located muscle fibers of the uterine body stretch the circularly located fibers of the cervix
- 5) -

## **SURGICAL DISEASES**

Question No. 42

In what vascular pathology is lumbar sympathectomy surgery used?

- 1) acute subclavian vein thrombosis;
- 2) post-thrombophlebitic syndrome;
- 3) varicose veins of the lower extremity;
- 4) obliterating endoarteritis;
- 5) acute thrombosis of mesenteric vessels.

Question No. 43

The causes of thyrotoxic goiter are the following, except:

- 1) mental trauma;
- 2) insomnia;
- 3) infections;
- 4) taking large doses of iodine;
- 5) overheating.

Question No. 44

The main method of topical diagnosis in obliterating atherosclerosis is:

- 1) ultrasound examination;
- 2) computer tomography;
- 3) angiography;
- 4) phlebography;
- 5) rheovasography;

Question No. 45

A 40-year-old patient, a year after surgery for a right-sided inguinal hernia, had a hernial protrusion again. Your actions:

- 1) observation, surgery for hernia infringement
- 2) operate with progressive hernia enlargement
- 3) observation, exclusion of heavy physical activity
- 4) elective surgery before complications develop or hernia enlargement
- 5) wearing a bandage

Question No. 46

List the indications for surgical treatment of chronic lung abscess:

- a) discharge of a large amount of purulent sputum
- b) detection of "dryness of the cavity" during X-ray examination
- c) extensive destruction of lung tissue with unsatisfactory drainage
- d) the dimensions of the cavity of the abscess are more than 6 cm.
- e) intoxication persisting against the background of conservative therapy

Choose the right combination of answers:

- 1) a, b, d
- 2) a, b, d
- 3) b, c, d
- 4) v, g, d
- 5) all answers are correct

Question No. 47

What is a "selection operation"?

- 1) an operation that a patient or a surgeon can choose
- 2) the best operation for the treatment of this disease, corresponding to modern scientific achievements
- 3) an operation that will eliminate the most severe consequences of the disease
- 4) operation characterized by technical simplicity
- 5) operation described in most manuals

Question No. 48

Intestinal fistulas are divided into the following, except:

- 1) congenital;
- 2) destructive;
- 3) acquired;
- 4) firearms;
- 5) postoperative.

Question No. 49

Which of the listed types of local anesthesia belong to the conductor anesthesia?

- a) case anesthesia;
- b) anesthesia according to Oberst-Lukashevich;
- c) paranephral blockade;
- d) blockades of the neural plexuses and trunks;

e) peridural anesthesia.

Choose the correct combination of answers:

- 1) b, d, d
- . 2) a, b, c
- . 3) b, d
- . 4) c, d, d
- . 5) b.

Question No. 50

What research methods can be used to diagnose reflux disease of the esophagus?

- a) esophagoscopy
  - b) esophagomanometry
  - c) intraesophageal pH-metry
  - d) determination of barium passage through the esophagus in the Trendelenburg position
  - e) Esophageal ultrasound
- 1) a, b, c
  - 2) in, g, d
  - 3) b, c, d, d
  - 4) a, b, c, d
  - 5) everything is correct

Question No. 51

The following signs are characteristic of the initial stage of strangulation intestinal obstruction, except:

- 1) cold sweat;
- 2) abdominal muscle tension;
- 3) Reducing A/D;
- 4) cramping abdominal pain;
- 5) nausea and vomiting

Question No. 52

In which case is tachycardia clearly manifested in thyrotoxicosis?

- 1) at rest;
- 2) during sleep;
- 3) during physical activity;
- 4) under emotional stress;
- 5) in the position on the left side.

Question No. 53

What circumstances are decisive when deciding on the need for planned surgical treatment for cholecystitis?

- 1) severe dyspeptic syndrome
- 2) long history
- 3) concomitant liver changes
- 4) the presence of episodes of recurrent pancreatitis
- 5) the presence of concretions in the gallbladder

Question No. 54

The maximum time of the tourniquet on the limb in winter?

- 1) 30 min
- 2) 1 hour
- 3) 1.5 hours

- 4) 2 hours
- 5) 2.5 hours

Question No. 55

The main cause of spontaneous pneumothorax is:

- 1) bullous changes in alveoli and lung cysts
- 2) parapneumonic lung abscess
- 3) lung cancer
- 4) bronchiectasis
- 5) pulmonary tuberculosis

Question No. 56

Name the nerve located in the esophageal-tracheal furrow:

- 1) n.vagus
- 2) n.frenicus
- 3) n.splanchnicus major
- 4) n.laringeus reccurens
- 5) n.hypoglossus

Question No. 57

In patients with diffuse purulent peritonitis in the postoperative period, it is advisable to carry out the following measures to stimulate intestinal peristalsis, except:

- 1) paranephral blockade;
- 2) administration of sympatholytic drugs;
- 3) administration of parasympathomimetic drugs;
- 4) fight against hypokalemia;
- 5) sympathetic and parasympathetic dissection.

Question No. 58

How much bile is produced per day normally?

- 1) 100 - 150 ml;
- 2) 200 - 250 ml;
- 3) 300 - 500 ml;
- 4) 700 - 1500 ml;
- 5) 2000 - 3000 ml.

Question No. 59

Which treatment method is the leading one in the treatment of rhinogenic intracranial complications?

- 1) anti-inflammatory therapy
- 2) detoxification therapy
- 3) dehydration therapy
- 4) surgical method
- 5) symptomatic treatment

Question No. 60

What is the estimated dose of the cholinolytic atropine used in the patient in premedication before elective surgery?

- 1) 0.1 mcg \ kg mt
- 2) 0.3 mcg \ kg mt
- 3) 0.03 mcg\kg mt

- 4) 0.2 mcg/kg mt
- 5) 0.01 mcg/kg mt

Question No. 61

Sectoral breast resection is indicated:

- 1) with agalactia
- 2) with diffuse mastopathy
- 3) with nodular mastopathy
- 4) with Paget's cancer
- 5) with gynecomastia

Question No. 62

A 60-year-old patient was admitted with complaints of bleeding from the varicose node of the right shin. Suffers from varicose veins of the right lower limb for 20 years. Objective: in the lower third of the right shin, against the background of hyperpigmentation and induration of the skin, there is a trophic ulcer, measuring 3x4 cm. There is a varicose node in the ulcer area, from which blood flows. There are pronounced varicose changes on the lower leg and thigh along the trunk of the great saphenous vein. To stop bleeding from the varicose node, you should take:

- a) press the femoral artery
- b) give the limb an elevated position
- c) apply a pressure bandage
- d) inject intravenously decinone
- d) intravenously transfuse streptokinase

The correct one would be

- 1) a, b, c
- 2) b, c, d
- 3) a, b, d
- 4) b, c, d
- 5) all of the above

Question No. 63

For the period of functional organ failure in acute pancreatitis, the following complications are characteristic, except:

- 1) pleuro-pulmonal complications: pleurisy pneumonia;
- 2) toxic liver dystrophy;
- 3) parapancreatic infiltration;
- 4) oliguria, hematuria, proteinuria, cylindrical;
- 5) pancreatogenic delirium.

Question No. 64

The varieties of inguinal hernias include all, except:

- 1) congenital inguinal hernia;
- 2) acquired inguinal hernia;
- 3) oblique inguinal hernia;
- 4) direct inguinal hernia;
- 5) false inguinal hernia

Question No. 65

The most common complication of a penetrating stomach ulcer is:

- 1) the development of gatekeeper stenosis
- 2) malignancy
- 3) formation of an inter-organ fistula

- 4) profuse bleeding
- 5) perforation

Question No. 66

The X-ray symptom of "sickle" (accumulation of air under the diaphragm) is observed when:

- 1) intestinal obstruction
- 2) pneumoperitoneum
- 3) peritonitis
- 4)
- 5) -

Question No. 67

What complications can occur during local anesthesia with novocaine?

- a) allergic reaction;
- b) acute renal failure;
- c) accidental intravascular administration of the drug;
- d) collapse;
- e) respiratory arrest.

Choose the right combination of answers:

- 1) a, b, B.
- 2) D.
- 3) a, g, d
- . 4) b, g, d
- . 5) everything is true.

### **RELATED DISCIPLINES**

Question No. 68

The main mechanism of pathogenesis of deltavirus infection:

- 1) Direct cytopathic effect on the hepatocyte, the development of mixed hepatitis
- 2) Cytolysis of hepatocytes is associated with immune effects
- 3) Does not have a cytopathic effect on the hepatocyte
- 4) The pathological effect of the virus is mainly associated with a mesenchymal-inflammatory reaction
- 5) The development of allergic reactions

Question No. 69

Calcium antagonists are a priority group for the treatment of GB in combination with:

- 1) heart failure
- 2) IBS
- 3) cardiac arrhythmia
- 4) ineffectiveness of beta-blockers monotherapy
- 5) -

Question No. 70

What symptoms are not observed in chronic intoxication with organophosphorus (FOS) pesticides?

- 1) persistent headaches
- 2) paresthesia
- 3) visual hallucinations
- 4) muscle twitching
- 5) proteinuria

Question No. 71

Instability in the Romberg pose when closing the eyes is significantly increased if ataxia occurs

- 1) cerebellar
- 2) sensitive
- 3) vestibular
- 4) cortical
- 5) psychogenic

Question No. 72

Polyneuropathy is not characteristic of:

- 1) distal flaccid paresis
- 2) pathological foot reflexes
- 3) reduction of tendon reflexes
- 4) decreased sensitivity in the distal extremities
- 5) vegetative trophic disorders

Question No. 73

Choose a sign that is not characteristic of the lesion of the facial nerve

- 1) dysphagia;
- 2) smoothness of the frontal folds;
- 3) smoothness of nasolabial folds;
- 4) Bell's symptom;
- 5) racket symptom

Question No. 74

Pregnancy in tuberculosis patients

- 1) as a rule, it leads to the progression of the process
- 2) as a rule, it does not lead to the progression of the process
- 3) leads to the progression of the process under certain conditions
- 4)
- 5) -

Question No. 75

An 8-year-old boy had a loss of consciousness 1 hour ago. On examination: unconscious state, Kussmaul's breathing, cheek hyperemia, dry skin, crimson and dry tongue, soft eyeballs, scattered dry wheezes are heard in the lungs, the liver is 3 cm out from under the rib edge, the rest of the organs are without obvious deviations from the norm. A distinct smell of acetone emanates from the patient. In the anamnesis: flu, thirst complaints for 2-3 weeks, frequent urination, weight loss with satisfactory appetite, lethargy, lethargy; loss of appetite during the last 2 days. On the eve of the appearance of nausea and vomiting. Your preliminary diagnosis:

- 1) Renal diabetes
- 2) Diabetes insipidus
- 3) Diabetic ketoacidotic coma
- 4) Violation of tolerance to carbohydrates
- 5) Hypoglycemic coma

Question No. 76

To reduce diarrheal syndrome, all of the above are used, except:

- 1) Restoration of the water-electrolyte balance.
- 2) Papaverina, but-shpy.
- 3) Indomethacin.
- 4) Imodium.
- 5) Astringents.

Question No. 77

According to WHO, infectious forms of tuberculosis are falling ill in the world every year:

- 1) 3 million people
- 2) 8 – 9 million people
- 3) 3.5 million people
- 4) 16 – 20 million people
- 5) 2 billion human

Question No. 78

A disease that requires special attention in the treatment of TB and, above all, in patients with renal dysfunction and paresthesia:

- 1) Alcohol addiction, drug addiction
- 2) HIV infection
- 3) Hepatitis
- 4) Diabetes mellitus
- 5) All of the above is true

Question No. 79

Acute CAA is verified:

- 1) Increased activity of ALAT
- 2) Increased serum bilirubin levels
- 3) Detection of antibodies to hepatitis A virus of class Ig M
- 4) Increased activity of the thymol test
- 5) Detection of antibodies to hepatitis A virus of IgG class

Question No. 80

In the initial period of the disease, Ku fever is characterized by all of the above symptoms, except:

- 1) Fever
- 2) Facial hyperemia
- 3) Hepatolienal syndrome
- 4) Menigism
- 5) Hematuria

Question No. 81

Specify the symbol that characterizes the interstitial form of pneumoconiosis:

- 1) « p »
- 2) « q »
- 3) « s »
- 4) « r »
- 5) « B »

Question No. 82

Mental disorders can occur in general somatic practice (choose the correct answer)

- 1) No
- 2) Often enough
- 3) Only in children's practice
- 4)
- 5) -

Question No. 83

Pathologically elevated mood includes (exclude incorrect answer)

- 1) Dysphoria
- 2) Mania
- 3) Moria euphoria
- 4)
- 5) -

Question No. 84

Organic mental disorders can be encountered in general somatic practice (choose the right answer)

- 1) Yes
- 2) No
- 3) only if there is a chemical dependence
- 4)
- 5) -

Question No. 85

Recurrent depressive disorder is the occurrence of repeated episodes of depression without mentioning periods of high mood (choose the right answer)

- 1) yes
- 2) no
- 3)
- 4)
- 5) -

Question No. 86

The mechanism of diarrheal syndrome in rotovirus gastroenteritis includes all of the above, except:

- 1) Impaired absorption of fluid in the small intestine
- 2) Insufficient synthesis of enzymes that break down disaccharides
- 3) Accumulation of non-cleaved disaccharides and an increase in osmotic pressure in the colon
- 4) Redistribution of fluid from body tissues into the lumen of the colon
- 5) Increased peristalsis due to inflammation of the intestinal mucosa

Question No. 87

The main reason for the late detection of tuberculosis in young children is

- 1) absence of pathognomonic clinical symptoms
- 2) numerous "masks" of tuberculosis, difficult contact with children
- 3) the absence of a cough reflex even with bronchial lesions and fever in generalized processes
- 4) anatomical and physiological features of the chest organs that make it difficult to recognize the process on the X-ray
- 5) all of the above

Question No. 88

When the cerebellum is affected, it does not occur:

- 1) muscle hypotension
- 2) myoclonia
- 3) chanted speech
- 4) intentional tremor
- 5) ataxia

Question No. 89

Characteristic symptoms of the jaundice period of acute hepatitis D in carriers of Hbs-antigen:

- 1) Severe intoxication
- 2) Edematous ascitic syndrome
- 3) Fever within 3-5 days from the onset of jaundice
- 4) Pronounced splenomegaly
- 5) All of the above

Question No. 90

Small chorea is possible:

- 1) with tick-borne encephalitis
- 2) with rheumatism in children
- 3) with epidemic cerebrospinal meningitis
- 4) with post-operative encephalitis
- 5) with parkinsonism

Question No. 91

A closed craniocerebral injury is:

- 1) fracture of the base of the skull with liquorrhea
- 2) fracture of the base of the skull with bleeding
- 3) soft tissue damage before aponeurosis
- 4) tissue damage to the dura mater
- 5) there is no correct answer

Question No. 92

A distinctive feature of the pre-jaundice period of hepatitis E:

- 1) Fever
- 2) Weakness, decreased appetite
- 3) Pain in the right hypochondrium and epigastric region
- 4) Arthralgia
- 5) Rash

Question No. 93

The material for bacteriological research in plague-suspected patients is:

- 1) Punctate from bubo
- 2) Contents of vesicles, pustules, carbuncles, ulcers, flicten
- 3) Sputum, mucus from the throat
- 4) Blood, sectional material
- 5) All of the above

Question No. 94

When the peripheral nervous system is affected in patients with chronic brucellosis , there are:

- 1) Neuritis, plexitis, sciatica
- 2) Atrophy of the auditory and optic nerves
- 3) Polyneuropathy
- 4) Rigidity of the occipital muscles and Kernig's symptom
- 5) All of the above

Question No. 95

Which of the following symptoms is common to Addison's disease and Itsenko-Cushing's disease

- 1) Skin striae
- 2) Orthostatic hypotension

- 3) Hyperpigmentation of the skin
- 4) Amenorrhea
- 5) All of the above

Question No. 96

What is peloidotherapy?

- 1) Mud treatment
- 2) Treatment with ozokerite
- 3) Sand treatment
- 4) Mineral water treatment
- 5) Clay treatment

Question No. 97

For the treatment of infectious mononucleosis, antibiotics are indicated when:

- 1) Prolonged high fever
- 2) A significant increase in the liver and spleen
- 3) Pneumonia, sore throat
- 4) Lymphadenitis
- 5) All of the above

Question No. 98

For the treatment of acute HCV, mainly:

- 1) Recombinant interferon is used
- 2) Acyclovir
- 3) Foscarnet
- 4) Azidothymidine
- 5) All of the above

Question No. 99

Drug monitoring is desirable in the treatment of the following group of drugs:

- 1) anticonvulsant;
- 2)  $\beta_2$ -symptomomimetics;
- 3) penicillins;
- 4) glucocorticoids;
- 5) M-cholinolytics.

Question No. 100

Kebner's symptom for psoriasis is positive:

- 1) only in the progress stage
- 2) in the stationary stage
- 3) in the stage of regression
- 4) can be in any stage of psoriasis
- 5) in remission

When assessing the level of professional preparedness based on the results of the state final interdisciplinary exam (hereinafter referred to as SFIE), the following **criteria** must be taken into account:

- knowledge of educational material (educational disciplines);
- knowledge of the main processes of the studied subject area, the depth and completeness of the disclosure of the issue.
- possession of medical terminology, the skills of analyzing various medical facts and using them when answering;
- knowledge of ethical and deontological aspects;
- the ability to explain the essence of phenomena, events, processes. Draw conclusions and generalizations, give reasoned answers.
- the ability to collect anamnesis from patients;
- ability to conduct a physical examination;
- the ability to interpret the results of research (laboratory, x-ray, instrumental);
- the ability to formulate a clinical diagnosis, conduct a differential diagnosis and indications for the chosen method of treatment;
- application of methods of prevention, medical rehabilitation;
- the ability to organize the transportation of patients;
- Possession of monologue speech, consistency and consistency of the answer, the ability to answer the questions posed, to express one's opinion on the problem under discussion.

A description of the indicators and criteria for evaluating the results of the SFIE, as well as the assessment scale, are given in Table 5.

## Indicators, criteria and levels of evaluation of the results of SFIE

Table 5.

Grading levels	Description of indicators and evaluation criteria		
	Assessment Metrics	Criteria for assessing the theoretical part of the exam	Criteria for evaluation practical part of the exam
High level - <b>"excellent"</b> rating	<p>It is given to a graduate who has shown comprehensive and deep knowledge of the program material and additional literature, who has discovered creative abilities in understanding, presenting and practical use of the material. The questions of the task have complete solutions, the content of the answers testifies to the confident knowledge of the graduate and his ability to solve professional problems that correspond to his future qualifications</p> <p>Knowing the general (cultural) and special (professional) language of the answer.</p>	<p>1. The content of the ticket material is fully disclosed; 2. The material is presented correctly, in a certain logical sequence, with precise terminology; 3. The ability to illustrate theoretical positions with concrete examples, to apply them according to the situation is shown; 4. Demonstrated the assimilation of previously studied related issues, the formation and sustainability of competencies, skills and abilities; 5. The answer sounded independently, without leading questions; 6. One or two inaccuracies were made when covering minor issues, which are corrected upon comment.</p>	<p>The student fully demonstrates practical skills without making mistakes. She exhaustively interprets the results obtained, observes ethical and deontological principles and an individual approach to the patient.</p>
Average level - rating <b>"good"</b>	<p>It is given to a graduate who has shown full knowledge of the program material, who has mastered the main recommended literature, who has discovered the stable nature of knowledge and skills and is capable of their independent application and updating in the course of practical activities. The content of the answers testifies to the sufficient knowledge of the graduate and his ability to solve professional problems corresponding to</p>	<p>The answer mostly satisfies the requirements for a score of "5", but at the same time has disadvantages:</p> <ol style="list-style-type: none"> <li>1. There are small gaps in the presentation that did not distort the content of the answer;</li> <li>2. One or two shortcomings were made in the coverage of the main content of the answer, corrected according to the remark of the examiner;</li> <li>3. Mistakes or more than two shortcomings were made when covering minor issues that are easily corrected by the examiner's remark.</li> </ol>	<p>The student performs most of the demonstrated practical skills, but there are minor errors. The student is able to interpret the data obtained with little difficulty, observes ethical and deontological principles and an individual approach to the patient.</p>

Grading levels	Description of indicators and evaluation criteria		
	Assessment Metrics	Criteria for assessing the theoretical part of the exam	Criteria for evaluation practical part of the exam
	his future qualifications. Knowing the general (cultural) and special (professional) language of the answer.		
Low level - rating "satisfactory"	It is given to a graduate who has shown knowledge of the main program material to the extent necessary for the upcoming practical activities, who is familiar with the main recommended literature, who has made inaccuracies in the answer at the exam, but who has the necessary knowledge and skills to eliminate them when corrected by the examiner. The content of the answers testifies to the lack of knowledge of the graduate and his limited ability to solve professional problems.	1. The content of the material is incompletely or inconsistently disclosed, but a general understanding of the issue is shown and sufficient skills for the learned material are demonstrated; 2. There were difficulties or mistakes were made in the definition of concepts, the use of terminology, corrected after leading questions; 3. With incomplete knowledge of the theoretical material, insufficient formation of competencies, skills and abilities was revealed, the student cannot apply the theory in a new situation.	The student demonstrates partial implementation of practical skills. The task was completed no more than half, a large number of errors were made. The student is not able to interpret the results obtained, observes ethical and deontological principles.
Insufficient level - rating "unsatisfactory"	It is given to a graduate who has discovered significant gaps in the knowledge of the main program material, who has made fundamental mistakes in the application of theoretical knowledge that do not allow him to start practical activities without additional training in this discipline. The content of the answers testifies to the poor knowledge of the graduate and his inability to solve professional problems.	1. The main sod is not disclosed retention of educational material; 2. Ignorance or misunderstanding of most or the most important part of the educational material is found; 3. Errors were made in the definition of concepts, when using terminology, which were not corrected after leading questions. 4. Competencies, skills and abilities are not formed.	The student either does not perform practical skills at all, or performs it completely incorrectly. Does not follow an individual approach to the patient.

## 7.4 Schedule for the preparation, organization and conduct of the SE

Schedule for the preparation, organization and conduct of the SE

Table 6.

Types of work	Timings	Responsible executor
Formation of the program of the final interdisciplinary exam in the field of study	<i>For 6 months before <u>SE</u></i>	Head department, Leading teachers
Preparing questions for the state exam	<i>For 6 months before <u>SE</u></i>	Head department, Leading teachers
Issuing questions on the state exam to graduates	<i>For 6 months before <u>SE</u></i>	Head department
Organization of review lectures and consultations in the field of study	<i>For 6 months before <u>SE</u></i>	Department teachers
Preparation and approval of ticket sets	<i>For 3 months before <u>SE</u></i>	Chairman of the State Examination Commission, Leading Specialist
Approval of the state exam schedule and informing students	<i>For 1 month before <u>SE</u></i>	Leading Specialist
Order on the admission of students to the state exam (one week before the exam)	<i>For 1 month before <u>SE</u></i>	Dean of the Faculty
Conducting a state exam	<i>According to CTS (<u>calendar-training schedule</u>)</i>	State Examination Commission

## 7.5 Recommendations for students on preparation for SFIE

The state final interdisciplinary exam is the final stage of *specialist* training, a mechanism for identifying and evaluating learning outcomes and establishing the compliance of the level of professional training of graduates with the requirements of the Federal State Educational Standard of Higher Education in the specialty “General Medicine”.

Preparation for the exam contributes to the consolidation, deepening and generalization of knowledge gained in the learning process, as well as their application to solving practical problems. At the state exam, the student demonstrates what he has acquired in the learning process.

During the period of preparation for the SFC, students turn to educational and methodological material. When preparing for the state exam, it is advisable for students to use lecture materials, educational and methodological complexes, basic and additional literature.

Preparation for the state exam includes two stages: independent work during the entire period of study; direct preparation in the days preceding the state exam on the topics of academic disciplines submitted to the State Academic Examination.

Particular attention should be paid to the ability to use the work program of the state final certification in terms of the SE. It includes questions for the state exam. Therefore, the student, having studied the content of the state exam in advance, will be able to better navigate the issues on his ticket.

The wording of the questions of the examination ticket coincides with the wording of the list of questions recommended for the preparation of the state exam.

How to correlate lecture notes and textbooks when preparing for an exam? It would be a mistake to put the main emphasis on lecture notes without referring to textbooks and, on the

contrary, to underestimate the notes of lectures. Here are the recommendations. When working on a particular topic of the course, you should first pay attention to lecture notes, and then textbooks or Internet sources. The fact is that "live" lectures have a number of advantages: they more quickly illustrate the state of scientific study of a particular theoretical issue, give an answer taking into account new theoretical developments, i.e. reflect the latest information. Writing and publishing printed matter takes time. Hence, the presentation of some educational material quickly becomes outdated.

To compare the educational information and the completeness of the picture, a lecture notes are required, and it is also mandatory to use at least two educational sources.

Do I need to make written notes when working through a particular issue? There is no single answer. However, in order to be confident in the exam, it is necessary to write down the answers to the most difficult questions from the student's point of view during preparation. The record includes additional (motor) memory resources.

It is extremely important for students to attend consultations held before the state exam. Here it is possible to ask questions to the teacher on those sections and topics that are insufficiently or contradictorily covered in the educational, scientific literature or cause difficulty in perception.

It is important that the student correctly distributes the time allotted for preparing for the state exam. In this regard, it is advisable to draw up a calendar plan for preparing for the exam, which reflects the study or repetition of all examination questions in a certain sequence. The student should prepare for the exam rhythmically and systematically.

Often, students choose the "assault method", when the preparation is carried out chaotically, the material is worked out haphazardly. Such training cannot develop a solid system of knowledge. Therefore, the knowledge acquired with the help of such a method is, at best, fixed at the presentation level.

During the exam, in the time allotted for preparation, the student must formulate a clear answer to each question of the ticket. During preparation, it is recommended not to write down the entire content of the answer on the answer sheet, but to draw up a detailed plan that must be followed during the exam.

When answering exam questions, it is necessary to adhere to a certain answer plan that will not allow the student to get away from the content of the questions posed. When answering the exam, a variety of opinions is allowed. It is welcomed if the student does not read from the sheet, but freely presents the material, focusing on a pre-drawn plan.

The following requirements are imposed on the performance of a graduate at the SFIC:

- the answer must strictly correspond to the volume of questions on the ticket;
- the answer must fully exhaust the content of the ticket questions;
- the answer must comply with a specific plan, which is recommended to be announced at the beginning of the speech;
- a speech at the SFIC must comply with the norms and rules of public speech, be clear, reasonable, logical.

While answering the questions posed, one should be prepared for additional or clarifying questions. Additional questions are asked by members of the state commission within the framework of the ticket and are usually associated with an incomplete answer. Clarifying questions are asked to concretize the student's thoughts. A full answer to clarifying questions only enhances the effect of the student's general answer.

The final assessment of knowledge involves a differentiated approach to the student, taking into account his individual abilities, the degree of assimilation and systematization of the main theoretical provisions, concepts and categories. The culture of speech, competent commenting, giving examples, the ability to connect theory with practice, creatively apply knowledge to extraordinary situations, present material conclusively, argue where necessary are also evaluated.

## **7.6 Graduate qualifying work (WQR) for medical graduates is not provided.**

## 8. Educational, research and scientific production technologies used in preparation for the SFC

Traditional educational technologies: lectures, practical classes, focused on the communication of knowledge and methods of action, taught to students in finished form and intended for assimilation. Lectures include the use of multimedia equipment. Conducting practical exercises using tables and visual aids. Classes begin with an introductory lecture, in which the goals and objectives of this discipline should be explained; declare requirements for the implementation of the current and final control of knowledge;

Innovative educational technologies are classes that form systemic thinking and the ability to generate ideas when solving various situational problems.

Information educational technologies: independent use of computer equipment and Internet resources by students to perform practical tasks and independent work. as well as to get acquainted with Internet sources, photo and video materials on the relevant section. Preparation of lectures-presentations by the teacher.

## 9. Logistics of SFC

Logistics support of the state final certification

Table 7.

Name of equipped classrooms	Address (location) of classrooms
<p>Special rooms:            Classroom for conducting lecture-type classes, current control and intermediate certification, etc. for 112 workplaces, equipped with specialized (educational) furniture (tables, chairs, whiteboard classroom, interactive whiteboard); a set of demonstration equipment for presenting information: a multimedia projector, a computer</p> <p>Departments of basic medical and preventive institutions of the city of Bishkek.</p> <p>Computer class (classroom) for group and individual consultations, for course design (term papers), organization of independent work, including research, <u>equipped with study furniture for 14 seats, computers with unlimited access to the Internet, including access to ULO</u></p>	<p>class 4.4 campus 9</p> <p>National Center of Cardiology and Therapy, administrative building, st. T. Moldo 3.</p> <p>National Hospital of the Ministry of Health of the Kyrgyz Republic, surgical building (clinic named after Akhunbaev), st. T. Moldo 1a.</p> <p>City clinical maternity hospital №2, st. Moscovskaya 252</p>

**10. Information about the changes made for the current academic year**

Academic year	Department agreement (record number, record date)	Changes made

## **(SECTION THERAPY)**

### **PULMONOLOGY**

1. ARVI, influenza, tonsillitis, distinctive features of clinical manifestations. Possibilities of differential diagnosis in a polyclinic. Treatment. Indications for hospitalization. Determination of temporary disability, differences in its duration for different forms of the disease. Criteria for recovery and restoration of working capacity. Primary prevention, management, and importance of vaccination.
2. Community-acquired pneumonia. Definition. Etiology, pathophysiology. Clinical, objective, laboratory and instrumental diagnostic methods. Choice of treatment place (CURB-65 scale). Treatment in a polyclinic. The principle of choosing antibacterial therapy, assessing effectiveness of the treatment.
3. Chronic obstructive pulmonary disease (COPD). Etiology, pathophysiology, classification, clinical presentation, diagnostics, and complications. Outpatient management of a patient with COPD. Indications for hospitalization.
4. Bronchiectasis. Etiology, pathophysiology, classification. Outpatient management of patients with bronchiectasis: diagnostic criteria, risk factors, laboratory and instrumental diagnostic methods. Indications for hospitalization. Treatment. Physical exercises in bronchiectasis.
5. Bronchial asthma. Definition. Etiology, pathophysiology, classification. Possibilities of diagnostics and treatment of bronchial asthma in a polyclinic. Prognosis, prevention. High-altitude climatotherapy of bronchial asthma.
6. Chronic cor pulmonale, etiology, pathophysiology, diagnostic criteria and classification of chronic cor pulmonale. Outpatient management of patients with chronic cor pulmonale. Indications for hospitalization. Treatment principles.
7. Pulmonary arterial hypertension. Development mechanisms of primary and secondary PAH. Diagnostic criteria and treatment management. Pathogenetic therapy.
8. Chronic respiratory failure. Definition, classification. Diagnostics and treatment principles.
9. Differential diagnosis in pulmonary infiltrates (pneumonia, lung cancer, and pulmonary tuberculosis).
10. Differential diagnosis in broncho-obstructive syndrome (COPD, bronchial asthma).
11. Differential diagnosis of pneumonia (typical and atypical).
12. Differential therapy of pneumonia.
13. Differential therapy of obstructive syndrome.
14. Emergency conditions in pulmonology: bronchial asthma attack, diagnostic criteria, and management.
15. Differential diagnosis of bronchial obstruction (COPD and bronchiectasis).

### **CARDIOLOGY**

16. Atherosclerosis, definition, risk factors, pathophysiology. Diagnostic methods of atherosclerosis. Treatment of dyslipidemia.
17. Coronary heart disease (CHD). Definition, etiology. CHD risk factors and their significance. CHD classification.
18. Diagnostic criteria of stable angina. Possibilities of verifying stable angina in polyclinic. Outpatient treatment of stable angina, management of angina attack.
19. Stable angina on exertion, classification. Diagnostic criteria of angina. The role of stress tests in the diagnosis of angina. Invasive diagnostic methods. Outpatient management of patients with coronary heart disease (CHD). The role of monitoring risk factors of CHD. Indications for hospitalization.
20. Coronary heart disease. Acute myocardial infarction: definition, etiology, pathophysiology, clinical signs, and laboratory and instrumental diagnostic tests.

21. Management of a patient with suspected acute myocardial infarction (AMI) in polyclinic. Medical measures before the arrival of the ambulance team and hospitalization. Diagnostics and pain relief during an attack of angina and AMI.
22. Possibilities of examining a patient with essential hypertension in a polyclinic, the role of modern non-invasive examination methods: daily blood pressure monitoring, carotid arteries ultrasound. Nonpharmacological and pharmacological treatment methods.
23. Arterial hypertension. Definition, etiology, pathophysiology, risk factors, classification. Clinical signs.
24. Renal hypertension. Etiology, pathophysiology, diagnostic and treatment criteria.
25. Pheochromocytoma, etiology, pathophysiology, clinical manifestations. Diagnostics and treatment.
26. Primary hyperaldosteronism. Definition, causes, mechanism of development of the main syndromes. Clinical signs, laboratory and instrumental diagnostics. Treatment.
27. Coarctation of the aorta. Definition, causes, pathophysiology. Clinical signs, diagnostics, and management.
28. Hypertrophic cardiomyopathy, etiology, pathophysiology. Clinical signs, diagnostics, and treatment.
29. Outpatient management of patients with chronic heart failure (CHF). Clinical symptoms. Indications for hospitalization. Diagnostics. Treatment principles. The main groups of drugs used in the treatment of CHF. Invasive methods of CHF treatment.
30. Extrasystole, definition, mechanism of development, classification of ventricular extrasystoles. Clinical signs and diagnostic methods. Treatment principles.
31. Paroxysmal tachycardia, mechanism of development, classification. Clinical signs, diagnostics. Treatment principles.
32. Atrial fibrillation and flutter. Definition, development mechanism, classification. Clinical signs, diagnostics. Treatment principles.
33. Ventricular flutter and fibrillation. Clinical signs, diagnostics, and management.
34. Arrhythmias due to conduction disturbances. Classification. Diagnostic criteria and treatment management.
35. Metabolic syndrome. The main components of the syndrome. Methods of diagnostic and treatment. Prevention of cardiovascular diseases.
36. Differential diagnosis of chest pain syndrome (angina and gastroesophageal reflux disease).
37. Differential diagnosis of chest pain syndrome (acute myocardial infarction and pulmonary embolism).
38. Differential diagnosis of acute coronary syndrome with ST elevation (unstable angina and acute myocardial infarction).
39. Differential diagnosis of arterial hypertension (obstructive sleep apnea).
40. Hypertensive urgency and emergency, definition, etiology, clinical signs, diagnostic criteria, and management.
41. Differential diagnosis and treatment of heart failure (left and right ventricular heart failure).

### **RHEUMATOLOGY**

42. Acute rheumatic fever. Definition, etiology, pathophysiology. Clinical signs, diagnostic criteria. Treatment, prognosis.
43. Mitral valve regurgitation: etiology, pathophysiology. Clinical signs, diagnostic criteria. Treatment principles, prevention.
44. Mitral stenosis: etiology, pathophysiology. Clinical signs, diagnostic criteria. Treatment principles, prevention.
45. Aortic regurgitation: etiology, pathophysiology. Clinical signs, diagnostic criteria. Treatment principles, prevention.
46. Aortic stenosis: etiology, pathophysiology. Clinical signs, diagnostic criteria. Treatment principles, prevention.

47. Congenital heart diseases, causes, main pathogenetic mechanisms. Classification. The concept of cyanotic and noncyanotic congenital heart diseases. Primary prevention of congenital heart diseases.
48. Infective endocarditis. Etiology, risk factors, and pathophysiology, classification. Clinical signs, diagnostic criteria. Treatment principles. Complications.
49. Pericarditis. Definition, etiology, and pathophysiology. Outpatient management: diagnostic criteria, indications for hospitalization. Treatment principles.
50. Differential diagnosis of joint syndrome (rheumatoid arthritis, osteoarthritis).
51. Differential diagnosis of joint syndrome (rheumatoid arthritis, gout).
52. Differential diagnosis of diffuse connective tissue diseases (systemic lupus erythematosus, scleroderma).
53. Differential diagnosis of systolic murmurs (mitral regurgitation, aortic stenosis).
54. Differential diagnosis of systolic murmurs (aortic stenosis and hypertrophic cardiomyopathy).
55. Differential diagnosis of systolic murmurs (atrial septal defect, ventricular septal defect).
56. Differential diagnosis of systolic murmurs (atrial septal defect and patent ductus arteriosus).
57. Differential diagnosis of diastolic murmurs (mitral stenosis, aortic regurgitation).

### **GASTROENTEROLOGY**

58. Chronic gastritis. Definition. Classification. Etiology, pathophysiology. Clinical signs, diagnostics. Treatment. Primary and secondary prevention of chronic gastritis.
59. Outpatient management of patients with gastric ulcer and duodenal ulcer. Diagnostic criteria. Indications for hospitalization. Outpatient management. Secondary prevention. Spa treatment.
60. Gastroesophageal reflux disease. Clinic, diagnosis and treatment principles.
61. Chronic viral hepatitis, clinical manifestations features, diagnosis and treatment.
62. Cirrhosis of the liver. Causes, risk factors, pathophysiology. Classification. Diagnostic criteria. Treatment principles. Complications of liver cirrhosis.
63. Chronic cholecystitis. Etiology, risk factors, pathophysiology. Diagnostic criteria: clinical, labtests and instrumental. Treatment.
64. Differential diagnosis in gastric dyspepsia syndrome (chronic gastritis, gastric ulcer).
65. Differential diagnosis in intestinal dyspepsia syndrome (ulcerative colitis, Crohn's disease).
66. Differential diagnosis in hepatomegaly (chronic viral hepatitis B, C).
67. Differential diagnosis of gastric and intestinal bleeding, and management.
68. Differential diagnosis of gastric dyspepsia (gastric ulcer and duodenal ulcer).
69. Differential treatment of H.pylori infection.
70. Emergencies in gastroenterology: "acute abdomen", diagnostic criteria and management.

### **NEPHROLOGY**

71. Acute glomerulonephritis. Definition, etiology, risk factors, pathophysiology, and classification. Diagnostics, treatment, and outcome.
72. Chronic glomerulonephritis. Definition, etiology, pathophysiology, classification, clinical signs, laboratory and instrumental diagnostics. Treatment and prognosis.
73. Chronic pyelonephritis. Definition, etiology, pathophysiology, clinical signs, laboratory and instrumental diagnostics. Treatment, outcome, and prognosis.
74. Renal amyloidosis. Definition, etiology, pathophysiology, classification, clinical signs, diagnostics. Treatment and outcome.
75. Acute kidney injury. Definition, etiology, pathophysiology, and classification. Principles of diagnostics and treatment.
76. Chronic kidney disease (CKD). Definition, etiology, pathophysiology, and classification. Indicators of the kidney function. Management of CKD.
767. Differential diagnosis of urinary syndrome with predominant leukocyturia (chronic pyelonephritis, glomerulonephritis).

78. Differential diagnosis of nephrotic syndrome (chronic glomerulonephritis, diabetic nephropathy).
79. Differential diagnosis in hematuria (acute glomerulonephritis, urolithiasis).
80. Outpatient management of patients with chronic glomerulonephritis. Diagnostic criteria. Indications for hospitalization. Prevention.
81. Outpatient management of patients with chronic pyelonephritis. Diagnostic criteria. Indications for hospitalization. Prevention.
82. Differential diagnosis of proteinuria (chronic glomerulonephritis, diabetic nephropathy).
83. Differential diagnosis of proteinuria (diabetic nephropathy, renal amyloidosis).
84. Differential diagnosis of leukocyturia (chronic pyelonephritis, urolithiasis).

### **HEMATOLOGY**

85. Iron deficiency anemia, etiology, pathophysiology, clinical signs, and classification. Outpatient management of patients with iron deficiency anemia, diagnostics criteria, indications for hospitalization, and treatment.
86. DIC syndrome, definition, etiology, pathophysiology, clinical signs, diagnostics, and treatment.
87. Multiple myeloma, definition, etiology, pathophysiology, clinical signs, diagnostics, and treatment.
88. Differential diagnosis of anemia (Iron-, B12-deficiency anemia)
89. Differential diagnosis of anemia (B12-, and folate deficiency anemia)
90. Differential treatment of anemia (Iron-, B12-, and folate deficiency anemia).
91. Aplastic anemia: definition, etiology, pathophysiology, clinical signs, diagnostics, and treatment.
92. Differential diagnosis of hemablastoses (acute and chronic leukemia).

### **ENDOCRINOLOGY**

93. Diagnostics of diabetes mellitus type 2 at the primary health care level. Clinical examination.
94. Treatment of diabetes mellitus type 2 at the primary health care level. Self-control system for type 2 diabetes. Indications for hospitalization.
95. Graves' disease, etiology, pathophysiology, clinical signs. The principles of diagnosis and treatment.
96. Autoimmune hypothyroidism. Definition, classification, clinical symptoms, and principles of diagnosis and treatment.
97. Obesity. Classification, epidemiology, pathogenesis, clinical manifestations, prevention. Modern approaches to treatment.
98. Differential diagnosis of hyperglycemia syndrome (diabetes mellitus types 1 and 2).
99. Differential diagnosis of hypothyroidism (primary and secondary hypothyroidism). Management at the outpatient level.
100. Differential diagnosis of thyrotoxicosis (Graves' disease, subacute thyroiditis). Management at the outpatient level.

### **(SURGERY SECTION)**

1. Abnormalities of the bile ducts and gallbladder. Diagnostics, treatment, prognosis.
2. Acute cholangitis.
3. Acute pancreatitis: definition, classification. Comprehensive treatment. Indications for surgical treatment.
4. Acute pancreatitis: etiology, pathogenesis, classification, clinical picture, diagnosis.
5. Algorithm of personnel actions in the presence of a potential donor.
6. Alveococcosis of the liver. Etiology, clinic, diagnosis and treatment.
7. Ascites. Methods of conservative and surgical correction.

8. Basic terms of transplantation and types of transplantation.
9. Bleeding from dilated veins of the esophagus and cardia. Differential diagnosis. Conservative treatment. Probe Sengstaken-Blackmore.
10. Bleeding from dilated veins of the esophagus and cardia. Surgical treatment methods.
11. Bleeding ulcer of the stomach and 12-duodenal ulcer. Classification by the severity of bleeding. Pathogenesis of disorders. Clinic, diagnostics, differential diagnostics. Conservative and surgical treatment.
12. Caroli's disease. Etiology, clinic, diagnosis and treatment.
13. Causes of occlusions of the biliary system.
14. Cholangitis. Classification, clinic, diagnosis, treatment.
15. Choledocholithiasis . The reasons for the development. Clinic and diagnostics. Treatment. Indications for choledochotomy and methods for completing it.
16. Cholelithiasis. Etiology and pathogenesis of stone formation. Clinic, diagnostics. Treatment (extracorporeal lithotripsy, drug dissolution of stones), indications for surgery.
17. Chronic cholecystitis. Differential diagnosis and treatment.
18. Chronic cholecystitis. Etiology, classification, clinic, diagnostics.
19. Chronic pancreatitis: classification, etiopathogenesis , clinical picture, diagnosis, differential diagnosis. Conservative treatment. Indications for surgical treatment, methods of surgical treatment.
20. Chronic ulcerative colitis. Etiology. Clinic, diagnostics.
21. Chronic ulcerative colitis. Methods of conservative and surgical treatment.
22. Classification of chronic pancreatitis.
23. Classification of liver tumors. Etiology, risk factors and precancerous
24. Classification of portal hypertension.
25. Classification of postcholecystectomy syndrome.
26. Clinical picture and diagnosis of external, internal, latent bleeding. Complications of bleeding.
27. Clinical picture and diagnosis of external, internal, latent bleeding. Dangers and outcomes of bleeding.
28. Colon and rectal cancer clinic. Groups of symptoms. Clinical forms of colon cancer, relationship with localization.
29. Colon cancer. Morbidity. Classification, clinic, diagnosis, treatment. Features of surgical treatment for obstruction of the colon of a cancerous nature.
30. Colon diverticula: clinical picture, diagnosis, indications for surgical treatment and types of operations.
31. Complications after cholecystectomy . Reasons for repeated operations on the biliary tract. Types of drainage of the bile ducts.
32. Complications during and after thyroid surgery. Clinical manifestations, treatment, prevention.
33. Complications of gallstone disease. Choledocholithiasis . Indications for choledochotomy and methods for completing it. Endoscopic papillotomy .
34. Complications of organ transplantation (causes, prevention, treatment).
35. Complications of portal hypertension.
36. Complications. Prevention and treatment of thyrotoxic crisis and acute cardiovascular failure after surgery in patients with thyrotoxicosis.
37. Conditions and procedure for transplantation.
38. Crohn's disease. Definition of the concept, clinic, diagnosis, treatment. Complications, their diagnosis and treatment.
39. Definition of "the concept of portal hypertension." Causes and pathogenesis of portal hypertension.
40. diseases. Clinical manifestations of cancer. Diagnostic methods and treatment.
41. Distal strictures of the bile ducts (clinical picture, diagnosis, treatment).

42. Echinococcosis of the liver: biology of the parasite, clinical picture, diagnosis, differential diagnosis, treatment, prevention.
43. Echinococcosis of the liver: biology of the parasite, clinical picture, diagnosis, differential diagnosis, treatment, prevention.
44. Endemic goiter: Conservative and surgical treatment. Prevention.
45. Endemic goiter: definition, clinical presentation, diagnosis and treatment.
46. Endemic goiter: etiology, pathogenesis, clinical picture, diagnosis.
47. Endoscopic interventions for obstructive jaundice.
48. External biliary fistulas (causes, diagnosis, treatment).
49. Features of diagnosis and treatment of bile duct strictures.
50. Gallstone disease. The reasons for the development. Clinic. Diagnostics. Treatment.
51. General transplantation issues. Transplant history. Terminology and classification. Legal aspects of transplantation. Immunosuppressive therapy
52. Graves' disease. Preoperative preparation. Operation methods, complications of thyrotoxicosis.
53. Graves' disease. Conservative and surgical treatment.
54. Graves' disease. definition, etiology, clinic, diagnosis and treatment.
55. Hashimoto's goiter. Definition of the concept, etiology, pathogenesis, clinical picture, diagnosis, differential diagnosis. Indications for medical and surgical treatment.
56. Heart transplantation (indications, contraindications, main methods and stages of the operation).
57. Hirschsprung 's disease. Etiology. Pathogenesis, clinical picture, diagnosis, differential diagnosis, treatment.
58. Hirschsprung 's disease. Etiology. Pathogenesis, clinical picture, diagnosis, differential diagnosis, treatment.
59. Historical stages in the development of transplantation.
60. Hypoparathyroidism, tetany. Pathogenesis, blade, diagnosis, prognosis, treatment.
61. Incidentaloma. Clinic, diagnostics, indications for surgical treatment.
62. Indications and methods of external and internal drainage of the bile ducts.
63. Indications for endoscopic interventions in postcholecystectomy syndrome.
64. Indications for surgical treatment of patients with chronic pancreatitis.
65. Indications for choledochotomy and methods of its completion.
66. Instrumental examination methods for obstructive jaundice.
67. Ischemic colitis. Clinic, diagnostics, treatment.
68. Itsenko- Cushing's syndrome. Etiology, pathogenesis. Clinic, diagnostics, treatment.
69. Kidney transplantation (indications, contraindications, principles of donor selection, types and stages of surgery).
70. Klattskin's tumor. Definition, classification, clinic, diagnosis and treatment.
71. Liver cancer. Etiology, classification, clinic, diagnosis, treatment.
72. Liver transplantation (indications, contraindications, types and stages of the operation).
73. Mallory-Weiss syndrome: etiology, clinical presentation, diagnosis, treatment.
74. Methods for diagnosing portal hypertension.
75. Methods for stopping bleeding from varicose veins of the esophagus.
76. Methods for stopping bleeding from varicose veins of the esophagus.
77. Methods for intraoperative examination of the bile ducts.
78. Methods of examination of patients with obstructive jaundice.
79. Methods of examination of patients with postcholecystectomy syndrome.
80. Minimally invasive interventions for focal liver lesions
81. Mirizi syndrome (classification, diagnosis, treatment).
82. Mitral valve stenosis: causes, hemodynamic disorders, clinical picture, diagnosis, treatment.

83. Morbidity and mortality from colorectal cancer. Precancerous diseases of the colon and rectum. Methods for the diagnosis of colorectal cancer. Ways to improve early diagnosis.
84. Nodular goiter: definition, classification, clinical presentation, diagnosis and treatment.
85. Nonparasitic liver cysts. Etiology, clinic, diagnosis, treatment
86. NUC. Definition of the concept, clinic, diagnosis, treatment. Complications, their diagnosis and treatment.
87. Obstructive jaundice: etiology, pathogenesis, classification, clinical picture, diagnosis, differential diagnosis. Surgery. Operation methods.
88. Obstructive jaundice: etiology, pathogenesis, classification, clinical picture, diagnosis, differential diagnosis. Surgery. Operation methods.
89. Organ donation issues. Introduction. Organ donors. Donor organ removal technique. Methods for the preservation of donor organs. Principles of organ donation. Transplant aspects of brain death. Social aspects of organ donation.
90. Painless form of obstructive jaundice (causes, diagnosis, treatment).
91. Pancreas cancer. Etiology. Risk factors. The main clinical manifestations depending on the location and extent of the tumor.
92. Pancreas cancer. Morbidity, etiology, classification, clinical picture, diagnosis, treatment and prognosis.
93. Pancreas transplantation (general information, indications for surgery, types of surgery).
94. Pancreatic cancer diagnostics. Treatment methods.
95. Pancreatic cysts. Classification, clinic, diagnostics. Principles of Surgical Treatment.
96. Pancreatic fistulas. Classification, clinic, diagnostics. Surgery.
97. Pancreatic fistulas. Classification, clinic, diagnostics. Treatment principles.
98. Peptic ulcer and 12-duodenal ulcer, complicated by bleeding. Clinic, diagnostics, surgical tactics.
99. Pheochromocytoma . Clinic, diagnostics, indications for surgical treatment.
100. Portal hypertension. Etiology. Classification. Clinic, diagnostics. Principles of surgical treatment, methods of operations.
101. Portal hypertension: etiology, pathogenesis, classification, clinical picture, diagnosis. Surgery. Operation methods.
102. Possibilities of using modern minimally invasive technologies in the treatment of portal hypertension.
103. Postcholecystectomy syndrome: classification, clinical picture, diagnosis, treatment.
104. Prevention and treatment of thyrotoxic crisis and acute cardiovascular failure after surgery in patients with thyrotoxicosis.
105. Principles of surgical treatment of portal hypertension. Types and methods of bypass surgery.
106. Reconstructive and restorative operations on the biliary tract in patients with postcholecystectomy syndrome.
107. Secondary sclerosing cholangitis.
108. Sporadic goiter: definition, classification, clinical presentation, diagnosis and treatment.
109. Stenosis of the large duodenal papilla (diagnosis, treatment).
110. Striataes. Definition of the concept. Etiology, pathogenesis, clinical picture, diagnosis, differential diagnosis. Conservative and surgical treatment.
111. Stricture of biliodigestive anastomoses.
112. Subhepatic portal hypertension. Etiology. Classification. Clinic, diagnostics. Principles of surgical treatment, methods of operations.
113. Surgeon's tactics for bile duct injuries.
114. Surgical anatomy of the gallbladder and bile ducts, postmortem classification of cholecystitis.
115. Surgical tactics for acute cholecystitis: indications for emergency, urgent and early (delayed) surgery.

116. The clinical picture of portal hypertension.
117. The concept and procedure for ascertaining the death of the brain.
118. The concept of transplant immunity, the pathogenesis of the development of the immune response to the transplant.
119. The main groups of surgical interventions for portal hypertension.
120. The results of organ and tissue transplantation. Prospects and directions of development of transplantation.
121. The structure of the portal vascular system. Porto-systemic anastomoses.
122. The syndrome Budd-Chiari syndrome. Clinic, diagnostics, treatment.
123. Thyroid cancer. The amount of surgery. Combined treatment - radiation, chemotherapy, hormone therapy, radioactive iodine treatment.
124. Thyroid cancer. The classification is clinical and histological. Clinic, diagnostics, treatment. Outcomes and long-term results. Forecast. Prevention.
125. Thyroiditis. Conservative and surgical treatment.
126. Thyroiditis. Definition of the concept. Etiology, pathogenesis, clinical picture, diagnosis, differential diagnosis.
127. Thyrotoxicosis. Classification, clinic, diagnostics, surgical treatment.
128. Thyrotoxicosis. Clinic, diagnostics, differential diagnostics.
129. Thyrotoxicosis. Definition of the concept. Etiology, pathogenesis. Classification.
130. Treatment of patients with cancer of the colon and rectum. Radical and palliative operations. Radiation therapy and chemotherapy in the treatment of colorectal cancer.
131. Tumors of the gallbladder and extrahepatic ducts. Etiology. Clinic for cancer of the gallbladder and extrahepatic ducts. Diagnostics and treatment.
132. Tumors of the parathyroid glands. Clinic, diagnostics, treatment.
133. Types of rejection reactions during transplantation.
134. Types of transhepatic drainages (indications for use).

### **(OBSTETRICS and GYNECOLOGY SECTION)**

1. Structure and organization of work of the maternity hospital. Perinatal Center.
2. Aseptic and antiseptic in Obstetrics. Sanitary and epidemiological rules in the maternity hospital.
3. Structure and organization of ambulatory care for women. Work of the woman consultations.
4. Maternal mortality rate.
5. Perinatal mortality rate.
6. Main changes in specific organ systems during pregnancy.
7. Determination of the period of gestation, the approximate date of birth and the maternity leave.
8. Main obstetrical terminology.
9. Structure of the afterbirth. Role of the placenta.
10. Amniotic fluid. Polyhydramnios and oligoamnios.
11. Female pelvis. Pelvis diameters.
12. Invasive methods of prenatal diagnosis: amniocentesis, chorionic villus sampling, umbilical cord sampling, fetal scalp sampling, fetoscopy. Indications, contraindications and possible complications.
13. Examination and supervision of pregnant in the woman consultation. Role of taking of them under the clinical supervision before 12 week of gestation.
14. Nutrition for the pregnant women. Specificity of the diet of pregnant women during the later gestation period.
15. Blood circulation of the fetus and newborn.

16. Prenatal assessment of the fetus well-being (nonstress test, biophysical profile, contraction stress test).
17. Diagnostics of early pregnancy.
18. Genetic consulting. Markers of chromosomal pathology.
19. Normal pregnancy events in first, second and third trimester.
20. Initial routine examination of obstetric patient. The methods of external obstetric examination.
21. Vaginal examination in labor.
22. Anesthesia during labor.
23. Abortions. Clinic. Diagnostics. Management.
24. Pregnancy loss. Causes. Prophylaxis.
25. Preterm labor. Diagnostics. Clinic and management of preterm labor.
26. Postterm pregnancy. Causes. Diagnostics. Management.
27. Multiple pregnancy. Diagnostics. Specificity of this type of pregnancy. Management of labor.
28. Rhesus compromised pregnancy. Clinic. Management. Prophylaxis.
29. Fetal heart rate (FHR). Interpreting fetal heart rate tracings during pregnancy and labor. Criteria of normal and pathological FHR.
30. Ultrasound during pregnancy. Data obtained from ultrasound examination in first, second and third trimester. Ultrasound studies of the fetus.
31. The use of Doppler method of investigation for the assessment of hemodynamic conditions of the maternal-placental-fetal complex.
32. Bishop's scoring system for cervical assessment.
33. Clinical course and management of the 1st stage of labor.
34. The methods of registration of uterine activity.
35. Biomechanism of normal labor in occipito-anterior position.
36. Biomechanism of normal labor in occipito-posterior position
37. Amniotomia. Indications and contraindications. Techniques.
38. Clinical course and management of the 2nd second stage of labor. The principles of the delivery of the head.
39. Clinical course and management of the the 3rd period of labor. Signs of detachment of the placenta
40. Ways of assist of expulsion the afterbirth.
41. Characteristics of the term newborn. Apgar Scale.
42. Management of the newborn baby. Prophylaxis of blenorhea.
43. Signs of maturity of the fetus.
44. Postpartum period. Course of normal postpartum.
45. Principals of Breast feeding. Care of the breast during the postpartum period.
46. Breech presentation of the fetus. Classifications. Etiology. Diagnostics.
47. Vaginal delivery in case of breech presentation.
48. Anatomically contracted pelvis.
49. Management of labor for anatomically contracted pelvis. Complications.
50. Cephalopelvic disproportion. Causes. Diagnostics and management.
51. Oblique, transverse lie of the fetus during pregnancy and labor. Complications. Diagnostics. Management.
52. Physiology of normal labor activity.
53. Failure to progress in labor. Causes. Classifications of abnormal uterine activity.
54. Dysfunctional uterine activity. Causes. Diagnostics.
55. Primary and secondary weakness of uterine labor activity. Causes. Diagnostics. Management.
56. Management of abnormal uterine activity. Acceleration of labor.

57. Artificial method of abortions.( induced abortions) during early pregnancy. Methods of abortions. Complications.
58. Induced artificial abortion during late pregnancy. Indications. Methods. Complications.
59. Medical and social aspects of abortions in early and late pregnancy.
60. Premature detachment of a normally located placenta. Causes. Diagnostics. Management.
61. Placenta praevia. Classifications. Causes. Diagnostics.
62. Placenta praevia. Clinic. Management during pregnancy and labor. Treatment.
63. Laceration of the perineum and the cervix during labor.
64. Episiotomy and preineotomy. Indications. Techniques. Specificity of the postoperative treatment.
65. Rupture of the uterus. Main causes and pathogenesis. Classification. Prophylaxis.
66. Rupture of the uterus. Clinic. Diagnostics. Management.
67. Induction of labor.
68. Forceps delivery. Indications. Contraindications. Preparations and techniques of low forceps delivery.
69. Vacuum extraction of the fetus. Indications. Contraindications. Techniques.
70. Manual removal of the placenta. Indications. Techniques.
71. Caesarian section. Indications. Contraindication.
72. Caesarian section. Steps of the operation. Complications.
73. Caesarian section. Types of operation. Conditions for performing the operation.
74. Physiological and pathological bleeding during 3rd period of labor. Prophylaxis.
75. Postpartum bleeding. Cause. Management.
76. Hypotonic uterine bleeding. Causes. Diagnostics. Treatment.
77. Massive obstetrical bleeding: risk factors. Diagnostics. Clinics. Management. Prophylaxis.
78. Hemorrhagic shock in obstetrics. Diagnostics. Clinics. Treatment. Prophylaxis.
79. DIC associated with pregnancy: main causes and pathophysiology. Stages of DIC development. Types of DIC (fulminant, acute, subacute, chronic).
80. Diagnostics, treatment and prevention of DIC.
81. Amniotic fluid embolism: risk factors, diagnostics, clinical picture, treatment, prevention.
82. Pulmonary embolism in pregnancy: risk factors, diagnostics, a clinical picture, the urgent help, prevention.
83. Main forms of postpartum septic diseases. Classification of postpartum septic diseases by Sazonov-Bartels. The predisposing factors leading to the development of postpartum septic diseases.
84. Postpartum endometritis. Clinics. Diagnostics. Treatment and prophylaxis.
85. Obstetrical peritonitis. Risk factors. Diagnostics. Clinical picture. Treatment. Features of obstetric peritonitis after cesarean section.
86. Postpartum sepsis. Diagnostic. Clinical picture. Treatment.
87. Septic shock. Intensive therapy. Complications for mother and fetus. Prophylaxis and rehabilitation.
88. Lactation mastitis. Stage of development. Clinics and treatment.
89. Gestosis. Etiology. Classification and prophylaxis of gestosis.
90. Early gestosis. Clinics. Diagnostics. Treatment.
91. Late gestosis. Clinics. Pathogenesis. Clinical picture. Main principals of treatment.
92. Severe forms of late gestosis. Clinics. Diagnostics and treatment.
93. Eclampsia. Clinics. Emergency aid.
94. Medications used for the treatment of late gestosis.
95. Indications for termination of pregnancy with gestosis.
96. Feto-placental insufficiency. Classifications. Etiology. Diagnostics.
97. Intrauterine growth restriction (IUGR). Causes. Diagnostics. Treatment.
98. Intrauterine hypoxia of the fetus. Modern methods of diagnostics. Treatment.

99. Cardiac disease and pregnancy. Features of a clinical course and management of pregnancy and labor.
100. Heart rhythm disorders. Features of a clinical course and management of pregnancy, labor and postpartum period. Complications for mother and a fetus. Indications to pregnancy termination.
101. Acute and chronic anemia. Features of a clinical course and management of pregnancy, labor and postpartum period. Complications for mother and a fetus. Indications to pregnancy termination.
102. Thrombocytopenia. Features of a clinical course and management of pregnancy, labor and postpartum period. Complications for mother and a fetus. Indications to pregnancy termination.
103. Diabetes mellitus and pregnancy.
104. Appendicitis and pregnancy.
105. Acute and chronic pyelonephritis. Features of a clinical course and management of pregnancy, labor and postpartum period. Complications for mother and a fetus. Indications to pregnancy termination.
106. Urinary calculi. Features of a clinical course and management of pregnancy, labor and postpartum period. Complications for mother and a fetus. Indications to pregnancy termination.
107. Pathology of eyes. Features of a clinical course and management of pregnancy, labor and postpartum period (including situations after surgical treatment). Complications for mother and a fetus. Indications to pregnancy termination.
108. Acute and chronic respiratory tract diseases. Features of a clinical course and management of pregnancy, labor and postpartum period. Complications for mother and a fetus. Indications to pregnancy termination.
109. Uterine myoma and pregnancy. Course. Management of pregnancy, labor and postpartum period. Complication for mother and fetus. Indications for terminations of pregnancy. Management of pregnancy with postoperative scar on uterus.
110. Gastric and duodenal ulcer disease. Tactics of emergency help. Complications for mother and a fetus. Indications to pregnancy termination.
111. Obstructive disorders of the bowel. Tactics for emergency medical help. Complication for mother and fetus. Indications for terminations of pregnancy.
112. Abnormal sexual development. Precocious puberty: iso-sexual and heterosexual, central and peripheral. Clinic, methods of treatment, rehabilitation.
113. Lack of sexual development. Delayed puberty: central, constitutional, peripheral causes. Clinic, treatment, rehabilitation.
114. Congenital abnormalities of the genital tract and methods of their correction.
115. Modern approaches to treatment of pelvic inflammatory diseases (PID) of a nonspecific etiology.
116. Acute and chronic adnexitis. Clinic. Diagnostics. Treatment.
117. Pelvic inflammatory diseases of a specific etiology: gonorrhea, syphilis, AIDS, genital tract tuberculosis. Features of a current and therapy.
118. Sexually transmitted disease. Clinical course. Modern methods of treatment.
119. Gynecologic disorders with "acute abdomen". Differential diagnostics at a syndrome of "acute abdomen". Diagnostic laparoscopy.
120. Ectopic pregnancy, etiology, clinics, diagnostics, treatment.
121. Apoplexy (rupture) of the ovary. Form of the disease. Diagnostics. Treatment.
122. Torsion of ovarian tumor. Specific clinical picture and surgical treatment for torsion of the ovarian tumor.
123. Main methods of family planning. Contraception.
124. Hormonal contraception. Classifications. Advantages and disadvantages. Therapeutic effects of hormonal contraception.
125. Physiology of the climacteric period. Definition of premenopause, menopause, postmenopause, perimenopause.

126. Gynecologic and somatic problems of the climacteric period (early, average and late clinical symptoms). Diagnostics methods.
127. Management of patients with pathological climacteric period. Types of treatment. Hormonal replacement therapy, principles of administration indication and contraindication, complications.
128. Methods of diagnostics of cervical pathology: cytology, colposcopy, biopsy.
129. Background cervical pathology: classification, clinical picture, diagnostics, treatment.
130. Precancer cervical diseases (CIN): classification, clinical picture, diagnostics and treatment methods.
131. Surgical methods of treatment of CIN: laser vaporization, diathermocoagulation, cryodestruction, radiowave excision, conization, etc. Features, indications, techniques, forecast.
132. Etiology of cervical cancer. Risk factors. Types of prevention of cervical cancer (primary, secondary). Vaccination. Screening for cervical cancer: characteristic, features of carrying out, types and efficiency.
133. Background and precancer pathology of endometrium: classification, clinical picture, diagnostics, treatment methods in young age and in postmenopause.
134. Ovarian cysts and tumors. Clinic. Diagnostics. Treatment.
135. Topography of the pelvic organs. Anatomy and physiology changes in the genital tract in different age groups.
136. Investigation of ovarian function. Tests for ovulation. Estimation of hormonal level.
137. Instrumental diagnostic procedures: speculum examination, endometrial sampling procedures, culdocentesis.
138. Diagnostic endoscopic procedures in gynecology. Laparoscopy, hysteroscopy, culdoscopy. Indications. Contraindications.
139. Regulation of normal menstrual cycle. The ovarian cycle. The endometrial cycle.
140. Classification of menstrual cycle disorders.
141. Dysfunctional uterine bleeding: ovulatory, anovulatory. Juvenile dysfunctional uterine bleeding.
142. Principles of hormone therapy in menstrual cycle disorders. Administration and dosage.
143. Amenorrhea. Causes. Classification. Evaluation and treatment approach.
144. Dysmenorrhoea. Premenstrual syndrome.
145. Surgical treatment of purulent pelvic inflammatory diseases. Dynamic laparoscopy. Indications. Techniques.
146. Surgical treatment of benign uterine pathology. Conservative and radical surgical treatment. Techniques.
147. Surgical treatment of ovarian pathology. Types. Indications. Contraindications.
148. Laparoscopy treatment of infertility. Techniques. Indications and contraindications.
149. Total and subtotal hysterectomy in treatment of uterine myoma. Indications. Techniques.
150. Endometriosis. Etiology and pathogenesis. Classification.
151. Endometriosis. Clinics. Diagnostics. Prognosis.
152. Endometriosis. Conservative and surgical (including endoscopic) methods of treatment.
153. Gestational trophoblastic disease. Classification. Clinical features. Diagnostics. Treatment.
154. Infertility.
155. Uterine myomas. Etiology. Pathogenesis. Classification. Diagnostics. Management.
156. Clinical classification of abnormalities of position of uterus. Causes of abnormalities.
157. Nonsurgical (pelvic muscle exercises, pessaries) and surgical treatment of genital prolapse. Types of surgical treatment.
158. Polycystic ovarian syndrome. Etiopathogenesis. Clinics. Diagnostics. Treatment.
159. Preoperative preparation and features of postoperative treatment in gynecologic practice.

**SITUATIONAL TASKS ON AN INTERDISCIPLINARY EXAM  
for students of the specialty "General Medicine"**

### **Clinical case №1**

A 55-year-old man came to a physician with complaints of weakness, productive cough with small amount of mucopurulent sputum, and increased body temperature up to 38.2<sup>0</sup>C.

**From anamnesis:** Diabetes mellitus for 8 years, taking metformin 1000 mg / day. He had no contacts with tuberculosis patients. Cigarette smoking - 1 pack a day for about 30 years.

Weakness, dry cough appeared two days ago after hypothermia, and body temperature increased to 38<sup>0</sup>C.

**On examination:** the condition is relatively satisfactory. BMI 32 kg / m<sup>2</sup>. Normal color, moist skin. Temperature 38.5<sup>0</sup>C. Peripheral lymph nodes are not enlarged. RR - 18 per minute. Mild dullness on percussion above the lungs on the right side below the angle of the scapula. On auscultation: weakened vesicular breathing on the right side below the angle of the scapula, and crepitus. The boundaries of the heart are within normal limits. Heart sounds muffled, regular rhythm. BP - 140/90 mm Hg. HR - 90 beats per min. The abdomen is soft, painless. The liver and spleen are not enlarged. There are no dysuria symptoms. The symptom of tapping on the XII rib is negative. There was no peripheral edema.

- 1. What is the preliminary diagnosis of the patient?**
- 2. Prescribe additional diagnostic methods.**
- 3. What is the management of the patient?**
- 4. What type of specialist consultation is needed?**

### **Clinical case №2**

A 24-year-old, gravida 2, para 1, female at 34 weeks of gestation presents to the labor floor with malaise, chills, and vomiting. Her temperature is 38.1<sup>0</sup>C, blood pressure 110/70 mm Hg, pulse is 100 beats/min, and her respirations are 18/min. She has acute fundal tenderness. Her cervical examination is 2 to 3 cm dilated, 40% effaced, and vertex at (-1) station. Mild-to-moderate contractions are palpated and recorded every 5 to 10 minutes. Urinalysis shows no evidence of bacteria. On vaginal examination, membranes are ruptured.

- 1. What is the most likely diagnosis?**
- 2. What is the next step in management of this patient?**
- 3. What is the most likely complication to occur in this patient?**

### **Clinical case №3**

50 years old man came to visit a dermatologist complaining on pronounced swelling and linear rashes on the skin of the right hand, soreness, increased body temperature up to 38 C, general malaise and weakness. Regarding the anamnesis hypothermia preceded the disease. Such lesions appeared first time in the life. No one of family members got the rash, only the little nephew 2 weeks ago got the chickenpox. Skin status: there is a swelling of skin on the right hand covered with multiple vesicles prone to fuse filled with turbid contents and localized on hyperemic base. General blood count showed moderate leukocytosis, increased ESR. In the turbid compound of lesions HSV 3 type revealed by PCR.

- 1. Please propose your diagnosis.**
- 2. What additional tests required for the patients?**
- 3. What might be the relationship between chickenpox in little boy and these lesions?**

### **Clinical case №4**

A 16-year-old patient. From the anamnesis it is known that he fell ill 3 days ago with a fever up to 37,2<sup>0</sup>C, weakness, malaise, loss of appetite, pain in the abdomen and joints, did not go to the doctor, was treated with almagel, drotaverine in tablets. Yesterday urine darkened, feces

became gray. He called the district physician, who sent the patient to the hospital with a diagnosis of viral hepatitis. It was established that the father is a carrier of HBsAg from the epidemiological history.

**On admission to the hospital,** the patient's condition is moderate. Complains of nausea, abdominal pain, weakness, loss of appetite. An objective examination of the patient revealed jaundice of the skin and sclera, skeletal and muscular systems without pathologies, in the lungs, breathing is vesicular, heart sounds are clear, pulse 60 beats / min. The abdomen is painful on palpation in the upper right quadrant, the liver protrudes from under the costal arch by 2-3 cm.

**Biochemical tests:** bilirubin: total - 130  $\mu\text{mol/L}$ , direct - 80  $\mu\text{mol/L}$ , ALT - 300 U/L, AST - 220 U/L (the norm is up to 40 units/l), thymol test - 4 U, prothrombin index - 70%.

**ELISA:** HBsAg (+), HBeAg (+), anti-HBc IgM (+).

**FBC:** Hb - 130 g/L, RBC -  $3.5 \times 10^{12}/\text{L}$ , WBC -  $4.3 \times 10^9/\text{L}$ ; bands - 3%, neutrophils - 41%, eosinophils - 2%, lymphocytes - 45%, monocytes - 9%, ESR - 10 mm / hour.

**Urine analysis** – specific gravity - 1020, leukocytes - 2-3/high power field, epithelial cells - single, bile pigments +++++.

1. **Make a clinical diagnosis and justify it.**
2. **Evaluate the test results.**
3. **Where and in what way did the patient become infected?**
4. **What is the treatment tactics?**

#### **Clinical case №5**

In the evening, a 62-year-old man felt moderate headache in the parietal region on both sides and slight weakness in the right hand and forearm. The blood pressure was within 150/100 mmHg. The patient took 5mg of amlodipine, he felt better and went to sleep. The next morning, his wife found that the patient could not speak, and his right limbs were paralyzed. An ambulance was called, which hospitalized the patient.

The patient has suffered from hypertension for a long time and taken hypertensive medications irregularly.

**When examined in the emergency room:** overweight, swollen shins. The lungs – breathing is hard, there are no wheezes. Breath rate - 25 in 1 min. The upper border of the heart is the intercostal space II, the left one is along the left midclavicular line. At the top – I st. tone is low, there is no noise. The rhythm is correct. Heart rate - 102 in 1 min., blood pressure- 176/90 mmHg. Liver and spleen are not palpable.

**Neurological status:** motor aphasia was detected during the examination, understanding of reversed speech was preserved. Smoothed right nasolabial fold, right-sided central hemiparesis, more pronounced in the arm, decreased musculoskeletal sensation on the right, astereognosis in the right hand.

1. **Define clinical diagnosis.**
2. **Appoint additional methods of examination.**
3. **What is the treatment tactic of the patient?**

#### **Clinical case №6**

The mother of an 8-month-old girl consulted a doctor with complaints of lethargy, sweating, decreased appetite and pale skin in a child.

From the anamnesis: a girl from I pregnancy, proceeding with toxicosis of the 2<sup>nd</sup> half, term labor, from twins. Birth weight 2600 g, length 49 cm. Since birth is on artificial feeding adapted infant's formula. Juices and applesauce were given from 7.5 mon, semolina porridge from 7.5 mon, refuse from mashed vegetables, meat has not yet been given into complimentary foods.

Psychomotor development by age. An allergic history is not burdened. On examination: the skin and visible mucous membrane are pale, angular stomatitis, tongue papillae are smoothed. Dull hair, brittle nails. The skin is a touch dry. The large fontanel is 2.5X2.5 cm, it's edges are softened, flattening and baldness of the nape, parietal tubercles are determined. Muscle tone is reduced. Heart sounds are clear, rhythmic, systolic murmur at the top of the soft timbre. Heart rate 120 beats/min. The abdomen is soft, painless. 1.5 cm liver protrudes from under the edge of the costal arch.

**CBC:** HB – 85 g/l, RBC –  $3.1 \times 10^{12}$  /l, IC – 0.75, reticulocytes – 1.1%, PLT- $225 \times 10^9$ , WBC –  $6.7 \times 10^9$ /l, stabs – 2%, segm. – 24%, lymph. – 63%, e – 2%, m – 9%. ESR – 6 mm/h.

**Biochemical analysis of blood:** total protein- 62 g/l, Iron – 3.9 mcmol/l, TIBC- 94 mcmol/l, ferritin – 11 mg/l.

1. **Make and justify the main and accompanying diagnosis.**
2. **The main causes of the development of the disease. What are the mechanisms for the development of systolic murmur?**
3. **Prescribe a treatment.**

#### **Clinical case №7**

Patient M., 26 years old, was hospitalized after a fluorographic examination in connection with the detected changes in the lungs. At the current stage, she does not present any complaints. As a child, she notes, she contacted with a TB sick mother. Reactions to tuberculin tests are positive from age 7.

**During the examination,** the right half of the chest slightly lags behind when breathing, by percussion under the clavicle on the right a slight shortening of the pulmonary sound is determined. The wheezing in the lungs is not heard. TB mycobacterium by microscopy and seeding were not detected. A slight increase in ESR was noted in the blood formula. Minor changes in proteinogram, reaction to C-reactive protein ++. Radiographically, in the projection C1, on the right, a group of foci of different magnitude and intensity with fuzzy contours is determined.

1. **Make the diagnosis**
2. **Give its justification.**

#### **Clinical case №8**

A 50-year-old housewife complains of progressive weight gain of 20 pounds in 1 year, fatigue, postural dizziness, loss of memory, slow speech, deepening of her voice, dry skin, constipation, and cold intolerance.

**Physical examination:** Vital signs include a temperature 96.8oF, pulse 58/minute and regular, BP 110/60. She is moderately obese and speaks slowly and has a puffy face, with pale, cool, dry, and thick skin. The thyroid gland is not palpable. The deep tendon reflex time is delayed.

**Laboratory studies:** CBC and differential WBC are normal. The serum T4 concentration is 3.8 ug/dl (N=4.5-12.5), the serum TSH is 25 uU/ml (N=0.2-3.5), and the serum cholesterol is 255 mg/dl (N<200).

1. **What is the likely diagnosis?**
2. **What are the symptoms that made you consider that diagnosis?**
3. **What physical findings supported the diagnosis?**
4. **Which lab data supported the diagnosis?**

### Clinical case №9

Patient R., 58 years old. Complains of decreased memory, vision, numbness and pain in lower extremities (pain worsens at night).

**Anamnesis.** Diabetes diagnosed 10 years ago. He had history for hypertension, hyperlipidemia, past 8 years. The last 6 months have noted a constant heartbeat not regulated by medications; dizziness associated with a drop in BP "80/50 mmHg". while getting out of bed in the morning. She is on insulin therapy, conducts self-monitoring of glycemia (during the day, fasting glycemia is 8.3 mmol/l, during the day 10.8 - 12.4 - 14.0 mmol/l).

**Objectively:** height 166 cm, weight 85 kg. Skin is moderate moist. Heart sounds are rhythmic, muffled, Pulse 116 per minute, BP - lying «150/90 mmHg", standing - "80/50 mmHg". On examination of the feet: pulsation in the arteries of the feet is weakened, the skin is cold, dry, areas of hyperkeratosis on the plantar of both feet, temperature sensitivity on the feet is impaired, vibration sensitivity on the right 4 points on the foot, 3 points on the left foot.

**Laboratory tests:** Lipid profile: total cholesterol -8.2 mmol, triglycerides -2.5 mmol /L, High-density lipoprotein cholesterol (HDL) - 1.3 mmol/L, LDL - 5.8 mmol. General urine analysis: density of urine 1016, leukocytes – single. Glomerular filtration rate (GFR)-55mL/min. Microalbumin 300 µg/min (Urine 24h volume). Glycohemoglobin (HbA1c)-10%. Receives insulin in a mixture of NPH/regular human insulin 70/30 (mixture 70/30) before breakfast 30 units and before dinner 12 units

1. What is the likely diagnosis?
2. Are there any complications of the disease?
3. What are the symptoms that made you consider that diagnosis?
4. Which lab data supported the diagnosis?
5. Assess the condition of the Glomerular filtration rate?

### Clinical case №10

A child of 8 years is hospitalized with clinical signs of exacerbation of chronic bronchitis. In the anamnesis - frequent long-lasting catarrhal diseases. It was defined that the boy had marked signs of backlog in physical development and enlarged lymph nodes. He had not contact with any TB sick. Individual rales are heard in the lungs. At X-ray examination on the right in projection C9-10 the pneumonic focus with the cavity formation is defined. It is located in the center and connected with the increased root. The assumption of a tuberculous etiology of the disease was excluded on the basis of a negative reaction to the Mantoux test with 2 TU. It was diagnosed: abscessed pneumonia. The corresponding treatment did not yield positive results, in connection with which the new diagnosis was made: the primary tuberculosis complex in the phase of decay, MBT +.

**1. Considering that the main cause of the diagnostic error was based on the results of tuberculin diagnostics, explain how it should be estimated in this particular case?**

### Clinical case №11

A 28-year-old man complains of acute headache in occipital parietal area, double vision, chills and fever, sweating at night. Cough is paroxysmal, with a small amount of sputum difficult to detach, especially when smoking and when leaving a warm room in the cold. Dyspnea on brisk walking. Decreased hearing in the left ear.

Smoker for many years, a cough when smoking, sometimes with sputum. For the last 2 years, dyspnea on brisk walking. During the last 6 weeks patient periodically experienced chills and fever, night sweats.

**Objectively:** somewhat malnourished, swarthy. Peripheral lymph nodes were small, flexible, painless. Above the lungs - pulmonary sound, borders are normal, breathing is rigid,

exhalation is prolonged, dry whistling and buzzing rales all over it. Breath rate 19 per 1 min. Blood circulatory organs - no pathological changes. HR 88 per 1 min, BP 120/70 mm Hg. Liver and spleen - not enlarged.

**The neurological status:** congestive optic discs, limitation of movements of the right eyeball laterally, decreased corneal reflex on the right, insufficient closing of the eyelids when closing the eyes, delayed left nasolabial folds when smiling, decreased hearing in the left ear, significant stiffness of occipital muscles.

**Cerebrospinal fluid:** lymph 0.85-10<sup>9</sup>/l, glucose and chloride levels are reduced, the fluid is opalescent, when standing fibrin film falls out.

Bacterial culture and inoculation in guinea pig tissue confirmed the presumed diagnosis.

1. **What is your presumptive diagnosis?**
2. **What specialist consultation is needed?**
3. **Doctor's tactics.**

### **Clinical case №12**

A 19 years old woman is presented with complaints of involuntary movements in the limbs, grimacing, tearfulness, decreased appetite. She got sick 3 days ago, when my parents noticed the appearance of grimaces - she opened her mouth, stuck out her tongue, turned up eyes. Then there were involuntary movements in the hands, handwriting changed, she became tearful. She often has sore throat (tonsillitis), which she got last time 2 weeks ago, took biseptol.

**Examination** revealed correct physique, satisfactory nutrition. The skin is pale, distal hyperhidrosis is pronounced, diffuse red dermographism. Involuntary worm-like movements in the fingers, twitching of the shoulders, grimaces are noted. Cranial nerves without any change. Staggeres when walking. Muscle tone is diffusely reduced, symmetrical. Tendon reflexes of medium activity, symmetrical. A positive symptom of "eyes and tongue".

In the general blood test: Hb – 120 g/l, Er - 3,4x10<sup>12</sup>/l, Leu – 8.3 x10<sup>9</sup>/l, rod-shaped - 4, segmented- 62, eosinphils - 4, monocytes -2, lymphocytes -28, ESR -15 mm/h.

**Blood biochemistry:** total protein – 68 g/l, CRP - +, diphenylamine reaction (DPA)- negative.

1. **Define diagnosis.**
2. **What are additional methods of examination?**
3. **What is the treatment tactic of the patient?**

### **Clinical case №13**

A 65-year-old woman presented to your office complaining of worsening shortness of breath and palpitations for about 1 week. She reports feeling "dizzy" on and off for the past year; the dizziness is associated with weakness that has been worsening for the past month. She has been feeling "too tired" to even walk to her backyard and water her flower bed that she used to do "all the time." She has been so dyspneic walking up the stairs at her home that she moved downstairs to the guest room about a week ago. Review of systems is significant for knee pain, for which she frequently takes aspirin or ibuprofen; otherwise, the review of systems is negative. She has no significant medical history and has not been to a doctor in several years. She had a normal well-woman examination and screening colonoscopy about 5 years ago. She occasionally has an alcoholic drink and denies tobacco or drug use. She is married and is a retired shopkeeper.

**On examination,** her blood pressure is 150/85 mm Hg; her pulse is 98 beats/min; her respiratory rate is 20 breaths/min; her temperature is 98.7°F (37.1°C); and her oxygen saturation is 99% on room air. Significant findings on examination include conjunctival

pallor, mild tenderness with deep palpation in the epigastric and left upper quadrant region of the abdomen with normal bowel sounds, and no organomegaly but a positive stool guaiac test. The remainder of the examination, including respiratory, cardiovascular, and nervous systems, was normal.

1. **What is the most likely diagnosis?**
2. **What is your next diagnostic step?**
3. **What is the next step in therapy?**

#### **Clinical case №14**

A 58-year-old patient was admitted to the ICU with complaints of shortness of breath, pain in the left side of the chest arising when coughing and breathing, hemoptysis, fever up to 38.3<sup>0</sup> C, and weakness.

**From the anamnesis:** the patient had an attack of suffocation, accompanied by chest pain in the left side, palpitations, short-term loss of consciousness 2 days ago. Emergency doctor offered hospitalization, but the patient refused. Today he again had an attack of shortness of breath, and hemoptysis appeared.

**On examination:** severe condition, pale cyanotic skin. Edema of the lower extremities, more on the left leg, varicose veins, hyperemia of the skin of the left leg with a cyanotic shade. Dullness on percussion of the lungs in the left subscapular region, pleural friction rub. BR - 26 per min. The boundaries of the heart are normal. On auscultation: weakened S1 at the apex of the heart, loud S2 over the pulmonary artery. HR - 110 bpm. BP - 90/60 mm Hg.

**ECG:** deep Q wave in lead III and S in lead I, ST elevation and negative T wave in lead III, and right bundle branch block.

1. **What is the preliminary diagnosis of the patient?**
2. **What additional diagnostic methods need to prescribe?**
3. **What is the emergency care management and further patient management?**
4. **What type of specialist consultation is needed?**

#### **Clinical case №15**

Patient V., 25 years old, consulted a dentist at a polyclinic due to difficulty opening his mouth. The dentist did not reveal any pathology, but noted that the patient opened his mouth no more than 3 cm and sent him to a neurologist. The neurologist noted the enhanced of tendon reflexes and recommended a soothing-sirup stuff with valerian and motherwort.

The next day, the patient again went to the polyclinic to see a therapist due to the complete inability to open his mouth and the appearance of difficulty breathing.

**The patient's examination** revealed a temperature of 37,5<sup>0</sup>C, no abnormalities were found in the internal organs. HR-88 beats/min, BP-130/85 mmHg. But the therapist noted the inadequacy of the patient's behavior, manifested in an "unmotivated smile".

Having received no help, the patient turned to the surgeon, who found out that 10 days before the onset of the disease, the patient, playing football, suffered from an abrasion of the left shin, and after examination and questioning, established a diagnosis.

1. **What diagnosis did the surgeon make? Justify it.**
2. **What should be the therapeutic tactics?**
3. **What symptoms can appear in the absence of medical care?**

#### 4. What is the pathogenesis of this disease?

##### Clinical case №16

A 43-year-old patient came to a physician with complaints of epigastric pain radiating to the right, decreases after eating, heartburn, sour belching. Constant pain and swelling of the small joints of the fingers and toes, morning stiffness until 11 pm and restriction of movement.

**From anamnesis:** complaints have been troubling for the last 3 months. Cigarette smoking: for 20 years 1.5 pack per day. Chronic diseases: rheumatoid arthritis for 10 years, often took non-steroidal anti-inflammatory drugs.

**On examination:** defiguration of the wrist joints, flexion contractures of the small joints of the hands. On auscultation: hard breathing, dry wheezing on expiration. The boundaries of the heart are normal. BP - 126/70 mm Hg. Pulse rate - 92 per minute, regular rhythm. Soft abdomen, painful in epigastric region. There are no symptoms of peritoneal irritation.

**Gastroscopy:** duodenitis, callous ulcer of the duodenal bulb 3 x 4 cm, antrum gastritis.

On the 3rd day of hospitalization, the patient began to develop general weakness, drowsiness, shortness of breath on walking in the ward, changed stool. On a sudden standing up from the bed - darkening in the eyes and a desire to urgently sit down. The doctor noted pallor of the skin and mucous membranes.

1. What is the preliminary diagnosis of the patient?
2. Prescribe additional diagnostic methods.
3. What is the management of the patient?
4. What specialist consultation does the patient need?

##### Clinical case №17

A 65-year-old man with a history of fainting and falling down in a store was admitted to the ICU where he regained consciousness and complained of pain in the left elbow.

**From anamnesis:** he had slight dizziness and dull chest pain on exertion. The patient does not associate the development of fainting with anything. During the last 2-3 years he had chest pain on walking. On ECG stress test no changes were found. Family history: the patient's father suddenly died at the age of 50.

**On examination:** satisfactory condition. Dry and warm skin. There is no wheezing over the lungs. On palpation: the apical impulse in the 6th ICS, diffuse, and weakened. Defined systolic tremor in the II ICS to the right of the sternum and along the left edge of the sternum. On percussion: the left border of the heart - in the 6th ICS, 1 cm outward from the midclavicular line. Heart sounds - the rhythm is regular, S1 weakened, loud S2 over the LA, a harsh systolic murmur at the apex, along the left edge of the sternum and in the 2nd ICS on the right, the maximum - above the aorta, radiated to the carotid arteries. Pulse rate 88 / min. BP 110/78 mm Hg.

**ECG:** the rhythm is regular, horizontal position of the electrical axis of the heart. No signs of myocardial ischemia. RV5 + SV1 38 mm.

**Echo:** 3 aortic valve leaflets, pronounced calcification of the leaflets, annulus fibrosus - 2.43 cm, opening 0.7 cm, area - 0.9 cm<sup>2</sup>, systolic pressure gradient- 82 mm Hg, thickness of IVS - 2.2 cm, left ventricular posterior wall thickness - 2.0 cm, antero-systolic movement of the anterior mitral valve leaflet.

1. What is the preliminary diagnosis of the patient?
2. What additional diagnostic methods need to prescribe?
3. Prescribe treatment for the patient.
4. What type of specialist consultation is needed?

### **Clinical case №18**

A 27-year-old woman presents to your office complaining of progressing nervousness, fatigue, palpitations, and the recent development of a resting hand tremor. She also states that she is having difficulty concentrating at work and has been more irritable with her coworkers. The patient also notes that she has developed a persistent rash over her shins that has not improved with the use of topical steroid creams. All of her symptoms have come on gradually over the past few months and continue to get worse. Review of systems also reveals an unintentional weight loss of about 10 lb, insomnia, and amenorrhea for the past 2 months (the patient's menstrual cycles are usually quite regular). The patient's past medical history is unremarkable and she takes no oral medications. She is currently not sexually active and does not drink alcohol, smoke, or use any illicit drugs.

**On examination**, she is afebrile. Her pulse varies from 70 to 110 beats/min. She appears restless and anxious. Her skin is warm and moist. Her eyes show evidence of exophthalmos and lid retraction bilaterally, although funduscopic examination is normal. Neck examination reveals symmetric thyroid enlargement, without any discrete palpable masses. Cardiac examination reveals an irregular rhythm. Her lungs are clear to auscultation. Extremity examination reveals an erythematous, thickened rash on both shins. Neurologic examination is normal except for a fine resting tremor in her hands when she attempts to hold out her outstretched arms. Initial laboratory tests include a negative pregnancy test and an undetectable level of thyroid stimulating hormone.

- 1. What is the most likely diagnosis?**
- 2. What imaging study is most appropriate at this time?**
- 3. What is the definitive nonsurgical treatment of this condition?**

### **Clinical case №19**

32 years old patient, grocery store saleswoman, complains of weakness, malaise, moderate headache, chilliness, alternating with a feeling of heat. She fell ill acutely the night before; temperature was not checked. Simultaneously with these symptoms, there were cramping pains in the lower abdomen, mushy stools up to 5 times per evening. By the morning, the abdominal pain intensified and was localized mainly on the left. Stool about 15 times per night, mucus and blood were found in the stool, also there were frequent, painful urges to stool. The temperature in the morning is 39,4<sup>0</sup>C. The district doctor was called to the house. The patient lives in a separate apartment with a family of 3 people. Family members are healthy.

**The patient's examination** revealed a temperature of 38,8<sup>0</sup>C, no abnormalities were found in the respiratory system. The patient is sluggish, the skin turgor is normal, HR is 96 beats/min., rhythmic, BP - 115/70 mm.Hg, tongue dryish, coated with brown bloom. The abdomen is soft, painful on palpation in the left iliac region. The sigmoid colon is spasmodic and painful. The feces were examined, which looked like a pool of mucus with streaks of blood.

- 1. Name the leading syndrome. What disease should you think about and why?**
- 2. How should the issue of hospitalization be resolved?**
- 3. What laboratory tests are necessary for this patient?**
- 4. Assign treatment to the patient.**
- 5. What circumstances are necessary for the patient's discharge**

### **Clinical case №20**

The patient is 52 years old. It is observed by a doctor about CHD, stable angina pectoris, FC II, postinfarction cardiosclerosis and circulatory failure, FC 1. Concomitant diagnosis: Chronic lumbosacral sciatica in remission.

Angina pectoris is diagnosed within 5 years. 3 years ago, he suffered an acute myocardial infarction. Currently, attacks of angina pectoris are disturbed by significant physical exertion, easily removed by nitroglycerin.

**Objectively:** Over the lungs - without pathological changes. Heart sounds are slightly muffled, the rhythm is correct, heart rate - 76 in 1 min, blood pressure 130/80 mm Hg. On the ECG - cicatricial changes in the region of the lower wall of the left ventricle, with bicycle ergometry - tolerance to physical activity of 600 kgm/min.

1. **What methods of physiotherapy can be prescribed to a patient for CHD?**
2. **Is it possible to prescribe baths? What are the contraindications to them?**
3. **What methods of physiotherapy can be prescribed for lumbosacral radiculitis?**
4. **Which resorts are shown to patients?**

#### **Clinical case №21**

An ambulance doctor, coming to the call of a 68-year-old patient, noted severe left-sided hemiparesis (decreased strength to 1.5-2 points). After taking captopril tablet under the tongue while in the car on the way to the hospital, motion in the left extremities recovered completely.

The patient had been suffering from hypertension for a long time, periodically had crises accompanied by nausea and vomiting. BP varies from 170-200/100 to 120 mmHg. At night there are episodes of suffocation with wheezing, so the patient had to sit down in bed or open the window and take a tablet of eufillin. Dyspnea disappeared after 5-10 minutes. A doctor at the polyclinic recommended that the patient should stop the episodes of suffocation by taking eufillin.

According to the patient, 2 hours before her admission to the hospital, weakness and numbness in the left extremities appeared.

On examination in the emergency room: increased feeding, cyanotic lips and nose. Mild swelling of the shins. Over the lungs - breathing is rigid, exhalation somewhat prolonged. There were scattered dry and in the lower region's humid silent rales. BR 32 per 1 min. The cervical veins were swollen. The upper border of the heart is II intercostal space, the left one is 2 cm outward from the left midclavicular line. At the apex there was a decreased I tone, systolic murmur, conducted along the left edge of the sternum. The rhythm is correct. HR 102 per 1 min, BP 176/90 mm Hg. The liver and spleen were not palpated.

In the neurological status: consciousness is clear, the patient is correctly oriented, the left nasolabial fold is smoothed, the left corner of the mouth is down, the tongue is slightly deviated to the left. No clear paresis could be detected. Tendon reflexes were slightly higher on the left side. There are no clear sensory disturbances. There are no pathological signs.

1. **Define clinical diagnosis.**
2. **Appoint additional methods of examination?**
3. **What should be doctor's tactics of the patient management?**

#### **Clinical case №22**

A 35-year-old patient applied to the ENT department with complaints of fever, general weakness, pain when swallowing.

From the anamnesis: is in the dispensary for rheumatoid arthritis. Notes exacerbation of tonsillitis 4-5 times a year, which are accompanied by general weakness, fever, joint pain.

**At pharyngoscopy:** Tonsillar arches are infiltrated, slightly edematous in the upper sections, soldered to the tonsils. The tonsils are cicatricial changed, the lacunae gape, when pressed, purulent-caseous contents are released from the lacunae. Submandibular lymph nodes are painful on palpation. Other ENT organs without features.

1. **Make a diagnosis.**
2. **What laboratory and instrumental research methods are needed?**
3. **What is the further treatment strategy?**
4. **Is bicillin prophylaxis indicated for this patient?**

#### **Clinical case №23**

Patient M., 52 years old, was taken to the clinic by an ambulance team 12 hours after the illness.

**Complaints** on admission to severe weakness, dizziness, loose stools with black feces. Considers himself ill at about 12 o'clock, when weakness appeared, there was vomiting of coffee grounds, followed by 2-fold, abundant stools of liquid black feces. No ulcerative history.

**Objectively:** the patient is inhibited, drowsy. The skin and visible mucous membranes are pale in color. BP 90/40 mm Hg, pulse 120 / min. weak filling.

The abdomen on palpation is soft, painless, auscultatory - enhanced peristaltic murmurs. Symptoms of peritoneal irritation are negative.

1. **What is your preliminary diagnosis?**
2. **The choice of tactics for the examination of this patient**
3. **Plan for additional examination of the patient?**
4. **Choice of tactics of surgical treatment. Indications for surgery, options for surgical intervention.**

#### **Clinical case №24**

A 45-year-old patient was hospitalized in an ICU with complaints of acute pain in the lumbar region, more on the right side, radiating along the ureter to the groin and inner thigh, and urinary retention.

**From anamnesis:** urolithiasis and chronic pyelonephritis for 20 years. Increased blood pressure for 5 years, max. BP - 170/100 mm Hg, takes losartan 25mg / day.

**On examination:** hypersthenic, puffy face, increased body temperature to 37.3 ° C, xanthelasma on the eyelids. Over the lungs and heart - no pathological changes. BR - 22 per min., HR - 98 beats per minute. BP 160/100 mm Hg. Tongue moist, brown, coated "dirty". Soft abdomen, painful in the flanks, more on the right side. Syndrome of irritation of the peritoneum is doubtful. The symptom of tapping on the 12th rib is positive on both sides, more on the right side.

Urinalysis: little amount of urine, light color, alkaline reaction, specific gravity 1010, proteins - 0.1 g / L, leukocytes - cover the entire hpf.

After spasmolytics injection there is no urge to urinate. The painful sensations intensified. The patient rushes around.

1. **What is the preliminary diagnosis of the patient?**
2. **Prescribe additional diagnostic methods.**
3. **What is the management of the patient?**
4. **What specialist consultation does the patient need?**

#### **Clinical case №25**

A 30-year-old woman underwent laparoscopic cholecystectomy for chronic calculous cholecystitis. 72 hours after the end of the operation, she developed abdominal pain, nausea, repeated vomiting with bile, and weakness.

**On examination**, the condition is moderate, the skin is pale, blood pressure 100/60 mm Hg, pulse 110 per minute. Body temperature 38.2 degrees. The abdomen is moderately distended, soft on palpation, painful in all parts; positive symptoms of peritoneal irritation. Intestinal peristalsis is not heard. The gases do not escape. The dressing in the drainage area is soaked in light bile.

- 1. What is your preliminary diagnosis?**
- 2. The choice of tactics for the examination of this patient**
- 3. Plan for additional examination of the patient?**
- 4. Choice of tactics of surgical treatment. Indications for surgery, options for surgical intervention.**

#### **Clinical case №26**

A 32-year-old patient is being treated in the therapeutic department of the hospital because of complaints of coughing during the day with sputum in the form of single spitting with streaks of blood, chills during the day are replaced by heavy sweats, and chest pain when breathing.

**From anamnesis:** for cosmetic purposes 4 days ago, she squeezed out a pimple on her left cheek: by the end of the day a painful swelling of the cheek, chills, and pain in the left side of the face when chewing appeared. On the 2nd day there was a sharp swelling of the left half of the face, chills with a temperature of 40 ° C, in the evening chest pain and a dry cough suddenly appeared. The dentist opened a phlegmon of the left cheek, prescribed penicillin in large doses, but, despite the treatment, the condition progressively worsened.

**On examination:** cyanotic cheeks, rapid breathing. On auscultation: vesicular breathing, weakened and moist rales on both sides in the subclavian region. RR - 42 per minute. HR - 110 bpm, rhythm is regular, BP - 110/60 mm Hg. The liver and spleen are not enlarged. Express culture of the contents of phlegmon - staphylococcus aureus.

- 1. What is the preliminary diagnosis of the patient?**
- 2. Prescribe additional diagnostic methods.**
- 3. What is the management of the patient?**
- 4. What specialist consultation does the patient need?**

#### **Clinical case №27**

The patient underwent surgery: the right lobe of the thyroid gland was totally removed together with the isthmus, as well as the anteromedial part of the left lobe. On the second day after the intervention, the patient notes numbness of the lips and the appearance of a feeling of "crawling" in the fingertips.

- 1. What is your preliminary diagnosis?**
- 2. The choice of tactics for the examination of this patient**
- 3. Plan for additional examination of the patient?**
- 4. Choice of tactics of surgical treatment. Indications for surgery, options for surgical intervention.**

#### **Clinical case №28**

A 43-year-old female suffering from bronchial asthma came to the doctor with complaints of an asthma attack for 30 minutes. The attack occurred after feeding the fish with dry food. 6 consecutive inhalations with Salbutamol, 2 times with Fluticasone had no effect. Shortness of breath increased, palpitations and pressure sensations of the chest appeared.

**From anamnesis:** for the last 5 years, she notes a change in the rhythm and volume of menstruation, in the intermenstrual period - bloody vaginal discharge. The patient also noticed that during menstruation, the frequency of asthma attacks is greater and the attacks are more severe.

**On examination:** orthopnea, diffuse cyanosis. On auscultation: mosaic breathing. RR - 32 per minute. HR - 110 bpm, BP - 140/80 mm Hg. The abdomen is soft, painful in suprapubic region.

- 1. What is the preliminary diagnosis of the patient?**
- 2. Prescribe additional diagnostic methods.**
- 3. What is the management of the patient?**
- 4. What specialist consultation does the patient need?**

#### **Clinical case №29**

A 56-year-old patient was admitted to the hospital with complaints of burning unbearable pain of the right big toe, redness and swelling of the joint, and headaches.

**From anamnesis:** joint syndrome has been disturbing for the last 10 years. For the first time, pains of the big toe were noted after hard physical work, eating rich fatty food and alcohol. Increased blood pressure has been noted over the past 2 years, max. BP 150/99 mm Hg, occasionally he takes captopril.

**On examination:** the patient is malnourished, there is marked swelling of the first metatarsophalangeal joint of the right foot, hyperemia and warmth of the skin with a purplish-bluish tint, the slightest movements increase unbearable pain. Above the lungs - no pathology. The borders of the heart are normal. Loud S2 over the aorta, HR 88 bpm. The rhythm is regular, BP 150/98 mm Hg. The symptom of tapping on the 12th rib is slightly positive on both sides.

Treatment was scheduled in the department. On the 7th day of stay in the department, the body temperature suddenly increased, chills, intense pains appeared in the lumbar region, which quickly increased, and therefore the patient could not find a place for himself, the pain radiated to the inguinal region.

- 1. What is the preliminary diagnosis of the patient?**
- 2. Prescribe additional diagnostic methods.**
- 3. What is the management of the patient?**
- 4. What specialist consultation does the patient need?**

#### **Clinical case №30**

A 45-year-old woman consulted a therapist with complaints of neck deformity, creating cosmetic inconveniences. She noticed a volumetric formation on the anterior surface of the neck about 6 months. Back. She cannot connect its occurrence with anything. Over the past time, the size of education has not changed.

The patient is feeling well. The patient has a normosthenic constitution. Rhythmic pulse, 60 / min, BP 120/80 mm Hg. Art.

**Status locales:** a formation with clear edges, about 40x30 mm in size, occupies the anterior and partly the right lateral surface of the neck. Its lower border does not reach the jugular notch of the sternum by 1 cm. On palpation, the formation is soft, displaced by swallowing, not adhered to the skin. The skin above it is not changed. The lymph nodes of the neck are not enlarged.

- 1. What is your preliminary diagnosis?**
- 2. The choice of tactics for the examination of this patient**
- 3. Plan for additional examination of the patient?**

#### **4. Choice of tactics of surgical treatment. Indications for surgery, options for surgical intervention.**

##### **Clinical case №31**

A 32-year-old patient, a teacher, complains of aching pains and a feeling of fullness in the epigastric region 10-15 minutes after meal, belching with air and food eaten, nausea, an unpleasant metallic taste in the mouth, decreased appetite, unstable stools with a tendency to relaxed, and bloating. After taking fresh milk products, diarrhea appears. Occasionally - drops of blood in the stool. Hair loss. Menses - irregular, different duration. Sometimes there are copious bleeding.

**From anamnesis:** the patient having symptoms for 6 years.

**On examination:** malnutrition, dry skin, koilonychia. On auscultation of the lungs and heart - without pathological signs. Angular cheilitis, tongue wet, white coating, with imprints of teeth. The abdomen is soft, painful in the epigastric region, there are no symptoms of peritoneal irritation. The liver and spleen are not palpable.

**CBC:** Hb - 110 g / L, RBC -  $3.9 \times 10^{12}$  / L, MCV -  $70 \mu\text{m}^3$ . ESR - 10 mm / h. Urinalysis - no features.

- 1. What is the preliminary diagnosis of the patient?**
- 2. Prescribe additional diagnostic methods.**
- 3. What is the management of the patient?**
- 4. What specialist consultation does the patient need?**

##### **Clinical case №32**

A 20-year-old woman is pregnant for the first time. The pregnancy is unplanned and the partner has left but she is supported by her mother and has decided to continue. She was diagnosed with type 1 diabetes aged 15 years. She has been taking long-acting and short-acting insulin under the care of her general practitioner (GP), but the referral letter suggests that she has not always been compliant. She had a positive pregnancy test 2 weeks ago and her GP has referred her urgently to the antenatal clinic for review in view of the diabetes. By her dates she is now 7 weeks and 5 days' gestation. She has no other significant gynecological or medical history.

**Examination:** The woman has a body mass index of 29 kg. Blood pressure is 131/68 mmHg and pulse are 81/min. Hemoglobin (Hb) 78 g/l. Urinalysis: Glucose ++.

- 1. What further investigations need to be arranged?**
- 2. Outline the principles of management of the pregnancy.**

##### **Clinical case №33**

A woman was admitted from the antenatal clinic two days ago at 38 weeks' gestation. She is 42 years old and this is her second pregnancy. Her first child was born by spontaneous vaginal delivery 13 years ago. She has subsequently remarried. Her booking blood pressure was 138/70 mmHg at 13 weeks. Her booking blood tests were unremarkable. At her 36-week midwife appointment 2 weeks ago, her blood pressure was 140/85 mmHg and the urinalysis was normal. The blood pressure was repeated 2 days later and was 140/82mmHg. Two days ago, she saw her midwife for a further appointment and her blood pressure was 148/101 mmHg. Urinalysis showed protein. She feels well in herself except for swollen legs. She denies any headache or blurring of vision.

**Examination:** She has oedema to the mid calves and her fingers are swollen such that she cannot remove her rings. Abdominal palpation is non-tender and the symphysiofundal height is 39 cm. Reflexes are normal.

1. **How would you interpret the investigations?**
2. **What further investigations are needed and how should she be managed?**

#### **Clinical case №34**

A 24-year-old G1P0 woman at 28 weeks' gestation complains of a 2-week duration of generalized pruritus. She denies rashes, exposures to insects, or allergies. Her medications include prenatal vitamins and iron supplementation.

**On examination**, her blood pressure (BP) is 100/60 mm Hg, heart rate (HR) is 80 beats per minute (bpm), and weight is 140 lb. She is anicteric. The skin is without rashes. The fetal heart tones are in the range of 140 bpm. The patient says the itching is intense and she cannot sleep at night.

1. **What is the most likely diagnosis?**
2. **What is the best treatment or this condition?**
3. **What is the best management of the pregnancy?**

#### **Clinical case №35**

Sick patient L., 46 years old. She complains of unpleasant sensations in the field of the stomach, breast and head, under skin, and also weakness, bad dream, absence of appetite. She has told, that periodically she marks at herself weight of burdensome unpleasant sensations, such as "increasing in the bottom of the stomach ", pricking, subsequent compression, suddenly "any sphere in the stomach bursts and the whole stomach pours by boiled water <it grasps breath, strikes in the head ", the head becomes empty, skin of the head is pricked, it becomes disturbing and it is terrible for the health. At careful inspection of the patient any pathology from the party somatic and neurological of sphere wasn't revealed.

1. **Qualify the given mental disorder.**

#### **Clinical case №36**

A 29-year-old G2P1 woman at 20 weeks' gestation is seen for her second prenatal visit. Her antenatal history is unremarkable except for a urinary tract infection treated with an antibiotic 2 weeks ago. The patient was noted to be anemic on her prenatal screen with a hemoglobin level of 95 g/L and a mean corpuscular volume (MCV) of 70 fL.

**On examination**, her blood pressure (BP) is 100/60 mm Hg, heart rate (HR) 80 beats per minute (bpm), and she is afebrile. The thyroid gland appears normal on palpation. The heart and lung examinations are unremarkable. The fundus is at the umbilicus. The fetal heart tones are in the 140- to 150-bpm range. The evaluation of the anemia includes: ferritin level: 90 mcg/L (normal 30-100); serum iron: 140 mcg/dL (normal 50-150); hemoglobin electrophoresis: Hb A1 of 95% and Hb A2 of 5.5% (normal 2.2%-3.5%).

1. **What is the most likely diagnosis?**
2. **What is the underlying mechanism?**
3. **What is the significance of the anemia to the pregnancy?**

#### **Clinical case №37**

**The patient A., 28 years old**, addresses with the complaints of palpitation, strong pain in and out of the heart which are not connected to physical activity, sweating, and weak complicated breath. From anamneses the specified complaints appeared approximately 6 months back. At the directed inquiry the patient tells, that the specified complaints arise in connection with the certain

situations: fear before open spaces, fear of the large congestion of the unfamiliar people. Tries to avoid similar situations; however, it made it impossible to perform his professional duties (worked seller in the ware market).

**To define (determine) the diagnosis:**

1. Agoraphobia
2. Panic disorder
3. Social phobia
4. Generalized anxiety disorder

### **Clinical case №38**

A 40-year-old woman presents with a fever and abdominal pain. She is 18 weeks pregnant in her third pregnancy. The pregnancy has been unremarkable so far and she has no significant gynecological or medical history. She has felt unwell for 10 days but has become worse in the last 48 h. She is nauseated and has vomited several times. She is intermittently hot and cold. Her abdominal pain is generalized and constant with some right-sided loin pain. She denies any dysuria and says that she has frequency which has been present through Out the pregnancy. She has had no recent change in bowel habit. There has been no vaginal bleeding and she has a mild thin vaginal discharge.

**Examination:** She appears flushed and unwell. Her temperature is 38.2°C, blood pressure 115/68mmHg and pulse 112/min. Cardiac and chest examination is normal. The fundal height is approximately 2 cm below the umbilicus, and the uterus is soft and non-tender. The rest of the abdomen is tender on deep palpation, maximally in the right lower quadrant. There is right renal angle tenderness. The fetal heart is heard at 160/min with hand-held Doppler. Hemoglobin 111 g/L, White cell count  $18.9 \times 10^9/L$ , Neutrophils  $16.2 \times 10^9/L$ , Platelets  $346 \times 10^9/L$ ; Sodium - 139 mmol/L, Potassium - 4.2 mmol/L, Urea - 8.1 mmol/L, Creatinine - 68  $\mu\text{mol/L}$ , C-reactive protein - 127 mg/L; Urinalysis: + protein; + blood; ++ leucocytes; + nitrites.

1. **What is the diagnosis?**
2. **How would you investigate and manage this woman?**

### **Clinical case №39**

Patient A., 37 years old, is mechanic. Not clear anxiety for 3 days, trouble back has appeared. It seemed that his room was filled by people, any people because of a wall shout, threaten to kill and call to go "to drink". At night didn't sleep, saw, how the monster with the horns and sparkling eyes crept out from under the bed, the grey mice run through the room, heard knock on the window, shouts about the help. Having fear he run out on the street, he rushed to the department of police, being rescued from "persecutors". From there he was delivered in psychiatric department. In department he is excited, is torn to doors, windows. In conversation to contact he is not accessible, shivers, with an alarm looks back on the parties. Suddenly he begins to shake something; on the question "what he does", he answers: "whether see that, the cockroaches creep".

1. **Qualify the given mental disorder.**

### **Clinical case №40**

Patient G., 78 years, pensioner is in the psychiatric department during 2 months. It is required the constant care for him. He cannot find the chamber, sits down on another's bed; he is careless, slovenly at meal. He answers that he is 40 or 20 years old. He declares that he is at home and hasn't eaten anything for 3 days. From time to time he laughs, looking on other patients. But

more often he is irritable, angry and swears on the personnel. During staying in the department, he could fixate neither doctor, nor neighbors in the chamber. The relatives coming to him on the appointment, he doesn't find out, he does not want to talk with them, he scolds cynical and leaves a drawing room. Sometimes he becomes disturbing, connects bed-clothes in unit and has a seat on it. Having rage he pushes away the doctor, declares, that everybody around are thieves, robbers, he has just taken off from himself a fur coat, and it has been stolen. He requires (demands) to call for police, he is raised, calls for the aid.

**1. Qualify the given mental disorder.**

**Clinical case №41**

The patient is 35 years old, complains of chills and an increase in body temperature to 39°C, cough with scanty mucopurulent sputum during the day. With coughing and deep breathing - slight soreness on the right under the scapula. Got sick 2 days ago - after hypothermia, the above complaints appeared. He has been smoking since he was 20 years old. When smoking, he noted the appearance of a short-term cough without sputum.

**Objectively:** on the right below the corner of the scapula - blunting of the percussive sound, here auscultatory - weakened breathing and moist small-bubble wheezing. On the rest of the lungs - breathing is hard, with forced breathing - single dry wheezing. Respiratory rate - 20 in 1 min. Circulatory organs and gastrointestinal tract - without pathological changes. Heart rate - 86 in 1 min. Blood pressure - 130/72 mm Hg.

**In the blood test** -  $1 - 8.7 \times 10^9 / l$ , ESR - 30 mm / h. On the radiograph of the lungs on the right in the region of the lower lobe, the focus of infiltration of the lung tissue, the corresponding root of the lung is expanded.

**1. Diagnosis.**

**2. Treatment tactics.**

**3. When and what methods of physiotherapy can be prescribed?**

**4. Should exercise therapy be prescribed to the patient and if "Yes", then when and what exercises are indicated?**

**Clinical case №42**

An 8-year-old, previously healthy girl presents to the emergency department (ED) with a rash "that looks like bruises" and joint pain (Figure). Her mother reports that the rash started over her daughter's lower legs a week earlier and has since spread to her thighs and buttocks. The red patchy rash is not painful and not pruritic. The girl denies new exposures to food or topical products, recent travel, camping, or recent injury.

**History and examination**

There is no previous history of easy bleeding or bruising. Both patient and mother deny abuse. No other family members have a similar rash. The patient also reports a 2-day history of new onset left knee and left ankle pain associated with knee swelling, which has since spontaneously resolved. No recent trauma is noted. The patient denies swelling of her hands or shoulders. She denies chest pain, abdominal pain, dysuria, or hematuria. A week prior to the rash, she was evaluated for fever and sore throat and tested negative for streptococcal infection.

On exam, the child is well appearing, alert, and hydrated. Her weight is 39.5 kg (98th percentile); temperature is 36.6°C; pulse is 98; respiratory rate is 24 breaths/min; blood pressure is 110/60 mm Hg; and pulse oximetry is 99% on room air. Her physical exam is negative for

conjunctivitis, oral ulcers, or lymphadenopathy. Respiratory and cardiovascular exams are within normal limits. Abdominal exam is negative for tenderness on palpation without guarding or rigidity, and bowel sounds are normal. No hepatosplenomegaly is palpated. The ankle joints are tender on palpation over the lateral and medial malleolus without any swelling, erythema, deformity, or restriction of motion. The knee and hip joints are normal. Neurologic exam is normal without any focal neurologic defects identified.

Her skin exam is positive for palpable purpuric rash that is non-blanchable and nontender (Figure). She also has an interspersed petechial rash over the lower extremity that extends from the ankles to the thighs, lower abdomen, and buttocks. The soles of her feet are not involved.

**Laboratory testing. CBC:** Hb - 12.9 g/dL, RBC -  $4.3 \times 10^{12}$  / l, C.I. - 0.9, WBC -  $10.5 \times 10^9$  / l, bands - 6%, segs - 64%, eos - 1%, lymph - 22%, mon - 7%, ESR - 18 mm / hour, platelet count of  $481 \times 10^9$ /L.

**Urinalysis:** color - yellow, specific gravity - 1021, protein - no, glucose - no, flat epithelium - a little, leukocytes - 4-5 in p / HPV, erythrocytes - no, cylinders - no, mucus - a little.

**Biochemical analysis of blood:** total protein - 65 g / L, urea - 5.5 mmol / l, creatinine - 63.2  $\mu$ mol/L, ALT - 23 U / l (norm - up to 40), ACT — 19 U / l (the norm is up to 40),

1. Formulate the diagnosis.
2. Continue the examination to confirm the diagnosis.
3. What are the main mechanisms of development of the pathological process in this child?
4. Assign treatment

#### Clinical case №43

A 4-year-old boy fell ill 5 days ago: there was a fever up to 37.5°C, runny nose with the mucous discharge, coughing without sputum. Was getting “home” treatment. The condition improved somewhat; the temperature decreased. But on the 5th day of the disease, the body temperature rose again to 38.6 ° C, the wet cough has become stronger and frequent, shortness of breath appeared.

The child from the third pregnancy, the second birth, which proceeded without any features. He was breastfed up to 4 months, complementary foods from 3.5 months. During the first year of life moderate signs of rickets were noted. In the second year of life, he suffered from chickenpox and twice ARVI.

When examined by a local doctor, the state of moderate severity. The skin is pale, moderate cyanosis of the nasolabial triangle. There is a deep wet cough.

The respiratory rate is 40 in 1 minute. Indrawing of intercostal spaces, tension wings of the nose. Percussion: above the lungs, a pulmonary sound with a shortening to the left below the scapula.

**Auscultatory:** breathing is hard in the lungs, an area is auscultated to the left below the scapula weakened breathing, in the same place – crepitation sound. Heart sounds loud, no murmurs. Heart rate - 128 beats per minute. The abdomen is soft and painless. Liver +1.5 cm below the costal margin, the spleen is not palpable.

**Laboratory testing. CBC:** HGB - 115 g / l, WBC -  $13.5 \times 10^9$ /l, stabs — 7%, segs -61%, eosin. — 1%, l — 23%, monocytes — 8%, ESR - 20 mm / hour.

**Chest radiograph:** lung roots are dilated, non-structural on the left, lung pattern is reinforced. An infiltrative focal shadow was noted in the lower left lobe.

1. Formulate the diagnosis.
2. Continue the examination to confirm the diagnosis.
3. What are the main mechanisms of development of the pathological process in this

child?

#### 4. Prescribe the treatment

#### Clinical case №44

A patient with a high fever, up to 40-41<sup>0</sup> C, severe headache, nausea, shortness of breath, and profuse sweating was taken to the hospital by ambulance. In the anamnesis of the disease, the doctor found that a similar paroxysm was observed two days ago. The patient returned two weeks ago from a business trip to Africa.

1. What disease can be assumed in this patient?
2. What tests should be done to confirm the diagnosis?
3. Is this patient epidemically dangerous in Central Asia?

#### Clinical case №45

An employee of a pig farm has had severe pain in the abdomen for 2 months, frequent loose stools with blood, chills, fever. In the patient's feces, cysts and large protozoa were found, the body of which is covered with cilia.

1. What invasion should be assumed?
2. What are the therapeutic principles?
3. Preventive measures.

#### Clinical case №46

A patient was admitted to the clinic, who arrived half a year ago from equatorial Africa.

**Physical findings** are an increase in lymph nodes, especially in the posterior triangle of the neck, fever, nervous system disorders, manifested in drowsiness, especially in the morning, sleep disturbance at night, headaches, apathy. To clarify the diagnosis, blood and punctate of lymph nodes were taken. After staining according to Romanovsky-Giemsa, parasites were found in the blood and punctate of the lymph node, having an elongated body with a wavy membrane along the body.

1. What parasites and in what life cycle were found?
2. What is the patient sick with?
3. How did the infection happen?

#### Clinical case №47

A 38-year-old patient, a year ago, was on a business trip in the summer in Southeast Asia, where he worked in an urban-type settlement. A month before admission to the hospital, reddish itchy papules appeared on the skin of the face, gradually increasing.

**Physical findings:** firm, pea-sized nodules on the forehead and right cheek, protruding above the skin, painless, the skin around the nodules is not changed, the lymph nodes are not enlarged, the patient's condition is satisfactory. Abnormalities in the organs are not defined.

1. What is your preliminary diagnosis?
2. Specify the stage of the disease.
3. What are the principles of diagnosis and therapy?

#### Clinical case №48

A 30-year-old resident of Colombia has a high temperature, severe headache and muscle pain for 3 days. On examination, the face is hyperemic, somewhat puffy, conjunctival congestion, the skin is dry, hot. The tongue is coated, the pulse is frequent, there are no abnormalities in the lungs. The abdomen is soft, painful in the epigastrium. 7 days ago, the patient worked in logging.

1. **Your preliminary diagnosis**
2. **What are the diagnostic methods**
3. **Principles of treatment**

#### **Clinical case №49**

A 56-year-old man presents to your office complaining of chest discomfort for about 90 minutes. He has had occasional symptoms for a month, but it is worse today. Today's symptoms began while he was walking his dog and decreased slightly with rest, but have not resolved. He describes the feeling as a pressure sensation in the left substernal area of his chest associated with shortness of breath and mild diaphoresis. He does not have any radiation of the discomfort today, but has experienced radiation to the left upper extremity in the past. The patient denies any health problems, but his wife reports that he has not seen a physician in years. His wife made him come in because his younger brother had a heart attack 6 months ago. He is a vice president of a bank and lives with his wife and three daughters. He has smoked 1½ pack of cigarettes per day for more than 30 years and denies drinking alcohol or any drug use.

**On physical examination** he is an anxious, obese gentleman who appears pale and has a moist brow. His temperature is 98.8°F (37.1°C), his pulse is 105 beats/min, his respirations is 18 breaths/min, his blood pressure is 190/95 mm Hg, his height is 74 in (1,88 m), and his weight is 250 lb. (113 kg). Cardiac examination reveals regular rhythm without murmur, but he has an S4 gallop. Lungs are clear to auscultation. Neck is without carotid bruits or jugular venous distension. Abdomen is normal. He does have a right femoral bruit. Extremities reveal trace edema but no clubbing or cyanosis. He has 2+ pulses in radial and dorsal pedis arteries. Rectal examination has no masses or tenderness with a normal prostate, and is guaiac negative.

1. **What is your most likely diagnosis?**
2. **What is your next diagnostic step?**
3. **What is the next step in therapy?**

#### **Clinical case №50**

50 years old man came to visit a dermatologist complaining on pronounced swelling and linear rashes on the skin of the right hand, soreness, increased body temperature up to 38 C, general malaise and weakness. Regarding the anamnesis hypothermia preceded the disease. Such lesions appeared first time in the life. No one of family members got the rash, only the little nephew 2 weeks ago got the chickenpox.

**Skin status:** there is a swelling of skin on the right hand covered with multiple vesicles prone to fuse filled with turbid contents and localized on hyperemic base.

**General blood count** showed moderate leukocytosis, increased ESR. In the turbid compound of lesions HSV 3 type revealed by PCR.

1. **Please propose your diagnosis.**
2. **What additional tests required for the patients?**
3. **What might be the relationship between chickenpox in little boy and these lesions?**

#### 4. Prescribe the treatment.

##### Clinical case №51

**Clinical examination** of a 50-year-old woman (weight 98 kg, height 164cm) showed: fasting blood glucose 6.9 mmol / l, simple urine analysis - specific gravity 1015, yellow, transparent, protein - 0.15 g / l, sugar +++++, erythrocytes 1-2 in p/HPF, leukocytes 3-5 in p /HPF, epithelium flat 3-5 in p / HPF.

**At the time of inspection** didn't have any complaints. During the last 6 months, she noted periodically increasing of BP to 140/90 - 150/95 mm Hg. Have not received antihypertensive therapy. Family history: mother - 69 years old suffer from hypertension, type 2 diabetes; father - died at 60, IM. She denies the presence of somatic pathology. She denies any bad habits.

**Objectively:** the state is relatively satisfactory. Constitution is correct. BMI - 37 kg / m<sup>2</sup>. Waist circumference - 104 cm. The skin is a normal color, clean. Visible mucous is pale pink. Peripheral lymph nodes are not palpable. Vesicular breathing, no wheezing. RR = 16 per minute. Heart sounds are clear, correct rhythm. HR - 72 per minute. Hemodynamics is stable. BP - 140/90 mmHg. The abdomen is soft, painless in all departments. The liver is on the edge of the arch arc. The spleen is not palpable. Tapping symptom is negative on both sides. Physiological functions are normal.

1. Suppose the most likely diagnosis.
2. Justify your diagnosis.
3. Make a plan of examination of the patient.
4. Which group of antihypertensive drugs should you recommend to the patient? Justify your choice.
5. What glucose-lowering drug would you recommend to the patient? Justify your choice.

##### Clinical case №52

A 23-year-old woman is referred by her general practitioner with vaginal bleeding. She noticed that there was blood on the toilet paper 2 days ago, and following this she has had bright red spotting intermittently. She has no pain and there are no urinary or bowel symptoms. Her last menstrual period started 9 weeks and 6 days ago and she has a regular 31-day cycle. She had a positive home urine pregnancy test 3 weeks ago after she realized she had missed a period and was feeling very tired. This is her first pregnancy. She had been using condoms but with poor compliance, so the pregnancy was unplanned but she is now happy about it. She is generally well, only having been admitted to hospital once in the past for an appendectomy at the age of 17 years. She takes no medication, does not smoke and drinks minimal alcohol. She denies any use of recreational drugs.

**Examination:** The woman is afebrile. The blood pressure is 120/65 mmHg and heart rate 78/min. The abdomen is soft and non-tender with no palpable uterus or other masses. Transvaginal ultrasound is shown: The crown-rump length is 25mm (equivalent to around 9 weeks' gestation) and the fetal heart beat is seen.

1. What is the most likely diagnosis?
2. What is the next step in management of this patient?
3. What is the most likely complication to occur in this patient?

##### Clinical case №53

A 41-year-old woman is seen in the early pregnancy unit because of vaginal bleeding. She is gravida 4 para 2 having had two previous normal vaginal deliveries followed by a miscarriage. She has a regular 28-day menstrual cycle and her last period started 9 weeks ago. She had slight vaginal bleeding two weeks ago and on ultrasound scan an early intrauterine pregnancy had been visualized with gestational sac of 22mm diameter and a yolk sac visualized of 5 mm. No fetus was visualized. She was given an appointment for a repeat ultrasound. Four days ago her bleeding became very heavy and she passed large clots which she described as 'like liver'. She developed severe abdominal pain which lasted for about 4 h, and since then the bleeding has become very light and she is now pain free. She has normal appetite and no nausea or vomiting. She has no urinary or bowel symptoms.

**Examination:** She appears well and is afebrile. There are no signs of anaemia. The heart rate is 82/min and blood pressure is 132/78 mmHg. The abdomen is soft and mildly tender suprapubically. Speculum shows the cervix is closed with a small amount of old blood in the vagina. There is slight uterine tenderness on bimanual palpation and the uterus feels normal size, anteverted and mobile, with no adnexal tenderness or cervical excitation.

A transvaginal ultrasound scan is shown longitudinal view of the uterus with a thin homogenous endometrium and no evidence of a gestation sac or retained products of conception.

1. **What is the most likely diagnosis?**
2. **What is the next step in management of this patient?**
3. **What is the most likely complication to occur in this patient?**

#### **Clinical case №54**

A 30-year-old woman is referred from her general practitioner. She is 11 weeks and 2 days gestation and has noticed dark spotting and mild period-like pains for the last 4 days. Her last period was 4 months ago but she has a history of polycystic ovarian syndrome and has an irregular cycle bleeding for 4–7 days every 5–6 weeks. She had a positive home pregnancy test because she noticed breast tenderness, and came for a dating ultrasound scan 4 weeks ago that confirmed a viable single intrauterine pregnancy. Since then she has had a booking visit with the midwife and all routine blood tests are normal. She is gravida 2 para 0. Her last pregnancy 9 months ago ended in a complete miscarriage at 7 weeks. There is no other medical or gynaecological history of significance.

**Examination:** She is afebrile with normal heart rate and blood pressure. The abdomen is soft and non tender. Speculum examination shows a small cervical ectropion but this is not bleeding. The cervix is closed and no blood or abnormal discharge is seen. Bimanual examination reveals an 8–10-week-sized anteverted mobile uterus with no cervical excitation, adnexal masses or tenderness.

Transvaginal ultrasound scan report: the uterus contains a gestational sac measuring 36 mm. A single fetus of crown–rump length 47 mm is visible. Fetal heart beat is absent. The uterus is anteverted. Both ovaries appear normal with no adnexal masses visible.

1. **What is the most likely diagnosis?**
2. **What is the next step in management of this patient?**
3. **What is the most likely complication to occur in this patient?**

#### **Clinical case №55**

A 30-year-old G5P4 woman at 32 weeks' gestation complains of significant bright red vaginal bleeding. She denies uterine contractions, leakage of fluid, or trauma. The patient states

that 4 weeks previously, after she had engaged in sexual intercourse, she experienced some vaginal spotting.

On examination, her blood pressure is 110/60 mm Hg, heart rate (HR) is 80 beats per minute (bpm), and temperature is 99°F (37.2°C). The heart and lung examinations are normal. The abdomen is soft and uterus nontender. Fetal heart tones are in the range of 140 to 150 bpm.

- 1. What is the most likely diagnosis?**
- 2. What is the next step in management of this patient?**
- 3. What is the most likely complication to occur in this patient?**

#### **Clinical case №56**

A 29-year-old G2P1 woman at 20 weeks' gestation is seen for her second prenatal visit. Her antenatal history is unremarkable except for a urinary tract infection treated with an antibiotic 2 weeks ago. The patient was noted to be anemic on her prenatal screen with a hemoglobin level of 95 g/L and a mean corpuscular volume (MCV) of 70 fL.

On examination, her blood pressure (BP) is 100/60 mm Hg, heart rate (HR) 80 beats per minute (bpm), and she is afebrile. The thyroid gland appears normal on palpation. The heart and lung examinations are unremarkable. The fundus is at the umbilicus. The fetal heart tones are in the 140- to 150-bpm range. The evaluation of the anemia includes: ferritin level: 90 mcg/L (normal 30-100); serum iron: 140 mcg/dL (normal 50-150); hemoglobin electrophoresis: Hb A1 of 95% and Hb A2 of 5.5% (normal 2.2%-3.5%).

- 1. What is the most likely diagnosis?**
- 2. What is the next step in management of this patient?**
- 3. What is the most likely complication to occur in this patient?**

#### **Clinical case №57**

A 20-year-old G1P0 woman at 29 weeks' gestation is hospitalized with back pain and high temperature. She has been receiving intravenous (IV) ampicillin and gentamicin for 48 hours. She complains of acute shortness of breath. On examination, her temperature is 99°F, heart rate is 100 beats per minute (bpm), respiratory rate (RR) is 24 bpm and labored, and blood pressure (BP) is 120/70 mmHg. Right costovertebral angle tenderness is elicited. The fetal heart tones are in the range of 140 to 150 bpm. The urine culture reveals *Escherichia coli* sensitive to ampicillin.

- 1. What is the most likely diagnosis?**
- 2. What is the next step in management of this patient?**
- 3. What is the most likely complication to occur in this patient?**

#### **Clinical case №58**

A 40-year-old woman presents with a fever and abdominal pain. She is 18 weeks pregnant in her third pregnancy. The pregnancy has been unremarkable so far and she has no significant gynaecological or medical history. She has felt unwell for 10 days but has become worse in the last 48 h. She is nauseated and has vomited several times. She is intermittently hot and cold. Her abdominal pain is generalized and constant with some right-sided loin pain. She denies any dysuria and says that she has frequency which has been present through out the pregnancy. She has had no recent change in bowel habit. There has been no vaginal bleeding and she has a mild thin vaginal discharge.

Examination: She appears flushed and unwell. Her temperature is 38.2°C, blood pressure 115/68mmHg and pulse 112/min. Cardiac and chest examination is normal. The fundal height is approximately 2 cm below the umbilicus, and the uterus is soft and non-tender. The rest of the

abdomen is tender on deep palpation, maximally in the right lower quadrant. There is right renal angle tenderness. The fetal heart is heard at 160/min with hand-held Doppler. Haemoglobin 111 g/L, White cell count  $18.9 \times 10^9/L$ , Neutrophils  $16.2 \times 10^9/L$ , Platelets  $346 \times 10^9/L$ ; Sodium - 139 mmol/L, Potassium - 4.2 mmol/L, Urea - 8.1 mmol/L, Creatinine - 68  $\mu\text{mol/L}$ , C-reactive protein - 127 mg/L; Urinalysis: + protein; + blood; ++ leucocytes; + nitrites.

1. What is the most likely diagnosis?
2. What is the next step in management of this patient?
3. What is the most likely complication to occur in this patient?

#### **Clinical case №59**

A 28-year-old woman nulliparous woman is admitted to the labour ward at 31 weeks and 6 days' gestation, with abdominal pain. In this pregnancy she has had chronic low back pain for which she has been under the physiotherapist. She has also been treated for confirmed urinary tract infections on two occasions. She underwent two large-loop excisions of the transformation zone (LLETZ) procedures some years ago. Since then her smears have been normal, the most recent being 10 months ago. Yesterday she noticed an increase in her discharge with some dark vaginal bleeding and abdominal discomfort. She thought the symptoms may have related to something she had eaten but she now feels intermittent abdominal pain every few minutes, with no pain in between episodes. Fetal movements are normal. There is no history of leaking of liquor. She has urinary frequency, though this has not worsened recently. She is always constipated.

Examination: The woman is afebrile with blood pressure 109/60 mmHg and heart rate 96/min. Symphysiofundal height is 30 cm and moderate contractions are palpated lasting approximately 35 s. The fetus is breech on palpation and the presenting part feels engaged. No liquor is visible on speculum examination. On vaginal examination the cervix is effaced and 3 cm dilated, with the breech felt -2 cm above the ischial spines and membranes intact.

1. What is the most likely diagnosis?
2. What is the next step in management of this patient?
3. What is the most likely complication to occur in this patient?

#### **Clinical case №60**

A healthy 19-year-old G1-P0 woman at 29 weeks' gestation presents to the labor and delivery area complaining of intermittent abdominal pain. She denies leakage of fluid or bleeding per vagina. Her antenatal history has been unremarkable. She has been eating and drinking normally. On examination, her blood pressure (BP) is 110/70 mm Hg, heart rate (HR) is 90 beats per minute (bpm), and temperature is 37.2°C. The fetal heart rate tracing reveals a baseline heart rate of 120 bpm and a reactive pattern. Uterine contractions are occurring every 3 to 5 minutes. On pelvic examination, her cervix is 3 cm dilated, 90% effaced, and the fetal vertex is presenting at (-1) station.

1. What is the most likely diagnosis?
2. What is the next step in management of this patient?
3. What is the most likely complication to occur in this patient?

#### **Clinical case №61**

An obviously pregnant woman is brought to the emergency department having suffered a seizure in the park 20 min ago. She had been alone at the time but the seizure was witnessed by another woman who said that she had stood up from a bench and then suddenly dropped to the

ground. She thought she may have hit her head on the side of the bench with the fall. Her arms and legs had been shaking and then were 'stiff and trembling' for about 40 s. The woman's face had gone dusky and there was some frothing at the mouth. She noticed that the woman's trousers were wet afterwards. When the fit stopped the woman had appeared unconscious for a few minutes and then showed some response to being talked to but seemed confused and drowsy.

Examination: She appears to be about 30 years old and in the third trimester of pregnancy. She is now conscious but still drowsy and her Glasgow Coma Scale is 9/15. Her blood pressure is 140/98 mmHg and heart rate 104/min. Examination shows no obvious cardiac or chest abnormality, and on abdominal palpation there is no apparent tenderness. The uterus feels approximately 30-week size (midway between umbilicus and xiphisternum), and a fetus can be palpated, cephalic with 4/5 palpable. Reflexes are brisk and plantar reflexes are upgoing.

- 1. What is the most likely diagnosis?**
- 2. What is the next step in management of this patient?**
- 3. What is the most likely complication to occur in this patient?**

#### **Clinical case №62**

A woman was admitted from the antenatal clinic two days ago at 38 weeks' gestation. She is 42 years old and this is her second pregnancy. Her first child was born by spontaneous vaginal delivery 13 years ago. She has subsequently remarried. Her booking blood pressure was 138/70 mmHg at 13 weeks. Her booking blood tests were unremarkable. At her 36 week midwife appointment 2 weeks ago, her blood pressure was 140/85 mmHg and the urinalysis was normal. The blood pressure was repeated 2 days later and was 140/82mmHg. Two days ago she saw her midwife for a further appointment and her blood pressure was 148/101 mmHg. Urinalysis showed protein. She feels well in herself except for swollen legs. She denies any headache or blurring of vision.

Examination: She has oedema to the mid calves and her fingers are swollen such that she cannot remove her rings. Abdominal palpation is non-tender and the symphysiofundal height is 39 cm. Reflexes are normal.

Investigations: Haemoglobin 124 g/L, White cell count  $8 \times 10^9/L$ , Platelets  $210 \times 10^9/L$ ; Sodium - 137 mmol/L, Potassium - 3,9 mmol/L, Alanine transaminase - 37 IU/L, Alkaline phosphatase - 98 IU/L, Gamma glutamyl transaminase - 32 IU/L, Bilirubin - 10  $\mu\text{mol/L}$ , Urea - 2.5 mmol/L, Creatinine - 80  $\mu\text{mol/L}$ , Gamma glutamyl transaminase - 32 IU/L, Urate - 43 mmol/L. Urinalysis: ++++ protein. 24-h urinary protein collection: volume 1.8 L; total protein 2.16 g; protein per litre 1.2 g.

- 1. What is the most likely diagnosis?**
- 2. What is the next step in management of this patient?**
- 3. What is the most likely complication to occur in this patient?**

#### **Clinical case №63**

A 17-year-old girl is admitted to the labour ward by ambulance because of a severe headache and reduced fetal movements. This is her first pregnancy. She did not discover she was pregnant until very late and was uncertain of her last menstrual period date so was dated by ultrasound scan at 23 weeks. According to that scan she is now 37 weeks. When she was first booked in the antenatal clinic her blood pressure was 120/68mmHg and urinalysis negative. The blood pressure was last checked 1 week ago and was 132/74 mmHg and urine was negative again. Booking blood tests were all normal. This morning she woke with a frontal headache which has persisted despite paracetamol. She says that her vision is a bit blurred but she cannot be more

specific about this. She also reports nausea and epigastric discomfort, but has not vomited. She denies leg or finger swelling.

Examination: The blood pressure is 164/106 mmHg. This is repeated twice at 15 min intervals and is found to be 160/110 mmHg and 164/112 mmHg. She is afebrile and her heart rate is 83/min. Her face is minimally swollen and fundoscopy is normal. Cardiac and respiratory examinations are normal. Abdominally she is tender in the epigastrium and beneath the right costal margin, but the uterus is soft and non-tender. The fetus is cephalic and 3/5 palpable.

The legs and fingers are mildly oedematous and lower limb reflexes are very brisk, with clonus.

Investigations: Haemoglobin 116 g/L, White cell count  $5 \times 10^9/L$ , Platelets  $126 \times 10^9/L$ ; Sodium - 141 mmol/L, Potassium - 4.0 mmol/L, Alanine transaminase - 189 IU/L, Alkaline phosphatase - 74 IU/L, Gamma glutamyl transaminase - 34 IU/L, Bilirubin - 12  $\mu\text{mol/L}$ , Albumin - 24 g/L, Urea - 3.8 mmol/L, Creatinine - 92  $\mu\text{mol/L}$ , Urinalysis: ++++ protein. Cardiotocograph (CTG): baseline 140/min, reduced variability (5–10/min). Variable decelerations, occasional accelerations.

1. What is the most likely diagnosis?
2. What is the next step in management of this patient?
3. What is the most likely complication to occur in this patient?

#### Clinical case №64

A 19-year-old G1P0 woman at 29 weeks' gestation arrives to the hospital because of severe dyspnea of 6 hours' duration. Her prenatal course has been unremarkable, and she denies any medical problems. Her blood pressure (BP) is 160/114 mm Hg, heart rate (HR) is 105 beats per minute (bpm), respiratory rate (RR) is 40 breaths per minute and labored, and oxygen saturation is 90%. The fetal heart tones are in the range of 140 bpm. A urine protein to creatinine ratio is 0.6. The serum alanine transaminase (ALT) is 84 IU/L (normal < 35) and aspartate transaminase (AST) is 90 IU/L (normal < 35). The prenatal records show the following:

Gestational Age - BP (mm Hg) - Urine Protein - FHT (bpm) - Fundal Height (cm)

8 weeks - 100/60 - 0 - 140 -\*;

12 weeks - 110/70 - 0 - 148 -\*;

16 weeks - 100/76 - 0 - 150 -\*;

20 weeks - 105/58 - 0 - 138 - 20;

26 weeks - 130/89 - 1+ - 142 - 25.

1. What is the most likely diagnosis?
2. What is the next step in management of this patient?
3. What is the most likely complication to occur in this patient?

#### Clinical case №65

A woman was admitted from the antenatal clinic two days ago at 38 weeks' gestation. She is 42 years old and this is her second pregnancy. Her first child was born by spontaneous vaginal delivery 13 years ago. She has subsequently remarried. Her booking blood pressure was 138/70 mmHg at 13 weeks. Her booking blood tests were unremarkable. At her 36 week midwife appointment 2 weeks ago, her blood pressure was 140/85 mmHg and the urinalysis was normal. The blood pressure was repeated 2 days later and was 140/82 mmHg. Two days ago she saw her midwife for a further appointment and her blood pressure was 148/101 mmHg. Urinalysis showed protein. She feels well in herself except for swollen legs. She denies any headache or blurring of vision.

Examination: She has oedema to the mid calves and her fingers are swollen such that she cannot remove her rings. Abdominal palpation is non-tender and the symphysiofundal height is 39 cm. Reflexes are normal.

1. **What is the most likely diagnosis?**
2. **What is the next step in management of this patient?**
3. **What is the most likely complication to occur in this patient?**

#### **Clinical case №66**

A 22-year-old G2-P1 woman at 35 weeks' gestation complains of abdominal pain. She states that she has been experiencing moderate vaginal bleeding, no leakage of fluid per vagina, and has no history of trauma. On examination, her blood pressure is 150/90 mm Hg, and heart rate (HR) is 110 beats per minute (bpm). The fundus reveals tenderness, and a moderate amount of dark vaginal blood is noted in the vaginal vault. The ultrasound examination shows no placental abnormalities. The cervix is 1 cm dilated. The fetal heart tones are in the range of 160 to 170 bpm. The urine protein to creatinine ratio is 0.1 (normal < 0.3).

1. **What is the most likely diagnosis?**
2. **What is the next step in management of this patient?**
3. **What is the most likely complication to occur in this patient?**

#### **Clinical case №67**

A woman presents at 20 weeks' gestation reporting vaginal bleeding. The bleeding occurred 2 h ago and was bright red. She reported no abdominal pain with the bleeding and she had not had any previous episodes. She had had intercourse the previous evening. Her last cervical smear was normal 2 years ago. This is her first pregnancy and her current obstetric history is unremarkable with normal first-trimester scan and Down's syndrome screening. She reports that her booking blood tests had been normal. She is extremely anxious when seen, concerned that she is going to have a miscarriage. Examination: The blood pressure is 105/65 mmHg and pulse 86/min. Abdominal examination confirms that the uterus reaches to 1 cm below the umbilicus. The uterus is soft and non-tender. The fetal heart is heard with the hand-held fetal Doppler ultrasound probe. Speculum examination reveals a reddened area around the external cervical os, with an inflammatory appearance and a small amount of contact bleeding. The os itself is closed.

1. **What is the most likely diagnosis?**
2. **What is the next step in management of this patient?**
3. **What is the most likely complication to occur in this patient?**

### **APPENDIX 3**

#### **TESTS**

**for preparation for the final state interdisciplinary exam**

#### **HOSPITAL THERAPY**

#### **CARDIOLOGY**

##### **1**

The 2nd degree of arterial blood pressure corresponds to its levels:

2

140/90 mm Hg

150/100 mm Hg

160/110 mm Hg

179/112 mm Hg

180/110 mm Hg

#

2

In a patient the shadow of the heart is triangular in shape on chest X-ray. What disease is it typical for?

3

pulmonary artery stenosis

mitral stenosis

pericardial effusion

hypertensive heart

cor pulmonale

#

3

What disease is characterized by the occurrence of paroxysmal arterial hypertension in a young patients?

2

Conn's syndrome

pheochromocytoma

aldosteroma

Takayasu disease

sleep apnea syndrome

#

4

A 54-year-old patient came to a cardiologist with complaints of chest pain mostly at night and when going outside. 24-hours ECG monitoring recorded transient ST-segment elevation in the early morning hours. What form of CHD are these signs typical for?

4

first-onset angina

angina FC II

progressive angina

vasospastic angina

postoperative angina

#

5

A 55-year-old patient with a persistent increase in blood pressure on auscultation revealed a systolic murmur in the umbilical region. Which of the following conditions is this symptom typical for?

3

Conn's syndrome

coarctation of the aorta

renovascular hypertension

parenchymal hypertension

sleep apnea syndrome

#

6

A 53-year-old patient was diagnosed with CHD, angina FC III. Which of the following drugs should be recommended with antianginal purpose for this patient?

4

bisoprolol, atorvastatin

trimetazidine, rosuvastatin

clopidogrel, allopurinol

nebivolol, amlodipine

aspirin, isosorbide dinitrate

#

7

The patient was diagnosed with CHD, variant angina during the examination. Which of the following drugs is preferable for the patient?

1

amlodipine

enalapril

bisoprolol

losartan

ivabradine

#

8

A patient was diagnosed with acute myocardial infarction in intensive care unit. What is the time for initiation thrombolytic therapy with streptokinase from the onset of symptoms?

2

within first 6 hours

within first 12 hours

within first 24 hours

within first 48 hour

within first 72 hour

#

9

An ambulance team brought a patient to the intensive care unit with suspected micro-focal myocardial infarction. What is the most characteristic ECG sign that can be detected?

4

ST depression

T wave inversion

ST elevation

Q wave deep

QT prolonged

#

10

A 56-year-old patient was admitted to the intensive care unit with a preliminary diagnosis of non-ST elevation acute coronary syndrome. Which of the following laboratory parameters should be performed in order to confirm myocardial infarction that developed in the first 6 hours from the onset of the disease?

1

troponin I and T

lactate dehydrogenase

alanine aminotransferase

$\gamma$ -glutamyl transpeptidase

aspartate aminotransferase

#

11

In order to confirm CHD, a 52-year-old patient underwent coronary angiography, which revealed an extended 3-vessel atherosclerosis. What is the optimal treatment method recommended for this patient?

4

coronary angioplasty

pacemaker implantation

implantation of cardioverter-defibrillator

coronary artery bypass grafting

hybrid treatment

#

12

A 50-year-old woman with hypertension suddenly appeared with heartbeat (220 beats per minute) at the doctor's office, which was stopped by massage of the carotid sinus. What was the cause of the heartbeat?

4

sinus tachycardia

atrial fibrillation

orthodromic tachycardia

supraventricular tachycardia

ventricular tachycardia

#

13

A man suddenly felt chest pain, shortness of breath and nausea during walking outside, after which he became unconscious. When the ambulance arrived an ECG was immediately taken: large-wave, undifferentiated waves of various sizes and shapes were identified. What type of arrhythmias are characteristic on the ECG?

2

atrial fibrillation  
ventricular fibrillation  
ventricular flutter  
asystole  
ventricular tachycardia

#

14

A 34-year-old patient consulted a family doctor with complaints of attacks of severe muscle weakness, convulsions and increased blood pressure. Preliminary diagnosis of Conn syndrome was made. What changes in the blood indicates the disease?

4

hypoalbuminemia  
hypercatecholaminemia  
hypercalcemia  
hyperaldosteronemia  
hypertriglyceridemia

#

15

A 50-year-old man consulted a cardiologist complaining of increased blood pressure, daytime sleepiness, and morning headache. On objective examination: BMI 36 kg / m<sup>2</sup>, HR 88 beats per min. What is the preliminary diagnosis?

3

parenchymal hypertension  
Conn syndrome  
sleep apnea syndrome  
pheochromocytoma  
renovascular hypertension

#

16

What combination of drugs rational to start therapy for a patient with arterial hypertension stage I, grade II very high risk?

5

ACEI + diuretic + CCB  
ACEI / ARB II + beta-blocker  
ACEI + CCB + spironolactone  
ACEI / ARB II + spironolactone  
ACEI / ARB II + CCB

#

17

A 25-year-old patient with elevated blood pressure consulted a cardiologist. On physical examination: lower extremities are cold, pulsation in the femoral arteries is weakened. On CXR: rib notching. What disease are these signs typical for?

2

pheochromocytoma  
coarctation of the aorta  
hyperthyroidism  
sleep apnea syndrome  
Conn syndrome

#

18

A 53-year-old patient came to the family physician with complaints of dull chest pains radiating to the left arm, shoulder, after physical exertion, and relieved at rest. What disease are these signs typical for?

4

myocardial infarction  
pneumothorax  
pericarditis

stable angina  
aneurysm of the LV

#

19

A 67-year-old man suffering from hypertension suddenly developed intolerant knife-like chest pain radiating to the back after which he lost consciousness. On auscultation: diastolic murmur above the aorta. What is the likely cause of the patient's condition?

2

acute myocardial infarction  
dissecting aortic aneurysm  
pulmonary embolism  
pericardial effusion  
autoimmune Dressler syndrome

#

20

At the appointment with a cardiologist, a patient with FC II exertional angina began to notice that in the last 2 weeks, attacks of pain behind the sternum began to increase in frequency with the usual amount of physical activity. What is the management strategy for this patient?

2

home treatment  
urgent hospitalization  
planned hospitalization  
treatment in the clinic  
day hospital treatment

#

21

During auscultation of a 3-month-old baby, the doctor revealed systolic-diastolic murmur in the left second intercostal space. What disease could he think of?

3

Falot's tetrad  
aortic valve insufficiency  
patent ductus arteriosus  
aortic stenosis  
pulmonary artery stenosis

#

22

Which of the following congenital heart defects is frequently diagnosed in adults on incidental examination?

1

atrial septal defect  
patent ductus arteriosus  
aortic valve insufficiency  
aortic stenosis  
pulmonary artery stenosis

#

23

At an appointment with a pediatrician, a 3-year-old child was previously diagnosed with ventricular septal defect. Which of the instrumental methods is the most informative in making the diagnosis?

4

electrocardiography  
X-ray examination  
phonocardiography  
Echo with Doppler  
24h ECG monitoring

#

24

A 27-year-old patient came to a cardiologist with complaints of increased body temperature up to 39 ° C, petechial rashes on the toes, and erythematous rashes on the palms. Which of the following diagnostic methods is informative in confirming the diagnosis of the patient?

4

complete blood test  
skin biopsy  
electrocardiography  
echocardiography  
sputum culture

#

25

A 50-year-old man consulted a cardiologist with complaints of increased blood pressure, daytime sleepiness, and morning headache. On objective examination: BMI 36 kg / m<sup>2</sup>, heart rate 88 beats per min. Which of the following is the most optimal for the treatment of the patient?

2

weight loss  
auto-CPAP therapy  
denervation of the renal arteries  
surgical treatment  
balloon angioplasty

#

26

What are the drugs of choice for the prevention of paroxysms of ventricular tachycardia in a patient with heart failure?

3

sotalol, quinidine  
etacizin, sotalol  
amiodarone, bisoprolol  
digoxin, amiodarone  
lidocaine, allapinin

#

27

A 56-year-old patient with ST-elevation ACS underwent thrombolytic therapy. Which of the following ECG criteria indicates complete reperfusion?

4

lack of dynamics of ST segment  
decreased elevation of ST by 50%  
decreased elevation of ST by 50-70%  
decreased elevation of ST  $\geq$  70%  
appearance of complete LBBB

#

28

A mother consulted a pediatrician with a 5-year-old child who has shortness of breath, fatigue, and palpitations after exercise. On physical examination: poor physical development, cardiac hump, mild systolic murmur in the II ICS to the left of the sternum. Which of the following methods is optimal for the treatment of the patient?

2

balloon angioplasty  
occluder implantation  
valvuloplasty  
surgical closure  
heart transplant

#

29

A patient consulted a therapist with complaints of weakness, fatigue, constant long-term pain in the region of the heart, which decrease in an upright position and increase with coughing. What characteristic auscultatory sign can be detected in this patient?

1

pericardial friction rub  
muffled heart sounds  
gallop rhythm  
pericardial click  
different sounded tones

#

30

A patient with a typical clinical signs of ventricular extrasystole consulted a cardiologist, after examination he was sent for an ECG in order to confirm the diagnosis. What characteristic sign does the doctor expect to see on the electrocardiogram?

3

P wave deformation  
presence of delta wave  
complete compensatory pause  
QRS width less than 0.12 sec  
ST segment elevation

#

31

When examining a patient with large-focal myocardial infarction, the skin is cold, covered with sticky sweat, weakened pulse and cyanosis. BP 80/60 mm Hg. What complication did the patient develop?

3

Dressler syndrome  
dissecting aortic aneurysm  
cardiogenic shock  
pulmonary embolism  
acute dry pericarditis

#

32

A 72-year-old patient in the intensive care unit with a diagnosis of CHD, acute transmural myocardial infarction of the lower lateral wall, AV block II degree, Mobitz II suddenly developed convulsions, lost consciousness, pupils are narrowed, pulse on carotid artery - 14 beats per minute. What complication did the patient develop?

2

ventricular fibrillation  
Stokes-Adams attack  
ventricular flutter  
ventricular tachycardia  
Dressler syndrome

#

33

A 48-year-old patient, at the reception of a general practitioner in a polyclinic, developed severe intolerant chest pain, the patient became covered with sweat. How long does it take for a doctor to register an ECG in this case?

1

within 10 minutes  
within 20 minutes  
within 30 minutes  
within 1 hour  
within 2 hours

#

34

During a conflict with a client, a 70-year-old taxi driver suffering from diabetes mellitus felt severe weakness, profuse sweat and severe chest pain radiating to the left arm relieved after taking nitroglycerin in 15 minutes. The patient consulted a cardiologist at the polyclinic. What is the management in case of revealing ST depression on ECG?

3

daily ECG monitoring  
ECG stress test  
referral for coronary angiography  
echocardiography  
duplex scanning of peripheral arteries

#

35

A woman with a 3-month-old baby consulted a pediatrician. Upon questioning, the doctor suggested the diagnosis of VSD. What is the main auscultatory feature of this defect?

1

harsh systolic murmur in III-IV ICS to the left of the sternum  
diastolic murmur over the region of the xiphoid process  
quail rhythm  
systolic murmur in the 2nd ICS to the right of the sternum  
loud S1 over the apex

#

36

Palpation of the heart at the apex of the patient reveals diastolic trembling, which does not coincide with the pulsation over the carotid artery. What heart disease is this symptom typical for?

1

mitral stenosis  
mitral regurgitation  
aortic stenosis  
aortic insufficiency  
pulmonary stenosis

#

37

Palpation on the base of the heart reveals a systolic tremor coinciding with pulsation on the carotid artery. What type of heart defect is this symptom typical for?

3

mitral stenosis  
mitral regurgitation  
aortic stenosis  
aortic insufficiency  
pulmonary stenosis

#

38

A 40-year-old woman with typical attacks of angina consulted a doctor. What should be the doctor's management when there is an intermediate pretest probability of CHD (15-85%) in this patient?

2

prescribe only antianginal therapy  
conduct an ECG stress test  
refer for coronary angiography  
refer for hospitalization in a hospital  
prescribe only antiplatelet therapy

#

39

A patient who had an acute myocardial infarction 5 weeks ago developed chest pains, fever, pericardial rub, and increased ESR. No negative dynamics was found on the ECG. What is the preliminary diagnosis?

1

autoimmune Dressler syndrome  
mitral chordae tendine rupture  
recurrent myocardial infarction  
bacterial endocarditis  
idiopathic pericarditis

#

40

A 50-year-old man with a typical clinical signs of angina consulted a cardiologist. Which of the following objective signs is characteristic of the presence of atherosclerosis?

5

rheumatoid nodules

Janeway spots

Gottron papules

calcification of the skin

Frank's symptom

#

41

In a patient, during examination, the upper border of the heart is determined in the 1st intercostal space. At which of the heart defects is the left atrium enlarged most significantly?

3

pulmonary stenosis

patent ductus arteriosus

mitral stenosis

aortic stenosis

pulmonary stenosis

#

42

During the second examination of a patient with mitral stenosis, the doctor revealed signs of atrial fibrillation on auscultation. The disappearance of which of the auscultatory sign will be characteristic of this patient?

3

clapping S1

mitral valve opening click

presystolic murmur

loud S2 over the pulmonary artery

mesodiastolic murmur

#

43

In the evening after work, the woman's blood pressure rose sharply to 180/100 mm Hg, tachycardia, shortness of breath, nausea and vomiting. Which of the following is the drug of choice for the emergency lowering of blood pressure in this patient?

1

captopril

isosorbide dinitrate spray

furosemide

bisoprolol

amlodipine

#

44

A 54-year-old woman complains of palpitations and increased blood pressure up to 180/110 mm Hg. Which of the following combinations of antihypertensive drugs should be recommended first of all for this patient?

4

aliskiren + torasemide

propranolol + indapamide

enalapril + losartan

perindopril + amlodipine

furosemide + spironolactone

#

45

In what leads on the ECG is the typical manifestation of changes in acute myocardial infarction of the lower wall of the left ventricle?

2

I, II, aVL  
II, III, aVF  
I, V5-V6  
aVL, V1-V4  
V1-V4, aVF

#

46

A 35-year-old patient consulted a doctor with signs of mitral stenosis. What characteristic auscultatory sign in this disease will the doctor detect??

2

S3 gallop

“quail” rhythm

pendulum rhythm

pericardial click

weakening of S1 at the apex

#

47

A 37-year-old woman with a clinical presentation of infective endocarditis consulted a cardiologist. What disease in anamnesis is important in suspecting this disease?

4

coronary heart disease

cardiomyopathy

arterial hypertension

rheumatic heart disease

systemic diseases

#

48

During the examination of the patient, the doctor noted breathing heard at a distance and a mass of fine, crepitant rales, and wheezing over the entire surface of the lungs. What clinical situation are these signs most typical for?

4

chronic right ventricular heart failure

chronic left ventricular heart failure

cardiac asthma

alveolar pulmonary edema

status asthmatic

#

49

The patient suddenly developed paroxysmal supraventricular tachycardia. What is the management of the patient in the absence of the effect of vagal maneuvers?

1

adenosine 6-18 mg IV

lidocaine 100-200 mg IV

digoxin 0.5 mg IV

amiodarone 150 mg IV

sotalol 20-200 mg IV

#

50

A 62-year-old patient with an ischemic stroke, suffers from grade III arterial hypertension and diabetes mellitus. Which of the following combinations of antihypertensive drugs is indicated for this patient?

5

spironolactone + amlodipine

hydrochlorothiazide + bisoprolol

furosemide + captopril

nebivolol + perindopril

lisinopril + amlodipine

#

51

A 53-year-old patient with arterial hypertension developed a dry cough while taking ACE inhibitors? What group of antihypertensive drugs should be used to switch the patient to the drug?

1

angiotensin II receptor blockers  
mineralocorticoid receptor blockers  
calcium channel antagonists  
imidazoline receptor agonists  
 $\alpha$ -blocker

#

52

After registering the patient's ECG, the doctor suspected the presence of a previous myocardial infarction. What is the most characteristic ECG sign doctor found?

4

ST segment elevation  
ST segment depression  
decreased R amplitude  
pathological Q wave  
concordant changes of ST

#

53

Which of the following blood pressure levels is considered normal in which patient?

1

125/80 mm Hg.  
139/90 mm Hg  
140/85 mm Hg  
160/95 mm Hg  
185/90 mm Hg

#

54

Which of the following auscultatory signs is characteristic of a patient with decompensated heart failure?

1

S3 gallop  
quail rhythm  
pericardial tone  
systolic click  
diastolic murmur

#

55

What pathology should be considered first of all when a clinical triad is found in an elderly patient: syncope, angina like pain and signs of heart failure?

4

hypertrophic CMP  
dilated CMP  
mitral stenosis  
aortic stenosis  
coronary heart disease

#

56

In an elderly patient with a clinical triad of syncope, angina pain, and signs of heart failure, which treatment is best?

3

long-term antibiotic therapy  
symptomatic treatment of the disease  
transcatheter aortic valve implantation  
coronary artery stenting  
implantation of cardioverter-defibrillator

#

57

What complication of AMI should be considered in a patient with long-term ST-segment elevation in leads V1-V4 on the ECG?

3

- rupture of the heart
- cardiogenic shock
- heart aneurysm
- pericarditis
- Dressler syndrome

#

58

A 40-year-old patient with refractory arterial hypertension during the examination revealed a murmur in the umbilical region. Which of the following diagnostic methods will be informative in this case?

2

- ultrasound of the adrenal glands
- USDG of renal arteries
- polysomnography
- kidney biopsy
- coronary angiography

#

59

A 40-year-old patient with refractory arterial hypertension during the examination revealed a murmur in the umbilical region. Which of the following treatments is optimal in this case?

5

- alpha blockers
- hemodialysis
- nephrectomy
- kidney transplant
- balloon angioplasty

#

60

A 50-year-old patient was diagnosed with primary hyperaldosteronism. What changes in the urinalysis are characteristic for this pathology?

2

- glucosuria
- alkaline reaction
- cylindruria
- hematuria
- leukocyturia

#

61

In a 43-year-old patient, after a hip fracture, a few days later, the temperature rose to 37.5°C, shortness of breath and hemoptysis appeared. Varicose veins of the lower extremities, pain along the veins are objectively noted. What is the most likely diagnosis for this patient?

4

- acute myocardial infarction
- community-acquired pneumonia
- nosocomial pneumonia
- pulmonary embolism
- progressive angina

#

62

A 50-year-old patient with a diagnosis of pheochromocytoma developed complaints of nausea, fear and anxiety. On objective examination, the blood pressure was 230/120 mm Hg. Which of the following drugs is the drug of choice for this patient?

2

furosemide  
phentolamine  
nitroglycerine  
propranolol  
verapamil

#

63

A 26-year-old man was admitted with complaints of intermittent high blood pressure, accompanied by tremors, fever with headache and sweating. A blood test during an attack showed high levels of catecholamines, hyperglycemia, and leukocytosis. What disease are these signs typical for?

5

Conn syndrome  
coarctation of the aorta  
thyrotoxicosis  
Cushing disease  
pheochromocytoma

#

64

As a result of therapy, the patient's angina pectoris attacks decreased, tolerance to physical activity increased. What group of drugs has a similar effect?

1

$\beta$ -blockers  
 $\alpha$ -blockers  
statins  
antiplatelet agents  
anticoagulants

#

65

The patient complained of severe shortness of breath 2 days after the surgery. Blood pressure measured 90/60 mm Hg. Which of the scales should be used when pulmonary thromboembolism is suspected?

3

CRUSADE  
GRACE  
Wells  
SCORE  
HAS-BLED

#

66

In a patient on an ECG, an ambulance doctor found a Q wave for more than 0.03 seconds, decreased R wave amplitude and ST segment elevation in leads V1-V4 by 4 mm. What pathology did the doctor suggest about the development?

4

effusion pericarditis  
vasospastic angina  
exertional angina  
acute myocardial infarction  
pulmonary embolism

#

67

In a 65-year-old patient, the ECG recorded ventricular extrasystole of the "R on T" phenomenon. According to the Lown classification, what class do they belong to?

5

I  
II  
III  
IV  
V

#

68

A straight line was recorded when taking an ECG in a patient with signs of sudden cardiac death. What should be the further management of the emergency?

3

continue CPR

defibrillation

epinephrine administration

amiodaron administration

pacemaker implantation

#

69

A 65-year-old patient with CHD, stable angina FC II was consulted a doctor due to increased angina attacks up to 3-4 times / day, which are poorly controlled by taking NTG sublingually, notes a decrease in exercise tolerance over the past 2 weeks. Which of the following enzymes should be checked for the differential diagnosis of acute coronary syndrome?

1

troponin I, T

lactate dehydrogenase

alanine aminotransferase

$\gamma$ -glutamyl transpeptidase

aspartate aminotransferase

#

70

A patient with suspected myocardial infarction was admitted to the intensive care unit, where the ECG revealed signs of AMI of the inferior-lateral wall of the left ventricle. Which artery lesion corresponds to these changes on the ECG?

3

right coronary artery

anterior descending artery

circumflex artery

diagonal branch of LAD

interventricular artery

#

71

A patient with a clinic of vasospastic angina underwent daily ECG monitoring. What ECG changes are characteristic for this pathology during an attack of angina?

1

discordant ST elevation 1 mm or more

oblique ST-segment elevation 1 mm or more

negative T wave in the chest leads

pathological Q wave in the chest leads

concordant ST elevation 1 mm or more

#

72

A 52-year-old patient with signs of AMI was admitted to intensive care unit. The skin is cold, covered with sticky sweat, cyanosis, weakened pulse. BP 60/40 mm Hg. What complication did this patient develop?

2

pulmonary edema

cardiogenic shock

effusion pericarditis

ventricular fibrillation

Dressler syndrome

#

73

When the ECG was taken by the emergency the patient showed signs of AMI in the anterior septal wall of the left ventricle. 3 hours after hospitalization, the patient showed signs of acute right ventricular failure. What complication should you think about?

2

acute left ventricular aneurysm  
ventricular septal rupture  
thrombus formation in the left ventricle  
posterior papillary muscle rupture  
development of Dressler syndrome

#

74

When the ECG was taken by the emergency, the patient showed signs of AMI in the anterior septal wall of the left ventricle. 3 hours after hospitalization, the patient showed signs of acute right ventricular failure. What should be the further management of the doctor?

4

thrombolytic therapy  
immediate reduction in blood pressure  
emergency coronary angiography  
emergency surgical treatment  
immediate administration of anticoagulant drugs

#

75

When analyzing the patient's ECG, the doctor drew attention to the shortening of the R-R interval, HR 140 beats per min, the alternation of the P wave and the QRS complex is preserved. What type of arrhythmia are these changes typical for?

1

sinus tachycardia  
atrial flutter  
ventricular flutter  
atrial fibrillation  
ventricular fibrillation

#

76

When examining the patient, the doctor drew attention to the ECG changes, where the HR was 50 beats / min, normal QRS complexes and the lengthening of the R-R interval. What type of arrhythmia are these changes typical for?

3

sinus arrhythmias  
bundle branch block  
sinus bradycardia  
idioventricular rhythm  
atrial fibrillation

#

77

In a 63-year-old patient with CHD 3 weeks ago, angina attacks began to occur with less physical exertion. Today, the attack developed at rest and lasted 1.5 hours, did not relieved by nitroglycerin, was accompanied by cold sticky sweat and anxiety. What should be the primary management of the doctor in this situation?

2

blood test for troponin  
take an electrocardiogram  
echocardiographic examination  
X-ray examination  
coronary angiography

#

78

A patient was admitted to the intensive care unit with suspected AMI. After taking an ECG, the doctor noted hyperacute stage. What changes characteristic of this stage were found in this case?

2

pathological Q wave  
ST segment elevation  
negative T wave  
ST segment at the isoline  
ST segment depression

#

79

Paired ventricular extrasystoles were recorded in a patient during bedside ECG monitoring. What Lown class the registered extrasystoles relate to?

4

I  
II  
III  
IV  
V

#

80

On the 2nd day after AMI, a 74-year-old patient suddenly developed signs of acute left ventricular failure, auscultatory systolic murmur at the apex of the heart. What complication should you think about?

4

acute left ventricular aneurysm  
ventricular septal rupture  
thrombus formation in the left ventricular cavity  
posterior papillary muscle rupture  
development of Dressler syndrome

#

81

A patient with chronic heart failure has complaints of dyspnea at rest, weight gain of more than 2 kg over the past 2 weeks. Which of the following markers should you investigate first?

2

cystatin-C  
pro-NT-BNP  
troponin  
N-GAL  
D-dimer

#

82

The patient's ECG showed the following changes: the electrical axis of the heart is deflected to the right,  $R/S > 1$  in V1,  $RV1 + SV5 > 10.5$  mm, negative T wave in V1-V2. What changes are these criteria typical for?

4

left atrial hypertrophy  
right atrial hypertrophy  
left ventricular hypertrophy  
right ventricular hypertrophy  
hypertrophy of both ventricles

#

83

A 65-year-old patient with angina FC II receives beta-blockers, calcium channel blockers. Which of the following drugs can be added to enhance anti-ischemic therapy?

2

torasemide  
trimetazidine  
captopril

metformin

digoxin

#

84

During the monitoring of the ECG, the patient had high-grade ventricular extrasystoles, and therefore he was transferred to the intensive care unit. To what degrees of Lown are registered extrasystoles?

4

I, II, III, IVa

II, III, IVa, IVb

III, IVa, IVb

III, IVa, IVb, V

I, IVa, IVb, V

#

85

A 75-year-old patient consulted a cardiologist with complaints of typical attacks of angina. What should be the further tactics in patient management?

4

treadmill test

stress echocardiography

CT scan

coronary angiography

24h ECG monitoring

#

86

A 40-year-old patient with frequent attacks of supraventricular tachycardia did not effect by vagal maneuvers. Which of the following drugs is indicated in this case?

1

adenosine

lidocaine

amlodipine

quinidine

ivabradine

#

87

A 47-year-old patient was diagnosed with Conn syndrome. Which of the following do you think is a radical treatment method?

3

long-term therapy with spironolactone

diet with limited sodium and increased potassium

surgical removal of an adrenal tumor

diet high in potassium and magnesium

long-term glucocorticosteroid therapy

#

88

The patient had to determine the following: the daily excretion of potassium and sodium, the content of aldosterone in the urine, the level of renin in the blood. What pathology did the doctor think about when prescribing the tests?

3

pheochromocytoma

primary hyperthyroidism

hyperaldosteronism

hypoparathyroidism

diabetes insipidus

#

89

A 45-year-old patient consulted a doctor with complaints of headaches in the morning, daytime sleepiness, insomnia at night, snoring. On examination, BMI 35 kg / m<sup>2</sup>, BP 150/100 mm Hg, HR 70 beats per minute. Which of the following will be the most informative in this case?

2

oxygen saturation  
polysomnography  
coronary angiography  
echocardiography  
electrocardiography

#

90

A 45-year-old patient consulted a doctor complaining of headaches, weight gain, dry mouth, thirst. On examination, a moon-shaped face, purple-cyanotic striae in the abdomen, BMI 35 kg / m<sup>2</sup>, BP 150/100 mm Hg, HR 70 beats per minute. Which diagnostic method from the following will be the most effective in this case?

3

captopril test  
clonidine test  
dexamethasone test  
furosemide test  
spironolactone test

#

91

A young patient consulted a doctor with complaints of headache, impaired vision, heaviness and weakness in the lower extremities. During the examination, the doctor drew attention to a weakening of the pulse in the femoral artery and increased blood pressure in the upper extremities and decreased in the lower extremities. What disease should you think about?

4

pheochromocytoma  
VSD  
ASD  
coarctation of the aorta  
aortic aneurysm

#

92

What drug should be taken by patients with a permanent form of atrial fibrillation of rheumatic origin for anticoagulant purposes?

3

aspirin  
heparin  
warfarin  
digoxin  
furosemide

#

93

A 65-year-old patient with chronic heart failure FC II, taking nebivolol, ramipril, consulted a doctor for a follow-up. On echocardiography the doctor noted increased the left atrium chamber. Which of the following drugs must be prescribed for a patient with CHF with FC II?

4

digoxin  
verapamil  
furosemide  
spironolactone  
hydrochlorothiazide

#

94

A 65-year-old patient with a diagnosis of CHD after stenting of LDA, RCA with congestive CHF and EF < 20%, taking all the necessary drugs for treatment, was held a consultation with the participation of doctors. Which of the following treatment methods is indicated for the patient?

5

aortic valve implantation  
occluder implantation  
endovascular endarterectomy  
pacemaker implantation  
resynchronization therapy

#

95

A 75-year-old patient notes squeezing chest pain on climbing one flight of stairs, dizziness and palpitations. From anamnesis: acute MI last year. On examination: congestive moist rales in the lungs. BP - 160/100 mm Hg. HR - 98 beats / min. Which of the symptoms indicates the presence of joining heart failure in this patient?

5

increased BP  
dizziness  
squeezing chest pain  
palpitations  
moist rales

#

96

A patient with a typical clinical presentation of acute myocardial infarction was admitted to the intensive care unit. Pain syndrome appeared about 3 hours ago. Which of the following indicators will increase earlier in this patient?

3

$\gamma$ -glutamyl transpeptidase  
creatin kinase - MB  
high-sensitive troponin  
aspartate aminotransferase  
lactate dehydrogenase

#

97

A patient with heart failure a month after taking enalapril developed a sore throat and a dry cough. What is your next step in the management of this patient?

5

cancel enalapril for 2 weeks  
add antitussive drug  
reduce the dose of enalapril by 2 times  
increase the dose of enalapril 2 times  
change to angiotensin II receptor blockers

#

98

A patient with AMI developed signs of pulmonary edema. What drug should be used to relieve this condition?

2

propranolol  
furosemide  
diltiazem  
digoxin  
captopril

#

99

Which patient with the following risk factor will have the highest risk of developing cardiovascular complications?

4

Hb A1c - 6.2%  
SBP 130/80 mm Hg  
total cholesterol 5.2 mmol / l  
father with AMI at the age of 45  
heart rate 75 beats per minute

#

100

The patient is 26 years old. The face is moon-shaped. Excessive fat deposition on the abdomen and thighs. Lower and upper extremities are thin. Abdominal striae. BP 160/90 mm Hg. Blood glucose 7.0 mmol / l. CXR: sella turcica is dilated. What diagnosis should you think about?

2

primary hyperaldosteronism  
Cushing's disease  
primary hypothyroidism  
sleep apnea syndrome  
coarctation of the aorta

#

101

A 35-year-old patient was admitted to the intensive care unit by an ambulance team with a hypertensive crisis. BP is 180/120 mm Hg, heart rate is 90 beats per minute, blood glucose is 6.5 mmol/l. From anamnesis: frequent crises with increased BP up to 200/140 mm Hg, accompanied by sweating, anxiety. What drug for the crisis will be the most effective in this case?

5

urapidil  
furosemide  
esmolol  
nimodipine  
phentolamine

#

102

A 53-year-old patient called an ambulance team due to chest pain lasting about 1 hour. On the ECG: 4 mm ST elevation in V1-V4. Which of the following criteria according to the echocardiography will be identified in this patient?

2

LV ejection fraction  $\geq 55\%$   
hypokinesia of the anterior LV wall  
LV chamber in systole  $\geq 6.5$  cm  
mitral regurgitation  
asymmetry of the wall of the IVS and PWLV

#

103

A 53-year-old patient called the ambulance due to chest pain lasting about 1 hour. On ECG: 4 mm ST elevation in leads V1-V4. An emergency coronary angiography was performed. Which artery is most likely to be occluded?

2

right coronary artery  
anterior descending artery  
circumflex artery  
diagonal branch of LDA  
interventricular artery

#

104

A 55-year-old patient was admitted to the clinic due to progressive angina pectoris. Troponin is negative in blood tests. Which of the scales should be used to determine the risk of cardiovascular complications?

2

CRUSADE  
GRACE

Wells  
SCORE  
HAS-BLED

#

105

What localization of atherosclerotic plaques is the most unfavorable in prognosis of patients with CHD?

3

right coronary artery  
anterior descending artery  
left coronary artery main trunk  
circumflex coronary artery  
interventricular coronary artery

#

106

A 55-year-old patient was admitted to the clinic due to progressive angina pectoris. Troponin is negative in blood tests. Which of the scales should be used to determine the risk of bleeding for the prescribing of dual antiplatelet therapy?

1

CRUSADE  
GRACE  
Wells  
SCORE  
HAS-BLED

#

107

The ECG showed signs of acute blockade of the left bundle branch of the ventricle. When compared with previous ECGs, these changes were not recorded. What should be the medical tactics?

3

prescription of gastroprotective drugs  
immediate implantation of a pacemaker  
emergency coronary angiography  
coronary artery bypass grafting  
immediate administration of diuretic drugs

#

108

What is the main method of pathogenetic therapy for patients with ST elevation myocardial infarction, admitted in the first 4-6 hours from the onset of the disease?

2

pacemaker implantation  
thrombolytic therapy  
coronary artery bypass grafting  
IV infusion of nitroglycerin  
IV infusion of metoprolol

#

109

A 55-year-old patient came to the doctor with complaints of headaches, flashing of flies in front of her eyes, periodic stabbing pains in the region of the heart that occur during exercise, rarely at rest, and poor sleep. From anamnesis: increased BP up to 150/100 mm Hg was registered 10 years ago. What changes will you find on ECG?

2

complete blockade of RVBBB  
left ventricular hypertrophy  
negative T wave  
lengthening of the QT interval  
right ventricular hypertrophy

#

110

A patient with ST elevation acute coronary syndrome developed cardiogenic shock in the first 6 hours. What treatment method is used to achieve the best treatment result?

5

maintaining SBP with dopamine

IV infusion of nitroglycerin

IV infusion of nitroprusside

IV infusion of heparin

reperfusion therapy

#

111

The patient has a suspicion of acute myocardial infarction. After what time is there an increase in serum highly sensitive troponin?

1

in 2-6 hours

in 8-12 hours

in 24 hours

in 2-3 days

after 14 days

#

112

A 60-year-old patient with prolonged untreated arterial hypertension developed atrial fibrillation. Which of the drugs should be prescribed to a patient with an anticoagulant purpose?

3

aspirin

nebivolol

warfarin

clopidogrel

digoxin

#

113

A 60-year-old patient with prolonged untreated arterial hypertension developed atrial fibrillation. Which of the drugs prescribed to the patient for long-term treatment with an anticoagulant purpose does not require INR control?

2

heparin

rivaroxaban

enoxaparin

fraxiparine

warfarin

#

114

After the implantation of a mechanical valve, the patient was prescribed life-long warfarin. What should be the target INR for therapy?

3

1.0-1.5

1.0-2.0

2.0-2.5

2.5-3.5

3.0-4.0

#

115

A patient with myocardial infarction showed signs of Dressler's syndrome. Which of the following drugs is most effective in treating this patient?

2

penicillin

aspirin

morphine

tavegil  
prednisone  
#

116

A 55-year-old patient with angina pectoris FC II is at a cardiologist's appointment. According to the data of daily ECG monitoring, the average HR is 80 beats per minute, max. HR 120 beats per min at 6p.m. HR 70 beats per minute at 02 a.m. Which drug should be increased to achieve the target heart rate?

3

amlodipine  
trimetazidine  
bisoprolol  
aspirin  
clopidogrel  
losartan

#

117

A patient with progressive unstable angina was treated in a hospital with standard therapy. On the 5th day, the patient developed hematomas on the skin of the abdomen and extremities. Which drug should be administered as an antidote?

2

vitamin K  
protamine sulfate  
deferoxamine  
fresh frozen plasma  
activated carbon  
adnexanet

#

118

A 20-year-old patient with hypertension, BP 160/100 mm Hg on both arms, the pulse on the feet, tibial and femoral arteries is weakened. What is your preliminary diagnosis?

4

peripheral artery disease  
fibromuscular dysplasia  
nonspecific aortoarteritis  
coarctation of the aorta  
obliterating endarteritis

#

119

In a patient being treated in the intensive care unit with a diagnosis of CHD, acute myocardial infarction, suddenly has dropped BP, pupils are dilated, the pulse on the carotid arteries is not detected, heart sounds are not heard. There is no consciousness. What needs to be done first?

3

clear airways  
start mouth-to-mouth breathing  
start chest compressions  
start defibrillation  
inject IV epinephrine

#

120

In a patient being treated in the intensive care unit with a diagnosis of CHD, acute myocardial infarction, blood pressure has dropped, pupils are dilated, the pulse on the carotid arteries is not detected, heart sounds are not heard. There is no consciousness. Ventricular fibrillation is registered on the monitor. What should be the further tactics?

4

inject IV amiodarone  
start mouth-to-mouth breathing  
start chest compressions

start defibrillation  
inject IV epinephrine  
#

121

A patient undergoing treatment in the intensive care unit with a diagnosis of CHD, AMI had suddenly dropped BP, pupils are dilated, the pulse on the carotid arteries is not detected, heart sounds are not heard. There is no consciousness. Ventricular fibrillation is registered on the monitor. 2 attempts of defibrillation were unsuccessful. What should be the further tactics?

2

inject IV dobutamine  
inject IV lidocaine  
inject IV vasopressin  
inject IV dopamine  
#

122

A 56-year-old patient with CHD, hypertension came to a cardiologist with complaints of a sudden feeling of chest discomfort, and palpitations. Auscultatory: tones of different sonority and duration. BP 140/90 mm Hg. HR - 110 beats per minute. Pulse rate - 90 beats per minute. What type of arrhythmia is taken place in the patient?

3

supraventricular paroxysmal tachycardia  
ventricular paroxysmal tachycardia  
paroxysmal atrial fibrillation  
supraventricular extrasystole  
ventricular extrasystole  
#

123

A patient with complaints of weakness, fatigue, dizziness on the ECG: PQ interval 0.22 sec with the drop of every third QRS complex. What are the signs of a conduction disorder?

5

atrioventricular block 2nd degree Mobitz I  
complete atrioventricular block  
sick sinus syndrome  
atrioventricular block 1st degree  
atrioventricular block 2nd degree Mobitz II  
#

124

When a patient is admitted to the intensive care unit for complaints of weakness, fatigue, dizziness, the examination revealed confused consciousness, BP 80/50 mm Hg, HR 30 beats per minute. ECG: PQ interval 0.26 sec with the loss of every third QRS complex. There is no effect after injection of atropine. What should be the further management of the doctor?

5

inject IV epinephrine  
start mouth-to-mouth breathing  
start chest compressions  
start defibrillation  
implantation of temporary pacemaker  
#

125

A patient with CHD was prescribed antiplatelet aspirin. What dose of the drug has a similar effect?

2

50-75 mg  
75-325 mg  
325-500 mg  
500-1000 mg  
1000-3000 mg  
#

126

What drug is advisable to prescribe an elderly patient with heart failure FC I and post-myocardial infarction cardiosclerosis?

3

digoxin  
nitroglycerine  
enalapril  
furosemide  
amlodipine

#

127

A 55-year-old patient with CHD consulted a doctor with complaints of chest discomfort, accompanied by palpitations. On ECG: the P wave is absent, the deformed widened QRS complex, a full compensatory pause. What type of arrhythmia should you think about?

4

sinus arrhythmia  
atrial fibrillation  
supraventricular extrasystole  
ventricular extrasystole  
atrial flutter

#

128

A 55-year-old patient with CHD consulted a doctor with complaints chest discomfort, accompanied by palpitations. On ECG: the P wave is absent, the deformed widened QRS complex, a full compensatory pause. Which of the following drugs can be prescribed for this patient as the drug of choice with antiarrhythmic purposes?

5

digoxin  
ivabradine  
amlodipine  
lidocaine  
bisoprolol

#

129

A 70-year-old patient complains of severe shortness of breath and hemoptysis on the 5th day of hospitalization for CHF. Varicose veins of the lower extremities are objectively noted. BP 90/60 mm Hg. Which of the following blood tests can rule out pulmonary embolism?

2

troponin  
D-dimer  
fibrinogen  
creatinine  
protein S

#

130

A 70-year-old patient complains of severe shortness of breath and hemoptysis on the 5th day of hospitalization for CHF. Varicose veins of the lower extremities are objectively noted. BP 90/60 mm Hg. According to EchoCG: signs of RV overload. Which of the following examinations is the "gold" standard for this pathology?

3

coronary angiography  
radiography  
pulmonary angiography  
CT scan  
ultrasound of veins of the lower extremities

#

131

A 65-year-old patient consulted a cardiologist with complaints of chest pain on severe physical exertion accompanied by a feeling of shortness of breath radiating to the left hand, and relieved 5 minutes after the rest. Which of the following drugs is indicated for the patient as a first-line drug with an anti-ischemic purpose?

2

ivabradine  
nebivolol  
trimetazidine  
nicorandil  
ranolazine

#

132

A 70-year-old patient with angina on exertion FC III came to a cardiologist with complaints of increased frequency of angina attacks, palpitations, increased amount of consumed GTN. The patient started taking therapy with bisoprolol, atorvastatin, aspirin, enalapril, trimetazidine 3 months ago. The patient has stopped taking one of the drugs. Abrupt withdrawal of which drug could lead to the development of acute coronary syndrome?

1

bisoprolol  
atorvastatin  
aspirin  
enalapril  
trimetazidine

#

133

A 70-year-old patient with angina on exertion FC III came to a cardiologist with complaints of increased frequency of angina attacks, palpitations, increased amount of consumed GTN. She notes similar complaints in the last 2 weeks. What form of angina has occurred in the patient?

3

first-onset angina  
angina FC II  
progressive angina  
vasospastic angina  
postoperative angina

#

134

A 55-year-old patient consulted a cardiologist with complaints of chest pain arising during normal household physical activities, accompanied by feeling of shortness of breath relieved at rest. She notes similar complaints in the last 4 weeks. What form of angina occurs in the patient?

1

first-onset angina  
angina pectoris FC II  
progressive angina  
vasospastic angina  
postoperative angina

#

135

A patient who had a myocardial infarction 2 years ago, suddenly had palpitations on physical exertion accompanied by feeling of shortness of breath, general weakness. The ECG showed supraventricular paroxysmal tachycardia. What is the next best step?

5

isosorbide dinitrate IV  
quinidine IV  
morphine IV  
lidocaine IV  
verapamil IV

#

136

For the last 3 months, the patient is disturbed by attacks of chest pain up to 15 minutes, which occur more often at night in early morning hours. She tolerates physical activity well. What form of angina should be suspected in the patient?

4

progressive angina  
postinfarction angina  
unstable angina  
vasospastic angina  
first-time angina pectoris

#

137

A patient with newly diagnosed hypertension (BP 150/90 mm Hg) underwent a diagnostic examination. Which of the following indicators relates to risk factors for hypertension?

3

increased creatinine  
increased HDL  
HR > 80 beats / minute  
increased hemoglobin  
decreased electrolytes

#

138

A patient suffering from hypertensive disease had a suddenly increased BP up to 230/120 mm Hg a few hours ago, accompanied by headache, vomiting, dizziness, weakness in the right upper limb. The development of what complication is the patient's condition dangerous?

1

cerebral stroke  
pulmonary edema  
heart failure  
thromboembolism of the kidney vessels  
pulmonary embolism

#

139

At the doctor's appointment, a 1-year-old child with signs of poor exercise tolerance, edema of the legs, a history of frequent pneumonia. On auscultation: systolic-diastolic murmur. Which of the following drugs is used to treat this defect?

4

clopidogrel  
abciximab  
paracetamol  
indomethacin  
ticagrelor

#

140

In a 40-year-old patient, after drinking alcohol, the heart rate was 170 beats per minute, after carotid sinus massage, it decreased to 74 beats per minute. What rhythm disturbance do you think the patient had?

1

supraventricular paroxysmal tachycardia  
ventricular paroxysmal tachycardia  
paroxysmal atrial fibrillation  
supraventricular extrasystole  
ventricular extrasystole

#

141

Which of the following drugs reduces mortality in patients with myocardial infarction?

3

digoxin

amiodarone  
bisoprolol  
lidocaine  
trimetazidine

#

142

A patient consulted a doctor because fever, weakness and headaches. Notes weight loss and visual impairment. On examination: the patient's skin color "coffee with milk", hemorrhagic eruptions on the chest and lower leg, and on the retina. What disease are these signs typical for?

3

viral myocarditis  
dry pericarditis  
infective endocarditis  
rheumatic carditis  
effusion pericarditis

#

143

A 62-year-old patient with complaints of pressing chest pains for more than 30 minutes, not relieved by taking 2 tablets of GTN, and anxiety with CHD, angina pectoris II FC. On examination: the skin is pale, moist, the heart sounds are muffled, HR 80 beats, BP 140/90 mm Hg. ECG: sinus rhythm, ST elevation in I, aVL, V4-V6 by 4 mm. What drug should be administered in order to relieve pain?

3

baralgin IV  
no-spa IM  
morphine IV  
diclofenac IM  
analgin IV

#

144

A 56-year-old patient, suffering from hypertension for a long time, suddenly felt shortness of breath, and called an ambulance. On examination: acrocyanosis. Breath is hard, in the lower parts of the lungs on both sides there is a small amount of moist rales. BR 30 per minute. BP 140/100 mm Hg. HR 100 per minute. On ECG: sinus rhythm, ST segment elevation up to 3 mm in I, aVL, V1-V4. Which of the variants of AMI developed in the patient?

4

classical  
abdominal  
arrhythmic  
asthmatic  
painless

#

145

A 53-year-old patient has been suffering from pressing epigastric pain, nausea, sweating, weakness for the last three days. Repeatedly there was vomiting without relief. She took antispasmodics, analgesics without significant effect. Delivered to a surgical hospital with a diagnosis of exacerbation of chronic pancreatitis. On ECG: sinus rhythm with HR 66 beats per minute, ST elevation in II, III, aVF, V5-V6 by 1.5 mm. What is your preliminary diagnosis?

3

acute cholecystitis  
acute pancreatitis  
myocardial infarction  
acute appendicitis  
stomach ulcer

#

146

A 53-year-old patient has been suffering from pressing epigastric pain, nausea, sweating, weakness for the last three days. Repeatedly there was vomiting without relief. She took antispasmodics, analgesics

without significant effect. Delivered to a surgical hospital with a diagnosis of exacerbation of chronic pancreatitis. On ECG: sinus rhythm with HR 66 beats per minute, ST elevation in II, III, aVF, V5-V6 by 1.5 mm. What type of AMI developed in the patient?

2

classical  
abdominal  
arrhythmic  
asthmatic  
painless

#

147

In a 42-year-old patient, an objective examination revealed signs characteristic of aortic valve insufficiency. What pulse is typical for this pathology?

4

pulsus filiformis  
pulsus parvus et molis  
pulsus parvus, tardus, rarus  
pulsus celer, altus, magnus  
pulsus frequens

#

148

A 40-year-old man after alcohol abuse for 2 days, felt palpitations, weakness, fatigue, shortness of breath on walking. On examination: HR 140 beats per minute, pulse 88 per minute, BP 120/70 mm Hg. On ECG: P waves are not visualized, R-R intervals are different, QRS complexes are not widened. What condition are these signs typical for?

3

atrial flutter  
flutter of the ventricles  
atrial fibrillation  
ventricular fibrillation  
atrial tachycardia

#

149

A 56-year-old patient after suffering AMI 2 days ago, suddenly lost consciousness, covered with cold sweat. The skin is pale and cold. Heart sounds are muffled, rhythm is regular. Pulse 170 beats per minute. BP 80/50 mm Hg. On ECG: wide ventricular complexes of irregular shape, the R-R distance is the same. What is your preliminary diagnosis?

3

ventricular fibrillation  
atrial fibrillation  
ventricular paroxysmal tachycardia  
atrial paroxysmal tachycardia  
flutter of the ventricles

#

150

A 49-year-old man who was waiting in line to see a doctor suddenly felt dizziness, weakness, darkening of the eyes and chest pain. On ECG: rhythm is regular, HR 175 beats / min, deformation and widening of QRS complex for more than 0.12 sec. with a discordant of ST and T. What condition should you think about?

3

supraventricular paroxysmal tachycardia  
paroxysmal atrial fibrillation  
ventricular paroxysmal tachycardia  
sinus tachycardia  
complete atrioventricular block

#

151

A 50-year-old patient suddenly felt pressing chest pain, after half an hour the pain became unbearable. The patient is pale, covered with cold sweat. BR 22 per minute, HR 100 per minute. BP - 70/50 mm Hg. Diuresis - 20 ml / hour. What disease is taken place in this patient?

1

acute myocardial infarction  
pericardial tamponade  
unstable angina  
aortic dissecting aneurysm  
pulmonary embolism

#

152

The patient developed shortness of breath, palpitations, and fever. On examination: Osler's nodules, Janeway's spots, increased dullness of the heart to the left, tachycardia. BP 150/40 mm Hg. The patient was diagnosed with infective endocarditis with damage of the aortic valve. What is the auscultatory sign can be in this patient?

2

rough systolic murmur at the apex of the heart  
diastolic murmur in II ICS on the right and at the Erb's point  
systolic murmur in the II ICS on the right  
systolic murmur at the base of the xiphoid process  
systolic-diastolic murmur in the II intercostal space on the left  
mesodiastolic murmur at the apex of the heart

#

153

A 42-year-old patient was admitted to the hospital with complaints of shortness of breath, dull chest pain. Two weeks ago he had acute respiratory viral infection. On examination: moderate cyanosis of the face and neck. BR 36 / min. The apical impulse is not detected. Dullness of the heart is expanded to the right, down and to the left. Heart sounds are muffled, rhythm is regular 116 bpm. BP 130/90 mm Hg. What is the most likely diagnosis?

5

myocardial infarction  
unstable angina  
dry pericarditis  
exudative pleurisy  
effusion pericarditis

#

154

A 25-year-old patient complains of shortness of breath, palpitations on exertion, pain in the precordial region, and cough. On examination: acrocyanosis and cyanotic blush. On CXR: bulging of the pulmonary artery trunk and left atrial appendage, enlargement of the right ventricle, in the I oblique position, the esophagus deviates along a small arc. What heart disease can you think about?

1

mitral stenosis  
mitral insufficiency  
aortic stenosis  
aortic insufficiency  
ventricular septal defect

#

155

On patient's examination a cardiologist made a preliminary diagnosis of mitral valve insufficiency. What auscultatory picture should this patient have?

3

systolic murmur at the apex with preserved S1  
rough systolic murmur in the xiphoid process  
systolic murmur at the apex and weakened S1  
protodiastolic murmur in the xiphoid process  
loud S2 over the pulmonary artery

#

156

A 34-year-old woman developed weakness, shortness of breath, pain in the heart region, and palpitations 2 weeks after a viral infection. On examination: BP 110/70 mm Hg, HR 80 beats per min, heart sounds are muffled. On ECG: low-voltage, T wave is negative in V1-V4. What pathology can you think of?

2

effusion pericarditis

viral myocarditis

coronary heart disease

dilated cardiomyopathy

infective endocarditis

#

157

A 34-year-old woman developed weakness, shortness of breath, pain in the heart, and palpitations 2 weeks after a viral infection. On examination: BP 110/70 mm Hg, HR 80 beats per min, heart sounds are muffled. On ECG: low-voltage, T wave is negative in V1-V4. Which of the following methods of examination is the "gold" standard for suspected disease?

3

coronary angiography

CT scan

endomyocardial biopsy

echocardiography

scintigraphy

#

158

Determine the medical management of infective endocarditis in a young patient with progressive destruction of the aortic valve and initial manifestations of heart failure:

4

antibacterial therapy

anticoagulant therapy

thrombolytic therapy

emergency operational treatment

hormonal therapy

#

159

A patient consulted a doctor with typical complaints of chronic rheumatic heart disease and aortic stenosis. For further examination, the patient was referred for chest x-ray. What X-ray signs typical for this defect will the doctor find?

1

dilated aorta throughout, and left ventricle

left atrial appendage dilated

bulging pulmonary trunk, presence of Kerly B-lines

enlarged left atrium fits into the contour of the heart

aorta is enlarged in the ascending part

#

160

A 23-year-old patient, after surgery (mitral valve replacement), was prescribed warfarin at a dose of 2.5 mg per day. At the follow-up examination, the INR reached 4.0. What should be the doctor's tactics regarding the correction of anticoagulant therapy?

2

increase the dose of the drug to 5 mg / day

reduce the dose of the drug to 1.25 mg / day

skip one day of taking warfarin

stop taking warfarin completely

continue warfarin therapy at the same dosage

#

161

A 22-year-old patient was admitted with complaints of fever up to 39 ° C with chills, shortness of breath with minimal physical exertion, lack of appetite. He is sick for about a month. On examination: the skin is icteric, pale, petechial eruptions on the legs. Heart sounds are muffled, a diastolic murmur is heard over the aorta. Heart rate 106 beats / min. BP - 120/40 mm Hg. What valve lesion developed in this patient with infective endocarditis?

2

aortic stenosis

aortic insufficiency

mitral stenosis

mitral insufficiency

pulmonary artery stenosis

#

162

A 27-year-old female patient underwent surgery (mitral valve replacement). At discharge, therapy with indirect anticoagulants (warfarin) was prescribed. What indicator should be monitored for the correct selection of the dose of the drug?

2

APTT

INR

TT

PTI

fibrinogen

#

163

What complication often occurs in patients with mitral stenosis?

1

atrial fibrillation

pneumonia

left atrial aneurysm

conduction disturbance

coronary insufficiency

#

164

A 35-year-old woman, a smoker, BMI 32 kg / m<sup>2</sup>, complains of sudden shortness of breath, fever up to 37.5 ° C, cough with sputum and blood, weakness, pain in the left side of the chest. On ECG: signs of acute overload of the right atrium and right ventricle. What complication should be excluded in the patient?

4

acute bronchitis

neoplasm of the bronchi

bronchiectasis

pulmonary embolism

acute myocardial infarction

#

165

A 40-year-old patient complained of palpitations, dizziness, and general weakness. A heartbeat attack occurred for the first time about 20 minutes ago. On examination: clear heart sounds. Pulse 120 beats per minute, regular rhythm. BP 140/90 mm Hg. On ECG: regular rhythm, HR 200 beats per min., P wave is not defined. Ventricular complexes are not changed. What is your preliminary diagnosis?

4

paroxysmal atrial fibrillation

supraventricular extrasystolic arrhythmia

ventricular extrasystolic arrhythmia

supraventricular paroxysmal tachycardia

ventricular paroxysmal tachycardia

#

166

A patient diagnosed several years ago with hypertrophic cardiomyopathy developed syncope. ECG without dynamics. What diagnostic examination should be assigned to the patient in the first place?

1

24-hour ECG monitoring  
phonocardiography  
ECG stress tests  
24-hour BP monitoring  
chest X-ray

#

167

A patient came to the clinic with complaints of fever, chills, sweating, weight loss. On examination: Lukin's spots, Osler's nodules. What is the pathognomonic echocardiographic picture in this pathology?

2

hypokinesis of the LV wall  
vegetation of the valves  
mitral regurgitation  
reduced ejection fraction  
fibrosis of valve leaflets

#

168

A patient with mitral stenosis has a hoarse voice. What is the reason for the appearance of this symptom?

2

exacerbation of chronic pharyngitis  
compression of left recurrent nerve  
accession of herpetic sore throat  
exacerbation of chronic tonsillitis  
consuming cold drinks and foods

#

169

The patient was presumably diagnosed with hypertrophic cardiomyopathy. What is the characteristic auscultatory picture that this patient should have?

2

rough systolic murmur above the aorta radiating to the neck  
rough systolic murmur above the aorta not radiated to the neck  
diastolic murmur in II ICS on the right and at the Erb's point  
systolic-diastolic murmur in the II ICS on the right  
protodiastolic murmur at the apex of the heart

#

170

In a patient with mitral stenosis, during a follow-up visit to the doctor, the presystolic murmur over the apex of the heart disappeared. When joining what rhythm disturbance is this clinical picture characteristic?

2

sinus arrhythmia  
atrial fibrillation  
supraventricular premature beats  
ventricular premature beats  
ventricular flutter

#

171

A 15-year-old patient complains of numbness in the legs. On examination: asthenic chest, narrow pelvis, thin legs. BP 180/110 mm Hg. On CXR: rib notching. What disease can be assumed?

1

coarctation of the aorta  
pheochromocytoma  
Cushing's disease  
Takayasu disease

renal artery atherosclerosis

#

172

A 50-year-old patient has complaints of angina pain, dizziness, fainting. On examination: systolic tremor in the second intercostal space on the right, signs of heart failure. What pathology should you think about?

3

hypertrophic CMP

dilated CMP

aortic stenosis

mitral stenosis

coronary heart disease

#

173

A 50-year-old patient has complaints of angina pain, dizziness, fainting. On examination: systolic tremor in the second intercostal space on the right, signs of heart failure. According to echocardiography: aortic valve calcifications. Opening of AV 1.0 cm. What is the cause of the defect in this patient?

3

congenital

rheumatic

atherosclerotic

infectious

idiopathic

#

174

To diagnose effusion pericarditis, the doctor sent the patient for a chest x-ray. What X-ray signs characterize this pathology?

3

pulmonary congestion

enlarged left ventricle

triangular heart configuration

shadow of the left atrium is visible

expansion of all parts of the aorta

#

175

A 65-year-old patient was admitted with complaints of a constant pain in the heart region, aggravated in the supine position and decreased in an upright position, fever up to 37.2°C, malaise. Auscultatory: pericardial rub. What pathology are these changes typical for?

2

pneumonia

pericarditis

myocarditis

pneumothorax

angina

#

176

A 65-year-old patient was admitted with complaints of a constant pain in the heart region, aggravated in the supine position and decreased in an upright position, fever up to 37.2°C, malaise. Auscultatory: pericardial rub. What echocardiography criteria characterizes this pathology?

2

separation of pericardial leaflets

thickening of the pericardium

diffuse hypokinesis of the LV walls

vegetation on the valves of the heart

paradoxical movement of IVS

#

177

A 65-year-old patient was admitted with complaints of a constant pain in the heart region, aggravated in the supine position and decreased in an upright position, fever up to 37.2°C, malaise. Auscultatory: pericardial rub. Which of the following is the drug of choice for this pathology?

2

streptokinase  
aspirin  
heparin  
clopidogrel  
furosemide

#

178

Which of the following clinical signs is characteristic of the development of cardiac tamponade?

4

pain in the region of the heart  
severe shortness of breath  
pulse deficit  
paradoxical pulse  
pericardial rub

#

179

A 60-year-old patient hospitalized for effusion pericarditis suddenly developed edema and cyanosis of the neck, face, arms, upper chest, accompanied by swelling of the jugular veins. What is the name of this symptom?

2

Corvisar's face  
Stokes collar  
Musset symptom  
face of Hippocrates  
Plische symptom

#

180

A 60-year-old patient who is hospitalized for effusion pericarditis suddenly developed edema and cyanosis of the neck, face, arms, upper chest, accompanied by swelling of the jugular veins. What complication does the appearance of this symptom indicate?

3

acute myocardial infarction  
pulmonary embolism  
cardiac tamponade  
acute heart failure  
dissecting aortic aneurysm

#

181

A 60-year-old patient who is hospitalized for effusion pericarditis suddenly developed edema and cyanosis of the neck, face, arms, upper chest, accompanied by swelling of the cutaneous veins. What should be the doctor's tactics?

5

emergency coronary angiography  
thrombolytic therapy  
urgent administration of diuretic drugs  
immediate implantation of a pacemaker  
emergency pericardiocentesis

#

182

The main method of treatment for patients with constrictive pericarditis?

1

pericardiectomy  
pericardiocentesis

pacemaker implantation  
vascular stenting  
heart transplant

#

183

A 42-year-old patient has complaints of shortness of breath, palpitations, dizziness, fainting. From anamnesis: father died suddenly at the age of 40. Auscultatory: systolic murmur above the aorta without radiation into the vessels of the neck. What pathology can be suspected in a patient?

2

coronary heart disease  
hypertrophic cardiomyopathy  
dilated cardiomyopathy  
arterial hypertension  
rheumatic heart disease

#

184

A 42-year-old patient has complaints of shortness of breath, palpitations, dizziness, fainting. From anamnesis: father died suddenly at the age of 40. Auscultatory: systolic murmur above the aorta without radiation into the vessels of the neck. What is the echocardiographic picture in this pathology?

5

aortic valve calcifications  
diffuse hypokinesis of the LV walls  
vegetations on heart valves  
paradoxical movement of the IVS  
asymmetric LV hypertrophy

#

185

A 37-year-old athlete suddenly complained of dizziness, lost consciousness and died. What is the most common cause of sudden death in this category of patients?

3

coronary heart disease  
pulmonary embolism  
hypertrophic cardiomyopathy  
dilated cardiomyopathy  
dissecting aortic aneurysm

#

186

A 40-year-old patient has complaints of shortness of breath, palpitations, dizziness, fainting. From anamnesis: father died suddenly at a young age. Palpation: systolic tremor in the second intercostal space on the right. Auscultatory: systolic murmur above the aorta without radiation into the vessels of the neck. Which of the following drugs is the main in the treatment of patients with this disease?

4

furosemide  
digoxin  
nifedipine  
bisoprolol  
ivabradine

#

187

Which of the following invasive treatments is indicated for patients with hypertrophic cardiomyopathy?

5

coronary artery bypass grafting  
implantation of a pacemaker  
transcatheter aortic valve implantation  
coronary artery stenting  
cardioverter-defibrillator implantation

#

188

A 40-year-old patient consulted a cardiologist, who was registered for infectious myocarditis came to a cardiologist, complaining of severe shortness of breath on light physical exertion, sometimes at rest, palpitations, edema in the lower extremities. On examination: displacement of all borders of the heart, muffled heart sounds, systolic murmur at the apex and above the region of the xiphoid process, S3 gallop. What complication did the patient develop?

2

hypertrophic cardiomyopathy  
dilated cardiomyopathy  
restrictive cardiomyopathy  
infective endocarditis  
infectious myocarditis

#

189

Which of the following treatments is radical in the treatment of patients with dilated cardiomyopathy?

4

coronary artery bypass grafting  
implantation of a pacemaker  
transcatheter aortic valve implantation  
heart transplantation  
cardioverter-defibrillator implantation

#

190

Which of the following drugs is indicated for patients with dilated cardiomyopathy to improve systolic heart function?

4

nebivolol  
warfarin  
clopidogrel  
digoxin  
amlodipine

#

191

A 68-year-old patient with chronic heart failure showed signs of gynecomastia. Which of the following drugs for the treatment of CHF could cause a similar side effect?

4

digoxin  
bisoprolol  
furosemide  
spironolactone  
enalapril

#

192

In the Department of Urgent Cardiology, the patient suddenly lost consciousness. ECG shows a straight line. What could this pathology be clinically accompanied by?

2

convulsions, tachycardia, tachypnea  
dilated pupils, lack of pulse, and blood pressure  
constriction of the pupils, increased blood pressure  
hyperemia of the face and skin, bradycardia  
paleness or blueness of the skin

#

193

When taking an ECG by the ambulance team waves of different amplitude and widths, and shapes with a transition to a straight line, were recorded. What kind of arrhythmias are these changes typical for?

3

paroxysmal atrial fibrillation

sick sinus syndrome  
ventricular fibrillation and asystole  
ventricular paroxysmal tachycardia  
paroxysmal supraventricular tachycardia

#

194

A patient with acute coronary syndrome after discharge from the hospital receives long-term dual antiplatelet therapy in order to reduce the risk of recurrent cardiovascular complications. What drugs are included in dual therapy?

3

warfarin, aspirin  
aspirin, heparin  
aspirin, clopidogrel  
rivaroxaban, abciximab  
fraxiparine, aspirin

#

194

A 28-year-old man with signs of aortic insufficiency consulted a cardiologist. What disease from the anamnesis should the doctor clarify in order to find out the genesis of the disease?

1

infective endocarditis  
infectious myocarditis  
coronary heart disease  
aortic atherosclerosis  
patent ductus arteriosus

#

195

What drug should a patient take after discharge from the hospital after myocardial infarction in order to reduce the risk of recurrent myocardial infarction?

5

anticoagulants  
diuretics  
thrombolytics  
cardiac glycosides  
beta blockers

#

196

When examining a 44-year-old patient who had recently been sick with influenza, echocardiography revealed dilatation of all chambers of the heart and a thrombus in the left ventricle. What do these signs indicate?

5

development of restrictive cardiomyopathy  
development of infective endocarditis  
development of acute rheumatic fever  
development of hypertrophic cardiomyopathy  
development of dilated cardiomyopathy

#

197

When examining a 44-year-old patient who had recently been sick with influenza, echocardiography revealed dilatation of all chambers of the heart and a thrombus in the left ventricle. What drug should the patient receive for a long time with an anticoagulant purpose?

4

aspirin  
heparin  
digoxin  
warfarin  
furosemide

#

198

The appearance of what sign indicates mitralization of the defect of aortic valve insufficiency?

3

systolic murmur in the II intercostal space on the right

systolic murmur in the II intercostal space on the left

systolic murmur at the apex of the heart

diastolic murmur at the apex of the heart

systolic murmur in the xiphoid process

#

199

During auscultation of the patient, the doctor heard a soft blowing protodiastolic murmur over the aorta, a double tone of Traube and a Durozier murmur on the vessels, a fast and high pulse. What defect are these clinical signs typical for?

3

atrial septal defect

mitral valve insufficiency

aortic valve insufficiency

aortic stenosis

mitral stenosis

#

200

What does the appearance of Graham-Still murmur in a patient with mitral stenosis indicate?

3

attaching the atrial arrhythmias

development of tricuspid insufficiency

relative insufficiency of the pulmonary valve

about the development of blood clots in the cavity of the left atrial appendage

development of pulmonary embolism

#

## RHEUMATOLOGY

1

Radiological signs of grade III rheumatoid arthritis are:

3

periarticular osteoporosis

osteoporosis and joint space narrowing

osteoporosis, narrowing of the joint space, multiple usuria

osteoporosis, narrowing of the joint space, multiple usures, bone ankylosis

osteosclerosis, marginal osteophytosis

#

2

What are Tofuses?

2

osteophytes

deposition in tissues of sodium monourate

inflammatory granulomas

thickening of the subcutaneous tissue

calcifications

#

3

Which joints are most commonly affected in rheumatoid arthritis:

2

distal interphalangeal joints

proximal interphalangeal joints

first metacarpophalangeal joint

joints of the cervical spine

lumbar spine joints

#

4

The most serious manifestations of acute rheumatic fever are:

3

polyarthritis

chorea

carditis

annular erythema

subcutaneous rheumatic nodules

#

5

Rheumatic polyarthritis is characterized by:

1

Reversibility of the articular syndrome

deformity of the joints of the hands like walrus flippers

deformity of the joints of the hands like swan neck fins

volatility of pain

disappearance of pain only after taking corticosteroids

#

6

Which of the following criteria for rheumatic fever is large?

3

arthralgia

fever

chorea

valve regurgitation

increased ESR

#

7

Which of these drugs is considered “basic” in RA therapy:

4

orthofen

metipred

diclofenac

methotrexate

prednisone

#

8

Which of the following laboratory parameters are characteristic of dermatomyositis?

3

increase in transaminase activity

moderate leukocytosis and eosinophilia

increased creatinine phosphokinase

increased ESR and C-reactive protein

increased serum hydroxyproline levels

#

9

Which of the following criteria for rheumatic fever is large?

3

arthralgia

fever

polyarthritis

valve regurgitation

increased ESR

#

10

Early manifestations of scleroderma include:

4

prolonged unmotivated fever

migratory arthritis

distal limb contractures

Raynaud's syndrome

skin induration

#

11

Dermatomyositis is an idiopathic inflammatory disease (continue definition):

3

characterized by lesions of the skin and peripheral muscles by the type of progressive fibrosis

autoimmune genesis with symptoms of paralytic weakness and skin infiltrates

with weakness of the proximal muscles, increased activity of blood enzymes, typical changes in

electromyography and inflammatory infiltrates in the muscles

autoimmune genesis with damage to the skin and internal organs

#

12

Complaints about "starting pain" in the joints are typical for:

2

rheumatoid arthritis

osteoarthritis

rheumatoid arthritis

gout

reactive arthritis

#

13

What symptom is pathognomonic for systemic lupus erythematosus:

3

polyarthritis

carditis

butterfly erythema

nephritis

splenomegaly

#

14

The most common skin lesions in systemic scleroderma include:

2

annular erythema

symptom of "pouch" around the mouth

subcutaneous venous network

hemorrhagic rash

Lukin's spots

#

15

Specify the typical localization of the inflammatory process in the joints at the onset of rheumatoid arthritis:

1

small hand joints

hip

metatarsophalangeal

knee

shoulder

#

16

Who most often suffers from rheumatoid arthritis:

3

young men (under 40)  
women 40-60 years old and older  
young women under 40  
men who have sex problems  
athletes

#

17

What visceral lesions are characteristic of systemic scleroderma:

1

basal fibrosis  
renal amyloidosis  
ulcerative lesion of the gastrointestinal tract  
hemorrhagic vasculitis  
intestinal diverticulitis

#

18

For the diagnosis of SJS, the most significant are:

5

increased ESR  
increased titer of rheumatoid factor (RF)  
hyper- $\gamma$ -globulinemia  
detection of antinuclear factor  
antibodies to topoisomerase I and anticentromeric antibodies

#

19

In patients with gout, the following are revealed:

4

erythema nodosum  
annular erythema  
hemorrhagic purpura  
tophuses  
telangiectasia

#

20

Rheumatic fever is caused by:

4

staphylococcus  
 $\beta$ -hemolytic streptococcus group C  
pneumococcus  
 $\beta$ -hemolytic streptococcus group A  
enterococcus

#

21

In what joints with osteoarthritis Bouchard's nodules are detected?

1

proximal interphalangeal joints of the hand  
distal interphalangeal joints of the hand  
knee joint  
first metatarsophalangeal joint  
elbow joint

#

22

What is typical for systemic scleroderma:

5

Erythema on the face  
myositis

polyarthritis  
hepatitis  
basal fibrosis

#

23

The most common skin lesions in systemic scleroderma include:

1

sclerodactyly  
tourniquet symptom  
hemorrhagic rash  
Lukin's spots  
annular erythema

#

24

Patients with acute rheumatic fever have:

2

erythema nodosum  
annular erythema  
hemorrhagic purpura  
tophuses  
telangiectasia

#

25

Choose the most reliable combination of signs for the diagnosis of rheumatoid arthritis:

5

"flying" arthralgia in large joints  
involvement of mainly large joints in the pathological process  
persistent arthralgias, joint block, osteophytes  
acute monoarthritis of the big toe  
symmetry of the lesions of small joints, morning stiffness for more than 1 hour

#

26

What is the basic drug for the treatment of systemic scleroderma?

4

chloroquil  
methotrexate  
cyclophosphamide  
D-penicillamine  
prednisone

#

27

At what defect is the maximum hypertrophy of the myocardium of the left ventricle observed?

2

aortic valve insufficiency  
aortic stenosis  
mitral valve insufficiency  
mitral valve stenosis  
tricuspid valve insufficiency

#

28

What is the difference between the terminal stage of rheumatoid arthritis:

5

muscle atrophy  
destruction of cartilage (usury)  
epiphyseal osteoporosis  
deformation of the joints  
ankylosis

#

29

A 52-year-old man with pain in the knee joints was found to have uric acid crystals in the synovial fluid. What disease is it typical for?

5

systemic lupus erythematosus

systemic scleroderma

rheumatic polyarthritis

osteoarthritis with synovitis

gouty arthritis

#

thirty

Patient M, 22 years old, suffering from SLE for a long time, developed swelling of the face and lower extremities. What complication can be assumed:

1

renal failure

amyloidosis of the liver

gastrointestinal complications

chronic pancreatitis

broncho-obstructive syndrome

#

31

In a patient with verified rheumatoid arthritis, it is advisable to start basic therapy with:

2

prednisone

methotrexate

D-penicillamine

sulfasalazine

cyclophosphamide

#

32

In a 52-year-old man with pain in the joints of the foot, X-ray examination revealed rounded bone defects and large bone cysts. What disease is it typical for?

5

systemic lupus erythematosus

systemic scleroderma

rheumatic polyarthritis

osteoarthritis with synovitis

gouty arthritis

#

33

4

In a 36-year-old patient, who has been suffering from rheumatoid arthritis for a long time, proteinuria of more than 3.5 g / l was found in the urine. What disease can be expected to develop?

5

chronic pyelonephritis

chronic glomerulonephritis

interstitial nephritis

hydronephrosis of the kidneys

renal amyloidosis

#

34

#

In what diseases does acute aortic insufficiency develop?

2

rheumatic endocarditis

infective endocarditis

atherosclerosis  
mitral valve prolapse  
SLE

#

35

For SLE, the following statement is true:

5

typically monorganic lesion  
the disease develops mainly in young men  
requires course use of corticosteroids  
requires course use of NSAIDs  
typically multiple organ damage

#

36

Typical visceral manifestations in scleroderma:

2

damage to the stomach and intestines  
damage to the lungs and esophagus  
damage to the central nervous system and kidneys  
liver and spleen damage  
myocardial and pericardial damage

#

37

A 18-year-old patient has signs of heart damage after streptococcal infection. How long does it take for this?

2

In 5-7 days  
in 10-14 days  
a month later  
in six months  
in a year

#

38

Patient M, 32 years old, who has been suffering from rheumatoid arthritis for a long time, developed dense edema of the lower extremities. What visceral manifestation can be assumed:

2

heart failure  
kidney damage  
damage to the lungs and pleura  
vasculitis  
damage to the nervous system

#

39

In which of the heart defects is the left atrium significantly enlarged?

3

pulmonary stenosis  
unsealed Botallow duct  
mitral stenosis  
aortic stenosis  
insufficiency of the 3-leaf valve

#

40

Patient T, 38 years old, showed signs of aortic insufficiency, what is the criterion for limiting physical activity in this patient?

2

Shortness of breath on exertion  
Syncope conditions during physical exertion

Pain in the heart during exercise  
The appearance of edema on the lower limbs  
Heaviness in the right hypochondrium

#

41

Acute rheumatic carditis corresponds to:

1

valve valvulitis  
valve tears  
valve deformation  
perforation of valves  
valve vegetation

#

42

Pannus is ...

1

Aggressive Granulation Tissue  
Morning stiffness over 1 hour  
Increased ALT  
Heberden's knot  
High titer ASL-O

#

43

Rheumatoid factor is?

2

b-macroglobulin  
Antibody to FC-fragment of aggregated IgM  
Antibody to the synovium  
Antibody to Shared epitope (common epitope)  
Anti-arthritis peptide antibody

#

44

The criteria for additional immunological characteristics of rheumatoid arthritis are

1

antibodies to cyclic citrullinated peptide  
rheumatoid factor  
C-reactive protein  
antibodies to Smith  
antinuclear antibodies

#

45

Walrus fin deformation occurs during the formation of

2

flexion contracture in the metacarpophalangeal joints in combination with overextension of the proximal and flexion of the distal interphalangeal joints  
ulnar deviation of the hand with deviation of the fingers towards the ulna due to subluxation in the metacarpophalangeal joints  
pronounced flexion in the metacarpophalangeal joints and hyperextension of the distal interphalangeal joints  
flexion contours in the proximal interphalangeal joints  
osteolysis with shortening of the phalanges and wrinkling of the skin above them

#

46

The wrist joint is involved more often with?

1

rheumatoid arthritis  
gouty arthritis

tuberculous arthritis  
psoriatic arthritis  
reactive arthritis

#

47

Is it a common cause of hand muscle wasting?

1

rheumatoid arthritis  
gouty arthritis  
arthritis with sclerodermapsoarthritis  
reactive arthritis

#

48

What ECG changes occur in acute pericarditis?

1

ST segment elevation  
ST segment depression  
right bundle branch block  
atrioventricular block  
left bundle branch block

#

49

For acute pericarditis, the following rhythm disturbances are most characteristic:

one

Atrial arrhythmias.  
Ventricular fibrillation.  
Blockade of the right leg of the bundle of His.  
Blockade of the left leg of the bundle of His.  
Ventricular paroxysmal tachycardia.

#

50

The most important symptom in the diagnosis of acute fibrinous pericarditis:

2

Pain behind the sternum.  
Rubbing noise of the pericardium.  
Tachycardia.  
Decreased blood pressure.  
Dysphagia.

#

51

The patient complains of dull pain in the region of the heart, shortness of breath and orthopnea for 2 weeks. Muffled heart sounds were detected, as well as a decrease in pulse pressure to 20 mm Hg. Art. The most likely cause of this condition is:

2

acute myocardial infarction  
massive effusion in the pericardial cavity  
decompensated cor pulmonale  
the appearance of atrial tachyarrhythmia  
massive pleural effusion

#

52

With which of the following diseases is differential diagnosis more often performed in acute dry pericarditis according to ECG data:

1

myocardial infarction;  
Pulmonary embolism;  
hypertrophic cardiomyopathy;

Fiedler's myocarditis;  
with spontaneous pneumothorax.

#

53

Constrictive pericarditis is characterized by:

3

Arterial and venous pressure practically do not change.

Increased arterial and venous pressure.

BP is reduced, venous - increased.

BP is elevated, venous - reduced.

Decreased blood pressure and venous pressure.

#

54

What complaints do patients in the stage of compensation with mitral valve insufficiency present?

5

dyspnea

heartbeat

interruptions in the heart

cough

no complaints

#

55

In the onset of rheumatoid arthritis, the following joints are most commonly affected:

one

metacarpophalangeal and proximal interphalangeal

elbow

hip

knee

cervical spine

#

56

What complaints do patients present in the stage of compensation of mitral stenosis?

5

dyspnea

heartbeat

interruptions in the heart

cough

no complaints

57

Clinical symptoms of mitral valve insufficiency:

1

an increase in the boundaries of relative cardiac dullness to the left and up + weakening of the I tone and systolic murmur at the apex

an increase in the boundaries of relative cardiac dullness upward + splitting of the I tone at the apex

an increase in the boundaries of relative cardiac dullness to the right + weakening of the I tone and systolic murmur at the V point

increase in the boundaries of relative cardiac dullness to the right + increase in I tone and systolic murmur at point V

an increase in the boundaries of relative cardiac dullness to the left and to the right + an increase in the I tone and systolic murmur at the IV point

#

58

Clinical symptoms of mitral stenosis:

2

an increase in the boundaries of relative cardiac dullness to the left and up + weakening of the I tone and systolic murmur at the apex

an increase in the boundaries of relative cardiac dullness up and to the right + increase in I tone and diastolic murmur at the apex

an increase in the boundaries of relative cardiac dullness to the right + an increase in the I tone and diastolic murmur at the IV point

increase in the boundaries of relative cardiac dullness to the right + increase in I tone and systolic murmur at point V

an increase in the boundaries of relative cardiac dullness to the left and to the right + an increase in the I tone and systolic murmur at the IV point

#

59

What changes in pulse and blood pressure can be detected in a patient with aortic valve insufficiency

1

pulse fast, high + high pulse pressure

pulse slow, low + decrease in systolic pressure

pulse fast, high + increased diastolic pressure

pulse slow, low + high diastolic pressure

pulse fast, low and low pulse pressure

#

60

Diastolic murmur with mitral stenosis has the following characteristics:

4

Irradiates to the left axillary region.

It is better heard in the position on the right side.

Accompanied by tone III.

It is better heard in the position on the left side at the height of the expiratory phase.

Listening better while standing.

#

61

Specify a drug for the treatment of acute rheumatic fever if an allergic reaction to penicillin is noted:

3

amikacin

ceftriaxone

erythromycin

imipenem

tetracycline

#

62

Treatment with methotrexate in a patient with rheumatoid arthritis is recommended to be discontinued if the level of liver transaminases increases from the upper limit of the norm by more than

3

1.5 times

2 times

3 times

3.5 times

4 times

#

63

Methotrexate in the treatment of rheumatoid arthritis is prescribed in the starting dose

3

2.5 mg per week

5 mg per week

7.5 mg per week

10 mg per week

15 mg per week

#

64

The dose of oral methotrexate in the treatment of rheumatoid arthritis, if well tolerated, should be increased to at least?

3

15 mg per week

17.5 mg per week

20 mg per week

25 mg per week

30 mg per week

#

65

What is preferred in the treatment of DM (polymyositis):

3

non-steroidal anti-inflammatory drugs

aminoquinoline preparations

corticosteroid drugs

antibacterial drugs

antiviral drugs

#

66

The maximum therapeutic effect when prescribing basic drugs to patients with rheumatoid arthritis occurs through:

5

2 months

3 months

4 months

5 months

6 months

#

67

Basic therapy for gout includes:

1

Allopurinol

Prednisolone

Indomethacin

Penicillin

Hemodez

#

68

A 54-year-old patient complains of dull pain in the region of the heart, shortness of breath and orthopnea that have appeared in the last 2 weeks. Revealed muffled heart tones, a decrease in pulse pressure to 25 mm Hg. while taking a deep breath. What is the most likely cause of this condition?

2

Acute myocardial infarction.

Massive pericardial effusion.

Decompensation of asymptomatic leaking valvular heart disease.

Atrial tachyarrhythmia.

Massive pleural effusion.

#

69

Protodiastolic murmur with mitral stenosis occurs due to:

3

Active atrial systole.

The appearance of atrial fibrillation.

Increased pressure gradient across the mitral valve.

Mitral regurgitation.

Stretching of the left atrium.

#

70

The most important mechanism providing the anti-inflammatory, antipyretic and analgesic effect of NSAIDs is

4

suppression of macrophage migration  
decreased lysosomal permeability  
decreased vascular permeability  
suppression of the synthesis of pro-inflammatory prostaglandins  
inhibition of superoxide radicals

#

71

Is it characteristic for the diagnosis of rheumatoid arthritis on X-ray?

4

the presence of a "punch" symptom  
the presence of osteophytes  
the presence of syndesmophytes  
usulation of pineal glands  
bilateral sacroiliitis

#

72

The most severe complications of therapy with aminoquinoline drugs are

2

gastroenterological disorders  
retinopathies  
skin rashes  
upset stool  
myopathies

#

73

When conducting long-term glucocorticosteroid therapy in patients with RA, preference is given to

1

prednisolone  
dexamethasone  
triamsinolone  
betamethasone  
polcortalona

#

74

Basic drug for rheumatoid arthritis:

2

penicillin  
leflunamide  
actovegin  
indomethacin  
prednisone

#

75

In the diet of patients with gout, it is necessary to limit:

5

milk products  
easily digestible carbohydrates  
cereals  
fruit  
meat products.

#

76

Is it recommended for patients with persistent hyperuricemia and acute attacks of arthritis?

2

Antibacterial therapy.

Urate-lowering therapy

Hydroduthery

Oxalate-lowering therapy

Lipid-lowering therapy

#

77

The main indication for intra-articular administration of corticosteroids in rheumatoid arthritis:

3

morning stiffness in the joints

narrowing of the joint space

mono - or oligoarthritis with exudative manifestations

damage to internal organs

combination of rheumatoid arthritis with osteoarthritis

#

78

The causes of destruction of articular surfaces in rheumatoid arthritis are:

3

primary inflammation in the cartilage tissue

toxic composition of synovial fluid

cartilage creeping pannus

rheumatoid nodules

rheumatoid vasculitis

#

79

The drug for the relief of an acute attack of gout:

4

tetracycline

febuxostat

rosuvastatin

colchicine

allopurinol

#

80

Are the following groups of drugs not used in the treatment of gout?

3

cytostatics

prokinetics

uricodepressants

genetically engineered drugs

antibiotics

#

81

Specify the drug for the basic therapy of gouty arthritis

3

azathioprine

prednisone

allopurinol

chondroitin sulfate

nimesulide

#

82

By what means is collagen formation suppressed in SJS?

4

chloroquine

azathioprine

prednisolone  
D-penicillamine  
hydroxychloroquine

#

83

The optimal drug for long-term therapy of systemic lupus erythematosus is

5

triamcinolone  
urbazon  
hydrocortisone  
dexamethasone  
prednisone

#

84

What are the best glucocorticosteroids for pulse therapy?

4

hydrocortisone  
prednisone  
dexamethasone  
methylprednisolone  
triamcinolone

#

85

When conducting pulse therapy with systemic lupus erythematosus, glucocorticosteroids are used?

3

prednisone  
dexamethasone  
methylprednisolone  
triamcinolone  
hydrocortisone

#

86

Significant weight loss, severe muscle weakness, paraorbital edema are symptoms characteristic of:

3

periarthritis nodosa  
systemic scleroderma  
dermatomyositis  
systemic lupus erythematosus  
giant cell arteritis

#

87

Detection of osteolysis of the nail phalanges in the patient is evidence in favor of the diagnosis

3

rheumatoid arthritis  
psoriatic arthropathy  
systemic scleroderma  
Reiter's disease  
osteoarthritis

#

88

When examining a patient with dermatomyositis, the presence of

1

heliotropic rash  
hyperpigmentation of the skin  
erythema nodosum  
hematome  
keratoderma

#

89

Mandatory instrumental studies in systemic scleroderma include

1

fluoroscopy of the esophagus

electroencephalography

CT scan of the brain

needle electromyography

ECG

#

90

Skin changes with dermatomyositis include

1

Gottron's symptom

keratoderma

butterfly erythema

telangiectasia

linear scleroderma

#

91

With long-term therapy of OA, the following drugs act negatively on chondrocytes, enhancing the catabolic process in the articular cartilage:

5

dimexide

simisk

noltrex

arteparon

prednisone

#

92

In the treatment of osteoarthritis, it is advisable to use:

1

chondroitin sulfate

colchicine

milurite

D-penicillamine

febuxostat

#

93

Basic therapy for osteoarthritis includes:

3

pulse glucocorticoid therapy

continuous use of NSAIDs

taking chondroprotectors

constant intake of milurite

constant intake of cytostatics

#

94

What laboratory parameters are typical for osteoarthritis:

5

hypochromic anemia

leukocytosis

erythrocytosis

thrombocytopenia

normal blood counts

#

95

In a patient with osteoarthritis with hypertension, stage 2 is preferable

2

diclofenac

meloxicam

voltaren

methotrexate

indomethacin

#

96

What is the exact method of differentiating non-rheumatic and rheumatic myocarditis:

3

Two-dimensional echocardiography.

Coronary angiography with ventriculography.

Myocardial biopsy.

ECG.

Phonocardiography.

#

97

An enlarged heart with myocarditis is associated with:

4

Myocardial hypertrophy.

Pericardial effusion.

Accumulation of glycogen in the myocardium.

Dilation of the myocardium

Reducing blood pressure

#

98

To detect effusion in the pericardial cavity, the most informative are:

4

Radioisotope heart scan.

ECG.

Coronary angiography. G.

EchoCG.

X-ray examination of the chest organs.

#

99

The patient has an increase in the 1st tone and diastolic murmur at the apex, an accent of the 2nd tone over the pulmonary artery. What defect can be suspected in the patient?

2

mitral regurgitation

mitral stenosis

aortic insufficiency

aortic stenosis

tricuspid stenosis

#

100

The patient listens to the weakening of the first tone and systolic murmur at the apex, deviation of the contrasted esophagus along a large radius arc in the 2nd oblique projection. What defect can be suspected in the patient?

1

mitral regurgitation

mitral stenosis

aortic insufficiency

aortic stenosis

tricuspid stenosis

#

101

What rhythm disturbances most often occur with mitral stenosis?

1

atrial fibrillation  
ventricular fibrillation  
atrial premature beats  
ventricular premature beats  
ventricular paroxysmal tachycardia

#

102

A 27-year-old female patient complains of malaise, weakness, weight loss by 7 kg in 2 months, pain in the interphalangeal joints of the hands and ankle joints, red spots on the face, chills. From the anamnesis: has been sick for about 6 months. On examination: the skin and mucous membranes are pale, "vascular butterfly" in the nose and cheeks, the hair is dull, brittle, there are areas of baldness. What examination is necessary for this patient in the first place:

2

determination of uric acid in blood and urine  
determination of ANF, level of complement C3, C4, ESR  
anti Scl -70, antibodies to topoisomerase  
determination of the titer of antistreptolysin O (ASL-O)  
determination of rheumatoid factor, Anticitruline cytoplasmic antibodies

#

103

The patient has a weakening of the I tone at the apex, weakening of the II tone above the aorta, systolic murmur above the aorta, on Echo-KG - the area of the aortic opening is less than 18 mm<sup>2</sup>, turbulent systolic flow, hypertrophy of the left ventricular. What defect does the patient have?

4

mitral regurgitation  
mitral stenosis  
aortic insufficiency  
aortic stenosis  
combined aortic defect

#

104

The patient has a weakening of the I tone at the base of the xiphoid process, systolic murmur at the base of the xiphoid process, amplifying at the height of inspiration (symptom Rivero-Corvalho). What defect can be suspected in a patient?

5

mitral insufficiency  
mitral stenosis  
aortic insufficiency  
aortic stenosis  
tricuspid insufficiency

#

104

What is the difference between systolic ejection murmur and systolic regurgitation murmur?

4

Merges with the I tone.  
Occurs in the last third of systole.  
Accompanied by tone III.  
Occurs a short interval after I tone.  
No different.

#

105

Presystolic murmur during auscultation of the heart in a patient with mitral stenosis disappears during development?

3

Atrial premature beats

Ventricular premature beats  
Atrial fibrillation  
Right bundle branch block  
Left bundle branch block

#

106

A 46-year-old patient 3 months ago was diagnosed with dermatomyositis with a progressive course (purple paraorbital edema, muscle weakness, fever, dysphagia with choking, ESR-40 mm / hour). Treatment with prednisolone at a daily dose of 15 mg did not significantly affect the disease. What reason should be assumed in the first place?

3

inaccurate diagnosis  
not prescribed NSAIDs  
insufficient dose of prednisolone  
methotrexate not prescribed  
sulfasalazine not prescribed

#

107

Patient 40 years old, has been observed by a rheumatologist for a long time. Recently, shortness of breath has worsened, swelling appeared on the legs. On examination: cyanotic blush on the cheeks, the heart expanded to the left and upward, trembling in the apex. On auscultation at the apex, loud 1 tone, diastolic murmur, bifurcation of 2 tones, the rhythm is incorrect. The liver protrudes 3 cm below the costal arch, edema of the legs. The auscultatory picture is typical for:

2

mitral insufficiency  
mitral stenosis  
pulmonary stenosis  
aortic stenosis  
aortic insufficiency

#

108

A 28-year-old woman has pain in the small joints of the hands with limited mobility, morning stiffness for more than 1 hour. What immunological indicator will be decisive for the diagnosis:

3

ANA  
Antibodies to ds DNA  
Anticitruline cytoplasmic antibodies  
Smith antibodies  
Antiphospholipid antibodies

#

109

A 45-year-old patient has Raynaud's syndrome up to necrotic changes in the fingers, impaired swallowing, pulmonary hypertension, difficult flexion of the fingers, thickening of the skin in the area of the hands, shortening of the fingers due to lysis of the terminal phalanges. What disease should you think about:

2

rheumatoid arthritis  
systemic scleroderma  
dermatomyositis  
systemic lupus erythematosus  
mixed connective tissue disease

#

110

A 64-year-old patient complains of limited mobility in the distal interphalangeal joints of both hands, which arose about 12 years ago and is gradually progressing. On examination, attention is drawn to the nodular thickenings in the region of the distal interphalangeal joints of both hands, the fingers are

deformed, and the mobility in them is limited. No pathology was revealed on the part of the internal organs. Blood and urine tests are within normal limits.

Diagnose:

4

rheumatoid arthritis

reactive arthritis

rheumatoid arthritis

osteoarthritis

gouty arthritis

#

111

A 47-year-old patient has the following combination of symptoms: involvement of the metatarsophalangeal joint of the big toe in the process, during the exacerbation period, sharp redness, swelling of the joints, subcutaneous nodules on the auricles and elbows. What disease is it typical for:

1

gouty arthritis

reactive arthritis

osteoarthritis

rheumatoid arthritis

rheumatoid arthritis

#

112

A 49-year-old patient has been diagnosed with an acute attack of gout. Suffering from this disease for 10 years with exacerbations 2-3 times a year. What X-ray signs should be detected:

3

single small erosion

multiple small erosion

punch symptom

epiphyseal osteoporosis

subchondral osteosclerosis

#

113

A 26-year-old woman presented with polyarthritis of the small joints of the hands and wrists for 6 months. 2 months ago she began to lose hair, recently after a trip to the sea, an erythematous rash appeared on her face. Temperature 38 ° C. BP - 140/100 mm Hg. In the urine, proteinuria. Your diagnosis:

2

systemic scleroderma

systemic lupus erythematosus

systemic hemorrhagic vasculitis

dermatomyositis

polymyositis

#

114

Is there a study to evaluate purine metabolism?

2

lipid spectrum

serum uric acid content

blood creatinine

urine oxalate

phosphate in urine

#

115

A 28-year-old woman has pain in the small joints of the hands with limited mobility. When making a differential diagnosis between rheumatoid arthritis and SLE, which indicator will be decisive for the diagnosis:

3

increased ESR  
presence of RF in serum  
ANA availability  
increase in Ig G, M, A  
increase in Ig G, M, A and CRP

#

116

Sudden onset of cough and shortness of breath is an indication for immediate withdrawal

1

methotrexate  
azathioprine  
sulfasalazine  
NSAIDs  
cyclosporine

#

117

Hematuria is an indication for immediate withdrawal

2

methotrexate  
penicillamine  
sulfasalazine  
leflunamide  
cyclosporine

#

118

Choose the safest colchicine treatment for acute gouty arthritis:

5

intravenous administration of 1 mg colchicine  
intravenous administration of 2 mg colchicine  
intravenous administration of 3 mg colchicine  
oral administration for 3 days (the first day - 3 mg, the second - 2 mg, the third - 1 mg)  
oral administration of 0.6 mg colchicine every hour until an effect is achieved or a total dose of 6 mg

#

119

The most striking clinical picture of synovitis with frequent exacerbations observed in osteoarthritis:

4

hip joint  
distal interphalangeal joints of the hands  
I metatarsophalangeal joint  
knee joint  
proximal interphalangeal joints

#

## **GASTROENTEROLOGY**

#

1

Type A gastritis is characterized by:

1

the presence of antibodies to parietal cells  
blood gastrin level 50 pg / ml  
hyperchlorhydria  
hypochromic anemia  
the presence of antibodies to H. pylori

#

2

Which of the following drugs neutralizes ammonia at the level of the intestine in hepatic encephalopathy in patients with cirrhosis of the liver?

2

flumazenil  
lactulose  
ornithetil  
glutamic acid  
potassium orotate

#

3

Patient M., 40 years old, complains of belching with a "rotten egg", vomiting of food taken the day before. From the anamnesis it is known that the patient suffers from gastric ulcer. What complication are we talking about?

4

penetration  
perforation  
bleeding  
pyloric stenosis  
malignancy

#

4

Which of the following is a typical clinical sign of enteritis?

3

gastric dyspepsia  
asthenic-vegetative syndrome  
malabsorption of food  
fever  
constipation

#

5

What is the nature of the pain in duodenal ulcer disease?

4

dull, pressing pain in the epigastrium, aggravated by eating  
cramping aching pains in the right hypochondrium irradiating to the right shoulder when eating fatty foods  
persistent dull pain not associated with eating  
epigastric pain that occurs on an empty stomach and 2-3 hours after eating  
pain 30 minutes after eating

#

6

What is characteristic of type B gastritis?

5

the presence of antibodies to parietal cells  
increased gastrin level in the blood > 100 ng / l  
achlorhydria  
pernicious anemia  
the presence of antibodies to HP

#

7

Patient A., 32 years old, is worried about discomfort and aching pain throughout the abdomen, appetite is reduced, nausea occasionally appears. Also, the patient notes a violation of the stool - diarrhea is replaced by constipation. In a scatological study - overgrowth of fungi of the genus Candida. Which group of drugs should be prescribed to the patient:

4

antibiotics  
antispasmodics  
NSAIDs

enzymes  
antifungal

#

8

Which of the following factors contributes to the stagnation of bile:

1

violation of diet  
insolation  
intense exercise  
hypothermia  
hard mental work

#

9

After independent uncontrolled intake of 2 g of Isoniazid, after 1.5 hours, the patient began to develop the following symptoms acutely: a sharp feeling of nausea, which was accompanied by vomiting, the temperature rose to 38 ° C. Objectively: the skin is jaundiced, there is a specific "liver" smell. The patient is inhibited, comes into contact with difficulty. What can you expect in a laboratory test?

1

increased activity of AST, ALT, LDH  
increased cholesterol  
decreased alkaline phosphatase levels  
decrease in procalcitonin  
increased prothrombin

#

10

What symptom is characteristic of autoimmune hepatitis:

1

antibodies to hepatic-renal microsomes  
presence of HBsAg  
increased titers of ASL-O  
decreased IgG levels  
decrease in IgE level

#

11

What symptom is most typical for the hypertensive form of biliary dyskinesia?

5

heaviness in the right hypochondrium  
dyspeptic symptoms  
soreness in the right hypochondrium  
spherical gallbladder (cholecystography, ultrasound)  
positive effect of cholekinetics

#

12

What remedy is used to suppress the activity of pancreatic enzymes?

4

almagel  
platyphylline  
quamatel  
trasilol  
omeprazole

#

13

Indicate the two most important factors in the etiology of liver cirrhosis:

2

inflammation and stones of the biliary tract  
hepatotropic viruses and alcohol  
violation of the exchange of copper and iron

toxins and drugs  
alimentary and industrial hazards

#

14

Select the characteristics of the biochemical cholestasis syndrome:

2

increased activity of transaminases, LDH, alkaline phosphatase

increased bilirubin, cholesterol, alkaline phosphatase

decreased albumin and blood clotting factors

dysproteinemia and positive sediment samples

hypoprothrombinemia, hypoalbuminemia

#

15

The following reasons can lead to cholestasis:

1

swelling of the greater duodenal papilla

type B gastritis

gastroduodenal reflux

Crohn's disease

splenomegaly

#

16

Chronic atrophic gastritis is manifested by:

2

painful heaviness along the bowel loops

pain in the epigastric region immediately after eating

night pains radiating to the right hypochondrium

hungry pain in the epigastrium

diarrhea alternating with constipation

#

17

Patient D., 34 years old, at a doctor's appointment with complaints of pain in the right hypochondrium, fever up to 38°C, chills, general malaise, feeling of nausea. Laboratory - erythrocytes  $4.5 \cdot 10^{12}$  g / l, leukocytes  $12 \cdot 10^9$  g / l, ESR 18 mm / h, alkaline phosphatase level 300 U / l. The doctor suggests a diagnosis of cholangitis. What instrumental examination methods should be used to confirm the diagnosis?

4

cholecystography

plain radiography of the abdominal organs

percutaneous hepatic cholangiography

endoscopic retrograde cholangiopancreatography

gastroscopy

#

18

A 22-year-old patient has been observed in the clinic for the last 3 years due to sudden attacks of colicky pains in the right hypochondrium, which are of a short-term nature. The attack is accompanied by nausea, sweating. The occurrence of an attack connects with psycho-emotional factors. Pain is relieved by injection of no-shpy. During the observation period of body temperature increase, jaundice was not observed. Bubble symptoms during periods of exacerbation are weakly positive. Repeated general analysis of blood, urine, liver tests during periods of exacerbation did not reveal any deviations. What is the preliminary diagnosis?

3

chronic cholecystitis

cholelithiasis

irritable bowel syndrome

functional disorder of the biliary tract by hypertensive type

functional disorder of the biliary tract by hypotonic type

#

19

Which of the following results of cholecystography corresponds to chronic cholecystitis:

2

the shape of the gallbladder is not changed

gallbladder deformed

gallbladder contraction accelerated

accelerated contraction of the gallbladder after taking cholecystokinetics

adequate contraction of the gallbladder after taking cholecystokinetics

#

20

The clinical picture of chronic cholangitis is characterized by the following symptoms:

2

sharp paroxysmal pain in the right hypochondrium

pain in the right hypochondrium against the background of jaundice and fever

pressing or arching pain in the right hypochondrium

intermittent aching pain in the right hypochondrium

positive symptoms of Ortner, Vasilenko, Murphy

#

21

A 34-year-old patient complains of aching pain in the right hypochondrium, nausea, heartburn, a feeling of bitterness in her mouth. After further examination, a diagnosis of chronic acalculous cholecystitis was established. What drugs are indicated for this patient:

3

antibiotics

uricosuriki

choleretic

antacids

enzymes

#

22

What diet is recommended for a patient with hypotonic biliary dyskinesia:

2

diet with restriction of the use of mechanical and chemical food irritants, intake of low-mineralized waters

a diet with a sufficient amount of choleretic products, as well as magnesium salts and coarse vegetable fiber, the intake of highly mineralized waters

a diet with a restriction of choleretic products, the intake of low-mineralized waters, if it is ineffective, offer the patient surgical treatment

extractives are needed

it is enough to limit fatty and fried foods, periodically prescribe physiotherapy

23

Patient D., 34 years old, at the doctor's office complaining of pain in the right hypochondrium, fever up to 38.0°C, chills, general malaise, feeling of nausea. Laboratory - RBC  $4.5 \times 10^{12}/l$ , WBC  $12 \times 10^9/l$ , ESR 18 mm/h, alkaline phosphatase level 300 U/l. Instrumentally - on ultrasound, an enlarged choledoch, with compacted walls. When conducting duodenal sounding in all portions of bile, there is a lot of mucus, desquamated epithelial cells, and leukocytes. What is your expected diagnosis?

5

acute cholecystitis

biliary dyskinesia of the hypokinetic type

biliary dyskinesia of hyperkinetic type

chronic cholecystitis, in the acute phase

cholangitis

#

24

Patient D., 34 years old, at the doctor's office complaining of pain in the right hypochondrium, fever up to 38.0°C, chills, general malaise, feeling of nausea. Laboratory - RBC  $4.5 \times 10^{12}/l$ , WBC- $12 \times 10^9/l$ , ESR

18 mm / h, alkaline phosphatase level 300 U/l. The doctor suggests a diagnosis of cholangitis. What instrumental methods of examination should be used to confirm the diagnosis?

4

cholecystography

plain radiography of the abdominal organs

percutaneous transhepatic cholangiography

endoscopic retrograde cholangiopancreatography

gastroscopy

#

25

Patient K., 45 years old, complains of constant aching pain in the right hypochondrium, which intensifies after taking fatty and fried foods. Laboratory – RBC- $4.5 \times 10^{12}$  g / l, WBC- $10.9 \times 10^9$  /l, ESR 25 mm/h.

When conducting ultrasound - expansion of the gallbladder, thickening and swelling of its wall. What disease are we talking about?

1

cholecystitis

cholangitis

hypertensive biliary dyskinesia

hypotonic biliary dyskinesia

mixed dyskinesia

#

26

What is the most common cause of chronic pancreatitis:

1

alcohol abuse

chronic viral infections

cholelithiasis

overweight, hyperlipidemia

hypercholesterolemia

#

27

What concerns the signs of portal hypertension in liver cirrhosis?

3

Corvisar's face

subcutaneous nodules

varicose veins of the esophagus, stomach

varicose veins of the lower extremities

hemorrhagic diathesis

#

28

What preventive measures should be taken in a patient with chronic cholecystitis?

5

diet, table number 10

timely treatment of metabolic disorders

spa treatment with the use of mineral waters, increased mineralization

periodic appointment of a course of antispasmodic drugs

timely and correct treatment of acute cholecystitis

#

29

What diseases are caused by Helicobacter pylori infection?

2

atrophic gastritis (autoimmune)

gastritis and peptic ulcer of the stomach and duodenum

eosinophilic gastritis

reflux esophagitis

reflux gastritis

#

30

Pain during exacerbation of gastric ulcer:

4

dagger over the entire surface of the abdomen  
aching constant, closely related to the intake of salty food  
dull pain in the right hypochondrium  
acute epigastric pain  
spastic, disappears with the use of cholagogues

#

31

Choose which of the following is characteristic of primary biliary cirrhosis:

5

positive markers of viral hepatitis  
a sharp decrease in INR, PTI  
increased fibrinogen levels  
hypocholesterolemia  
lack of stercobilin in the blood

#

32

Helicobacter pylori therapy is indicated in the following cases:

3

Zollinger-Ellison syndrome  
reflux gastritis  
gastric ulcer associated with HP  
dumping syndrome  
nonspecific ulcerative colitis

#

33

Diarrhea can be the result of a defeat:

5

stomach  
pancreas  
small intestine  
colon  
stomach, pancreas, small and large intestine

#

34

Select the characteristic clinical symptoms of cholangitis:

2

pain in the right hypochondrium after eating fatty foods, nausea, vomiting  
sharp pain in the right hypochondrium, the appearance of discolored feces, dark urine short-term pain in the epigastric region, vomiting, diarrhea  
low-grade fever with chills, enlarged liver, jaundice, leukocytosis, a sharp increase in ALT, AST  
dull pain in the right hypochondrium, belching with bitterness

#

35

What plays a decisive role in the pathogenesis of irritable bowel syndrome?

2

violation of the secretory function of the large intestine  
impaired motor function of the colon  
violation of the endocrine function of the large intestine  
violation of the absorption function of the colon  
violation of all functions of the colon

#

36

The most valuable laboratory indicator in the diagnosis of exacerbation of chronic pancreatitis is:

3

leukocytosis  
blood aminotransferase level  
the level of blood amylase and elastase-1 in feces  
blood alkaline phosphatase level  
hyperglycemia

#

37

What method is reliable to exclude the malignancy of a stomach ulcer?

5

radiological  
endoscopy  
feces for occult blood  
study of gastric secretion  
endoscopy with biopsy

#

38

Which of the following diseases leads to the development of cirrhosis of the liver??

1

Wilson-Konovalov disease  
multiple myeloma  
Budd-Chiari disease  
viral hepatitis A  
cholangitis

#

39

What is the clinical manifestation of chronic non-atrophic gastritis?

3

increased body temperature  
belching "rotten"  
pain in the epigastric region arising after eating  
the chair does not change  
increased appetite

#

40

For chronic non-atrophic gastritis endoscopically characteristic:

2

diffuse or focal thinning of the mucous membrane, its color pale, multiple erosions  
redness, hypertrophy of folds, single erosion and hemorrhage in the submucosa  
the mucous membrane has a velvety appearance, folds are smoothed  
the folds of the mucosa are small, hypotrophic  
mucosal defect

#

41

Crohn's disease is complicated by:

1

formation of fistulas and fistulas  
intestinal bleeding  
toxic megacolon  
intestinal patency  
secondary pancreatitis

#

42

Radiographically revealed absence of peristalsis in the distal esophagus with normal motility in the proximal region is characteristic of:

2

achalasia of the esophagus  
scleroderma

diffuse esophageal spasm

esophagitis

Barrett's esophagus

#

43

The leading pathogenetic link of peptic ulcer with localization of the ulcer in the body of the stomach is:

3

acid peptic factor

bile reflux

decrease in the protective properties of the gastric mucosa (GM).

violation of the motor-evacuation function of the gastrointestinal tract

immunological factors

#

44

From among the following, erosive-ulcerative and other organic changes in the colon mucosa are characteristic of nonspecific ulcerative colitis:

2

linear deep ulcers, capturing the deep layers of the colon wall.

shallow ulcers, capturing only the mucous membrane of the large intestine.

large ulcers with undermined edges, filled with cheesy mass.

tortuous deep ulcers

pale yellow membranous plaques

#

45

Specify the main group of drugs used for anti-relapse treatment and maintenance therapy of non-specific ulcerative colitis:

2

antibiotics

5-aminosalicylic acid preparations

glucocorticoids of local and systemic effect

cytostatics

healing enemas with sea buckthorn oil

#

46

For the development of cholangitis, the following components are required:

2

liver disease

stagnation of bile with infection

overeating

decreased secretion of hydrochloric acid

psychogenic factors

#

47

Which of the following diseases is accompanied by the presence of inflammatory changes in the general blood test during exacerbations?

4

biliary dyskinesia

irritable bowel syndrome

chronic gastritis type A

chronic cholecystitis

intestinal dysbiosis

#

48

What disease is based on the formation of antibodies to parietal cells of the gastric mucosa?

2

chronic nonatrophic gastritis

chronic atrophic gastritis

stomach ulcer  
for all forms of gastritis  
reflux gastritis

#

49

What are the signs of chronic enteritis:

4

usually constipation, which can be followed by diarrhea  
pinpoint pain in the pyloroduodenal region, irradiating to the right  
pain in the abdomen, aggravated by the position of the patient on the back, on the left side and when  
bringing the legs to the body  
soreness of the abdomen above the navel and strong pressure to the left and above the navel positive  
Mendel's symptom

#

50

What pain syndrome is typical for patients with chronic cholecystitis?

4

pain throughout the abdomen of a girdle nature  
hungry, night pain in the epigastric region  
intense, paroxysmal pain in the right hypochondrium  
constant pain in the right hypochondrium, when eating fatty, fried, spicy foods  
severe, intense pain in the epigastric region, accompanied by nausea, vomiting, patients covered with  
sweat

#

51

What morphological changes are characteristic of chronic cholecystitis?

2

swelling of the submucosa of the gallbladder  
thickening and hardening of the walls of the gallbladder  
flattening of the relief with atrophic processes  
the presence of eosinophilic infiltrates  
hypoplasia and metaplasia of the gallbladder walls

#

52

Gastroscoically, atrophic gastritis is characterized by:

2

redness, swelling, fold hypertrophy  
the mucous membrane is pale, the vessels of the submucosa are visible, diffuse or focal thinning of the  
mucous membrane  
the mucosa is hyperemic with the presence of erosion and thinning of the submucosa with a sharp release  
of the vascular pattern  
presence of bile in gastric contents  
hyper-folding of the mucosa and submucosa, a large amount of bile

#

53

What is clinically characteristic of patients with chronic atrophic gastritis?

5

soreness in the right hypochondrium and enlarged liver  
weight gain  
pain on palpation of the left iliac region  
rumbling along the duodenum  
atrophy of the papillae of the tongue

#

54

For the diagnosis of malabsorption syndrome in chronic diarrhea, it is more informative:

3

scatological examination

sigmoidoscopy  
biochemical blood test  
radiological data  
study of gastric secretion

#

55

What is the nature of the pain in duodenal ulcer disease?

4

dull, pressing pain in the epigastrium, aggravated by eating  
cramping aching pains in the right hypochondrium irradiating to the right shoulder when eating fatty foods

constant dull pain not associated with food intake

cutting pain in the epigastrium that occurs on an empty stomach and 2-3 hours after eating

pain 30 minutes after eating

#

56

Leading of the syndromes in biliary cirrhosis?

4

dyspeptic

asthenic

portal hypertension

cholestasis

liver failure

#

57

A 62-year-old patient with a short ulcerative history and a long-term non-scarring stomach ulcer complained of weakness, nausea, loss of appetite, constant pain in the epigastric region, and weight loss.

In this case, you can think about:

2

stenosis of the gastric outlet

primary ulcerative cancer

ulcer penetration

perforation of the ulcer

microbleeding from ulcers

#

58

A patient suffering from peptic ulcer disease for a long time with localization in the duodenal bulb has recently changed the clinical picture: there was heaviness in the epigastrium after eating, nausea, profuse vomiting of food in the afternoon, bad breath, weight loss. We can assume the following:

1

organic stenosis of the pyloroduodenal zone

functional stenosis

stomach cancer

ulcer penetration

perforation of the ulcer

#

59

Is the effectiveness of eradication therapy monitored for HP-associated gastritis?

3

immediately after the end of the 7-14-day course of anti-helicobacter treatment

2 weeks after the end of eradication therapy

at least 4 weeks after the end of eradication therapy

8 weeks after the end of eradication therapy

the timing of performance monitoring does not matter

#

60

The leading pathogenetic link in the development of peptic ulcer with ulcer localization in the duodenum is?

one

pronounced acid-peptic factor

bile reflux

weakening of the protective factors of the duodenal mucosa

immunological factors

violation of the motor function of the gastrointestinal tract

#

61

What are the characteristics of type B gastritis?

5

the presence of antibodies to parietal cells

increased gastrin level in the blood > 100 ng / l

achlorhydria

pernicious anemia

the presence of antibodies to HP

#

62

What data support the onset of massive liver necrosis in GV:

2

the liver is significantly enlarged, evenly, of a tight-elastic consistency, the surface is smooth, slightly sensitive

the liver is significantly enlarged, soft "test" consistency, painful

the liver is enlarged evenly, rather dense, the edge is pointed, painless

the liver is enlarged unevenly, dense, the edge is pointed, the surface is uneven

the liver is not enlarged, a pointed edge is palpable on inspiration, dense, painless

#

63

The presence of erosions in the antrum of the stomach is typical for:

5

acute gastritis

autoimmune gastritis

granulomatous gastritis

Menetrie's disease

Helicobacter pylori infection

#

64

In the presence of diarrhea and the absence of malabsorption syndrome, you can think about:

1

irritable bowel syndrome

dumping syndrome

hysteria

granulomatous colitis

celiac disease

#

65

With dietary therapy for peptic ulcer disease, the inclusion of protein foods with fractional nutrition will result in:

1

to reduce the aggressiveness of gastric contents

increased aggressiveness of gastric contents

aggressiveness does not change

to lower the mucous-bicarbonate barrier

to diarrhea

#

66

The diagnosis of "gastritis" is considered eligible under which of the following conditions:

3

in the presence of a violation of the endocrine function of the stomach

in the presence of a violation of the secretory function of the stomach

in the presence of leukocyte infiltration of the gastric mucosa

in the presence of a violation of the motor function of the stomach

in the presence of pain syndrome

#

67

Basic therapy for ulcerative colitis:

5

antibiotics

5-aminosalicylic acid derivatives

corticosteroids

cytostatics

combination of corticosteroids with cytostatics

#

68

A 23-year-old patient complained of a feeling of heaviness in the right hypochondrium, moderate jaundice, general weakness, weight loss, joint pain. History: acute viral hepatitis in childhood.

Objectively: the skin is icteric. The liver is enlarged - it protrudes from under the edge of the right costal arch by 2 cm. The spleen is not palpable. In biochemical studies: the level of transaminases increased more than 3 times, total bilirubin - 32.8  $\mu\text{mol/l}$ . Australian antigen detected.

What is the most likely diagnosis?

3

autoimmune hepatitis

primary biliary cirrhosis

chronic hepatitis B

cirrhosis of the liver

Gilbert's disease

#

69

Which of the following is the most significant for the diagnosis of primary hemochromatosis?

3

increased hemoglobin and serum iron levels

increased urinary iron excretion

increased saturation of transferrin with iron

presence of cytolytic syndrome

the presence of a Kaiser-Fleischer ring on the cornea

#

70

Patient D., aged 43, complained of sharp dagger pains in the abdomen of a diffuse nature, nausea, and general weakness. The last 4 weeks took NPS in tab. due to severe joint pain. From the anamnesis it is known about the long course of gastric ulcer, he does not receive proper treatment. Laboratory - hemoglobin 145 g / l, erythrocytes -  $4.0 \cdot 10^{12}$  g / l, leukocytes -  $11.0 \cdot 10^9$  g / l. What is your expected diagnosis?

2

exacerbation of gastric ulcer

perforation of stomach ulcer

penetration of gastric ulcer

acute duodenal ulcer

exacerbation of chronic non-atrophic gastritis

#

71

A 56-year-old patient complains of skin itching, jaundice, pain in the right hypochondrium, weight loss. For 3-4 years, skin itching bothers. Recently, the skin itching has intensified and jaundice has appeared. In the analyzes: hyperbilirubinemia due to the direct fraction, a significant increase in alkaline

phosphatase, GGTP, a moderate increase in transaminases. A preliminary diagnosis was made: Primary biliary cirrhosis of the liver.

What examination is necessary to clarify the diagnosis?

5

determination of total protein content and its fractions

anti-smooth muscle antibodies

antibodies to hepatic-renal microsomes

antibodies to hepatic pancreatic antigen

antimitochondrial antibodies

#

72

A 43-year-old patient complains of pain in the right and left hypochondrium, aggravated by walking, an increase in body temperature to subfebrile figures, frequent nosebleeds, a sharp weight loss of 12 kg in 3 months. Sick for 4 years, when he first noted the darkening of the skin. A sharp deterioration in the condition during the last month, expressed in a significant darkening of the urine, the appearance of edema and an increase in the volume of the abdomen.

Objectively: bronze skin, icterus of the sclera, dark pigmentation of the palmar folds and soles, spider veins on the chest, back and shoulders. The abdomen is enlarged due to free fluid in the abdominal cavity. The liver and spleen are enlarged. What preliminary diagnosis is most likely?

1

hemochromatosis

Wilson-Konovalov disease

primary biliary cirrhosis

Bad Chiari disease

liver amyloidosis

#

73

What is the indication for corticosteroid therapy in a patient with diffuse liver damage?

2

high activity of the inflammatory process in patients with non-viral hepatitis

high activity in patients with autoimmune liver damage

amyloidosis of the liver with the addition of amyloidosis of other internal organs

Konovalov-Wilson disease, with high titers of ALT, AST and splenomegaly

hemochromatosis and a high risk of developing liver cirrhosis

#

74

What is a sign that allows you to reliably establish the malignant transformation of a stomach ulcer?

3

with fibroesophagoscopy of the edge of the ulcer in the form of a roller

deepening of the ulcer crater with repeated gastrofibroscopy

the presence of atypical cells in the biopsy obtained with gastrofibroscopy

a picture of a smooth round crater revealed by primary gastrofibroscopy

the presence of a polyp found on fluoroscopy or gastrofibroscopy

#

75

In the treatment of gastroesophageal reflux, drugs are used:

5

pyrenzipine

no-shpa

metronidazole

loperamide

pantoprazole

#

76

In a 45-year-old man with complaints of burning pain in the epigastrium irradiating to the heart region, which is not completely stopped by the intake of antacids, arising in a horizontal position and when tilting, regurgitation of eaten food can be suspected:

3

ischemic heart disease  
achalasia of the cardia  
hiatal hernia with reflux esophagitis  
peptic ulcer  
esophageal carcinoma

#

77

What is characteristic of Gilbert's syndrome:

3

decreased prothrombin  
increased IgM  
hyperbilirubinemia due to indirect fraction  
anemia  
cytolysis syndrome

#

78

What is melena?

2

"greasy", shiny, poorly washed off feces  
black liquid feces  
discolored feces (gray)  
feces with pieces of undigested food  
black decorated feces

#

79

What complication has arisen if a patient suffering from gastric ulcer, during the period of the next exacerbation, has complaints of belching with a "rotten egg", vomiting of food taken the day before?

4

penetration  
perforation  
bleeding  
pyloric stenosis  
malignancy

#

80

Which of the following drugs neutralizes ammonia at the level of liver cells in hepatic encephalopathy in patients with liver cirrhosis?

3

flumazenil  
lactulose  
ornithetil  
metranidazole  
potassium orotate

#

81

To diagnose the cause of subhepatic jaundice, the most informative and safe modern research method is:

4

Ultrasound  
hepatobiliscincigraphy  
retrograde cholangiopancreatography (RCPG)  
magnetic resonance cholangiopancreatography (MRCP)  
percutaneous transhepatic cholangiography

#

82

What is the evidence of soreness in the Shoffard zone?

5

about damage to the body of the stomach  
about the defeat of the pyloric part of the stomach  
about the defeat of the duodenum  
about the defeat of the duodenum and the pyloric part of the stomach  
about the defeat of the pyloric part of the stomach, duodenum and head of the pancreas

#

83

A 45-year-old man turned to the local doctor with complaints of an acute attack of pain in the epigastric region and behind the sternum, which arose this morning, and vomited once. I had consumed large amounts of food and nicotine the night before. Where should the survey start?

3

gastric sounding  
fluoroscopy of the stomach and duodenum  
ECG  
gastroduodenoscopy  
plain radiography of the abdominal organs

#

84

Which of the following syndromes is characterized by pruritus, an increase in conjugated bilirubin, alkaline phosphatase, cholesterol:

2

hepatocellular jaundice  
intrahepatic cholestasis  
Gilbert's syndrome  
Crigler-Nayar syndrome  
hemolytic jaundice

#

85

When is the combination of hepatomegaly, splenomegaly and melena found?

2

with bleeding duodenal ulcer  
with bleeding veins of the esophagus with cirrhosis of the liver  
with thrombosis of the mesenteric artery  
with nonspecific ulcerative colitis, in the acute phase  
with a bleeding stomach ulcer

#

86

What are the values for cytolysis syndrome?

1

AST 50 IU/L, ALT 74 IU/L, LDH 400 U/L  
alkaline phosphatase 200 U/l  
PTI 50%, INR 0.9  
total bilirubin 15 mmol/L, direct 4  $\mu\text{mol} / \text{L}$ , indirect 16  $\mu\text{mol}/\text{L}$   
positive Coombs reaction

#

87

In which of the following liver diseases does serum ceruloplasmin level play a key role in correct diagnosis?

1

Konovalov-Wilson disease  
hemochromatosis  
primary biliary cirrhosis  
autoimmune hepatitis  
primary sclerosing cholangitis

#

88

For suprahepatic jaundice, the most characteristic is:

1

an increase in indirect bilirubin and an increase in stercobilin in feces and urine  
increase only indirect bilirubin  
increase in direct bilirubin only  
an increase in direct bilirubin and an increase in stercobilin in feces and urine  
an increase in total bilirubin, without an increase in direct and indirect bioirubin

#

89

A patient with chronic active hepatitis has total serum bilirubin - 74.6  $\mu\text{mol/l}$ , direct bilirubin - 58  $\mu\text{mol/l}$ , AST - 60 U/l. ALT - 75 U/l. Define the syndrome:1

cytolysis  
cholestasis  
mesenchymal inflammation syndrome  
hepatodepressive syndrome  
the syndrome is difficult to define

#

90

The syndrome that distinguishes chronic hepatitis from liver cirrhosis:

5

hepatomegaly  
extrahepatic signs  
dyspepsia  
cytolytic syndrome  
portal hypertension

#

91

A 35-year-old patient complains of hunger and nighttime pain in the epigastric region, heartburn that subsides after eating, and sometimes dull pain and heaviness in the epigastric region after eating. Occasionally there is a feeling of rapid satiety with food. Sick for 2 years. She was treated for chronic gastritis without much success. Objectively: nutrition is preserved. The tongue is clean and moist. The abdomen is soft, with superficial palpation there is no local tension in the muscles of the anterior abdominal wall. With deep palpation, mild diffuse pain in the epigastric region is determined without a clear localization. Stool and urination are normal. Laboratory and instrumental studies without deviations from the norm. In the study of the biopsy of the gastric mucosa by the histological method, *Helicobacter pylori* was not detected. What is your final clinical diagnosis?

4

exacerbation of chronic gastroduodenitis  
exacerbation of peptic ulcer  
exacerbation of chronic pancreatitis  
epigastric pain syndrome with functional dyspepsia  
exacerbation of chronic acalculous cholecystitis

#

92

Hemolytic jaundice is manifested:

5

conjugated bilirubinemia and an increase in ALT, ACT, LDH, alkaline phosphatase  
unconjugated bilirubinemia and an increase in ALT, ACT, LDH  
increase only alkaline phosphatase  
conjugated hyperbilirubinemia  
an increase in total and unconjugated bilirubin, normal levels of conjugated bilirubin

#

93

The most common initial symptom of primary biliary cirrhosis

4

hepatomegaly  
extrahepatic signs  
splenomegaly

itchy skin

jaundice

#

94

Which of the following methods is the leading one for the diagnosis of non-calculous cholecystitis:

3

duodenal intubation

clinical blood test

Gallbladder ultrasound

cholecystography

blood chemistry

#

95

In a patient with liver cirrhosis and ascites, for the prevention of portosystemic encephalopathy, the following is used:

3

spironolactone inside

ampicillin parenteral

lactulose inside

duspatalin i/v

whole blood transfusion

#

96

A 35-year-old woman has been complaining for 6 months of pain all over her stomach and bloating, unstable stool - in the morning, stool "sheep" followed by a feeling of incomplete emptying of the intestine, then in the first half of the day - 2-3 times mushy, sometimes with an admixture of mucus. An objective examination is determined by uneven bloating, pain in the right and left iliac regions.

Make a preliminary diagnosis:

3

chronic nonspecific colitis

intestinal dysbacteriosis

irritable bowel syndrome

chronic pancreatitis with exocrine insufficiency

chronic enteropathy

#

98

The presence of erosions in the antrum of the stomach is typical for:

5

acute gastritis

autoimmune gastritis

granulomatous gastritis

Menetrie disease

stomach ulcer

#

99

Typical clinical manifestations of hemochromatosis:

1

bronze staining of the skin, hepatosplenomegaly, diabetes mellitus

yellowness of the skin, scratching on the skin, xanthomas,

nephrotic syndrome, with severe hypertension, xanthelasma

hemorrhagic syndrome

neurological disorders, diabetes mellitus

#

100

Which of the following indicates the transition of chronic hepatitis to cirrhosis of the liver:

4

increased serum alkaline phosphatase levels

the appearance of spider veins  
the appearance of lymphopenia  
nodular regeneration of the liver parenchyma  
hepatomegaly

#

101

Which of the following is the cause of the formation of ascites in liver cirrhosis:

2

hypocholesterolemia  
hypoalbuminemia  
hyperphosphatemia  
thrombocytopenia  
erythropenia

#

102

Diarrhea is a common symptom of:

2

duodenal ulcer  
chronic pancreatitis  
gallstone disease  
distal colon tumors  
chronic colitis

#

103

Recurrent cramping pains in the left quadrant of the abdomen, the release of a large amount of mucus with unchanged intestinal mucosa are characteristic for:

4

chronic colitis  
chronic enteritis  
ulcerative colitis  
irritable bowel syndrome  
Crohn's disease

#

104

What is the most frequent localization of the pathological process in Crohn's disease?

1

terminal section of the small intestine  
segmental small intestine  
colon  
total lesion of the gastrointestinal tract  
stomach and 12-intestine

#

105

Diarrhea and intestinal bleeding often develop at the onset of:

2

duodenal ulcer  
ulcerative colitis  
chronic pancreatitis  
chronic enteritis  
chronic colitis

#

106

Chronic recurrent pancreatitis occurs most often when:

2

peptic ulcer  
cholelithiasis  
post-gastro-resection syndrome

chronic colitis

giardiasis

#

107

The basic therapy for ulcerative colitis is:

5

antibiotics

NSAIDs

corticosteroids

cytostatics

combination of corticosteroids with cytostatics

#

108

$\alpha$ -fetoprotein is found in the blood of patients:

1

primary hepatocellular liver cancer

polyposis gastritis

leiomyoma of the stomach

rectal polyp

tumorous form of chronic pancreatitis

#

109

The most susceptible to metastasis in gastric cancer are:

3

regional lymph nodes

liver

Virchow gland

Douglas space

lungs

#

110

The factor influencing the occurrence of duodenal ulcer is:

3

gallbladder disease

duodenitis

hypersecretion of hydrochloric acid

hyposecretion of hydrochloric acid

gastroesophageal reflux disease

#

111

In the treatment of hepatic coma, the most effective:

2

ademetionin

ornithine

prednisone

interferon- $\alpha$

peginterferon alfa-2- $\alpha$

#

112

In the treatment of irritable bowel syndrome with a predominance of diarrhea is used?

2

antibiotics

antidiarrheal drugs

choleretic

laxatives

drug treatment is not prescribed

## HEMATOLOGY

#

1

The anemia that has developed as a result of impaired blood formation includes:

3

thalassemia

acute post-hemorrhagic anemia

B12 deficiency anemia

sickle cell anemia

hereditary microspherocytosis

#

2

Anemia resulting from increased blood destruction (hemolytic) includes:

5

Iron-deficiency anemia

B12 deficiency anemia

aplastic anemia

acute post-hemorrhagic anemia

sickle cell anemia

#

3

Specify the cause of acute post-hemorrhagic anemia:

4

malaria

ionizing radiation

intoxication with salts of heavy metals

acute blood loss

Vit B12 deficiency

#

4

In patients with B-12 deficiency anemia after the appointment of vitamin B12, the appearance of reticulocytosis is expected:

3

for 12-14 days

for 2-3 days

for 4-5 days

for 16-18 days

for 30 days

#

5

Specify the variant of the pathogenesis of acute posthemorrhagic anemia:

4

a decrease in the volume of the plasma part of the blood

increased hemolysis of erythrocytes

decreased production of erythropoietin

proportional decrease in plasma volume and forms of blood elements

violation of hemoglobin synthesis

#

6

The main link in the pathogenesis of acute post-hemorrhagic anemia is:

4

decrease in the number of red blood cells and hemoglobin

bone marrow stimulation during hypoxia

increase in BCC

decrease in BCC and the volume of circulating erythrocytes

vasospasm

#

7

The phenomenon of "failure" ("leukemic gaping") is:

5

decrease in the number of mature neutrophils

disappearance of eosinophils

decrease in eosinophils

disappearance of basophils

lack of intermediate forms between blast cells and mature neutrophilic granulocytes

#

8.

What is the reason for the development of iron deficiency anemia:

3

poisoning with salts of heavy metals

malaria infection

chronic blood loss

B12 deficiency

ionizing radiation

#

9

Specify the pathogenesis variant of iron deficiency anemia:

5

a decrease in the volume of the plasma part of the blood

increased hemolysis of erythrocytes

decrease in hemoglobin oxygen saturation

proportional decrease in plasma volume and blood cells

violation of hemoglobin synthesis

#

10

Specify changes in red blood cells characteristic of iron deficiency anemia:

3

hyperchromia

macrocytosis

hypochromia

erythrocyte with Jolly bodies

erythrocyte with basophilic granularity

#

11

Specify the changes in hemoglobin in iron deficiency anemia:

3

a sharp increase in hemoglobin

slight increase in hemoglobin

decrease in hemoglobin

hemoglobin is normal

appearance of hemoglobin s

#

12

Specify the type of pathogenesis of B12 deficiency anemia:

5

a decrease in the volume of the plasma part of the blood

increased hemolysis of erythrocytes

decrease in hemoglobin oxygen saturation

proportional decrease in plasma volume and blood cells

violation of the formation of red blood cells

#

13.

What are the causes of B12 deficiency anemia?

2

malaria  
small bowel disease  
ionizing radiation  
acute blood loss  
tumor metastases in the bone marrow

#

14

Lack of vitamin B12 leads to the following changes:

1

decreased DNA synthesis  
increased DNA synthesis  
normal DNA synthesis  
increased synthesis of folic acid  
increased synthesis of thymidine monophosphate

#

15

In the bone marrow with B<sub>12</sub> and folate deficiency anemia, there is:

2

increased reproduction of erythroblasts  
reduced division and reproduction of erythroblasts  
increased maturation of red blood cells  
erythroblastic type of hematopoiesis  
effective erythropoiesis

#

16

Changes in the nervous system in B12 deficiency anemia are due to:

3

cell division disorder  
increase in cell division  
formation of methylmalonic acid  
increased DNA synthesis  
violation of iron synthesis and a decrease in ferritin

#

17

Specify the characteristic blood changes in B<sub>12</sub>-deficiency anemia:

2

erythrocytes are normal, hemoglobin is normal, mean hemoglobin content in erythrocyte (MCH) is normal

RBC count is low, hemoglobin is low, MSI is high

erythrocytes are normal, hemoglobin is low, MSI is low

erythrocytes are lowered, hemoglobin is lowered, MSI is lowered

red blood cells are low, hemoglobin is normal, MSI is high

#

18

For B12 deficiency anemia, the following cells appear in the blood:

1

megalocytes  
microcytes  
myelocytes  
reticulocytes  
normocytes

#

19

For B12 - deficiency anemia, the following changes are characteristic:

5

hypochromia

normochromia  
microcytosis  
reticulocytosis  
erythrocytes with Jolly bodies

#

20

Hemoglobin S occurs in the following types of anemias:

3

thalassemias  
B<sub>12</sub> deficiency anemia  
sickle cell anemia  
Iron-deficiency anemia  
microspherocytosis

#

21

What disease is characterized by a blood test: E- $1.8 \times 10^{12} / l$ , Hb - 36 g / l, MSI - 28 pg / cell,  
L -  $1.6 \times 10^9 / l$ , platelets -  $5.0 \times 10^9 / l$ :

4

iron deficiency anemia  
B<sub>12</sub>-deficiency anemia  
hemolytic anemia  
aplastic anemia  
sideroachrestic anemia

#

22

Which of the following is the causative agent of iron deficiency anemia?

2

chronic non-atrophic gastritis  
uterine fibroids  
malaria  
osteoporosis  
non-bleeding hemorrhoids

#

23

Which drug is associated with an increased risk of developing folate deficiency anemia:

4

bisoprolol  
captopril  
hydrochlorothiazide  
methotrexate  
prednisone

#

24

Hemorrhagic vasculitis is characterized by:

2

hematoma type of bleeding  
vasculitis-purpuric type of bleeding  
lengthening of clotting time  
decrease in prothrombin index  
Thrombocytopenia

#

25

Iron deficiency anemia is characterized by:

3

hypochromia, microcytosis, sideroblasts in the sternal punctate  
hypochromia, microcytosis, target erythrocytes  
hypochromia, microcytosis, increased serum iron-binding capacity

hypochromia, microcytosis, decreased iron-binding capacity of serum

hypochromia, microcytosis, positive desferal test

#

26

How many clinical and hematological stages of acute leukemia are distinguished:

4

One

Two

Three

Four

Five

#

27

Do drugs that disrupt platelet function include?

3

etamsylate

adrenalin

clopidogrel

propranolol

enalapril

#

28

Patient B., aged 16, was admitted with lymphadenopathy, severe weakness. In the CBC: RBC-  $2.5 \times 10^{12}$  / l, Hb = 79 g / l, MCH = 24 pg / cell, WBC-  $6.1 \times 10^9$  / l, in the leukogram - blasts - 85%, lymphocytes - 10%, segmented - 5%, platelets -  $100 \times 10^9$  / l. What is your diagnosis?

1

acute leukemia

Hodgkin's disease

chronic myeloid leukemia

chronic lymphocytic leukemia

aplastic anemia

#

29

Drugs that can cause thrombocytopenia include:

2

vitamin C

dipyridamole

prednisone

euphylline

penicillin

#

30

The most informative method for diagnosing hereditary microspherocytosis is:

3

direct Coombs test

indirect Coombs test

determination of osmotic resistance of erythrocytes

aggregate-hemagglutination test

sucrose test

#

31

In hemophilia A, there is a hereditary deficiency of the following coagulation factors:

3

V

VII

VIII

IX

X

#

32.

The patient has pancytopenia, increased bilirubin levels, and enlarged spleen. Presumptive diagnosis:

4

hereditary spherocytosis

thalassemia

B12 deficiency anemia

Markiava-Micelli disease

autoimmune pancytopenia

#

33

Which of the following is characteristic of Minkosvkogo-Shoffard anemia?

4

normal reticulocyte count

decreased serum iron levels

erythrocyte hypochromia

hyperbilirubinemia due to indirect fraction

increased osmotic resistance of erythrocytes

#

34

If acute leukemia is suspected, it is necessary to perform:

2

lymph node biopsy

sternal puncture

spleen puncture

reticulocyte count

test serum ferritin levels

#

35

With the appointment of which drug should begin treatment if a patient has megaloblastic anemia, the genesis of which is not specified.

1

vitamin B12

prednisolone

vitamins B6 and B1

folic acid

iron preparations

#

36

A 30-year-old patient was hospitalized with pain in the epigastric region with severe circulatory-hypoxic syndrome. B history - peptic ulcer of the stomach. The skin is pale. Blood test: Hb - 90 g / l, RBC -  $3.5 \times 10^{12}$  / l, MCH - 20 pg / cell, platelets -  $180.0 \times 10^9$  / l, reticulocytes - 0.5%. Serum iron - 4.6 mmol / l.

Gregersen's reaction is positive. What type of anemia is expected in this patient?

4

aplastic anemia

hemolytic anemia

acute posthemorrhagic anemia

Iron-deficiency anemia

B<sub>12</sub> deficiency anemia

#

37

What type of acute leukemia is characterized by the early onset of DIC?

3

acute myeloid leukemia

acute lymphoblastic leukemia

acute promyelocytic leukemia

acute monoblastic leukemia

acute erythromyelosis

#

38

The III clinical stage of lymphogranulomatosis is characterized by:

3

damage to the lymph nodes in one area

lymph node involvement in two or more areas on one side of the diaphragm

damage to the lymph nodes of any area on both sides of the diaphragm

localized lesion of one non-lymphatic organ

diffuse damage to non-lymphatic organs

#

39

To diagnose hemophilia, the following is used:

1

determination of clotting time

determination of bleeding time

determination of the number of platelets

determination of plasminogen

fibrin determination

#

40

A mistake regarding vitamin B12 treatment for B12 deficiency anemia?

5

treatment cannot be started until an accurate diagnosis is established

treatment is carried out mainly parenterally

the drug is administered for 4-6 weeks

the dose of vitamin B12 is 200-400 mcg per day

the dose of vitamin B12 is 100 mcg per day

#

41

The characteristic features of peripheral blood in chronic myeloid leukemia in the advanced stage of the disease are:

3

increased lymphocyte count

leukopenia

basophilic-eosinophilic association

the appearance of cells such as plasmablasts

thrombocytopenia

#

42

Which of the following supports the diagnosis of idiopathic erythremia?

3

leukopenia

decreased platelet count

splenomegaly

high serum erythropoietin

yellowness of the skin

#

43

With lymphogranulomatosis with damage to the lymph nodes of the mediastinum, the following is most often detected:

5

redness of the skin over the lymph nodes

early onset of common symptoms

unilateral defeat

enlargement of the cervico-supraclavicular lymph nodes

symptom of compression of the superior vena cava

#

44

What type of bleeding is typical for DIC?

3

hematoma

petechial-ecchymal

mixed bruise-hematoma

vasculitic purple

angiomatous

#

45

Idiopathic thrombocytopenic purpura is characterized by:

3

vasculitic-purple type of bleeding, the formation of microthrombi

hematoma type of bleeding, factor VII deficiency

petechial-spotty type of bleeding, prolonged bleeding time according to Duke

angiomatous type of bleeding, presence of telangiectasias

mixed type of bleeding, decreased level of antithrombin III

#

46

In hemophilia B, there is a hereditary deficiency of the following blood coagulation factors:

4

V

VII

VIII

IX

X

#

47

In the absence of bleeding, the cause of anemia in acute leukemia is:

4

iron deficiency

hypersplenism syndrome

hepatomegaly and splenomegaly

suppression of hematopoiesis

lymphadenopathy

#

48

Iron deficiency anemia is characterized by:

2

megaloblastic type of hematopoiesis

decreased concentration of iron in serum

pancytopenia

normochromia of erythrocytes

eosinophilia

#

49

Of the listed symptoms, multiple myeloma is characterized by:

3

hematuria

hypocalcemia

identification of the M-gradient

hypokalemia

lymphocytosis

#

50

Decisive for the diagnosis of lymphogranulomatosis are:

2

general blood test  
microscopic examination of lymphoid tissue  
scintigraphy  
CT scan

Spleen ultrasound

#

51

The main factors in the development of B12-deficiency anemia are:

3

chronic blood loss  
small intestine lesions  
lack of secretion of intrinsic Castle factor  
transfusion of incompatible blood  
tuberculosis

#

52

Acute leukemia is characterized by:

5

blast cells in the bone marrow less than 1%  
blast cells in the bone marrow less than 2%  
blast cells in the bone marrow less than 3%  
blast cells in the bone marrow less than 5%  
blast cells in peripheral blood more than 5%

#

53

Chronic lymphocytic leukemia is characterized by:

1

shadows of Botkin-Gumprecht  
reticulocytosis  
eosinophilia  
leukopenia  
plasma cells in the blood

#

54

In myeloma, the tumor substrate is:

5

Erythrocytes  
Platelets  
monocytes  
neutrophils  
plasma cells

#

## **PULMONOLOGY**

1

Which of the following complications develops in chronic obstructive pulmonary diseases:

1

right ventricular failure  
left ventricular failure  
biventricular failure  
vascular failure  
pulmonary bleeding

#

2

What  $\beta$ -blocker is advisable to use in patients with CHD with concomitant COPD?

3

Carvedilol

Propranolol

Nebivolol

Esmolol

Metoprolol

#

3

Which of the following clinical signs is characteristic of exudative pleurisy?

5

displacement of the mediastinal organs to the right side

displacement of the mediastinal organs to the sick side

boxed sound with percussion

vesicular breathing on auscultation

dullness of percussion sound

#

4

To establish the etiology of exudative pleurisy, it is necessary:

1

puncture of the pleural cavity

radioisotope lung scan

ultrasound examination of the pleural cavity

the introduction of a dye into the pleural cavity

echocardiography

#

5

What pathogen of pneumonia can cause destructive changes in the lungs?

3

Pneumococcus

Streptococcus

Staphylococcus

Legionella

Mycoplasma

#

6

Choose the main direction in the treatment of patients with pneumonia:

4

detoxification therapy

bronchodilator therapy

mucolytic therapy

antibacterial therapy

positional drainage

#

7

Common cause of pneumonia:

4

mycoplasma

viruses

rickettsia

streptococci

staphylococci

#

8

What bronchodilator drugs act primarily on the  $\beta_2$ -adrenergic receptors of the lungs?

4

adrenalin

ephedrine  
isadrin (isoproterenol)  
salbutamol  
bisoprolol

#

9

The most important differential diagnostic sign of COPD is:

5

expiratory dyspnea  
cough with sputum  
boxed pulmonary sound  
variability of bronchial obstruction  
irreversible or slightly reversible bronchial obstruction

#

10

A 19-year-old patient was admitted with complaints of coughing up to 200 ml of mucopurulent sputum with a putrid odor mostly in the morning, hemoptysis, fever up to 38.2 ° C, malaise, shortness of breath. Since childhood, he often noted a cough. Over the past 5 years - annual exacerbations. Probable diagnosis:

1

Bronchiectasis, exacerbation  
Bronchial asthma  
Chronic obstructive bronchitis  
Chronic purulent bronchitis  
Bronchiectasis, remission

#

11

What kinds of sports are more likely to provoke exertional asthma attacks?

1

long distance running  
playing chess  
billiards  
checkers  
archery

#

12

Which of the following is contraindicated in a patient with status asthmaticus:

4

aminophylline parenteral  
intravenous rehydration  
corticosteroids  
increasing the dose of sympathomimetics  
oxygen inhalation

#

13

Specify the correct timing for starting antibiotic therapy for pneumonia:

4

1 hour after diagnosis  
2 hours after diagnosis  
3 hours after diagnosis  
4 hours after diagnosis  
5 hours after diagnosis

#

14

What needs to be done for a patient with asthma who starts taking prednisone tablets with the subsequent appearance of pain in the epigastric region, heartburn, belching with acidic contents:

4

reduce the daily dose of prednisolone  
halve the daily dose of prednisolone  
prescribe the drug in the same dose, but with an interval of several days  
prescribe proton pump inhibitors  
prescribe parenteral prednisone

#

15

What instrumental research method is preferable and informative for the diagnosis of bronchiectasis?

2

chest fluoroscopy  
high resolution computed tomography of lungs  
diagnostic bronchoscopy  
contrast bronchography  
study of the function of external respiration

#

16

Patient B., 44 years old, a 12-year-old driver constantly smokes and coughs. For the last 3-5 days, I began to notice an increase in cough, which became harsh, the sputum is stringy, separated in the form of single spits. Sweating, expiratory dyspnea appeared. The likely reason for the deterioration of the patient's well-being:

5

development of pneumonia  
accession viral infection  
development of pulmonary tuberculosis  
development of dry pleurisy  
exacerbation of chronic obstructive bronchitis

#

17

What changes in the general blood count can be found in patients with chronic obstructive bronchitis complicated by PAH?

5

Secondary thrombocythemia  
Relative lymphocytosis  
Decreased hemoglobin level  
Eosinophilia  
Secondary erythrocytosis

#

18

Which antibiotic is most appropriate for chlamydial pneumonia:

1

azithromycin  
cefatoxime  
chloramphenicol  
ampicillin  
amikacin

#

19

The most common causative agent of nosocomial (hospital) pneumonia in elderly patients is:

1

klebsiella  
chlamydia  
mycoplasma  
Pneumococcus  
herpes simplex virus

#

20

What side effects develop when using inhaled glucocorticoids?

1

oropharyngeal candidiasis and dysphonia  
stomach and intestinal ulcers  
steroid diabetes and osteoporosis  
frequent infections of the nasopharynx and oropharynx  
stretch marks and acne

#

21

What is used to stop an asthma attack in case of bronchial asthma?

4

Fluticasone-Formoterol  
Ketotifen  
Fluticasone propionate  
Salbutamol  
Ambroxol hydrochloride

#

22

At what step should inhaled glucocorticoids as basal treatment be prescribed in the treatment of patients with bronchial asthma?

3

I step of therapy  
II step of therapy  
III step of therapy  
IV step of therapy  
V step of therapy

#

23

For COPD, emphysema is characteristic:

2

hypertrophic  
secondary diffuse  
pneumothorax  
paraseptal  
primary

#

24

In what cases is expiratory dyspnea predominantly observed?

2

cardiac asthma  
bronchial asthma  
croup  
retropharyngeal abscess  
acute uncomplicated pneumonia

#

25

The causal factors leading to the development of bronchial asthma include:

2

increased cholesterol  
aspirin and its analogues  
psychosocial factors  
alcohol intake  
respiratory infections

#

26

Which of the following laboratory data is used in the diagnosis of bronchial asthma:

2

decrease in the level of eosinophils in the general blood test

increased serum Ig E level  
absence of inflammatory mediators (leukotrienes, prostaglandins, histamine) in blood serum  
the presence of eosinophils, Charcot-Leiden crystals in the general blood test  
a decrease in the level of  $\alpha$ 1-antitrypsin in serum

#

27

To select the place of treatment for a patient with community-acquired pneumonia, use the scale:

1

CRB 65

AST

DAS 28

mMRC

CAT

#

28

Sputum discharge "with a full mouth" is observed when:

3

bronchial asthma

with atypical pneumonia

bronchiectasis

croupous pneumonia

chronic bronchitis #

29

For the diagnosis of COPD, the following is prescribed:

3

chest x-ray

ventilation perfusion lung scintigraphy

study of the function of external respiration

blood gas test

bronchoprovocation test

#

30

The leading diagnostic syndrome of patients with pneumonia is:

4

pleural

intoxicating

respiratory failure

local infiltration

bronchoobstructive

#

31

The nature of sputum in bronchial asthma:

1

vitreous,

mucopurulent or "rusty"

mucous,

purulent,

no sputum

#

32

Differential diagnosis of bronchial asthma is carried out?

1

COPD

MI

Pulmonary embolism

Pulmonary edema

Exudative pleurisy

#

33

What group of drugs is contraindicated in patients with the aspirin form of bronchial asthma?

2

Steroid anti-inflammatory drugs

Non-steroidal anti-inflammatory drugs

Selective  $\beta$ -blockers

Calcium blockers

Expectorant

#

34

Which of the following diseases is characterized by the reversible nature of the syndrome of bronchial obstruction?

2

Chronic obstructive bronchitis

Bronchial asthma

Lung cancer

Obstructive pulmonary emphysema

Pulmonary embolism

#

35

In the treatment of which of the listed diseases can antitrypsin be used?

3

Cardiac asthma

Bronchial asthma

Pulmonary emphysema

Lymphogranulomatosis

Echinococcosis of the lungs

#

36

To stop a slight attack of suffocation, apply:

1

inhalation of short-acting  $B_2$ -agonists up to 6 doses per hour

inhalation of short-acting  $B_2$ -agonists up to 10 doses per hour

inhalation of short-acting  $B_2$ -agonists up to 14 doses per hour

inhalation of short-acting  $B_2$ -agonists up to 20 doses per hour

inhalation of short-acting  $B_2$ -agonists up to 24 doses per hour

#

37

What are the clinical manifestations of obstruction in chronic obstructive bronchitis?

3

Purulent sputum

Moist rales

Expiratory dyspnea

Dullness of percussion sound

Inspiratory dyspnea

#

38

COPD should be treated with antibiotics:

4

in autumn winter

for a long time

should not be applied at all

when a large amount of purulent sputum is released

with the appearance of hemoptysis

#

39

In the treatment of COPD, the following are used:

4

$\beta$  adrenergic blockers  
H<sub>2</sub>- histamine blockers  
 $\alpha$  adrenergic blockers  
anticholinergics  
spasmolytics

#

40

What is the diagnosis in a patient with a lag in the right half of the chest during breathing, weakening of voice tremor, dullness of percutaneous sound and weakening of breathing downward from the level of the 3rd rib, radiographically - displacement of the shadow of the heart to the left:

1

exudative pleurisy  
croupous pneumonia  
obstructive atelectasis  
pneumocirrhosis  
pneumothorax

#

41

The most common complication of coronavirus infection is:

3

bacterial superinfection of the skin  
myocarditis  
viral pneumonia  
meningoencephalitis  
keratoconjunctivitis

#

42

Bronchial obstruction is detected by:

1

spirometry  
bronchoscopy  
pulse oximetry  
angiography  
elastography

#

43

Treatment for COPD should be -

3

with an exacerbation  
autumn and winter  
constantly  
monthly  
weekly

#

44

How will the color of the skin change in a patient with moderately severe respiratory failure (without manifestations of cardiac decompensation) in combination with severe erythrocytosis (Hb - 200 g / l):

4

skin color does not change  
pallor of the skin will appear  
pronounced acrocyanosis will appear  
pronounced diffuse cyanosis will appear  
cyanotic blush on the cheeks will appear

#

45

The patient has a symmetrical movement of the chest, a boxed sound with percussion, weakened vesicular breathing with prolonged exhalation, hepatic dullness is shifted downward. What is the most likely diagnosis?

3

Hydropneumothorax  
Pneumofibrosis  
Pulmonary emphysema  
Lobular pneumonia  
Tuberculosis

#

46

Which of the following examinations is the most reliable in differentiating COPD and bronchiectasis:

3

Sputum analysis  
Bronchoscopy  
CT scan high resolutions  
Bronchography  
Lung scintigraphy

#

47

What drug can be indicated for the treatment of 5 stage of bronchial asthma?

4

Atropine  
Salbutamol  
Prednisone  
Omalizumab  
Acetylcysteine

#

48

Specify the irreversible components of bronchial obstruction:

4

bronchospasm  
inflammatory edema of the bronchial mucosa  
dysfunction of the mucociliary apparatus of the bronchi;  
stenosis and obliteration of the lumen of the bronchi  
development of the infectious process;

#

49

The patient has a normal chest. On percussion - a dull sound from behind below the angle of the scapula on the right, distinct crepitus, no mediastinal displacement. Your diagnosis:

1

lobar pneumonia  
emphysema  
pneumothorax  
bronchiectasis  
fibrosis of the lung

#

50

Select treatment for status asthmaticus stage 1:

3

hypobaric pressure chamber  
inhaled steroids  
intravenous prednisone  
increase the dose of beta 2 agonists  
correction of acidosis

#

51

When SI and Q III appear on the ECG in a patient suffering from varicose veins of the lower extremities, with sudden development of chest pain, dyspnea at rest, tachypnea, it can be assumed:

4

acute myocardial infarction  
bronchial asthma attack  
focal pneumonia  
pulmonary embolism  
exudative pleurisy

#

52

Legionella pneumonia is treated by:

3

penicillins  
cephalosporins  
macrolides  
tetracyclines  
aminoglycosides

#

53

In chronic pulmonary heart disease, it is noted:

4

left and right ventricular hypertrophy  
right ventricular dilatation and left atrial hypertrophy  
thickening of the interventricular septum  
hypertrophy and dilatation of the right heart  
isolated right atrial hypertrophy

#

54

Patient N., 20 years old, after honey. abortion suddenly lost consciousness. She regained consciousness, complained of compressive pain in the chest. The ECG recorded rS in lead I and Qr in lead III. What is your preliminary diagnosis?

3

AMI  
thoracalgia of vertebrogenic genesis  
pulmonary embolism  
Prinzmetal angina  
hysteria

#

55

What methods reliably confirm the diagnosis of pulmonary embolism?

3

radioisotope lung perfusion test  
radioisotope lung ventilation test  
radioisotope study of lung perfusion and ventilation  
lung radiography  
study of the function of external respiration

#

56

A diagnosis of bronchial asthma can be suspected based on?

2

long-term cough syndrome  
attacks of suffocation with a whistling in the chest  
signs of infection of the bronchial mucosa  
pain syndrome associated with the act of breathing  
X-ray data

#

57

Which of the pneumonia is least often complicated by abscess formation?

5

staphylococcal

streptococcal

aspiration

viral

pneumococcal

#

58

Staphylococcal pneumonia is characterized by:

3

easy current

mild course with unexpressed intoxication syndrome

severe intoxication syndrome

moderately severe

moderately severe course with unexpressed intoxication syndrome

#

59

Exudative pleurisy occurs when:

2

bronchiectasis

pneumonia

bronchial asthma

emphysema of the lungs

chronic obstructive pulmonary disease

#

60

What is clinically characteristic of typical lobar pneumonia?

4

vesicular respiration

dry wheezing

hard breathing in the lower sections on both sides

crepitus

increased bronchophonia on the affected side

#

61

Which of the following definitions corresponds to mild asthma in patients already on treatment?

1

Asthma well controlled with step 1 and 2 therapy

Asthma well controlled with step 2 and 3 therapy

Asthma well controlled with step 3 and 4 therapy

Asthma well controlled with step 4 and 5 therapy

Asthma well controlled with step 5 therapy

#

62

The main therapy for bronchial asthma is?

3

bronchodilating

antibacterial

anti-inflammatory

desensitizing

bronchoconstrictor

#

63

Risk factors for the development of PE are:

5

thrombophlebitis of the veins of the lower extremities

pelvic vein thrombosis  
large abdominal operations  
heart disease  
all of the above

#

64

An objective examination revealed diffuse cyanosis, a percussion-pulmonary sound with a box shade, breathing is hard, exhalation is lengthened, and dry wheezing. Which of the examination methods will help you assess the severity of the patient's condition?

4

detailed blood test  
chest fluorography  
general sputum analysis  
spirometry  
ECG

#

65

For the treatment of nosocomial pneumonia that developed in the general department without risk factors, are:

3

tetracyclines  
glycopeptides  
3 generation cephalosporins  
semi-synthetic penicillins  
macrolides;

#

66

Bronchial asthma should be considered if patients have:

5

attacks of expiratory suffocation  
paroxysmal dyspnea  
wheezing  
paroxysmal cough  
any of these symptoms

#

67

In a patient with bronchial asthma, daily use of fluticasone propionate + formoterol in low doses did not give a positive effect. Your tactics for further management of the patient:

2

Transfer fluticasone propionate + formoterol in minimum doses as needed  
Increase fluticasone propionate + formoterol to medium doses, daily  
Increase fluticasone propionate + formoterol to maximum doses daily  
Add long-acting  $\beta$ -2 agonist to treatment as needed  
Add long-acting  $\beta$ -2 agonist to treatment, daily

#

68

What is the cause of acute cor pulmonale?

1

pulmonary embolism  
angina  
arterial hypertension  
pulmonary emphysema  
ascites

#

69

In chronic compensated pulmonary heart disease is detected:

3

ECG signs of LAH  
ECG signs of LV hypertrophy  
ECHO CG Signs of RV Hypertrophy  
Echocardiography of LV dilatation  
radiographic signs of aortic bulging

#

70

When should an antibiotic be prescribed to a patient with severe community-acquired pneumonia?

2

Immediately upon admission to the hospital

During the first 4 hours of hospital stay

During the first 8 hours of hospital stay

During the first day of hospital stay

Upon receipt of bacteriological examination of sputum and determination of antibiotic susceptibility

#

71

Antibiotic therapy for bronchiectasis is characterized by:

1

the use of antibiotics intrabronchially and parenterally

intrabronchial antibiotics

parenteral antibiotics

oral antibiotics

use of antibiotics in a short course

#

72

Choose a drug that is the basis for the treatment of bronchial asthma:

2

aminophylline

beclomethasone

enalapril

diphenhydramine

suprastin

#

73

With lobar pneumonia, over the lesion is revealed:

1

increased vocal tremor and bronchial breathing

enhanced bronchophonia and percussion box sound

femoral dullness and crepitus

"Amphoric" breathing

dry wheezing

#

74

What percentage of the increase in FEV1 is sufficient to evaluate the bronchodilation test as positive:

1

> 12%

> 13%

> 14%

> 15%

> 16%

#

75

Chronic obstructive bronchitis is characterized by changes in ventilation indicators:

3

FEV1 - 68% of the proper value, increase in FEV1 during bronchodilation test - 20%

FEV1 - 90% of the due value, increase in FEV1 during bronchodilation test - 15%

FEV1 - 66% of the proper value, - the increase in FEV1 during the bronchodilation test is 8%

FEV1 - 78% of the due value, increase in FEV1 during bronchodilation test - 30%  
FEV1 - 80% of the proper value, increase in FEV1 during bronchodilation test - 35%

#

76

Choose a first-line drug for basic treatment of chronic obstructive bronchitis:

4

salbutamol

sodium cromoglicate

aminophylline

ipratropium bromide

salmeterol

#

77

The most important differential diagnostic sign of chronic obstructive bronchitis is:

5

expiratory dyspnea

cough with sputum

boxed pulmonary sound

weakened vesicular breathing with prolonged expiration, dry treble and moist fine bubbling rales

irreversible or irreversible bronchial obstruction after inhalation of 2 doses of a short  $\beta_2$  agonist

#

78

What symptom indicates life-threatening asthma?

2

Hard breathing

The appearance of zones of the "silent" lung

The appearance of wet wheezing in the middle sections

The appearance of wet wheezing in the upper sections

Decompensated acidosis

#

79

What antibiotics are considered as alternative drugs for the treatment of community-acquired pneumonia?

2

Macrolides

Respiratory fluoroquinolones

Carbapenems

Aminoglycosides III generation

Cephalosporins III - IV generation

#

80

In patients with chronic non-obstructive bronchitis, percussion over the lungs:

2

boxed sound

pulmonary sound

shortening of percussion sound

tympanitis

pulmonary sound with a tympanic tone

#

81

The criterion for the severe course of chronic obstructive bronchitis:

1

FEV1- 40% of the due value

FEV1- 60% of the due value

FEV1- 70% of the due value

FEV1- 80% of the due value

FEV1- 90% of the due value

#

82

Is it typical for aspirin asthma?

3

heart attack

lowering blood sugar

violation of prostaglandin metabolism

the occurrence of seizures during exercise

the occurrence of seizures after exercise aspirin intolerance

#

83

In chronic obstructive bronchitis, bronchial obstruction is characterized by:

2

full spontaneous reversibility

durability and low reversibility

complete reversibility when using bronchodilators

sudden appearance

rapid rise

#

84

A patient with chronic obstructive bronchitis with an exacerbation is shown:

5

theophylline

salmeterol

inhalation of acetylcysteine

ipratropium bromide

penicillin

#

85

What disease most predisposes to the development of community-acquired pneumonia in elderly patients?

4

Arterial hypertension

Coronary heart disease

Rheumatoid arthritis

Gastroesophageal reflux disease

Emphysema of the lungs

#

86

The patient has mild asthma attacks occurring less often 1-2 times a week. The value of the MSV before the start of treatment is 84% of the required value, the variability of the MSV is 19%. Your tactics?

1

short-acting inhaled  $\beta_2$ -agonists on demand

long-acting inhaled  $\beta_2$ -agonists before exercise

use of inhaled corticosteroids

use of prolonged theophylline

use of m-anticholinergics

#

87

When is it necessary to change the drug in the absence of an effect from antibiotic therapy for pneumonia?

2

After the first day from the start of treatment

In 48-72 hours

In 5 days

In 7 days

After 10 days

#

88

The leading component of bronchial asthma:

2

swelling of the bronchial mucosa

bronchospasm

hypersecretion

expiratory bronchial collapse

sclerosis of the bronchial walls

#

89

Simple chronic bronchitis is a disease that develops:

2

hypoplasia of mucosal goblet cells

chronic cough with sputum production

paroxysmal dyspnea

hypertrophy of the bronchial glands

there is no secondary infection

#

90

A positive bronchoprovocation test result is when –

FEV1 is reduced by  $\geq 15\%$  when using hypertonic saline;

FEV1 is reduced by  $\geq 16\%$  when using hypertonic saline;

FEV1 is reduced by  $\geq 17\%$  when using hypertonic saline;

FEV1 is reduced by  $\geq 18\%$  when using hypertonic saline;

FEV1 is reduced by  $\geq 19\%$  when using hypertonic saline.

#

91

To assess the severity of symptoms in patients with COPD are used

1

mMRC scales and CAT test

AST and MRC-5 tests

CRB-65 scale and mMRC

SCORE scale and CAT test

Wells and mMRC scale

#

92

The development of nocturnal attacks of suffocation is associated with:

2

smoking

feather pillow

pollen

physical activity

taking salbutamol

#

93

Is nosocomial pneumonia?

4

Pneumonia that develops in the hospital, regardless of the length of stay of the patient in the hospital

Pneumonia that develops 10-12 hours after hospitalization

Pneumonia that develops 12-24 hours after hospitalization

Pneumonia developing 48 to 72 hours after hospitalization

Pneumonia that develops more than 72 hours after hospitalization

#

94

What condition is the wedge-shaped form of lung tissue infiltration typical for?

3

Lung cancer

Croupous pneumonia

Lung infarction

Focal pneumonia

Echinococcus in the lung

#

95

Of the non-drug methods of treatment, the most important in bronchiectasis is

3

Acupuncture

Electrophoresis

Postural drainage

Magnetotherapy

Balneotherapy

#

96

Low D-dimer value?

2

With a high degree of probability, it confirms the diagnosis of pulmonary embolism

Eliminates the diagnosis of pulmonary embolism with a high degree of probability

Always observed with myocardial infarction

Determines the likelihood of adverse pregnancy outcomes

Always seen with unstable angina

#

97

The indication for the appointment of thrombolytics in PE is:

2

Any pulmonary embolism

Pulmonary embolism with high risk of death

Pulmonary embolism with intermediate risk of death

Pulmonary embolism with low risk of death

Pulmonary embolism 7 days old

#

98

When conducting secondary prevention of pulmonary embolism by prescribing warfarin, the INR should be:

2

1.0 - 2.0

2.0 - 3.0

3.0 - 4.0

4.0 - 5.0

> 5.0

#

99

If, according to clinical data, low-risk pulmonary embolism (without shock and hypotension) is suspected, while the probability of thromboembolism on the Wells scale is low, the recommended first diagnostic method?

3

Electrocardiogram

Echocardiography

Determination of D-dimer

High resolution computed tomography

Chest X-ray

#

100

For mild community-acquired pneumonia in a 30-year-old patient who has not received antibiotics in the last 3 months, without concomitant diseases, the drug of choice is

3

Ciprofloxacin  
Lincomycin  
Amoxicillin  
Gentamicin  
Levofloxacin

#

101

A patient suffering from bronchial asthma for 5 years has asthma attacks up to 3 - 4 times a day. What drug should be prescribed to the patient as a baseline.

2

salbutamol  
beclomethasone  
theotropium bromide  
iprotropium bromide  
acetylcysteine

#

102

It has a selective vasodilating effect on the small circle vessels:

4

Verapamil  
Diltiazem  
Corinfar  
Inhaled nitric oxide  
Enalapril

#

103

What is the main radiological sign of pneumonia?

1

darkening according to beat or segment  
picture of atelectasis  
heavy pulmonary pattern  
increased transparency of lung tissue  
diffuse reduction in transparency

#

104

Indicate which of the objective signs corresponds to chronic bronchitis with damage to large and medium bronchi:

3

wheezing on exhalation  
crepitus  
dry whirring wheezing on inhalation and exhalation  
ringing moist local wheezing  
non-voiced moist wheezing over the projection of the basal regions

#

105

The aspirin triad, in addition to the presence of bronchial asthma, includes:

1

intolerance to aspirin or its analogs, nasal hay fever  
seasonal polynosis  
dust allergy  
hereditary nature of the disease  
food allergies

#

106

If mycoplasma pneumonia is suspected, should it be prescribed?

2

Penicillins

Macrolides  
Lincosamines  
Aminoglycosides  
Cephalosporins

#

107

In which of the following conditions, wheezing in the lungs is most often heard?

2

pneumothorax  
pneumofibrosis  
pleural effusion  
peripheral lung cancer  
simple bronchitis

#

108

When choosing an antibiotic in a patient with pneumonia with a history of an allergic reaction (urticaria) to benzylpenicillin, the most appropriate appointment is:

5

amoxicillin  
amoxicillin + clavulonic acid  
sulbactam sodium + ampicillin sodium  
ampicillin  
ciprofloxacin

#

109

With an attack of bronchial asthma, the patient is shown inhalations:

1

salbutamol  
sodium cromoglycate  
flixotide  
trypsin  
lazolvana

#

110

Chronic cor pulmonale in the compensation phase is characterized by:

3

an increase in the borders of the heart to the left  
increasing the boundaries of the heart up  
precordial and epigastric pulsation  
symptoms of right ventricular failure  
swelling of the legs and feet

#

111

To correct pulmonary arterial hypertension, a patient with chronic cor pulmonale needs:

2

ketotifen  
oxygen therapy  
prednisone  
fluticasone  
beclamethasone

#

112

A reliable clinical sign indicating a worsening of the course of an asthma attack is?

3

Weakening of previously auscultated rales in the lungs  
Strengthening of previously heard rales in the lungs  
Disappearance of previously heard rales in the lungs

Increased blood pressure during an attack

Decreased blood pressure during an attack

#

113

The main cause of death of patients at the height of a severe attack of bronchial asthma is:

4

local swelling of the bronchial mucosa;

generalized swelling of the bronchial mucosa;

local blockage of the bronchial lumen with a viscous secret;

generalized obstruction of the bronchial lumen with a viscous secret;

local and generalized obstruction of the bronchial lumen with a viscous secret.

#

114

The basic drugs in the treatment of chronic obstructive bronchitis include:

4

sodium cromoglicate

nedocromil sodium

acetylcysteine

ipratropium bromide

ambroxol

#

115

Signs of chronic bronchitis include:

2

variability of the maximum expiratory flow rate - 28%

cough for 3 months a year for at least 2 consecutive years

cough when going to horizontal position

FEV<sub>1</sub> gain after inhalation of 2 doses of Berotek 18%

paroxysmal difficulty breathing

#

116

In a patient with atopic bronchial asthma during an exacerbation, a large number of sputum is found:

1

eosinophils

neutrophilic leukocytes

gram-positive cocci

gram-negative sticks

epithelial cells

#

117

Which of the following corresponds to a severe course of bronchial asthma?

2

FEV<sub>1</sub> -70%, variability 20-30%

FEV<sub>1</sub>-49%, variability> 30%

FEV<sub>1</sub>-88%, variability <10%

FEV<sub>1</sub>-56%, variability-15%

FEV<sub>1</sub>-60%, variability-10%

#

118

What disease is characterized by the detection of Charcot-Leiden crystals in the sputum?

4

Lung abscess

Bronchiectasis

Lobar pneumonia

Bronchial asthma

Pulmonary tuberculosis

#

119

What clinical syndrome is called status asthmaticus:

2

The complex of signs detected during the physical examination of the patient in the acute phase

Severe protracted attack of bronchial asthma, not relieved by bronchodilator drugs and accompanied by acute respiratory failure, hypoxemia and hypercapnia

An attack of bronchial asthma that does not stop after inhalation of sympathomimetics

A series of consecutive attacks of bronchial asthma

Prolonged asthma, requiring the use of corticosteroids, but not accompanied by a change in blood gas composition

#

120

Antibacterial drugs of choice for SARS:

1

rovamycin, doxycycline, levofloxacin

amoxicillin, amoxicillin / clavulanate

ceftriaxone

vancomycin

ampicillin / sulbactam

#

121

A patient with diabetes mellitus was prescribed oral prednisone 20 mg per day due to an exacerbation of bronchial asthma. Correct treatment:

4

urgently cancel prednisone

halve the dose of prednisolone

prescribe the drug in the same dose, but with an interval of several days

replace prednisone with beclomethasone

prescribe parenteral prednisone

#

122

The most convenient and effective way to administer bronchodilators is

5

inhalation with dischaler

inhalation with handhailer

inhalation with autohaler

inhalation with spacer

inhalation with a nebulizer

#

123

At what level of eosinophilia in the blood is the treatment of IGCS recommended in patients with COPD?

3

$\geq 100$  cells/ $\mu$ L

$\geq 200$  cells/ $\mu$ L

$\geq 300$  cells/ $\mu$ L

$\geq 400$  cells/ $\mu$ L

$\geq 500$  cells/ $\mu$ L

#

124

Obstructive bronchitis is characterized by:

2

pulmonary sound

crepitus

prolonged exhalation

moist wheezing on exhalation

cough with a lot of phlegm

#

125

Viral pneumonia differs from bacterial:

3

infiltrative changes on the radiograph

leukocytosis with a shift to the left

mild physical changes in the lungs

pulse corresponds to temperature

cough with purulent sputum

#

126

Indicate the complaint that occurs with dry pleurisy:

3

chest pain when walking fast

choking attack at night

chest pain that gets worse with breathing and coughing

shortness of breath when inhaling cold air

hacking cough with phlegm

#

127

What symptom is typical for dry pleurisy:

4

asymmetry of chest movement

weakening of voice tremor and bronchophonia on the affected side

dullness of pulmonary sound on the affected side

pleural friction noise on the affected side

breathing is not carried out on the affected side

#

128

An employee of a large hotel, equipped with air conditioning, had an acute temperature rise of up to 40°C, chills, cough with phlegm, hemoptysis, chest pain when breathing, myalgia, nausea, and diarrhea. A few days ago, a colleague of the patient was hospitalized with pneumonia. X-ray of the lungs in the patient revealed infiltrative changes in both lungs. What is the likely cause of pneumonia?

2

klebsiella

legionella

mycoplasma pneumonia

Pfeiffer's wand

Staphylococcus aureus

#

129

A 50-year-old man was admitted to the hospital in serious condition. The patient groans. There was vomiting several times. Sick third day after severe hypothermia. Does not get out of bed, does not eat, drinks only liquid, confused consciousness, shortness of breath at rest, cough with purulent sputum, body temperature 39°C. Diffuse cyanosis of the skin. In the lungs on the right, in the lower sections, there is dullness of the pulmonary sound, weakened breathing, moist rales. BR 40 / min., HR 140 / min. BP 88/56 mm Hg Choose the most likely diagnosis:

2

Community-acquired pneumonia of the lower lobe of the right lung, mild course.

Community-acquired pneumonia of the lower lobe of the right lung, severe course.

Community-acquired pneumonia of the lower lobe of the left lung, mild course.

Community-acquired pneumonia of the lower lobe of the left lung, severe course.

Community-acquired pneumonia of the upper lobe of the left lung, severe course.

#

130

In what disease is the most effective bronchoscopic drainage for therapeutic purposes?

2

bronchial asthma with high levels of IgE in the blood

chronic purulent bronchitis  
pulmonary emphysema with alpha-1 antitrypsin inhibitor deficiency  
exogenous fibrosing alveolitis  
bronchopulmonary aspergillosis

#

131

Secondary emphysema is a complication of:

3

bronchial asthma mild  
bronchiectasis  
chronic obstructive bronchitis  
segmental pneumonia  
focal pulmonary tuberculosis

#

132

The patient is 55 years old. Smoked for 30 years. Complaints of swelling of the legs and an increase in the abdomen. Examination revealed liver enlargement, ascites, right-sided hydrothorax. Radiologically, the heart is enlarged, the lungs are transparent. ECG - sinus tachycardia, vertical position of the heart axis, incomplete RBBB, hypertrophy of the right atrium and ventricle. What type of patient management should be preferred?

1

Cardiac glycosides in combination with diuretics  
Glucocorticoids in combination with cytostatics  
 $\beta$ -blockers in combination with diuretics  
Puncture of the pleural cavity  
Paracentesis

#

133

The etiological factor in the development of cor pulmonale is:

1

chronic obstructive pulmonary disease  
myocardial infarction complicated by blood congestion in the pulmonary circulation  
insufficiency of the mitral valve with pronounced stagnation of blood in the pulmonary circulation  
high risk hypertension with left ventricular heart failure  
atherosclerosis of the aorta and peripheral arteries

#

134

What is typical for chronic cor pulmonale:

1

"S-type" of right ventricular hypertrophy on ECG  
left ventricular hypertrophy on ECG  
left atrial hypertrophy on ECG  
left ventricular hypertrophy on echocardiography  
hypertrophy of the interventricular septum on echocardiography

#

135

The main causative agent of community-acquired pneumonia is:

1

Pneumococcus  
Staphylococcus  
Haemophilus influenzae  
Pseudomonas aeruginosa  
Legionella

#

136

Choose the wrong option from the pathophysiological factors that play a decisive role in the development of bronchiectasis:

3

stagnation of bronchial secretions or obstructive atelectasis  
dysfunction of the local bronchopulmonary defense system  
goblet cell hyperplasia and bronchial gland hypertrophy  
violation of coughing, stagnation and infection of the secret  
degeneration of cartilaginous plates, smooth muscle tissue with replacement of fibrous

#

137

The causative agents of the hospital (hospital-acquired) pneumonia most common?

2

Pneumococcus

Staphylococcus aureus

Klebsiella

Chlamydia

Mycoplasma

#

138

In the development of chronic cor pulmonale, the following processes are competent:

2

normal  $\alpha_1$ -antitrypsin levels

alveolar hypoxia and the development of arterial hypoxemia

decrease in calcium content in the vessels of the lungs

increased blood pressure

LV hypertrophy and dilatation

#

139

In young people (up to 30-35 years old), the more common cause of chronic bronchitis is:

4

repeated viral and bacterial infection

exposure to industrial gases and aerosols

smoking

congenital insufficiency of the mucociliary apparatus

furnace gas exposure

#

140

An air-conditioned hotel employee has a temperature of 40°C, chills, cough with phlegm, hemoptysis, chest pain when breathing, myalgia, nausea, diarrhea. Radiography showed infiltrates in both lungs. A colleague was hospitalized with pneumonia. Diagnosis?

2

klebsiella

legionella

mycoplasma pneumonia

Pfeiffer's wand

Staphylococcus aureus

#

141

What are the symptoms of bronchiectasis?

3

arthralgia

Geberden knots

cough with purulent sputum

dry cough

myalgia

#

142

Risk factors for pulmonary embolism include:

5

swimming  
constant physical activity  
eating spicy and salty foods  
eating foods high in unrefined fats  
prolonged immobilization  
#

## NEPHROLOGY

#

1

When treating chronic pyelonephritis, the following is contraindicated:

3

antibiotics  
nitrofurantoin preparations  
corticosteroids  
sulfonamides  
derivatives of nalidixic acid

#

2

The development of nephrotic syndrome is typical for:

2

IgA nephropathy  
amyloidosis  
tubulointerstitial nephritis  
chronic pyelonephritis  
polycystic kidney disease

#

3

What are the indications for the appointment of glucocorticoids in acute glomerulonephritis:

2

severe swelling within the last 6 months  
the presence of a lingering nephrotic syndrome without severe hematuria and hypertension  
arterial hypertension persisting while taking antihypertensive drugs  
the presence of erythrocytes in urine that have persisted for the last 6 months  
severe urinary syndrome without hypertension

#

4

Albuminuria and hypoproteinemia in combination with cylindruria and edema are characteristic of:

1

acute glomerulonephritis  
chronic pyelonephritis  
urolithiasis  
interstitial nephritis  
acute pyelonephritis

#

5

The main etiological factor of acute glomerulonephritis:

3

Staphylococcus aureus  
Klebsiella  
 $\beta$ -hemolytic streptococcus group A  
Pseudomonas aeruginosa  
Viruses

#

6

What morphological type of glomerulonephritis has the least favorable course:

1

Focal segmental sclerosis Membranoproliferative  
Lipoid nephrosis  
Mesangioproliferative  
Membranous

#

7

Name the classic triad in acute glomerulonephritis:

3

hypertension, edema, isostenuria  
hypertension, edema, oliguria  
hypertension, edema, hematuria  
hypertension, edema, cylindruria  
hypertension, edema, fever

##

8

The diagnostic criterion for "nephrotic syndrome" is:

1

proteinuria more than 3.5 g / day  
microalbuminuria  
erythrocyturia more than 20-30 in field of vision  
hypocholesterolemia  
cylindruria more than 500 in 1 ml of urine

#

9

In the etiology of CGN is of great importance:

1

viral infection  
exposure to heavy metal salts  
protozoal infection  
alcohol abuse  
congenital defects of the renal vascular system

#

10

In a biochemical study of blood in patients with amyloidosis and nephrotic syndrome, it is noted:

2

hyperglycemia  
hypercholesterolemia  
hyperalbuminemia  
hyperuricemia  
hypocholesterolemia

#

11

Choose a combination of symptoms of acute nephritic syndrome:

1

Arterial hypertension, proteinuria, hematuria  
Edema, hypo- and dysproteinemia, hypercholesterolemia  
Arterial hypertension, hypercholesterolemia  
Proteinuria, edema, hypo- and dysproteinemia  
Arterial hypertension, azotemia, anemia

#

12

It is advisable to culture urine when:

2

acute glomerulonephritis  
chronic pyelonephritis  
chronic glomerulonephritis

urolithiasis  
amyloidosis

#

13

A 17-year-old patient, a week after suffering a sore throat, feels worse, pronounced swelling of the face and extremities, headache, dark urine are observed. Urinalysis 3 months ago without deviations from the norm. BP- 160/100 mm Hg, heart rate - 80 per minute. CBC: Hb - 25 g/l, ESR - 15 mm/h, creatinine - 1.2 mg%. Antistreptolysin-O titer 1:460. Urinalysis: relative density - 1.016, protein - 2.2 g/l, RBC - up to 80 per field of view, WBC - 10-12 per field of view, hyaline cylinders - 3-4 per field of view, bacteria - no. The alleged etiological factor of the disease:

1

Streptococcus  
Mushrooms of the genus Candida  
Staphylococcus aureus  
Mycoplasma

Virus

#

14

In acute glomerulonephritis of streptococcal etiology, damage to the glomeruli occurs under the influence of?

2

antibodies directed against the membrane of streptococcus  
antigen-antibody complex  
Streptococcus exotoxins  
endotoxin streptococcus  
cross mimicry

#

15

What is needed for the Nechiporenko test:

4

daily urine  
morning urine  
first morning urine  
mid-morning urine  
last morning urine

#

16

Choose the right combination of pathogenetic treatment of nephrotic syndrome:

2

diuretics, ACE inhibitors, antibiotics  
glucocorticoids, cytostatics, anticoagulants  
protein preparations, sartans, anticoagulants  
antiviral, NSAIDs, antiplatelet agents  
plasma transfusion, crystalloid infusion, hemodialysis

#

17

What determines the dark and yellowish color of the skin in CKD?

3

increase direct bilirubin  
increase indirect bilirubin  
violations of urochrome excretion  
conjugated bilirubin disorders  
disorders of bilirubin secretion

#

18

Macroscopic name of the kidneys in the outcome of chronic glomerulonephritis:

2

primary contracted kidneys  
secondary shriveled kidneys  
large variegated buds  
large red kidneys  
large white buds

#

19

What are the etiological factors of prerenal AKI:

1

hemolytic anemia  
acute glomerulonephritis  
urinary obstruction  
tubulo-interstitial nephritis  
hyperplasia of the prostate

#

20

The most favorable morphological type of glomerulonephritis:

4

Mesangioproliferative GN  
membranous GN  
Membranoproliferative GN  
Minimal glomerular changes (lipoid nephrosis)  
Focal segmental glomerulosclerosis

#

21

In a patient with nephrotic syndrome and bronchiectasis, first of all, it is necessary to exclude?

2

chronic pyelonephritis  
renal amyloidosis  
interstitial nephritis  
chronic glomerulonephritis  
acute glomerulonephritis

#

22

Acute GN is characterized by:

4

cylindruria  
hyperuricosuria  
glucosuria  
hematuria  
severe leukocyturia

#

23

What are the immunological changes in the blood in post-streptococcal glomerulonephritis?

1

high titers of antibodies to streptococcus antigens  
increased titer of renal autoantibodies  
the presence of antinuclear antibodies  
high complement levels  
increased serum IgA

#

24

Steroid therapy is indicated for:

1

active nephrotic syndrome  
primary amyloidosis  
drug-induced kidney injury

diabetic nephrosclerosis

chronic pyelonephritis

#

25

What is characteristic laboratory for CKD:

3

hyperalbuminemia

dyslipidemia

hypercreatininemia

urobilinuria

hyperbilirubinemia

#

26

In what pathology is there a combination of anemia and arterial hypertension?

2

hypertension

chronic renal failure

Itsenko-Cushing's syndrome

iron deficiency anemia

B<sub>12</sub> deficiency anemia

#

27

High diastolic hypertension is characteristic of:

4

hyperthyroidism

hypertension

aortic atherosclerosis

nephrogenic hypertension

diencephalic syndrome

#

28

What are the characteristic signs of chronic glomerulonephritis that distinguish it from hypertension?

2

increase in blood pressure ahead of urinary syndrome

urinary syndrome preceding an increase in blood pressure

frequent development of vascular complications (stroke, heart attack)

frequent hypertensive crises

petechial skin rashes

#

29

Preparations for nephroprotection in CKD:

5

calcium channel blockers

erythropoietin preparations

steroid hormones

loop diuretics

ACE inhibitors

#

30

The main factor in the development of glomerulonephritis is?

3

increased vascular permeability

tubular epithelial necrosis

formation of immune complexes

fatty degeneration of the tubular epithelium

hyalinosis of arterioles

#

31

The drug of choice in the treatment of anemia in patients with CKD 5 tbsp. is an:

3

iron preparation

prednisone

erythropoietin preparations

riboflavin

ferrous sulfate with ascorbic acid

#

32

What disease is this urinalysis typical for: protein 0.165%, WBC 20-30 per field of view. RBC

Unchanging 0-1 in view

1

Chronic pyelonephritis

Renal amyloidosis

Chronic glomerulonephritis

Lupus Jade

Urolithiasis disease

#

33

Name a disease accompanied by the development of amyloidosis:

5

lymphogranulomatosis

chronic tonsillitis

Crohn's disease

Wegener's granulomatosis

chronic suppurative processes

#

34

Renal replacement therapy is performed in the following stages of CKD:

5

CKD 1 stage.

CKD 2 stage.

CKD 3 stage.

CKD 4 stage.

CKD 5 stage

#

35

The earliest signs of CKD are:

2

oliguria

polyuria

swelling

arterial hypertension

anemia

#

36

The main reason for the development of renal AKI:

five

acute heart failure

obstruction of the urinary tract

sepsis

hepatorenal syndrome

hemolytic uremic syndrome

#

37

Specify the causes of prerenal acute renal failure:

2

increase in cardiac output  
dehydration  
hypervolemia  
hypertensive crisis  
metabolic acidosis

#

38

What is the leading cause of anemia in CKD patients?

3

iron deficiency  
uremia  
erythropoietin deficiency  
fluid retention  
hemolysis

39

A reliable diagnostic method for verifying glomerulonephritis?

5

CT scan  
excretory urography  
positron emission tomography  
Kidney ultrasound  
kidney biopsy

#

40

Which judgment regarding chronic pyelonephritis is correct?

1

chronic pyelonephritis affects the pelvicalyceal apparatus and leads to CKD  
one of the common manifestations of chronic pyelonephritis is nephrotic syndrome  
the use of corticosteroids is of decisive importance in the treatment of chronic pyelonephritis  
with urography, a symmetrical lesion of the pelvicalyceal system is always characteristic  
only the calyx-pelvis apparatus is affected

#

41

The first symptom of diabetic nephropathy is:

1

microalbuminuria  
microhematuria  
crystalluria  
glucosuria  
increased relative density of urine

#

42

Patient P., 62 years old, complaints of weakness, decreased performance. She has a history of migraines since the age of 18, and has been taking citramone up to 4 tablets for 7 years. per day. On examination: skin pallor with a slightly jaundiced tinge. BP- 140/90 mm. rt. Art. CBC: Hb 98 g / l, WBC  $6 \times 10^9 / l$ , ESR 25 mm / hour, total protein 78 g / l, albumin 41 g / l, creatinine 425  $\mu\text{mol} / l$ , in UT: - specific gravity - 1007, protein 0.66 g / l, WBC - 12-14 in field of vision, RBC - 10-12 in field of vision. With ultrasound of the kidneys - the dimensions of both kidneys are 85x38 mm, the contours are uneven, the parenchyma is 12 mm thick. Was diagnosed with tubulointerstitial nephritis complicated by chronic kidney disease. What pathological processes are the main cause of CKD in the patient?

1

sclerosis of most of the nephrons  
renal artery vasculitis  
tubular dystrophy  
tubular necrosis  
paraneoplastic process of the ureters

#

43

What disease is accompanied by kidney enlargement despite deteriorating renal function?

1

amyloidosis

primary nephrosclerosis

chronic glomerulonephritis

chronic pyelonephritis

diabetic glomerulosclerosis

#

44

Is glomerular filtration ineffective at creatinine clearance?

five

80 ml / min

60 ml / min

45 ml / min

30 ml / min

15 ml / min or less

#

45

Patient D., 45 years old. complains of swelling of the legs, face, severe weakness, decreased appetite, frequent mushy stools up to 3 r / d. From the anamnesis: From the anamnesis: since the age of 35, he has been suffering from osteomyelitis of the tibia of the left leg, has been operated on several times. Within 2 years, proteinuria of 0.165-0.66 g / l is noted in the urine. Objectively: swelling of the face, legs. Heart rate - 80 per minute. BP - 120/60 mm Hg The kidneys are not palpable. CBC: HB -130 g / l, RBC-4.5 x 10<sup>12</sup> / l, WBC-5.9 x 10<sup>9</sup> / l, neutrophils bands-1%, neutrophils segm.-55%, Lim.-30%, Mon.-10%, eos-3%, b-1%. ESR-56 mm / h. UT: specific gravity - 1022, protein - 2.8 g / l, leukocytes - up to 6 in p / sp, Er. - not detected. Preliminary diagnosis?

2

Chronic glomerulonephritis

Renal amyloidosis

Acute pyelonephritis

Kidney cancer

Chronic pyelonephritis

#

46

What morphological type of chronic glomerulonephritis does not reveal structural changes in light-optical examination?

1

Minimal glomerular changes Mesangioproliferative

Mesangiocapillary

Membranous glomerulonephritis

Focal segmental glomerulosclerosis

#

47

What is an important morphological sign of chronic pyelonephritis:

five

immunocomplex lesion of the basement membrane of the glomeruli

aseptic inflammation of the interstitial tissue of the kidneys

tubular dystrophy

inflammatory tubule infiltration

inflammatory infiltration of the interstitial tissue of the kidneys

#

48

Overflow proteinuria occurs when:

1

myeloma

chronic pyelonephritis  
chronic glomerulonephritis  
acute glomerulonephritis  
polycystic kidney disease

#

49

What indicators does end-stage CKD correspond to?

five

creatinine - 40  $\mu\text{mol} / \text{l}$ , CF - 160 ml / min

creatinine - 310  $\mu\text{mol} / \text{l}$ , CF - 42 ml / min

creatinine - 160  $\mu\text{mol} / \text{l}$ , CF - 71 ml / min

creatinine - 450  $\mu\text{mol} / \text{l}$ , CF - 28 ml / min

creatinine - 650  $\mu\text{mol} / \text{l}$ , CF - less than 15 ml / min

#

50

What microflora most often causes chronic pyelonephritis:

1

colibacillus

staphylococcus

group A beta-hemolytic streptococcus

enterococcus

Pseudomonas aeruginosa

#

51

Patient K., 53 years old, with a long history of rheumatoid arthritis, irregularly taking methotrexate, was admitted with complaints of leg edema, a feeling of heaviness in the right hypochondrium. In the general analysis of urine proteinuria up to 10 g / day, erythrocytes 8-10 in the field of view. In the biochemical blood test: cholesterol 7.9 mmol / l, LDL 3.5, triglycerides 2.8, albumin 28 g / l, creatinine 145  $\mu\text{mol} / \text{l}$ , GFR 54 ml / min. What stage of chronic kidney disease (CKD) is diagnosed in the patient?

3

1 tbsp.

2 tbsp.

3 tbsp.

4 tbsp.

5 tbsp.

#

52

The tactics of managing a patient with chronic glomerulonephritis is determined?

5

Clinical picture data

The results of a blood test

Urine test results

The results of instrumental research methods

The results of the morphological study of the biopsy

#

53

In a patient with rheumatoid arthritis for more than 10 years, the likely cause of frolicking proteinuria is:

1

renal amyloidosis

glomerulonephritis

pyelonephritis

interstitial nephritis

renal vein thrombosis

#

54

Patient M., 28 years old, complains of edema of the lower extremities, which appeared suddenly 2 weeks ago. Within 2 months, worried about weakness, loss of appetite, aching pains in the lumbar region on the

left, periodically - an increase in temperature to 37.80C, without chills. I have lost 4 kg during this time. Objectively: the skin is pale. Swelling of the feet, legs, lower third of the thighs, face. In the lungs, vesicular breathing without wheezing. Heart rate - 80 minutes. BP - 130/80 mm Hg CBC: HB-108 g / l, RBC.- $3.6 * 10^{12}$  / l, Platelets.- $200 * 10^9$  / l, WBC- $8 * 10^9$  / l, neutrophils bands -2%, neutrophils segm. - 58 %, lim. -34%, mon. -5%, eos-1%, ESR-45 mm / h. Creatinine is 81  $\mu$ mol / l, total protein is 53 g / l. Total cholesterol - 6.6 mmol / l, UT: specific gravity - 1019, protein - 4.8 g / l, WBC - up to 5 in the field of vision, er.-45-60 in the field of vision. What dose of prednisolone should be given to the patient?

1

1 mg / kg / day

2 mg / kg / day

3 mg / kg / day

4 mg / kg / day

5 mg / kg / day

#

55

Antibiotic therapy is a mandatory component of treatment:

2

acute interstitial nephritis

exacerbation of chronic pyelonephritis

acute renal failure

chronic renal failure

chronic pyelonephritis without exacerbation

#

56

Patient M., 28 years old, complains of swelling of the lower extremities, which appeared suddenly 2 weeks ago. For 2 months, she has been worried about weakness, loss of appetite, aching pain in the lumbar region on the left, periodically - fever up to 37.80C, without chills. I lost 4 kg during this time. Objectively: the skin is pale. Swelling of the feet, legs, lower third of the thighs, face. In the lungs, vesicular breathing without wheezing. Heart rate - 80 per minute. BP - 130/80 mm Hg. The CBC revealed anemia, ESR-45 mm/h. Creatinine-81  $\mu$ mol/l. Total cholesterol - 6.6 mmol / l, UT: specific gravity - 1019, protein - 4.8 g/l, leukocytes - up to 5 in the eye, er.-45-60 in the eye. What is your preliminary diagnosis?

5

renal amyloidosis

chronic glomerulonephritis

chronic pyelonephritis

interstitial nephritis

acute glomerulonephritis

#

57

What disease is this urinalysis typical for: specific gravity – 1005, protein 4200 g/l, leukocytes 3-4/in pz. Erythrocytes are unchanged 2-3/in ps, erythrocytes are changed in large numbers, hyaline cylinders 5-6/in ps.

1

Chronic glomerulonephritis

Urolithiasis disease

Chronic pyelonephritis

Interstitial nephritis

Renal amyloidosis

#

58

Give a description of "facies nephritica":

4

the face is puffy, cyanotic, there is a sharp swelling of the veins of the neck, pronounced cyanosis and swelling of the neck

marked cyanosis of the lips, tip of the nose, chin, ears, cyanotic blush of the cheeks

face deathly pale with a grayish tinge, sunken eyes, pointed nose, drops of cold profuse sweat on the forehead

puffy face, pale, swelling under the eyes, swollen eyelids, narrow eye slits

the face is puffy, yellowish-pale with a distinct cyanotic tinge, the lips are cyanotic

#

59

In shock, acute kidney damage is caused by:

3

the influence of toxic substances of damaged tissues

concomitant infection

drop in blood pressure

adrenal insufficiency

metabolic acidosis

#

60

The defining method in the diagnosis of renovascular hypertension is:

3

radioisotope renography

kidney ultrasound scan

angiography of renal vessels

excretory urography

CT scan

#

61

The morphological substrate of chronic renal failure is:

1

nephrosclerosis

proliferation of mesangial cells

destruction of small processes of podocytes

deposits of immune complexes in the glomerular basement membrane

efferent arteriole obliteration

#

62

A high relative density of urine (1030 and higher) is typical for:

3

chronic glomerulonephritis

chronic pyelonephritis

diabetes mellitus

diabetes insipidus

shriveled kidney

#

63

The patient is 32 years old. For 20 years, he was observed with a diagnosis of glomerulonephritis. Urinary syndrome with proteinuria from 1.2 to 2.6 g / day, during the last 2 years - hypertension. A sharp deterioration after suffering from acute respiratory viral infections: daily vomiting, decreased appetite, insomnia at night and drowsiness during the day, itchy skin, frequent nosebleeds began to disturb.

Diuresis is about 700 ml / day. Objectively: the skin is pale yellow, dry, with combs. BP = 190/120 mm Hg Heart rate = 82 per minute. UA: beats weight - 1010, protein - 2.8 g / l, watering can. - up to 5 in p / zr, er. - 10-20 in p / sp. CBC: Hb. - 72 g / l, ESR = 20 mm / h. Total protein - 65 g / L, potassium - 6.3 mmol / L, creatinine - 920 μmol / L. What drug is better to prescribe for the treatment of osteodystrophic syndrome in this patient?

3

corticosteroids

ACE inhibitors

calcium preparations

anticoagulants

calcium antagonists

#

64

The main clinical sign of nephrotic syndrome:

3

Increase in BP

heartbeat

Edema

Dysuria

Fever

#

65

What symptom is most important for the appointment of pulse therapy for nephritis?

5

ESR value

proteinuria level

rate of progression

creatinine value

morphological picture of the kidneys

#

66

For which kidney disease is corticosteroid therapy indicated?

2

acute glomerulonephritis, expanded (classic) variant

chronic nephrotic glomerulonephritis

chronic glomerulonephritis in the stage of end-stage renal failure

renal amyloidosis

kidney tumor

#

67

For what diseases is a low-protein diet indicated with the use of modern nephroprotection?

2

ischemic heart disease

chronic kidney disease

reactive arthritis

Crohn's disease

diabetes in debut

#

68

What is typical with long-term use of corticosteroids:

2

anemia

hyperglycemia

hypcholesterolemia

dysproteinemia

hypoglycemia

#

69

Bens-Jones proteinuria is characteristic of:

1

myeloma nephropathy

chronic glomerulonephritis

tubulo-interstitial nephritis

renal amyloidosis

diabetes mellitus

#

70

In what form of chronic glomerulonephritis is there a loss of protein in the urine of more than 3.5 g / s?

4

latent

hematuric

hypertensive

nephrotic

tubulo-interstitial

#

71

They talk about nephrotic syndrome if:

4

increase in ESR

proteinuria up to 2 g/day

hyperproteinemia

proteinuria > 3.5 g / day

presence of M-gradient in protein fractions

#

72

Patient A., 45 years old. For a long time suffers from chronic pyelonephritis. With the next exacerbation, manifested by pain in the lumbar region, dysuria, subfebrile condition, proteinuria 0.066 g / l, leukocyturia 40-50 in the field of view, bacteriuria were revealed. In the urine culture, the growth of Escherichia coli in a titer of  $1 \times 10^7$  microbial bodies in 1 ml. Choose from the listed drugs the most effective in this situation.

5

Ampicillin.

Erythromycin.

Cephalosporins.

Co-trimoxazole.

Ciprofloxacin

#

73

What disease do you think about first of all if a young woman has a rough systolic murmur over the right carotid artery, there is no pulse on the right radial artery and a pronounced hypertensive syndrome is detected:

2

SLE

Nonspecific aortoarteritis

Fibromuscular hyperplasia

medicinal disease

Nodular periarteritis

#

74

Which of the following variants of glomerulonephritis is least characterized by microhematuria:

1

Lipoid nephrosis

membranous nephritis

Mesangioproliferative nephritis

Mesangiocapillary nephritis

Lupus nephritis

#

75

Patient 40 years old, hairdresser. For a long time suffers from chronic pyelonephritis. At the next exacerbation, manifested by pain in the lumbar region, dysuria, chilling, subfebrile condition, proteinuria 0.066 g/l, leukocyturia 40–50 per field of view, bacteriuria were detected. In sowing urine, the growth of Escherichia coli in a titer of  $1 \times 10^7$  microbial bodies in 1 ml. Kidney function is preserved. Choose from the following drugs the most effective in this situation:

5

Ampicillin.

Erythromycin  
Cephalosporins  
Co-trimoxazole  
Ciprofloxacin

#

76

What "pulse therapy" with prednisone includes:

4

prednisolone 2 mg / kg - 3 days  
prednisolone 10 mg / kg - 3 days  
prednisolone 1000 mg IV - 1 day  
prednisone 1000 mg IV - 3 days  
prednisolone 2000 mg IV - 3 days

#

77

What would you prescribe for arterial hypertension in patients with chronic glomerulonephritis?

1

ACE inhibitors or angiotensin receptor blockers + statins + dipyridamole  
prednisone, NSAIDs, beta blocker  
pulse-therapy, cyclophosphamide, calcium channel blocker  
methotrexate, NSAIDs, loop diuretics  
pulse therapy with prednisolone, fibrates, anticoagulants

#

78

For pyelonephritis, when conducting a test according to Nechiporenko, it is characteristic:

five

leukocytes - less than 1000, E - 200, cylinders - no  
leukocytes - more than 1000, E - 800, cylinders - 450  
leukocytes - less than 2000, E - 800, cylinders - 350  
leukocytes - more than 2000, E - 1100, cylinders - 500  
leukocytes - more than 4000, E - 1350, cylinders - 560

#

79

What causes CKD in hypertension:

3

lesions of the vessels of the fundus  
increased total peripheral resistance  
nephrosclerosis  
atherosclerosis of the kidney vessels  
damage to cerebral vessels

#

80

In secondary amyloidosis, the prognosis is mainly determined by the lesion?

1

kidney  
adrenal glands  
of cardio-vascular system  
peripheral nervous system  
Gastrointestinal tract

#

81

Evidence of the renal origin of hematuria is found in urine?

2

unchanged erythrocytes  
erythrocyte casts  
erythrocytes and proteinuria at the same time  
leached erythrocytes

erythrocytes and glucose at the same time

#

82

Urinary tract and kidney infections occur most often:

3

aerosol

by contact

upward path

hematogenous

lymphogenous

#

83

What conditions are absolute indications for hemodialysis:

2

severe polycythemia, hypoalbuminemia

hyperkalemia, hypercreatininemia

hypocreatininemia, hypercholesterolemia

hypokalemia, hyponatremia

polyuria with nocturia, leukocyturia

#

84

Serum potassium in CKD:

1

rises

goes down

does not change

varies with blood pressure

varies depending on the daily urine output

#

85

In patients with nephrotic syndrome, one of the following is contraindicated:

3

sodium chloride restricted diet

a diet rich in potassium and vitamins

plentiful fluid intake

prescribing diuretics

the appointment of glucocorticoids

#

86

The earliest symptom in renal amyloidosis is?

1

proteinuria

hematuria

leukocyturia

cylindruria

isostenuria

#

87

With renal amyloidosis, a reliable diagnostic method is:

2

general urine analysis

biopsy of the rectal mucosa

determination of total protein and protein fractions in blood serum

Ultrasound of internal organs

determination of fractions of immunoglobulins

#

88

For chronic pyelonephritis in an exacerbation, the laboratory is characterized by:

1

leukocyturia  
proteinuria  
erythrocyturia  
cylindruria  
gdukozuria

#

89

Chronic pyelonephritis is:

2

abacterial non-destructive inflammation of the interstitium  
bacterial-destructive inflammation of the interstitium and PCS  
bacterial inflammation of the urinary tract without signs of kidney damage  
immune-mediated inflammation of the glomerular part of the glomerular apparatus  
diffuse kidney inflammation

#

90

What group of drugs is used to treat diabetic nephropathy:

2

diuretics  
ACE inhibitors  
anticoagulants  
antiplatelet agents  
NSAIDs

#

## **POLYCLINIC THERAPY**

### **GENERAL ISSUES OF POLYCLINIC THERAPY**

1.

The recommended population attached to the therapeutic site in the city is \_\_\_\_\_ people of the adult population aged 18 years and older.

5

1200  
1300  
1400  
1500  
1700

#

2.

An active examination of people of certain professions exposed to harmful working conditions refers to \_\_\_\_\_ dispensary examinations:

2

medical  
periodic  
preliminary  
target  
preventive

#

3.

The institute conducted a medical examination of 1000 students, of which 850 people are healthy, and have a low and medium cardiovascular risk (CVD), 100 people have a high risk of developing CVD, and 50 people have chronic non-communicable diseases. Determine which health group most of the students belong to?

3

Group II

Group III

Group I

Group IV

V group

#

4.

Secondary prevention is-

5

a set of medical measures aimed at early detection and prevention of exacerbations, complications and chronicity of diseases

a set of medical measures aimed at detecting and preventing diseases

a set of social measures aimed at early detection and prevention of exacerbations, complications of diseases

a set of psychological measures aimed at early detection and prevention of exacerbations, complications and chronicity of diseases

a set of medical, sanitary-hygienic, psychological and other measures aimed at early detection and prevention of exacerbations, complications of diseases

#

5.

The indication for the registration of the disability sheet is:

1

establishment of acute illness

undergoing preventive medical examination

medical examination for chronic disease

examination for military commissariats

at the request of the patient in case of failure to go to work

#

UNDERSTANDING

6.

A patient with a sheet of incapacity for work according to ARVI from 10.04 to 16.04. and only 20.04 with signs of pneumonia who appeared at the appointment with a general practitioner, it is shown:

4

extend the sick leave from 20.04 until recovery without a violation mark

extend the sick leave from 16.04 until recovery with a sign of violation of the regime

extend the sick leave from 10.04 until recovery without a violation mark

extend the sick leave from 20.04 until recovery with a sign of violation of the regime

extend sick leave from 16.04 recovery without a violation mark

#

7.

A woman, 35 years old, works as a teacher at school, in the morning there were complaints of a dry cough, an increase in body temperature to 37.5 C, and a runny nose. Where can a patient turn to issue a disability certificate?

2

To a doctor who is not on the staff of a medical organization

To the district doctor in the polyclinic at the place of residence

To the doctor or paramedic of the "emergency medical"

To the doctor of a therapeutic hospital in a tertiary hospital

To the nurse in the clinic at the place of residence.

8.

An elderly man living in a hotel equipped with air conditioners had chills, sweating, a decrease in appetite, a cough with scarce sputum, hemorrhage, chest pain when breathing, myalgia. Which of the following research methods will help establish a diagnosis?

2

Gastroscopy

Chest X-ray

Ultrasound examination

Spirometry

Electrocardiography

#

9.

An elderly man living in a hotel equipped with air conditioners had chills, sweating, a decrease in appetite, a cough with scarce sputum, hemorrhage, chest pain when breathing, myalgia. On chest X ray - revealed infiltrative changes of both lungs. What is the most likely condition of the patient and what caused it?

5

Pneumococcal pneumoniae

Klebsiella pneumoniae

Mycoplasma pneumoniae

Chlamydia pneumoniae

Legionella pneumoniae

#

10.

A 63-year-old patient with congestive heart failure takes digoxin (0.5 mg/day), furosemide (40 mg/day), spironolactone (25 mg/day) for 2 months. 2 days before hospitalization, abdominal pain, muscle weakness, paresthesia in the poop and legs appeared. On the ECG, an increase in the amplitude of the T wave is noted, and the expansion of the QRS complex is noted. Explain the most likely cause of a patient's deterioration:

2

hypokalemia

hyperkalemia

hyponatremia

intoxication with cardiac glycosides

hypomagnesemia

#

11.

A man, 35 years old, works as a teacher, was injured at home. Receives outpatient treatment. Does the patient have the right to receive a sick leave, if so, for how many days can the attending doctor single-handedly issue a sheet of incapacity for work?

2

Yes, no longer than 5 days

Yes, no longer than 10 days

Yes, no more than 15 days

Yes, no longer than 20 days

Yes, no longer than 30 days

#

12.

A woman 65 years old, with signs of chronic heart failure FC III (NYHA). What diet guidelines you should give:

4

restriction of consumption of carbohydrates and fats of animal origin

restriction of protein and salt consumption to 10 g per day, liquids

increase in the diet of table salt, liquid and carbohydrates

restriction of liquid consumption to 1 l, salt to 3 g per day

restriction of fat, protein and salt intake

#

13.

The patient is 29 years old, lives with a family of 4 people (wife, 2 children, and grandmother).

Diagnosed: Flu A, moderate. Determine which anti-epidemic measures will be directed to the first link of the epidemic process:

4

personal hygiene

current disinfection

immune prevention

isolation of the patient

treatment of the patient

#

14.

The student, 20 years old, turned to a therapist at the clinic, complaining of pains in the epigastric area of the fasting and 2-3 hours after eating, heartburn, and nausea. Got sick 2 months ago. It feeds irregularly. Give basic nutrition recommendations.

1

A diet that spares the stomach as much as possible: foods are either cooked or cooked for steam,

Diet that excludes fatty, salty and fast-digestible carbohydrates

First days hunger and cold, alkaline drinking, for 3 days - liquid soups

Hypoallergenic diet (excluding red foods, nuts, and chocolate)

A diet that excludes fruits, vegetables, increase in the amount of protein in the diet.

#

15.

Which of the products is excluded from the diet table No. 1?

2

Fish

Radish

Milk

Eggs

Chicken

#

16.

A healthy woman of 75 years, leading a moderately active lifestyle, with a preventive examination, found a serum concentration of total cholesterol at the level of 4 mmol/l and HDL cholesterol - 1.2 mmol/l.

ECG without pathology. Which of the listed dietary recommendations is most acceptable?

5

Reducing cholesterol intake

Reduced intake of saturated fats

Reducing the intake of simple carbohydrates

Increasing fiber intake

No changes in diet

#

17.

A woman of 35 years old, complained of blunt pain in her right undergrowth, nausea, bitterness in her mouth. Got sick 3 months ago. Identify the characteristic signs of diet in this disease:

3

restriction of fats, smoked, any cooking process

restriction of proteins, salt and liquid

restriction of fats, smoked foods, exclude fried food

restriction of proteins, fats of animal origin and salt

restriction of water, salt and proteins, any cooking process.

#

18.

An elderly man complained of weakness, sweating, reduced appetite, coughing with scarce sputum, chest pain. From a history 1 week ago, it cooled down. Chronic comorbidities deny. On the chest X ray - infiltrative changes in the right lung were revealed. Which of these drugs should be recommended to the patient?

4

Levofloxacin/azithromycin

Ciprofloxacin/lincomycin

amoxiclav/meropenem

amoxiclav/ ceftriaxone

clarithromycin/ ciprofloxacin

#

19.

A woman of 25 years old, about the disease, turned to the polyclinic on March 1 and issued a sick leave. By March 10, the patient's ability to work was not restored, whether the attending doctor has the right to individually extend the sick leave:

3

The attending physician has the right to individually extend the sick leave for more than 15 days.

The attending physician has the right to individually extend the sick leave for more than 30 days.

Permission to extend more than 10 days determined by the medical commission

Permission to extend more than 10 days to be determined by the chief physician

Permission to renew more than 10 days determined by the head of the department.

#

20.

To prevent hypokalemia in prolonged treatment of chronic heart failure with FC III furosemide, the elderly patient uses:

3

a potassium-enriched diet;

constant intake of potassium preparations;

combination with potassium-saving diuretic;

a combination with an ACE inhibitor;

intermittent use of the diuretic.

#

21.

What is the antiischemic drug of choice for a 66-year-old patient, suffering from angina on exertion, having bronchial asthma, and hypertensive disease?

1

amlodipine

clopidogrel

propranolol

metoprolol

candesartan

#

## CARDIOLOGY

1.

The terms of temporary disability at stage I hypertension (after an uncomplicated hypertensive crisis) is:

1

5-7 days

8-10 days

11-13 days

14-16 days

17-19 days

#

2.

In the polyclinic, a woman, 50 years old, who works as a director at the school, was first diagnosed with hypertension stage II, grade 2, moderate risk. Does a sick person require a sick leave, if so, what is the period of temporary disability?

2

Needed for 1-3 days

Needed for 9-12 days

Needed for 16-18 days

Needed for 19-21 days

Needed for 22-24 days

#

3.

Rate of blood pressure measurement according to world health organization recommendations for the diagnosis of arterial hypertension:

5

Once on one visit

2 times with 2 different visits in 4 weeks

3 times with 2 different visits in 3 weeks

4 times at one visit

2 times with 2 different visits in 1 week

#

4.

Group I of disability in patients with hypertension is established at:

1

hypertension III stage, target organ damage

hypertension II stage, hypertrophy of the left ventricle, hypercholesteremia

hypertension of the 1st stage, obesity

hypertension II stage + risk factors

hypertension I stage + risk factors

#

5.

Patients with stage II hypertensive disease are examined at dispensary observation:

4

1 time per month

1 time in 2 months

1 time in 3 months

1 time in 6 months

1 time in 12 months

#

6.

Patients who have suffered myocardial infarction are examined at dispensary observation:

1

1 time per week for 2 months, then taking into account FC

1 time per week for 5 months, then taking into account FC

1 time per month for 6 months, then taking into account the FC

1 time per month for 7 months, then taking into account the FC

1 time per month for 8 months, then taking into account the FC

#

7.

What therapeutic intervention is most effective for the prognosis of ST-segment elevation myocardial infarction in the first 12 hours?

2

Antihypertensive therapy

Fibrin specific therapy

Antiplatelet therapy

Anticoagulant therapy

Lipid-lowering therapy

#

8.

Terms of temporary disability with stable angina of FC I:

1

10-15 days

16-25 days

26-38 days

40-45 days

50-60 days

#

9. Woman, 46 years old, works as an accountant, complaints of chest pain for 5-7 minutes, radiating to the left shoulder blade, appear when walking 100-200 m on level ground or climbing stairs one floor at a normal pace, stops when she is taking 1 nitroglycerin tablets. The above complaints appeared 5 months ago. Diagnosed with coronary heart disease. Assign the timing of temporary disability in angina pectoris:

2

10-18 days  
20-30 days  
32-40 days  
42-50 days  
52-60 days

#

10.

Terms of temporary disability with stable angina pectoris FC IV:

2

10-18 days  
20-35 days  
40-60 days  
65-70 days  
72-80 days

#

11.

A 30-year-old patient, works as a builder, was diagnosed with Acute myocarditis, severe course. Chronic heart failure FC II (NYHA). For how long should a certificate of temporary incapacity for work be issued?

5

10-20 days  
22-30 days  
32-40 days  
42-50 days  
50-60 days

#

12.

The gold standard in the diagnosis of myocarditis is:

5

Positron emission tomography  
Electrocardiography  
Echocardiography  
Coronary angiography  
Endomyocardial biopsy

#

13.

What are the estimated terms of temporary disability in acute nonspecific pericarditis?

3

7-12 days  
13-24 days  
25-45 days  
50-60 days  
62-70 days

#

14.

Patient 17 years, came to the clinic with complaints of angina like chest pain, dizziness, fainting. On palpation above the aorta systolic trembling is revealed, the apex beat is displaced to the left. On auscultation above the apex weakening of S1, and S2 weakened above the aorta, a harsh systolic murmur over the aorta. What is the defect in this patient?

3

Insufficiency of the tricuspid valve  
Combined mitral defect  
Aortic stenosis  
Insufficiency of the aortic valve  
Mitral stenosis

#

15.

What are the approximate terms of temporary disability in obstructive hypertrophic cardiomyopathy with signs of heart failure FC III (NYHA):

4

7-10 days

12-20 days

20-33 days

35-50 days

50-60 days

#

16.

Patient, 32 years old suffers from dilated cardiomyopathy. Chronic heart failure III (NYHA). It takes ACE inhibitors, diuretics, beta-blockers, cardiac glycosides. How often is dispensary observation performed in this patient?

5

1 once a month

2 times a month

1-2 times a year

3-4 times a year

4-6 times a year

#

17.

What is the duration of secondary prevention of chronic heart failure at the outpatient level:

5

6 months

1 year.

5 years

10 years

Lifelong

#

18.

The frequency of visits by a patient to a polyclinic doctor for chronic heart failure FC I-II (NYHA) should be:

1

1-2 times a year

3-4 times a year

5-6 times a year

7-8 times a year

9-10 times a year

#

19.

What are the estimated timeframes for temporary disability for congestive heart failure FC IV (NYHA):

5

30-40 days

42-50 days

52-70 days

72-88 days

90-120 days

#

20.

In heart asystole, the following is recorded on the ECG:

3

Small wave undifferentiated line

Large wave undifferentiated line

Straight line

Absence of P wave and QRS Shape Change

Pause on ECG duration of 3 seconds

#

21.

Ventricular premature beats characterized by appearance on ECG:

3

The altered end part of the QRST complex in the form of ST depression below the isoline

Widened and deformed QRS complex in cardiac contraction with P wave

Premature bizarre appearance of an altered ventricular complex QRS

Absence of P wave before extrasystolic unaltered QRS complex

Premature extraordinary appearance of an unchanged ventricular complex QRS

#

22.

What are the estimated terms of temporary disability of chronic heart failure functional class III(NYHA):

5

30-40 days

40-50 days

50-60 days

62-78 days

80-110 days

#

23.

Rehabilitation of patients at the polyclinic stage after a myocardial infarction should be carried out:

5

only in case of not complicated flow and persons of young age

patients under 50 years of age and comorbidities

in primary myocardial infarction in the presence of complications

in the absence of comorbidities and complications of heart attack

all according to the individual program, taking into account the functional class

#

24.

Patient, 50 years old, complained of chest pains, shortness of breath when walking. Pressing pain, constricting, not associated with physical activity, more often occur at rest at night, duration 15-20 minutes. Taking nitroglycerin does not always relieve pain. In the lungs, breathing is vesicular. With auscultation of the heart: the tones are muffled, the rhythm is correct, heart rate = 76 beats per minute, blood pressure 142/92-154/102 mm Hg. What is the most informative diagnostic method on an outpatient basis for this patient?

3

stress test , treadmill test

transesophageal ECHO-KG

Holter ECG monitoring

transthoracic ECHO-KG

chest X-ray

#

25.

Patient, 50 years old, complained of chest pains, shortness of breath when walking. Pressing pain, constricting, not associated with physical activity, more often occur at rest at night, duration 15-20 minutes. Taking nitroglycerin does not always relieve pain. In the lungs, breathing is vesicular. On auscultation: heart sounds are muffled, the rhythm is regular, HR 76 beats per minute, BP 142/92-154/102 mm Hg. ECG Holter monitoring - ST segment elevation at 3:20 AM, then ST segment normalized. What is most likely to lead to this situation?

3

Atherosclerotic plaque of the coronary artery

Coronary artery thrombosis

Coronary artery vasospasm

Coronary arteritis

Coronary artery embolism

#

26.

The patient, 50 years old, with complaints of pressing burning pain and a coma sensation behind the sternum that occurs after physical exertion, relieved after 1 tablet of nitroglycerin. History - smokes for 15 years, abuses alcohol. About: body mass index-31 kg/m<sup>2</sup>. He was sent to the exercise test. Which of the following signs is most likely to appear during a treadmill test (exercise test):

3

Negative T wave reversal in V1-V4

Prolongation of the P-Q interval up to 0.32 s

ST segment depression more than 2 mm in 2 adjacent leads

The appearance of atrial extrasystole

2 mm ST segment elevation in adjacent leads

#

27.

A 58-year-old man complained of a burning sensation behind the sternum when walking fast, shortness of breath when climbing to the 2nd floor, and feeling better after rest. Anamnesis - smoking for 25 years, works as a driver, noted increased blood pressure for 5 years, does not receive adequate antihypertensive therapy. BMI 35 kg/m<sup>2</sup>. Breathing is vesicular, no wheezing. Heart sounds are regular, HR 86 beats per minute, BP 162/94 mm Hg. Which of the following diagnoses is most likely?

3

chronic myocarditis. Arterial hypertension. Obesity 1 degree

gastroesophageal reflux disease. Obesity 1 degree

coronary heart disease. Stable angina. Arterial hypertension. Obesity 1 degree

acute coronary syndrome. Arterial hypertension. Obesity I degree

hypertrophic cardiomyopathy

#

28.

The woman came to the polyclinic with complaints of a dry permanent unproductive cough within 3 weeks. Anamnesis - suffers from hypertension and coronary heart disease, constantly takes amlodipine, lisinopril, rosuvastatin, aspirin. For chronic pyelonephritis, herbal drugs are taken for 20 days. Body temperature 36.6 C. Vesicular breathing, no wheezing, breathing rate 14 per min. Heart sounds regular, HR 70 beats per minute. BP 128/82 mmHg. Which of these is most likely the reason for the development of this condition?

1

Taking lisinopril

Amlodipine intake

Rosuvastatin intake

Taking aspirin

Herbal drugs

#

29.

At what defect is the maximum hypertrophy of the myocardium of the left ventricle observed?

2

aortic valve insufficiency

aortic stenosis

mitral valve insufficiency

mitral valve stenosis

atrial septal defect

#

30.

Patient, aged 25, took leave without pay from 05.10 to 20.11. And from 09.10 he was diagnosed with Subacute myocarditis, heart failure II (NYHA). What document certifying temporary disability is this patient entitled to issue?

4

proof of residence

certificate of any form with from the clinic

certificate form 086/U

disability certificate of the polyclinic

hospital disability certificate

#

31.

Patient, 40 years old, when contacting the clinic, complains of dull pain in the heart, shortness of breath and orthopnea position during the last 2 weeks. Heart sounds are muffled, regular, heart rate 80 beats per minute, pulse pressure decrease to 20 mm Hg. What is the most likely condition for the patient?

2

- acute myocardial infarction
- massive effusion in pericardium cavity
- decompensated pulmonary heart
- appearance of atrial tachyarrhythmia
- massive effusion in the pleural cavity

#

32.

Patient, 50 years old, complains of shortness of breath, swelling of the cervical veins, enlargement of the liver, ascites, swelling of the lower extremities. Previously treated for pulmonary tuberculosis. Heart sounds are muffled, regular, no murmurs, HR- 96 per minute, BP - 100/80 mm Hg. ECG - a sharp decrease in the voltage of the wave. Chest X ray is shown below. What is the most likely diagnosis?

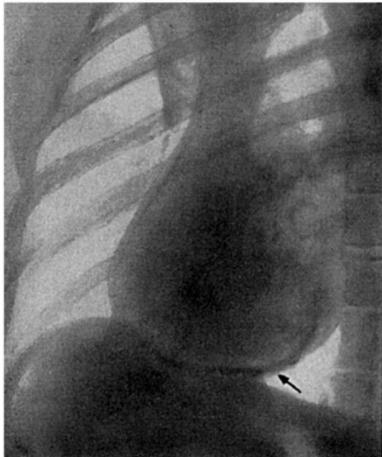


Fig. 1 (to question 18 taken from source

[http://vmede.org/sait/?page=19&id=Terapija\\_vnb\\_dvor\\_2010&menu=Terapija\\_vnb\\_dvor\\_2010](http://vmede.org/sait/?page=19&id=Terapija_vnb_dvor_2010&menu=Terapija_vnb_dvor_2010)).

4

- Chronic decompensated pulmonary heart
- Dilated cardiomyopathy
- Aortic valve disease
- Constrictive pericarditis
- Hypertrophic cardiomyopathy

#

33.

The patient, has been working as a hairdresser for 25 years, was sent to the clinic for examination, where she was diagnosed with “Newly diagnosed acute nonspecific pericarditis”. What document releasing her from work is being drawn up?

3

- certificate from the polyclinic doctor
- certificate from a hospital doctor
- polyclinic sick leave
- hospital sick leave
- extract from the medical history

#

34.

A patient of 20 years old complains of weakness, palpitations, dizziness with physical exertion. Anamnesis from childhood often suffers from ARVI, pneumonia. Body temperature 36.6 C. Skin of pale color. Swelling of the lower extremities. On auscultation: S2 loud above the pulmonary artery, a pansystolic murmur in the IV intercostal on the left with a systolic thrill on palpation. What is the most informative method of outpatient research for a given patient?

2

ECG

echocardiography

chest X ray

coronary angiography

ultrasound of internal organs

#

35.

A 28-year-old patient complains of shortness of breath during exercise and at rest, heaviness in the right hypochondrium. Sick for about 4 years. On examination: cyanosis of the lips, acrocyanosis, swelling of the legs. In the posterior parts of the lungs, weakened breathing. The heart rhythm is irregular, heart rate is 100 beats per minute, pulse deficit. The liver is enlarged. Echo: the volume of cavities of both ventricles and the left atrium are significantly expanded, the valves are not changed, the EF 40%. Which of the following is the most likely diagnosis?

3

Hypertrophic cardiomyopathy

Restrictive cardiomyopathy

Dilated cardiomyopathy

Toxic cardiomyopathy

Exudative pericarditis

#

36.

Patient, 57 years old. Complains of palpitations, interruptions, pain in the heart, shortness of breath. Objectively: the patient is in a serious condition, the patient is undernourished, fussy, her skin is moist. Large hand tremor. The thyroid gland is enlarged, palpable on swallowing, dense. Heart sounds are loud, irregular, heart rate is 142 beats per min. Pulse rate - 120 per minute. BP - 160/60 mm Hg. The liver is enlarged. What are the levels of T3, T4 and TSH are expected?

1

Levels of T3, T4 elevated, level of thyroid-stimulating hormone reduced.

Levels of T3, T4 reduced, thyroid-stimulating hormone level reduced.

Levels of T3, T4 reduced, thyroid-stimulating hormone level increased

Levels of T3, T4 elevated, level of thyroid-stimulating hormone norm

Levels T3, T4 norm, the thyroid-stimulating hormone level is reduced

#

37.

A man of 60 years old suffers from the coronary heart disease. Postinfarction cardiosclerosis. Atrial fibrillation, bradysystolic form. Chronic heart failure FC III (NYHA). Takes lisinopril, torasemide, aspirin, warfarin, digoxin. Name the conditions limiting the prescribing of beta-blockers in heart failure patients:

5

Lack of basic therapy with other drugs

The presence of pronounced edema

Aspirin and warfarin therapy

Hypotension on lisinopril therapy

Bradycardia on glycoside therapy

#

38.

A 32-year-old man complains of periodic pressing retrosternal pain with moderate physical activity. load and loss of consciousness, which appeared about six months ago. The patient's brother died suddenly at a young age. Objectively: respiratory rate - 19 per minute, heart rate - 88 beats per minute, the rhythm is correct, systolic noise in the 3-4 intercostal space on the left. BP - 114/76 mm Hg. Echo-kg: the thickness of the interventricular septum in diastole is 1.7 cm, the posterior LV wall is 1.3 cm, the size of the LV cavity in diastole is 4.2 cm. What is the most likely diagnosis?

1

Hypertrophic cardiomyopathy, with LV outflow tract obstruction

Dilated cardiomyopathy

CHD. Stable angina pectoris FC II. Atherosclerotic vascular changes

Constrictive pericarditis, subacute course

Chronic myocarditis, diffuse lesion

#

39.

A 32-year-old man, at a doctor's appointment, complains of periodic pressing retrosternal pain with moderate physical exertion and loss of consciousness, which appeared about six months ago. The patient's brother died suddenly at a young age. Diagnosis: Hypertrophic cardiomyopathy, with obstruction of the outflow tract of the left ventricle. Determine the drug to be prescribed:

3

Cardiac glycosides

Nitrates

Beta blockers

Dihydropyridine calcium channel blockers

Diuretics

#

40.

Man, 60 years old, diagnosed with coronary heart disease. Postinfarction cardiosclerosis. Chronic heart failure FC III(NYHA), appealed to the clinic with complaints of weight gain 5 kg in 1 week, increased swelling on the legs, decreased amount of urine. For 2 years, he constantly takes perindopril, bisoprolol, furosemide, eplerenone, aspirin. What is the most likely cause of this condition?

2

Disruption of diet and water regime

Emergence of diuretic resistance

Lack of basic therapy with other drugs

Presence of renal failure

Pronounced impaired liver function

#

41.

An 80-year-old patient was admitted to the department with a diagnosis of acute posterior myocardial infarction. During the observation period, the patient periodically experienced episodes of loss of consciousness with epileptiform convulsions and Cheyne-Stokes type of breathing. On the ECG - P waves are not associated with QRS complexes with a rigid interval, the duration of the interval PP=0.8 s, RR=1.5 s. HR=35 per min. Presumptive diagnosis:

2

Supraventricular tachycardia

Complete atrioventricular block

Bradycardic form of atrial fibrillation

Ventricular fibrillation

Sinus tachycardia

#

42.

What changes in the condition established by patients using self-control methods in the presence of functional class II heart failure require a doctor:

4

Reduction of systolic blood pressure by 10-15 mmHg, with satisfactory well-being

A decrease in body weight by 5 kg compared to that of the patient before the development of edema

Decrease in heart rate to 55 beats per minute at rest, decrease in body weight by 1-3 kg

Reducing diuresis to 800 ml per day and increasing body weight by 1 kg during the week

Reduced abdominal circumference by 4 cm, reduced body weight by 3-4 kg from the initial one

#

43.

A woman, 48 years old, with complaints of an increase in blood pressure to 184/102 mmHg, headaches, tinnitus, reduced visual acuity. She fell ill 2 years ago, when blood pressure first began to rise, periodically takes captopril. Objectively: there are no signs of peripheral edema. Respiratory rate 18 per min., heart sounds clear, rhythm is regular, heart rate 80 per min., blood pressure 178/96 mmHg. What is the additional method of examining patients with arterial hypertension, establishing the presence and severity of damage to target organs?

4

Daily excretion with cortisol urine  
Blood aldosterone content  
Daily adrenaline excretion  
Assessment of fundoscopy  
Content of thyroid-stimulating hormone, T4, T3

#

44.

A woman, 37 years old, with complaints of headache, heartbeat, sweating, chills, after an attack - polyuria. Over the past 6 months, lost 4 kg. A history of 8 months - hypertensive crises, stopped by doctors of ambulance (drugs do not remember). Constantly taking antihypertensive therapy. At survey: blood pressure - 220/130 mmHg, heart rate - 160 beats per minute. Body temperature - 37.8 °C, paleness of the skin, tremor, cooling of the hands, light fear. Which of the listed indicators are most likely to be increased?

2

ALT, AST, total bilirubin, gamma glutamyl transpeptidase, alkaline phosphatase  
Blood and urine plasma metanephrine levels, blood glucose  
Level of thyroid hormone, T4, T3, antibodies to thyroperoxidase  
Brain natriuretic peptide (BNP) and its precursor (NT-proBNP)  
D-dimer, activated partial thromboplastin time (APTT), and fibrinogen

#

45.

The patient, 50 years old, went to the polyclinic, after suffering a myocardial infarction, received hospital treatment, and was discharged with significant improvement. Complete blood count and urina analysis without features, ECG - pathological Q wave in leads II, III, aVF, segment ST on isoline, T wave is slightly positive. Which of these should be recommended to prevent the development of disability due to this condition?

3

Antiplatelet agents, anticoagulants, calcium antagonists  
Antiplatelet agents, nitrates, diuretics, statins  
Antiplatelet agents, ACE inhibitors, beta-blockers, statins  
Antiplatelet agents, nitrates as needed, statins  
Antiplatelet agents, anticoagulants, ACE inhibitors, ARBs

#

46.

A 56-year-old man came to the clinic for an examination. Makes no complaints. From the anamnesis - smokes for 15 years. 2 weeks ago there was an attack of intercostal neuralgia, he received treatment from a neurologist - NSAIDs intramuscularly and locally ointment, vitamins B. Upon detailed questioning, he is worried about the heaviness behind the sternum. ECG – pathological Q wave in leads II, III, aVF, ST-segment elevation, T wave negative. What is the most likely diagnosis from the following?

1

Coronary heart disease. Myocardial infarction of the inferior wall LV wall is subacute.  
Coronary heart disease. Myocardial infarction of the inferior wall LV wall is acute.  
Coronary heart disease. Myocardial infarction of the anterior LV wall is subacute.  
Coronary heart disease. Myocardial infarction of the anterior LV wall is acute.  
Coronary heart disease. Myocardial infarction of the LV lateral wall is subacute.

#

47.

The patient, 55 years old, with complaints of an increase in blood pressure to 162/102mm. Hg, tinnitus, joint pain. Anamnesis for 2 years occasionally appears sharp pain and swelling of the thumb of the right foot, is stopped when taking ketonal. Skin of normal color. There are no signs of peripheral edema. The heart rate is correct, 78 beats per min., blood pressure 164/102 mmHg. Which antihypertensive drugs are contraindicated for this patient?

3

Beta-blockers  
Selective imidazoline receptor agonist  
Thiazide diuretics  
Calcium channel blockers

Angiotensin 2 receptor blockers

#

48.

A man, 50, complains of a heart attack, headache, dizziness, weakness. Anamnesis: he fell ill acutely, immediately turned to the clinic. From anamnesis: coronary heart disease for 10 years, myocardial infarction - 2 years ago. On the ECG - the rhythm is correct, non-sinus, heart rate 180 beats per min, complexes QRS > 0.12 and discordant arrangement of RS-T segment and T wave. Which of the listed violations did this patient have?

2

Supraventricular paroxysmal tachycardia

Ventricular paroxysmal tachycardia

Atrial fibrillation or flutter

Ventricular fibrillation or flutter

Paroxysmal tachycardia from AB compound

#

49.

A man, about 60 years old, was found unconscious. Large wave undifferentiated lines are recorded on the ECG. What is the definition of a man's condition?

2

Atrial fibrillation

Ventricular fibrillation

Asystole of the heart

Ventricular tachycardia

Supraventricular tachycardia

#

50.

A woman, 48 years old, a mathematics teacher, appealed to the 14.05.2019 polyclinic with complaints about raising the blood pressure to 220/110 mmHg. History 13.05.2019 from 8:00 worries a severe headache, tinnitus, caused the ambulance team. Blood pressure 218/110 mmHg, the ambulance team reduced Blood pressure and advised to contact the district therapist. Whether it is possible to issue the sick note since yesterday at existence of an alarm leaf from crew of ambulance informing on hypertensive crisis 13.05.2019?

4

Can if the patient explains that the disease started yesterday

If signs of disability persist

The sick leave cannot be opened retroactively

Yes, if the fact of disability is confirmed the day before

Can, if the patient is discharged from the hospital, for extension

#

51.

The patient, 45 years old, complains of a heart attack, lack of air. From a history: the attack first appeared about 20 minutes ago. About: the condition is satisfactory. There are no signs of peripheral edema. Breathing rate 16 per min. Heart sounds are regular, heart rate 130 beats per min, BP 122/84 mmHg. ECG recorded. After mechanically receiving irritation of the vagus nerve, as straining at the height of deep inspiration, the rhythm restored, heart rate 82 beats per minutes. What is the most likely rhythm disorder in the patient?

5

Paroxysmal ventricular tachycardia

Paroxysmal atrial fibrillation

Ventricular flutter or fibrillation

Sinoatrial reciprocal tachycardia

Paroxysmal supraventricular tachycardia

#

52.

A woman of 56 years old complains about the feeling of lack of air. The skin is dry, cyanosis of the lips. Breathing rate 25 per 1 min. Vesicular breathing, no wheezing. Blood pressure 150/100 mm Hg. Heart rate 160 per 1 min. In the described situation, \_\_\_ is required?

1

ECG registration  
echocardiography performance  
holter ECG monitoring  
chest X ray  
spirometry

#

53.

A patient with 22 complaints of headaches, sensation of throbbing in the head, nosebleeds, was examined in a polyclinic for isolated systolic hypertension with a maximum of blood pressure 200/90 mmHg. Pulsation of the arteries of the feet is reduced, blood pressure on the legs was not measured. What is the most likely cause of hypertension?

5

arterial hypertensive  
carotid stenosis  
hyperthyroidism  
pheochromocytoma  
coarctation of aorta

#

54.

A 32-year-old woman came to the polyclinic for pain in the heart, palpitations and insomnia. Anamnesis - lost 5 kg in 2 months, became irritable and inattentive. BMI 18 kg/m<sup>2</sup>. Hand tremor. Maximum blood pressure - 160/80 mm Hg, heart rate 124 beats per minute. The study of thyroid hormones was not done. What is the most likely cause of dysfunction of the cardiovascular system:

4

prolactin-synthesizing pituitary adenoma  
infectious myocarditis  
pheochromocytoma  
hyperthyroidism  
adrenal corticosteroma

#

55.

A 22-year-old young man complained of muscle weakness, muscle cramps, polydipsia, polyuria, and increased blood pressure. The condition is satisfactory. Heart tones are rhythmic, heart rate is 70 bpm, blood pressure is 162/102 mm Hg. Ultrasound of the adrenal glands - found aldosterone-producing adenoma. Assess the serum concentration of which of the following substances is most likely to be altered?

4

Liver tests (ALT, AST)  
Kidney tests (creatinine, urea)  
Tumor markers (CA15-3, CA 125)  
Electrolytes (K<sup>+</sup> and Na<sup>+</sup>)  
Thyroid hormones (TSH, T4, T3)

#

56.

A woman, 55 years old, turned to the clinic with complaints of headaches and an increase in blood pressure to 160/100 mmHg. About: satisfactory condition, body mass index - 32 kg/m<sup>2</sup>, smokes for 15 years. The heart tones are clear, rhythmic, heart rate 70 beats per min., BP 165/100 mmHg. ECG - sinus rhythm is correct, heart rate 72 beats per min, left axis deviation, signs of left ventricular hypertrophy. Determine which drug to start treatment with:

2

Lisinopril  
Amlodipine  
Bisoprolol  
Captopril  
Clonidine

#

57.

A man, 60 years old, turned to the clinic, where the diagnosis was made: coronary heart disease. Stable angina FC II. Hypertensive disease stage 3, grade 2, very high risk. At the outpatient stage, the drug of choice for the treatment of arterial hypertension in combination with coronary heart disease is:

5

Sustained release nitrates

Loop diuretics

Short acting nitrates

Centrally acting drugs

$\beta$ -blockers

#

58.

The man is 45 years old, turned to the district therapist with complaints about raising the blood pressure to 180/100 mmHg, drowsiness, reduced ability to work, headache. Objective examination - body mass index 31kg/m<sup>2</sup>. Heart tones rhythmic, heart rate 75 beats per min., blood pressure 184/102mm.Hg. Which of the following combinations of drug groups is most rational:

4

ACE inhibitors +  $\beta$ -blockers

Cardiac glycosides +  $\beta$ -blockers

ACE inhibitors + aldosterone receptor blockers

Thiazide diuretics + ACE inhibitors

Cardiac glycosides + angiotensin II receptor blockers

#

59.

A man of 66 years old complains of sharp weakness and a sense of gravity behind his sternum. The skin is pale blue, cold, wet. Cervical veins do not contour. Breathing rate 30 per minute, no wheezing. Blood pressure 50/30 mm Hg, heart rate 112 beats per min. On the ECG, the QS complex and the elevations of the RS-T segment are recorded in leads with V1-V4. In the described situation, the patient should be laid down \_\_ and begin infusion \_\_?

5

With raised head and liquid infusion

With raised head and infusion of noradrenaline

With raised lower limbs and fluid infusion

With raised lower limbs and noradrenaline infusion

With raised lower limbs and dobutamine infusion

#

60.

The patient, 40 years old, turned to the physician with complaints about raising blood pressure to 162/94mmHg. Objective examination: body mass index 33 kg/m<sup>2</sup>. Heart tones rhythmic, accent 2 tones above the aorta, blood pressure 160/92 mmHg, heart rate 76 beats per minutes. The examination revealed: total cholesterol 5.5 mmol/l, triglycerides-2,5 mmol/l, HDL 0.8 mmol/l. Which of the following medicine should be recommended to this patient?

5

$\alpha$ -adrenoblockers

Non-selective  $\beta$ -blockers

Loop diuretics

Dihydropyridine calcium channel blockers

ACE inhibitors

#

61.

A young man, 25 years old, with complaints now about a sharp increase in blood pressure to 220/120 mmHg, headaches, sweating, feelings of anxiety and fear, tremor of limbs. Anamnesis - notes a decrease in body weight, and a periodic sudden increase in blood pressure to 200/110 mm Hg, during the examination 6 months ago, the formation of the left adrenal gland was found, was not treated. Which of the following is the primary action in relation to this patient with this pathology:

4

Relief of crisis with propranolol  
Relief of the crisis with verapamil  
Relief of the crisis with nifedipine  
Relief of the crisis with phentolamine  
Relief of crisis with prazosin

#

62.

A young man, 25 years old, complains of an increase in blood pressure up to 220/120 mmHg, headaches, palpitations, sweating, anxiety, tremor of the limbs during AH crises. Anamnesis - notes a decrease in body weight, and a periodic sudden increase in blood pressure to 200/110 mm Hg, during the examination, the formation of the left adrenal gland was found. Which of the following is the most effective treatment:

2

Conservative treatment  
Surgical treatment  
Radiotherapy  
Dynamic observation  
Physiotherapeutic treatment

#

63.

A 29-year-old woman has a rapid heartbeat and interruptions in the work of the heart. These episodes start and end abruptly. There is no history of heart disease. Rarely drinks alcohol, does not smoke. BP 142/88 mm Hg, pulse 96 / min., regular. Noted: staring and retraction of the upper eyelid. The thyroid gland is solid and 1.5 times enlarged. ECG - sinus tachycardia. Decide which of the following is the most appropriate next step in diagnosis?

3

Ambulatory ECG Monitoring  
Echocardiography  
Determination of the level of TSH in blood serum  
Determination of the level of catecholamines in the urine  
Carrying out radionuclide angiography

#

64.

A 52 years old man, complains of burning, severe chest pains with radiation in his left arm and shoulder blade, for 50 minutes, cold sticky sweat, a sense of fear of death. He fell ill acutely. On ECG - sinus rhythm, regular, heart rate 95 beats per min, elevation of the ST segment above the isoline in II, III, AVF leads. When providing emergency care at the pre-hospital stage, first of all, the purpose is shown:

1

Aspirin, clopidogrel, morphine, bisoprolol, thrombolytics  
Lisinopril, amlodipine, dipyridamole, metoprolol  
Digoxin, valsartan, bisoprolol, anticoagulants  
Amlodipine, ketonal, aspirin, clopidogrel, lisinopril  
Paracetamol, valsartan, aspirin, amlodipine, anticoagulants

#

65.

A 57-year-old man called a doctor to his home. Complaints of intense pressing retrosternal pain radiating to the left hand, a feeling of fear of death. Complaints appeared about 30 minutes ago suddenly. 3 weeks ago he had ARVI. He took 2 tablets of nitroglycerin on my own - without effect. ECG: sinus rhythm, ST segment elevation > 0.2 mV in leads II, III, aVF. The most likely cause of the condition, your further tactics?

1

ST-segment elevation ACS, hospitalization for primary PCI - 30 min.  
ACS with ST-segment elevation, treatment by a cardiologist in a day hospital  
ST-segment elevation ACS, observation and treatment at home, with daily consultations  
Acute myocarditis, severe course, hospitalization in rheumatology  
Acute fibrinous bacterial (pneumococcal) pericarditis, hospitalization

#

66.

For mitral stenosis, the following ECG changes are characteristic:

2

ST depression

P - "mitrale"

PQ < 0.20 sec

RI > RII > RIII

P - "pulmonale"

#

67.

A 50 years old patient, appealed to the polyclinic with complaints of pressing chest pains for 5-10 minutes, without radiation, provoked physical activity when walking up to 500 meters, are stopped at rest. History - the above complaints appeared about 1 year ago, smoking 1 pack a day for 25 years. Objective examination: body mass index 32 kg/m<sup>2</sup>. Heart tones rhythmic, heart rate 70 beats per min., blood pressure 136/84 mmHg. ECG without features. What are the further tactics of patient management?

3

Emergency hospitalization in the intensive care unit

Planned hospitalization in the heart attack department

Outpatient management of the patient

Day clinic

Hospitalization in the therapeutic department.

#

68.

A man, 62 y.o., complaints of burning chest pains with radiation in his left arm, left shoulder blade, a sense of fear of death, cold sticky sweat. The above complaints appeared suddenly. Took 2 tablets of nitroglycerin - without effect. Determine the further tactics of the doctor at the outpatient stage:

3

Send to ECG, and urina analysis, general blood test, determine troponin level

Call an ambulance, and make NSAID, admission of antiplatelet agents

Take an ECG, provide emergency care, call an ambulance cardiology team

Take ECG on site, provide emergency care, further outpatient follow-up

Take ECG on site, write a referral for hospitalization as planned.

#

69.

A young man, 30 years old, works as a builder, complained of fatigue, palpitations, shortness of breath, chest pain. He fell ill acutely, a month ago he suffered from ARVI. Objective examination: Body temperature 37.0 C. Muffled heart sounds, non-rhythmic heart rate 92 beats per min., blood pressure 112/74 mmHg. ECG - sinus rhythm, incorrect, heart rate 94 beats per minute, frequent ventricular extrasystoles, inversion of the T wave in the V1-V6. What further tactics of the doctor?

5

Outpatient management of the patient

Day hospital polyclinic

Hospitalization in the intensive care unit

Hospitalization in a cardiac surgery hospital

Hospitalization in a cardiology hospital

70.

A 35 years old patient, complains of blunt pain in the heart area, shortness of breath for 2-3 days. About: the state is relatively satisfactory. Vesicular breathing in the lungs, no wheezing. Heart - revealed deaf heart tones, rhythmic, heart rate 80 beats per minute, reduction of pulse pressure up to 20 mm Hg. Name the amount of laboratory-instrumental diagnostic minimum required for this patient at the level of outpatient-polyclinic:

2

CBC, ECG, chest X-ray

CBC, C-reactive protein, ECG, chest x ray, ECHOCG

CBC, glucose, cholesterol, ECG, spirometry

CBC, creatinine, ECG, chest X-ray

CBC, glucose, ECG, coronary angiography.

#

71.

The drugs of choice in the treatment of acute nonspecific pericarditis in outpatient settings are:

3

Corticosteroids and cytostatics

Diuretics and ACE inhibitors

Aspirin and/or NSAID

Recombinant receptor IL-1b antagonist and/or beta-blockers

Antibiotics and paracetamol

#

72.

With which disease of the following, differential diagnosis is more often carried out in acute dry pericarditis according to ECG data:

1

Myocardial infarction

Pulmonary embolism

Hypertrophic cardiomyopathy

Chronic myocarditis

Vasospastic angina

#

73.

The patient is 28 years old, complains of shortness of breath with physical exertion and rest. Sick for about 4 years. From a history: denies taking alcohol and smoking. During examination: lip cyanosis, acrocyanosis, patchiness of the tibia and feet. In the back of the lungs, breathing is weakened. Heart rate irregular, heart rate 100 beats per minute, pulse deficit. The liver protrudes from under the edge of the rib arc by 5-6 cm. Echo-KG: the volume cavities of both ventricles and the left atrium are expanded, the valves are not changed, EF 40%. Which of these drugs should be prescribed:

1

ACE inhibitors /ARBs , diuretics, aldosterone antagonists, beta blockers

Antiplatelet agents, statins, calcium antagonists, ACE inhibitors

ACE inhibitors, statins, calcium channel blockers, anticoagulants

Angiotensin blockers, beta blockers, statins, antiplatelets, calcium channel blockers

Antibiotics, beta blockers, statins, diuretics, long-acting nitrates

#

74.

Man, 62 years old, diagnosed with Coronary heart disease. Postinfarction cardiosclerosis. Chronic heart failure III (NYHA), appealed to the clinic with complaints of shortness of breath at rest, weight gain of 5 kg in 1 week, increased swelling on the legs, reduced urine. For 2 years, he constantly takes perindopril, bisoprolol, furosemide, spironolactone, aspirin. With an increase in the dose of diuretics, the condition is unchanged. What further physician tactics:

3

Outpatient patient management, increased dose of diuretics

Outpatient patient management, withdrawal of diuretics

Hospital admission, additional appointment of acetazolamide

Hospital admission, prescribing drugs that increase glomerular filtration rate - ephylline

Day hospital, increased dose of ACE inhibitors, aldosterone antagonists.

#

75.

A 60-year-old man complains of feeling short of breath. Skin is dry, lip acrocyanosis. Breathes superficially and often (36 in 1 minute). Over all parts of the lungs, wet small-bubbled wheezes are listened to. Blood pressure 160/100 mm Hg, heart rate 102 beats per minute. Which of the following drugs should be administered to a patient in this situation?

2

Dobutamine and/or dopamine

Nitroglycerin and 80 mg furosemide

0.5 mg digoxin and propranolol

Captopril and anticoagulants

Lidocaine and 80mg furosemide.

#

76.

The patient, 51, complains of a heart attack, headache, dizziness, weakness. Anamnesis: he fell ill acutely, immediately turned to the polyclinic. For 10 years he suffers from Coronary heart disease, 2 years ago he suffered a myocardial infarction. On the ECG - the rhythm is correct, not sinus, heart rate 180 beats per minute, complexes QRS > 0.12 and discordant arrangement of RS-T segment and T wave. What is the choice drug to stop this patient condition?

4

Propranolol

Digoxin

Ethacizine

Amiodarone

Verapamil

#

77.

A 58-year-old woman called a doctor at home on 10/12/2018 at 9:00 am with complaints of palpitations, interruptions in the work of the heart, which are accompanied by weakness, shortness of breath. Attacks of arrhythmia appeared for the first time. The condition is relatively satisfactory. Respiratory rate 17 per min. Heart sounds are muffled, rhythmic. Heart rate - 114 beats / min, pulse deficit. BP - 122/82 mm Hg ECG: no P waves, between QRS complexes, small f waves, ventricular rate 110-150 per minute.

Determine what further tactics of the doctor:

2

Outpatient management, prescribing anticoagulants, delayed rhythm recovery

Calling an ambulance team, pharmacological restoration of the rhythm at the pre-hospital stage.

Cardiac ward hospitalization, delayed rhythm recovery

Emergency room hospitalization, cardioversion

Patient hospitalization, permanent placement and heart rate control.

#

78.

The patient went to the polyclinic with increased blood pressure and systolic form of chronic heart failure. What are the first choice drugs to treat this patient?

2

Cardiac glycosides, nitrates

ACE inhibitors, thiazide diuretics (hypothiazid, indapamide)

Loop diuretics (thorazemide), calcium channel blockers (amlodipine)

Beta blockers and antiplatelets (aspirin and/or clopidogrel)

ACE inhibitors and statins (rosuvastatin, atorvastatin)

#

79.

A patient with acute transmural anterior-septum myocardial infarction lost consciousness. Irregular erratic waves, of various shapes and amplitudes, appeared on the ECG monitor. Your further tactics are:

2

Cardiopulmonary resuscitation

Perform cardioversion

Carotid sinus massage

Take a chest x-ray

Take ECG

#

80.

The patient, 55 years old, complained of pain behind the sternum, is not stopped by taking nitroglycerin. Moderate condition. The skin is pale. Heart tones muted, arrhythmic. Pulse - 96 beats per minute, blood pressure 110/70 mm Hg. During the examination, she suddenly lost consciousness, drowned, tonic seizures were noted, breathing was absent, the pulse was not determined. On the ECG, a wave curve.

Your further tactics are:

3

Injection of norepinephrine;

Injection of adrenaline and calcium chloride intracardiac

Electrical cardioversion

Endocardial electrical stimulation

Cardiopulmonary resuscitation

#

81.

The patient, 67 y.o., entered the clinic with a diagnosis of acute myocardial infarction of the inferior wall of the left ventricle. During monitoring, it was found that the PQ interval increased progressively from cycle to cycle, followed by the precipitation of the QRS complex. Heart rate = 50 per minute. Determine further physician tactics:

1

Temporary cardiac pacing

Constant cardiac pacing

I\V aminophylline

I\V atropine

Electrical cardioversion

#

82.

A 72-year-old woman is suffocating (RR 42 in 1 min), tossing about in bed. The skin is dry, pronounced acrocyanosis. Moist fine bubbling rales are heard over all parts of the lungs. BP 160/100 mmHg, heart rate 110 in 1 min. Which of the following drugs should be administered to the patient in this situation?

1

up to 10 mg morphine and nitroglycerin

80 mg furosemide and dopamine

80 mg furosemide and enalapril

0.5 mg digoxin and dobutamine

up to 10 mg morphine and digoxine

#

83.

Patient, 40 years old, with a diagnosis of dilated cardiomyopathy, came to the clinical examination. Swelling of the legs. Breathing in the lungs is hard, congestive muffled wheezing in the lower parts of the lungs, respiratory rate - 20 per minute. The liver is enlarged. Decide whether this patient needs a disability group?

4

Temporarily disabled

3rd disability group is required without a re-examination period

Group 3 disability is required with a re-examination period in a year

Group 2 disability is required with a re-examination period in a year

Group 1 disability is required with a re-examination period in 2 years

#

84.

A man of 58 years old felt pain in epigastric region. Twice there was vomiting with eaten food. The patient was taken to an infectious disease hospital and washed his stomach. By the end of this procedure, the pain moved beyond the sternum and to the left of it, interruptions in the heart appeared. History: smokes for 15 years, systematically drinks alcohol. The patient's older brother died of myocardial infarction. Objectively: body mass index 34 kg / m<sup>2</sup>. blood pressure 138/92 mm Hg, heart rate 90 beats per minute.. Which of the following research methods should be done first to clarify the diagnosis?

1

ECG

EHO-KG

Holter ECG monitoring

Chest X-ray

Gastroscopy

#

85.

A man 76 years old, complains about a feeling of lack of air. The skin is cold, moist, pronounced acrocyanosis. Breathes superficially and often (36 per minute). Over all parts of the lungs, wet small-

bubbled wheezes are listened to. Blood pressure 60/40 mmHg, heart rate 102 beats per minute. In the described situation, the patient should begin infusion \_\_ and inject intravenously \_\_?

4

Nitroglycerin and 0.5 mg digoxin  
Nitroglycerin and up to 10 mg morphine  
Dopamine and up to 5 mg morphine  
Dopamine and 80 mg furosemide  
Dobutamine and 80 mg furosemide

#

86.

Patient, 70 years old complains of suffocation, chest tightness, dry cough Anamnesis: for 20 years suffering from arterial hypertension, is not constantly treated. The above-described complaints first appeared suddenly at night during sleep. Objectively: the condition is severe, the position of orthopnea, the pale skin with lip cyanosis spilled. Temperature body 36,6C. Breathing is harsh, breathing rate- 38 per minute. In the lungs there are different-sized moist rales. Pulse - 118 beats per minute, rhythmic, tense. Blood pressure-182/118 mm Hg. ECG - deviation of heart axis to the left, high R wave V4-V6, R V4 < R V5 > RV6, high R aVL (> 11 mm), RV5 + SV2 = 41 mm. Identify further physician tactics:

3

Outpatient management of the patient  
Day clinic  
Hospitalization in the intensive care unit  
Hospitalization in cardiac surgery hospital  
Hospitalization in cardiology hospital

#

87.

A woman, 45 years old, at a cardiologist's appointment complains of frequent headaches, periodic rises in pressure up to 154/92 mm Hg, poor sleep. Anamnesis - she denies chronic diseases. The above complaints appeared about 3 months ago, the treatment and examination did not receive. About: the condition is satisfactory. Body temperature 36.5 C. Skin cover of ordinary color. There are signs of peripheral edema. Heart tones - clear, rhythmic, accent 2 tones on the aorta, heart rate 88 beats per minute, blood pressure 162/94 mmHg. Identify further physician tactics:

1

Outpatient management of the patient  
Day clinic  
Hospitalization in intensive care wards  
Hospitalization in Cardiology Hospital  
Hospitalization in a therapeutic hospital

#

88.

A 45-year-old woman, at the appointment with a cardiologist, complains of headache, decreased ability to work, poor sleep. Objectively: her condition is satisfactory. Body temperature 36.5 C. Skin of normal color. There are no signs of peripheral edema. Heart sounds sounds clear, rhythm is regular, loud S2 over the aorta, heart rate 78 beats per minute, blood pressure 182/94 mm Hg. The liver is not enlarged. ECG - sinus rhythm, correct, heart rate 80 bpm. Normal axis. Determine the medical tactics of the doctor?

1

Outpatient management of the patient, curing of the crisis - captopril, examination and treatment  
Day hospital of the clinic, appointment - intravenously urapidil and furosemide,  
Emergency hospitalization to intensive care, cure curing with furosemide and nitroglycerin  
Planned hospitalization in cardiology, cramping - captopril  
Routine hospitalization in a therapeutic hospital, examination and treatment.

#

89.

Patient B. 51 years old complains of the first heart attack, accompanied by muscle tremor, weakness. The attack occurred about 2 hours ago after severe emotional stress. When examined: consciousness is clear. The skin is usually colored. In lungs, vesicular respiration, breathing rate - 18 per minute. Heart tones are not rhythmic, there are no noises, heart rate -144 beats per minute, pulse - 108 per minute. Blood pressure

- 130/80 mm Hg. The liver is not enlarged. There are no peripheral edema. Body temperature 36.9 °C. What research does the patient need to do first to clarify the diagnosis?

5

ECHO-KG

24-hour ECG monitoring

Chest x-ray

Coronary angiography

ECG registration

#

90.

A 50-year-old man complains of compressive pain behind the sternum, arising when walking 350 meters or climbing 2-3 flights of stairs, passing 3-5 minutes after stopping. It is known from the anamnesis that similar pains have been disturbing for a year and a half. Smokes for 20 years, ½ pack a day. Objectively: body mass index - 24 kg / m<sup>2</sup>. In the lungs, vesicular breathing, no wheezing. Heart sounds are muffled, rhythmic, heart rate - 70 beats per minute, pressure - 132/84 mm Hg. What is the volume of the required laboratory and instrumental diagnostic minimum for this patient at the level of the outpatient link?

2

Complete blood test, ECG, chest X-ray

Complete blood test, lipid spectrum, ECG, ECHO-CG

Complete blood test, glucose, cholesterol, ECG,

Complete blood test, creatinine, ECHO-CG, chest x-ray

Complete blood test, glucose, ECG, coronary angiography

#

91.

A 50-year-old man complained of pressing pains behind the sternum, arising when walking at a distance of 350 meters, passing 3-5 minutes after stopping. Smokes for 20 years, ½ pack a day. Rhythmic heart sounds, heart rate - 70 beats per minute, pressure - 132/84 mm Hg. general analysis of blood and urine within normal limits, cholesterol-5.0 mmol / l, LDL-3.0 mmol / l, HDL-0.8 mmol / l, TG 3.5mmol/l. ECG: sinus rhythm, heart rate -82 beats per minute, normal axis, the ratio of R and S waves in the chest leads is not disturbed. What kind of treatment is needed for this patient?

3

ACE Inhibitors /ARBs, antiplatelets, long-acting nitrates,

Beta blockers, ACE Inhibitors, anticoagulants, antiplatelets,

Beta blockers, statins, antiplatelets, nitrates by need,

Calcium channel blockers, antiplatelets, long-acting nitrates

Calcium channel blockers, anticoagulants, nitrates as needed.

#

92.

A 50-year-old patient with a diagnosis of Coronary heart disease, stable angina, suffering from bronchial asthma and hypertension, as an antianginal drug, it is most advisable to prescribe

4

Nitrosorbide

Propranolol

Metoprolol

Amlodipine

Isosorbide dinitrate

#

93.

In a 53-year-old patient with mitral stenosis, on the background of a sinus rhythm, paroxysmal atrial fibrillation 190 beats per minute, accompanied by the appearance of initial symptoms of stagnation in the lungs. In this case, it is more appropriate to start with:

1

Lidocaine

Digoxin

Novocainamide

Furosemide

Metoprolol

#

94.

The patient is 65 years old, having a myocardial infarction, suffering from moderate arterial hypertension and attacks of angina pectoris II FC. Which of the following drugs should be recommended to this patient?

2

Short-acting nitrates, anticoagulants, statins, ACE inhibitors

Calcium channel blockers and/or beta-blockers, statins, antiplatelets, ACE inhibitors

Antihypertensive drugs of central effect, statins, antiplatelets

Cardiac glycosides, beta blockers, ACE inhibitors, statins

Calcium channel blockers and/or beta-blockers, anticoagulants, angiotensin receptor blockers

#

95.

A 28-year-old patient complains of shortness of breath during exercise and at rest, heaviness in the right hypochondrium. Sick for about 4 years. From the anamnesis: denies alcohol intake and smoking. On examination: acrocyanosis, swelling of the legs. In the posterior parts of the lungs, weakened breathing. The heart rhythm is irregular, heart rate is 100 beats per minute, pulse deficit. The liver is enlarged. Echo-KG: the cavities of both ventricles and the left atrium are dilated, the valves are not changed, EF is 30%. Which of the following drugs should be prescribed:

1

ACE inhibitors / angiotensin receptor blockers, diuretics, aldosterone antagonists, beta blockers

Antiplatelet agents, statins, calcium antagonists, ACE inhibitors

ACE inhibitors, statins, calcium antagonists, anticoagulants

Angiotensin receptor blockers, beta blockers, statins, antiplatelets, calcium channel blockers

Antibiotics, beta blockers, statins, diuretics, long-acting nitrates

#

96.

A 42-year-old female patient complained of weight loss of about 10 kg per year, subfebrile condition, palpitations at rest. On examination: temperature - 37.1 ° C, reduced nutrition. Symptoms of Shtelvag, Graefe are present. Small tremor of the fingers of outstretched arms. Heart sounds are loud, rhythmic, tachycardia, systolic murmur at the apex. The pulse is 120 per minute. Blood pressure - 160/90 mm Hg. The thyroid gland is enlarged, the configuration of the neck is changed. Which of the following drugs should be prescribed:

5

Replacement therapy (L-thyroxine) and  $\beta$ -blocker (bisoprolol or metoprolol)

Replacement therapy (L-thyroxine and calcium channel blockers (amlodipine, nifedipine)

Thyrostatic therapy (thiamazole), and calcium channel blockers (amlodipine, nifedipine)

Thyrostatic therapy (thiamazole), and ACE inhibitors (perindopril, lisinopril)

Thyrostatic therapy (thiamazole), and  $\beta$ -blockers(bisoprolol or metoprolol)

#

97.

A 45-year-old patient presented with complaints of palpitations, interruptions in the work of the heart, weakness, dizziness. Anamnesis - these complaints appeared 3-4 hours ago. On examination: serious condition, temperature - 37.1 ° C, low nutrition. Graefe's sign is present. Small tremor of the fingers of outstretched arms. Heart sounds are irregular, tachycardia, systolic murmur at the apex, heart rate 150 beats per minute, blood pressure - 90/50 mm Hg. Pulse - 130 per minute. The thyroid gland is enlarged, the configuration of the neck is changed. ECG - atrial fibrillation, heart rate 150 bpm. Define the further tactics of the doctor?

3

Outpatient management of the patient,

Day hospital polyclinic

Emergency hospitalization to the intensive care unit

Planned hospitalization in a cardiology hospital

Planned hospitalization in an endocrinological hospital

#

98.

A man of 75 years old, for 2 years complains of dizziness, weakness, episodes of "darkening in the eyes," shaking when walking. Anamnesis – coronary heart disease. CHD. Post-myocardial infarction cardiosclerosis. Exertional angina FC 2. Heart failure FC II (NYHA). Deterioration of health in the last 2 months: there are short-term syncope. On examination: heart rate 40 beats / min., Blood pressure 150/70 mm Hg. ECG: complete 3-degree AV block. Choose further tactics for treating the patient?

4

Prescribing beta blockers

Appointment of atropine

Prescription of digoxin

Implantation of a permanent pacemaker

Implantation of a temporary pacemaker

#

99.

The patient has been suffering from type 2 diabetes for 3 years. For about a year, blood pressure was above 200/120 mm Hg have been recorded, he receives antihypertensive therapy inconsistently. The level of albumin in urine corresponds to microalbuminuria (not higher than 100 mg / l). In this situation, it is rational to prescribe a combination of drugs to lower blood pressure, one of which is \_\_\_\_\_ ??

1

Ramipril

Amlodipine

Bisoprolol

Carvedilol

Hydrochlorothiazide

#

100.

A 50-year-old woman suffers from dilated cardiomyopathy, CHF FC III (NYHA). On the ECG - atrial fibrillation with a heart rate of 115-125 beats per minute. Which of the following drugs should be used on a regular basis to control the rhythm?

1

Digoxin

Propranolol

Nifedipine

Ivabradin

Amiodaron

#

101.

The patient, 51 years old, consulted a local cardiologist for a medical examination. Medical history - smokes for 20 years. On examination, the body mass index was 31 kg / m<sup>2</sup>. In the lungs, breathing is hard, no wheezing. Heart sounds - regular, clear, heart rate 74 beats per minute, blood pressure 154/92 mm Hg. Common cholesterol 5.8 mmol / L, LDL 3.0 mmol / L, TG 3.1 mmol / L. Diagnosed with Coronary heart disease. Exertional angina FC II. Hypertensive disease stage 3, 2 degrees, very high risk. What are the measures for the secondary prevention of coronary artery disease in patients with angina pectoris?

2

Reduce the number of cigarettes smoked

Reduced elevated blood pressure below 130/80 mm Hg; LDL reduction below 1.4 mmol/L

Reduction of total cholesterol to 5.0 mmol/L and TG to 1.8 mmol/L

Lowering cholesterol in LDL to 2.6-2.8 mmol/l; increase of HDL 1.0 mmol/l

Reduction of excess body mass index within the range of 25-30 kg/m

#

102.

A 52-year-old patient 3 days ago first developed pains behind the breastbone of a pressing character when walking, which did not pass at rest. Tonight woke up from constricting chest pains radiating to the neck, wave-like, with a total duration of about 1.5 hours, cold clammy sweat, motor restlessness. He took nitroglycerin with no effect. ECG: sinus rhythm with a heart rate of 92 per minute. In leads I, aVL, V3-V6, the ST segment depression is up to 2 mm, inversion. T wave. Define further tactics of patient management?

5

Outpatient management

Organization of a day hospital

Planned hospitalization in a therapeutic hospital

Planned hospitalization in a cardiological hospital

Emergency hospitalization in the intensive care unit

#

103.

A patient of 40 years old turned to the clinic for a medical examination. Does not make complaints.

History - smoking and drinking denies. Objectively: body mass index-29 kg/m<sup>2</sup>. Peripheral edema no. Breathing in the lungs is vesicular, no wheezing. Heart tones are clear, rhythmic, heart rate 76 beats per minute, blood pressure 138/88mmHg. The abdomen is soft, painless with palpation. General blood test-without features. Total cholesterol 4.0 mmol/l, LDL 2.5mmol/l, blood glucose 4.5 mmol/l. Choose further medical tactics?

2

Outpatient follow-up, non-drug and drug treatment

Outpatient follow-up and non-drug treatment for 6 months

Outpatient follow-up, BP control, HR, cholesterol, LDL, glucose

Hospital admission to cardiology hospital for selection of therapy

Hospital admission to cardiology hospital for pre-examination

#

104.

Patient, 54 years old, suddenly lost consciousness in the clinic. Objectively: consciousness is absent, sharp pale, cyanosis of the skin, pupils are expanded, there is no reaction to light. Respiratory movements are single. Heart tones are not listened to, pulse and blood pressure are not determined. ECG: frequent (200-500 in minutes) erratic waves that differ from each other in shape and amplitude. Choose further medical tactics?

2

Call an ambulance team, vagal maneuvers, then artificial ventilation of lungs

Call an ambulance team, CPR combine with artificial respiration 30: 2,

Calling an ambulance brigade, and intravenous infusion of amiodarone or lidocaine,

Call an ambulance brigade, short punch on lower third of sternum,

Call an ambulance team, intracardiac administration of adrenaline 0.1% - 1 ml

#

105.

A woman, 25 years old, complained of prickly pain in the precordial area, within 1-2 minutes, palpitations. In childhood, frequent angina and ARVI. Objectively - satisfactory condition, T body 36.5 C, BMI 22kg/m<sup>2</sup>. Breathing in the lungs is vesicular, no wheezing, breathing rate 14 in minutes. Heart tones - clear, rhythmic, systolic click on the apex of the heart, heart rate 78 beats per minute, blood pressure 122/84 mmHg. What research should the patient conduct in the first place to clarify the diagnosis?

3

Ultrasound examination of abdominal organs

Radiography of chest organs

Echo, ECG

Thyroid ultrasound

Daily ECG monitoring.

#

106.

An 18-year-old student complained of shortness of breath, stitching pains in the precordial region, within 1-2 minutes, palpitations. In childhood, frequent sore throats and ARVI. Objectively - the condition is satisfactory. Breathing in the lungs is vesicular, there is no wheezing, respiratory rate is 14 per minute. Heart sounds are rhythmic, diastolic murmur is heard above the apex of the heart. Heart rate 78 beats per minute, blood pressure 122/84 mm Hg. ECG - no changes. ECHO- the area of the mitral opening is 2.4 cm<sup>2</sup>. Specify preventive measures for this patient?

3

rehabilitation of chronic infection foci, benzatin benzylpenicillin once every 3 weeks 1 year

sanitization of chronic infection foci, benzatin benzylpenicillin 1 once every 3 weeks of 2-3 year  
rehabilitation of chronic infection, benzatin benzylpenicillin 1 once every 3 weeks for life  
rehabilitation of the foci of chronic infection, bicillin-5 - 1 once every 3 weeks for 6 months  
rehabilitation of foci of chronic infection, bicillin-5 - once every 3 weeks for 5 years

#

107

A 45-year-old female patient went to the polyclinic for a medical examination. No complaints.  
Anamnesis - smoking and alcohol intake denies. Objectively: body mass index is 30 kg / m<sup>2</sup>. There were  
no peripheral edema. Breathing in the lungs is vesicular, no wheezing. Heart sounds are clear, rhythmic,  
heart rate is 76 beats per minute, blood pressure is 150/92 mm Hg. The abdomen is soft, painless on  
palpation. Select a survey plan for this patient in the polyclinic?

5

General analysis of blood and urine, cholesterol, blood glucose, ECG, ECHO-KG, Holter ECG  
monitoring

General analysis of blood and urine, cholesterol, blood glucose, reactive protein, ECG,

General analysis of blood and urine, cholesterol, blood glucose, ECG, ECHO-KG

General analysis of blood and urine, cholesterol, blood glucose, creatinine, ultrasound of internal organs

General analysis of blood and urine, cholesterol, glucose, creatinine, ECG, ultrasound of the kidneys.

#

108.

A man, 33, with complaints of syncopal conditions, dizziness, interruptions in the heart. Sick for 2 years,  
not examined and not treated. The father of the patient died suddenly at a young age Objectively -  
satisfactory condition, body T 36.6 C, body mass index 24 kg/m<sup>2</sup>. In the lungs, respiration is vesicular,  
there is no wheezing, breathing rate 15 in minutes. Heart tones - systolic noise is heard at the apex and in  
the fourth intercostal to the left of the sternum. What research does the patient need to do to clarify the  
diagnosis?

4

ECG

Daily ECG monitoring

Ultrasound of internal bodies

ECHO

Radiography of chest organs

#

109.

A man, 33 years old, complaining of pain in the precordial region, interruptions in the work of the heart.  
Has been sick for 2 years. The patient's father died suddenly at a young age. Objectively - the condition is  
satisfactory. Vesicular breathing, respiratory rate 15 per minute. Heart sounds - systolic murmur is heard  
at the apex and in the 4th intercostal space to the left of the sternum, heart rate is 80 beats per minute,  
blood pressure is 128/84 mm Hg . ECG is sinus rhythm, heart rate is 82 beats per minute, left axis  
deviation. ECHO-KG - asymmetric hypertrophy of the left ventricular myocardium, obstruction of the  
outflowing part of the left ventricle. Name the drugs of first choice for the treatment of this patient

5

ACE inhibitors

Calcium channel blockers

Nitrates

Angiotensin II receptor antagonist.

Beta-blockers

#

110.

Crucial in differential diagnosis between Coronary heart disease and dilated cardiomyopathy is:

3

Electrocardiography,

Echocardiography,

Coronary angiography,

Treadmill exercise ECG test

Chest X ray

#

111.

The patient is 30 years old, with infectious endocarditis against the background of antibiotic treatment, the body temperature has normalized, but the phenomena of severe heart failure are growing. The patient receives diuretics, cardiac glycosides. Pulse -112 beats/min. Blood pressure 140/20 mm Hg Choose further medical tactics:

2

Expectant management, continuation of treatment

Expectant tactics, add ACE inhibitors

Refer for surgical treatment

Refer to sanatorium-resort treatment

Send to the medical advisory board

#

112.

If a patient with long-term mitral valve disease has decreased shortness of breath and symptoms of pulmonary hypertension, edema, hepatomegaly, ascites have begun to increase, one should think about:

3

Progression of mitral stenosis

Progression of mitral insufficiency with the development of heart failure

Development of tricuspid insufficiency and right ventricular insufficiency

Development of aortic disease

Development of rhythm and conduction disturbances

#

## ENDOCRINOLOGY

1

In what case is a patient with diabetes mellitus and its complications established as a disability group I?

1

diabetic nephropathy - CKD stage 5, diabetic retinopathy (blindness in both eyes)

diabetic nephropathy - CKD stage 4, diabetic retinopathy

diabetic nephropathy - CKD stage 3, neuropathy stage II. (expressed paresis)

diabetic nephropathy - CKD stage 3, encephalopathies with persistent mental changes

diabetic nephropathy - CKD stage 2, nephrotic syndrome

#

2

In what case is the II disability group established for a patient with diabetes mellitus and its complications?

5

retinopathy (blindness in both eyes)

neuropathy (persistent paralysis, ataxia)

diabetic cardiomyopathy (HF III degree)

limb angiopathy (diabetic foot)

terminal chronic renal failure with adequate dialysis

#

3

During a routine examination of residents of Kyrgyzstan, an enlarged thyroid gland was observed in the majority. A blood test showed low levels of T4 and T3. In some cases, there are attacks of suffocation, dryness, cough, hoarseness. What massive preventive measures should be taken?

2

Potassium iodide 150 mcg

Iodized salt

Potassium iodide 200 mcg

Use of seafood

Levothyroxine 100 mcg

#

4

In non-insulin-dependent type 2 diabetes mellitus, the first identified terms of temporary disability are:

4

3-7 days

8-10 days

15-18 days

20-30 days

32-35 days

#

5

What are the approximate terms of temporary disability in thyrotoxicosis with diffuse goiter of moderate severity:

3

3-7 days

8-15 days

17-21 days

25-30 days

32-35 days

#

6

Patient O, 36 years old, in the clinic with complaints of weakness, fatigue, hair loss, memory impairment, facial swelling, irregular periods, constipation. She has been ill for the last 1.5 g, gained 12 kg in weight. Objectively: the skin is pale, dry, swelling of the face, legs. The thyroid gland is not palpable. There is a postoperative scar in the neck area. Pulse 56 per minute. BP- 100/60 mm Hg. Art. She had not previously received treatment. Determine the terms of TD:

4

5-10 days

10-15 days

15-30 days

35-45 days

45-60 days

#

7

Patient K., 17 years old in the clinic, lost consciousness. According to his relatives, he complained of severe weakness, fatigue, drowsiness, and drank a lot of liquids. He did not go to the doctor. 3 weeks before that he had a severe acute respiratory viral infection. Objectively: the patient is unconscious. Turgor of tissues is reduced. The eyeballs are soft on palpation. The smell of acetone. Heart rate - 120 per minute. BP - 80/40 mm Hg, BR - 26 per minute. Blood sugar - 32 mmol / l. Suggest a diagnosis:

1

Type I diabetes mellitus

Type II diabetes mellitus

Impaired glucose tolerance

Post-infectious complication

Hyperglycemia

#

8

Patient K., 17 years old in the clinic, lost consciousness. According to his relatives, he complained of severe weakness, fatigue, drowsiness, and drank a lot of liquids. I did not go to the doctor. 3 weeks before that he had a severe acute respiratory viral infection. Objectively: the patient is unconscious. Turgor of tissues is reduced. The eyeballs are soft on palpation. The smell of acetone. Heart rate - 120 per minute. BP - 80/40 mm Hg, BR - 26 per minute. Blood sugar - 32 mmol / l. What condition did the patient develop:

3

Hypoglycemia

Hyperglycemia

Ketoacidotic coma

Hyperlactacidemic coma

Hyperosmolar coma

#

9

Patient M., 36 years old, consulted a general practitioner complaining of weakness, fatigue, hair loss, memory impairment, facial swelling, constipation, absence of menstruation for 7 months. From the anamnesis: has been ill for about a year. Objectively:  $t -36.1^{\circ} \text{C}$ . The skin is dry, on the legs - peeling, dense swelling of the feet, lower third of the leg. Lab-but: AT to TPO - 250 U / ml (0-30 U / ml). Thyroid ultrasound: increased echogenicity. The structure is diffusely heterogeneous. Most likely in a patient?

2

Nodular goiter

Autoimmune thyroiditis

Hypothyroidism

Infectious thyroiditis

Primary amenorrhea

#

10

A 50-year-old patient has been receiving glucocorticoids for a long time for bronchial asthma. She began to notice fatigue, weakness, insomnia, decreased appetite, nausea, vomiting, constipation was replaced by diarrhea, sharp abdominal pain and weight loss. The skin of the face and neck, the back of the hands, in the area of the nipples, genitals, and the white line of the abdomen is bronze. BP - 70/40 mm Hg. What complication did the patient develop?

2

Hypercortisolism

Hypocorticism

Cushing's syndrome

Bronchial obstruction

Dyspepsia

#

11

Patient A, 29 years old, complains of overweight. Loves flour products, sweets. Father and mother are obese 1-2 tbsp. Objectively: BMI - 33 kg / m<sup>2</sup>. About-but: deposition of SFT in the abdomen. BP - 142/84 mm Hg. Pulse - 98 per / min., Rhythmic. WC -88 cm. Fasting glucose 6,3 mmol / l. Total cholesterol 7.8 mmol / l. What should a clinic doctor think about?

3

Arterial hypertension

Obesity grade 2

Metabolic syndrome

Metabolic disorders

Hypothyroidism

#

12

The patient has polyuria, polydipsia, and sleep disturbance. The relative density of urine ranges from 1.001 to 1.003. Excretion of urine ranges from 5 to 20 liters per day. The glucose content in the blood is 5.0 mmol / l, there is no glucose in the urine. Suggest the most likely diagnosis:

2

Diabetes

Diabetes insipidus

Chronic glomerulonephritis

Hypothyroidism

Hyperthyroidism

#

13

A 27-year-old woman came to the clinic with complaints of nervousness, weakness, palpitations, hand tremors, difficulty concentrating at work (she works as an enterprise economist) and irritability, weight loss by 4 kg in 3 months, insomnia. Objectively: the skin is hot and moist, the body temperature is  $36.9^{\circ} \text{C}$ , bilateral exophthalmos and the lag of the upper eyelid when looking down. Choose tactics of conducting:

5

Complete blood count, ACTH.  
C-reactive protein, ACTH  
Immunoglobulin E, TSH, T3  
T3, T4 free, TSH, ACTH  
Antibodies to TPO, TSH, T3, T4

#

14

A 27-year-old woman came to the clinic with complaints of nervousness, weakness, palpitations, hand tremors, difficulty concentrating at work (she works as an enterprise economist) and irritability, weight loss by 4 kg in 3 months, insomnia. Objectively: the skin is hot and moist, the body temperature is 36.9 ° C, bilateral exophthalmos and the lag of the upper eyelid when looking down. What drug will be the drug of choice in the treatment of this patient?

1

mercazolil  
aspirin  
rexetine  
bisoprolol  
levothyroxine

#

15

Patient O, 36 years old, in the clinic with complaints of weakness, fatigue, hair loss, memory impairment, facial swelling, irregular periods, constipation. She has been ill for the last 1.5 g, gained 12 kg in weight. Objectively: the skin is pale, dry, swelling of the face, legs. The thyroid gland is not palpable. There is a postoperative scar in the neck area. Pulse 56 per minute. BP - 100/60 mm Hg. CBC: Hb - 110 g / l, CI - 0.7, RBC. -  $3.1 \times 10^{12} / l$ , ESR - 3 mm / h. Prescribe treatment:

1

levothyroxine  
gynotardiferon  
cyanocobolamin  
xenical  
torasemide

#

16

Patient N. 30 years old applied to the clinic with complaints of weakness, dry mouth, polyuria, blurred vision, numbness, paresthesia in the lower extremities, frequent hypoglycemic conditions (night and day). Suffering from diabetes mellitus since 10 years. Objectively: BMI - 19 kg / m<sup>2</sup>. The skin is dry and clean. There are seizures in the corners of the mouth. Glucose - 10.4 mmol / l, 2 hours after eating - 14.5 mmol / l. What is the treatment tactics:

1

Humulin NPH  
Metformin  
Pioglitazone  
Repaglinide  
Acarbose

#

17

Patient K., 17 years old in the clinic, lost consciousness. According to his relatives, he complained of severe weakness, fatigue, drowsiness, and drank a lot of liquids. I did not go to the doctor. 3 weeks before that he had a severe acute respiratory viral infection. Objectively: the patient is unconscious. Turgor of tissues is reduced. The eyeballs are soft on palpation. The smell of acetone. Heart rate - 120 per minute. BP - 80/40 mm Hg. BR - 26 per minute. Blood sugar - 32 mmol / l. Provide first aid:

1

Hospitalization, rehydration + insulin IV drip  
Hospitalization, rehydration + glucose IV drip  
Hospitalization, rehydration + B-blockers  
Rehydration + IV insulin without hospitalization

Hospitalization, rehydration + dopamine

#

18

Patient M. is 48 years old at a therapist. Diabetes mellitus type 2 was discovered by chance during a clinical examination a week ago. He does not receive drug therapy. From the anamnesis: myocardial infarction, stroke could not stand. Objectively: BMI - 37.5 kg / m<sup>2</sup>. Waist size - 120 cm. BP - 160/90 mm Hg. Laboratory tests: ALT - 65, AST - 53, HbA1c - 7.5%. Fasting glucose - 7.8 mmol / l. I turned to the local general practitioner for prescribing treatment.

1

Metformin. Lisinopril. Amlodipine

Metformin. Ramipril. Nifedipine

Metformin. Enalapril. Bisoprolol

Insulin. Lisinopril. Amlodipine

Insulin. Ramipril. Nifedipine

#

19

Patient M., 36 years old, consulted a general practitioner complaining of weakness, fatigue, hair loss, memory impairment, facial swelling, constipation, absence of menstruation for 7 months. From the anamnesis: has been ill for about a year. Objectively: t -36.1 ° C. The skin is dry, on the legs - peeling, dense swelling of the feet, lower third of the leg. Lab-but: TSH - 22.7 μIU / ml, T4 free. - 6.3 μmol / L AT to TPO - 250 U / ml (0-30 U / ml). Prescribe treatment:

1

levothyroxine

lactulose

gynotardiferon

xenical

torasemide

#

20

A 50-year-old patient has been receiving glucocorticoids for a long time for bronchial asthma. She began to notice fatigue, weakness, insomnia, decreased appetite, nausea, vomiting, constipation was replaced by diarrhea, sharp abdominal pain and weight loss. Bronze skin (face and neck, dorsum of hands, nipples, genitals, white line of the abdomen). BP - 70/40 mm Hg Choose a further survey plan? 3

Sputum analysis. 17-KS

Electrolytes. 17-OKS

17- OKS. 17-COP. ACTH

T3 free, T4 free. TSH

T3 free, T4 free. ACTH

#

21

Patient A, complains of overweight. Loves flour products, sweets. Father and mother are obese 1-2 tbsp. Objectively: BMI - 33 kg / m<sup>2</sup>, deposition of PFA in the abdomen. BP - 138/84 mm Hg. Pulse - 98 per / min., Rhythmic. WC -88 cm. The lower edge of the liver protrudes from under the costal arch by 2 cm, painful. What additional examinations are needed?

1

glucose, lipid spectrum, ALT. AST

blood coagulation system, ALT. AST

protein and protein fractions, lipid spectrum

glucose, alkaline phosphatase, ALT. AST

electrolytes, protein and its fractions, glucose

#

22

Patient K., 18 years old, is worried about irritability, fatigue. From the anamnesis it is known that the girl's mother was operated on for nodular goiter. The family lives in an iodine-endemic zone. Objectively: Height - 172 cm, weight - 58 kg. Distal hyperhidrosis. Heart rate - 70 per minute. BP - 120/70 mm Hg Revealed diffuse enlargement of the thyroid gland, soft-elastic consistency, increased evenly. Prescribe adequate treatment:

1

potassium iodide - 150 mcg / day.  
potassium iodide - 75 mcg / day.  
levothyroxine - 100 mcg / day  
levothyroxine - 50 mcg / day  
mercazolil 15 mg / day

#

23

Patient K., 28 years old. Pregnancy 12-13 weeks. From the anamnesis it is known that the girl's mother was operated on for nodular goiter. The family lives in an iodine-endemic zone. Objectively: Height - 172 cm, weight - 58 kg. Distal hyperhidrosis. Heart rate - 78 per minute. BP - 124/76 mm Hg Revealed diffuse enlargement of the thyroid gland, soft-elastic consistency, increased evenly. Prescribe adequate treatment:

4

potassium iodide - 150 mcg / day  
levothyroxine - 100 mcg / day  
levothyroxine - 50 mcg / day  
potassium iodide - 200 mcg / day  
mercazolil 15 mg / day

#

24

Patient N., 25 years old, turned to the clinic with complaints of a feeling of pressure in the left neck region. Pain on swallowing, body temperature 38 ° C. From the anamnesis: 5 days ago she had a severe form of acute respiratory infections. Already during the recovery period, the above complaints appeared. The enlarged left lobe of the thyroid gland is palpable, dense, sharply painful. Indicate the treatment tactics.

1

Antibiotics, desensitizing therapy  
Immunostimulants, general strengthening therapy  
Desensitizing therapy, immunostimulants  
General strengthening therapy, detoxification therapy  
Antibiotics, detoxification therapy

#

25

Patient N., 25 years old, went to the clinic with complaints of a feeling of pressure in the left neck region. Pain on swallowing, body temperature 38 ° C. From the anamnesis: 5 days ago she had a severe form of acute respiratory infections. Already in the period of recovery, the above appeared. The enlarged left lobe of the thyroid gland is palpable, dense, sharply painful. What is the diagnostic tactics for this patient? Specify diagnostic tactics in this patient?

4

CBC, thyroid biopsy  
UAC, T3 St, T4 St. MRI - thyroid gland  
T3 St, T4 St. CBC, x-ray of the neck  
KLA, TSH, T4, T3, ultrasound of the thyroid gland  
T3 St, T4 St. Thyroid ultrasound

#

## RHEUMATOLOGY

1

In rheumatic fever after suffering carditis without damage to the valves, secondary prevention is carried out before:

5

18 years  
20 years  
25 years  
30 years

35 years

#

2

Approximate terms of temporary disability in osteoarthritis with synovitis of the knee joints are:

4

3-5 days

6-7 days

8-10 days

12-15 days

16-20 days

#

3

An early criterion for limiting physical activity and working capacity in patients with acquired aortic insufficiency is:

3

The appearance of tachycardia

Pain in the heart during exercise

Syncope conditions during physical exertion

The appearance of edema on the lower limbs

Heaviness in the right hypochondrium

#

4

Approximate terms of temporary disability with reactive synovitis are:

3

3 days

5 days

10 days

15 days

21 day

#

At the doctor's appointment, patient G, who abuses alcohol and plentiful food, complains of the appearance of nodes in the region of the elbow joints. What disease should be excluded:

4

rheumatoid arthritis

osteoarthritis

Reiter's disease

gout

reactive arthritis

#

6

Disability of the 3rd group with systemic lupus erythematosus is established in the case of:

2

Low disease activity leading to mild impairment of bodily functions

Persistent average activity of the disease, leading to moderate impairment of body functions

Persistent high activity of the disease, leading to severe impairment of body functions

Progressive course of the disease, leading to severe impairment of body functions

Progressive course of the disease, the presence of complications of the disease and / or ongoing therapy, leading to significant impairment of body functions

#

7

What work is permissible for systemic scleroderma:

3

demanding

work with moving machinery

intellectual work

contact with medicinal substances

vibration work

#

8

Patients with rheumatic fever are allowed to work:

2

work in the bakery

office worker

work in adverse weather conditions

frequent travel work

outdoor work

#

9

Patients with seropositive rheumatoid arthritis with DAS 28-2.9 during the period of exacerbation need to be released from work on:

3

5-10 days

15-25 days

30-35 days

40-45 days

50-55 days

#

10

The indication for issuing a sick leave for osteoarthritis is:

3

osteoarthritis of small joints of the hands without secondary synovitis

osteoarthritis of the wrist joints without secondary synovitis

gonarthrosis of both knee joints with symptoms of secondary synovitis

coxarthrosis of the right hip joint without secondary synovitis

osteoarthritis of the shoulder joints without secondary synovitis

#

11

Disability of the 1st group with systemic lupus erythematosus is established in the case of:

5

Low disease activity leading to mild impairment of bodily functions

Persistent average activity of the disease, leading to moderate impairment of body functions

Persistent high activity of the disease, leading to minor impairment of body functions

Persistent high activity of the disease, leading to minor impairment of body functions

Progressive course of the disease, the presence of complications of the disease and / or ongoing therapy, leading to significant impairment of body functions

#

12

Patient, 45 years old, came to the clinic with complaints of severe pain in the metatarsophalangeal joint of the first toe of the right foot, swelling, hyperemia of the skin over the joint, temperature - 37.5°C. From the anamnesis, the day before, while visiting a friend, he used meat and red wine. The pain arose for the first time, around 6 o'clock in the morning. Works as a dentist. For how long can a doctor issue a disability certificate?

3

Need for 3 days

Needed for 7 days

Need for 10 days

Need for 15 days

Need for 20 days

#

13

Patient S., 52 years old, turned to the polyclinic with complaints of shortness of breath, tachycardia, recurrent pain in the heart of a dull character, heaviness in the right hypochondrium, edema of the legs. History of frequent sore throats since childhood. Objectively: apical impulse in the VI intercostal space

(ICS). At Botkin Erb's point - systolic and diastolic murmurs. Palpation - systolic trembling in the II ICS on the right, S1 is weakened at the base of the heart. What is your medical strategy?

1

Indapamide, enalapril, extencillin  
Omeprazole, bisoprolol, cavinton  
Losartan, rosuvastatin, nitroglycerin  
Bisoprolol, amlodipine, cefazolin  
Ranitidine, Digoxin, Actovegin

#

14

Patient, 45 years old, came to the clinic with complaints of severe pain in the metatarsophalangeal joint of the first toe of the right foot, swelling, hyperemia of the skin over the joint, temperature - 37.5°C. From the anamnesis: the day before, while visiting a friend, he ate meat and red wine. The pain arose for the first time, around 6 o'clock in the morning. Works as a dentist. What is your medication strategy?

1

Nimesulide  
Methotrexate  
Regidron  
Amoxicillin  
Levoceterizin

#

15

At the doctor's appointment, patient B, with rheumatoid arthritis, who has been receiving basic therapy for a long time, complains of visual impairment, impaired twilight vision. Which drug the doctor should cancel:

1

Hydroxychloroquine  
Metatrexate  
Sulfasalazine  
Leflunomide  
D-penicillamine

#

16

What should a polyclinic doctor prescribe as a basic therapy for a patient with chronic gout?

3

pyrazolone drugs  
indole and its derivatives  
allopurinol or febuxostat  
derivatives of propionic acid  
colchicine

#

17

A polyclinic doctor should start the basic therapy of rheumatoid arthritis from the "gold" standard:

2

Levamisole  
Methotrexate  
D-penicillamine  
Sulfasalazine  
Cyclophosphamide

#

18

A polyclinic doctor as a basic drug in the treatment of dermatomyositis should prescribe:

4

methotrexate  
cuprenil  
levamisole  
prednisone

indomethacin

#

19

What specific laboratory tests for the diagnosis of SJS should be prescribed by the local doctor:

5

complete blood count with platelet count

rheumatoid factor (RF) level

protein and protein fractions

antinuclear factor, level of complement

anti Scl -70, antibodies to topoisomerase

#

20

Reception of which basic drug in a patient with rheumatoid arthritis in a polyclinic should be monitored by a family doctor:

3

allopurinol

acetylsalicylic acid

methotrexate

levofloxacin

indomethacin

#

21

Patient K., 37 years old, a hairdresser, in an outpatient clinic with complaints of pain in the left knee joint, aggravated by standing, crunching during active movements in it. In the morning, stiffness for 10-25 minutes. Suffering 2 years after injury. Objectively: the joints are not changed, deformities are not noted. The volume of active and passive movements is reduced in the left knee joint. Which group of drugs in this case will be the group of choice?

4

Uricosstatics

Urikozuriki

Non-steroidal anti-inflammatory drugs

Chondroprotectors

Cytostatics

#

22

The doctor in the clinic diagnosed the patient with "Primary osteoarthritis". The means of choice for the patient's treatment is:

4

Allopurinol

Prednisone

Colchicine

Chondroitin sulfate

D-penicillamine

#

23

Patient M, 45 years old, turned to the polyclinic with complaints of severe pain in the metatarsophalangeal joint of the first toe of the right foot, swelling, hyperemia of the skin over the joint, temperature - 37.5 ° C, chilliness. From the anamnesis: on the eve of a friend's visit I used meat and red wine. The pain came on for the first time, at about 6 am. Works as a dentist.

The patient's examination plan includes:

1

determination of uric acid in blood and urine

determination of rheumatoid factor, ACCP, ESR

performing the Rehberg test

determination of the titer of antistreptolysin O (ASL-O)

determination of Helicobacter pylori titer

#

24

Correction of the dose of allopurinol in the treatment of gout by a local doctor should be carried out under the supervision of:

4

ESR level

hemoglobin level in blood

blood electrolyte levels

blood uric acid levels

the level of leukocytes in the blood

#

25

A 35-year-old woman in the clinic with complaints of malaise, weakness, weight loss of 5 kg in 3 months, pain in the interphalangeal joints of the hands and ankle joints, red spots on the face, chills. From the anamnesis: has been sick for about 6 months. On examination: the skin and mucous membranes are pale, "vascular butterfly" in the nose and cheeks, the hair is dull, brittle, there are areas of baldness. The patient's examination plan includes:

2

determination of uric acid in blood and urine

determination of ANF, level of complement C3, C4, ESR

performing the Rehberg test

determination of the titer of antistreptolysin O (ASL-O)

determination of Helicobacter pylori titer

#

26

The most common secondary amyloidosis in rheumatoid arthritis

3

liver

intestines

kidney

adrenal glands

skin

#

27

The most common morphological type of kidney damage in systemic lupus erythematosus is:

one

diffuse lupus glomerulonephritis

focal lupus glomerulonephritis

membranous proliferative glomerulonephritis

membranous glomerulonephritis

interstitial nephritis

#

## **GASTROENTEROLOGY**

1.

Medical examination of patients with chronic gastritis is carried out:

1

2 times a year by the doctor of the polyclinic

Only at the time of aggravation

Only in the presence of complications

Only for heavy forms

Only if specific studies are required

#

2.

In severe cases of chronic atrophic gastritis in the acute phase, a sick leave is issued for:

2

3-4 days

6-7 days  
9-12 days  
15-20 days  
22-25 days

#

3.

What is the main factor in the onset of peptic ulcer?

1

hypersecretion of hydrochloric acid  
pancreatic diseases  
gallbladder diseases  
hypersecretion of bicarbonates  
liver diseases

#

4.

A sick leave certificate can be issued to a patient with alcoholic hepatitis:

4

for 5-7 days  
for 10-15 days  
for 16-22 days  
for 26-35 days  
for 40-45 days

#

5.

The student, 20 years old, went to the polyclinic 01.03 with exacerbation of chronic cholecystitis. Outpatient received treatment. After recovery, which of the following documents certifying temporary incapacity for work, a doctor or therapist can prescribe?

2

Sick leave  
Form 095/y  
Form 086/y  
Form 083/y  
ITU-2007 form reference

#

6.

What is the most common cause of chronic pancreatitis:

1

alcohol abuse  
hyperlipidemia  
physical inactivity  
overweight  
excess salt intake

#

7.

What group of drugs is pantoprazole:

5

Cytostatics  
H1 Receptor Blockers  
H2 Receptor Blockers  
M-holinoblokatory  
Proton Pump Blockers

#

8.

Frequency of dispensary examinations in severe course of ulcer disease:

3

2 times a year  
3 times a year

4 times a year  
6 times a year  
7 times a year.

#

9.

A 28-year-old female patient complained of dull pain in the right hypochondrium, an increase in body temperature to 37.0° C, nausea, vomiting with bile. Objectively: the abdomen is soft, there is pain in the right hypochondrium, (+) symptoms of Murphy, Ortner, Kera. Pressure 122/82 mm Hg. CBC: WBC -  $10.3 \times 10^9/l$ , with a stick - 6%, General urinalysis: no features. Specify approximate terms of temporary incapacity for work:

2

3-6 days

7-14 days

25-30 days

30-35 days

40-45 days

#

10.

The patient is 40 years old, complained of pains in the epigastric region, heartburn, sour detachment, nausea. From a history, the patient feeds irregularly. Sick for about three years. The abdomen in palpation is soft, painful in the epigastric region. On gastroscopy folds of the gastric mucosa are thickened, convoluted. The duodenal bulb is deformed, a mucosal defect up to 0.5 cm in diameter is revealed on the back wall. The edges of the defect have clear boundaries, hyperemic. Suggest the most likely diagnosis?

3

Gastric ulcer

Gastric pyloric ulcer

Peptic ulcer of the duodenal bulb 12

Gastric Cardiac Ulcer

Peptic ulcer complicated by penetration.

#

11.

A 55-year-old man with viral cirrhosis developed a rapid increase in the size of the liver, accompanied by a deterioration in its function. Which of the following is the most likely to change serum concentration?

4

$\alpha$ 1-Antitrypsin

Carcinoembryonic antigen

Chorionic gonadotropin

$\alpha$ -Fetoprotein

Gastrina

#

12.

The patient is 50 years old, turned to the polyclinic with complaints of pains in the epigastric region, the last 2 days joined: general weakness, tinnitus, black feces. The condition is relatively satisfactory. Skin of pale color. Heart rate - 100 b/m., BP-100/60 mm Hg. The abdomen in palpation is stressed, painful in the epigastric region. Which of the following is most likely to be found in feces analysis?

2

The presence of a large number of white blood cells

Presence of large numbers of red blood cells

Presence of large amounts of muscle fibers

Presence of lumps of undigested food

The presence of a large number of bacteria and fungi.

#

13.

A 50-year-old man complains of pain in the epigastric region, general weakness, tinnitus, black feces have appeared for the last 2 days. The patient suffers from coronary heart disease and peptic ulcer disease (takes rosuvastatin, bisoprolol, aspirin, enalapril, omeprazole). Ill for about 10 years. The condition is relatively satisfactory. The skin is pale in color. Heart rate - 104 beats per minute, blood pressure - 98/62

mm Hg. The abdomen is tense on palpation, painful in the epigastric region. Which of the following drugs is the most likely cause of this condition?

5

enalapril  
bisoprolol  
rosuvastatin  
pantoprazole  
aspirin

#

14.

A woman, 48, complains of acute pains in her right underarm, nausea, vomiting, skin itching. A history of 5 years ago revealed gallstones. The overall condition is satisfactory. Temperature body 37.6 ° C. Jaundice sclera and visible mucous membranes. The liver doesn't palp. (+) symptoms of Murphy, Ortner. What is the most likely diagnosis?

2

Chronic non-calculous cholecystitis in the acute phase  
Chronic calculous cholecystitis in the acute phase  
Chronic calculous pyelonephritis in the acute phase  
Chronic non-calculous pyelonephritis in the acute phase  
Chronic steatohepatitis in the acute phase

#

15.

Patient B., 50 years old, complains of pain in the right hypochondrium after eating fatty, fried foods. Deterioration in health over the past three days. Objectively: body mass index 31 kg / m<sup>2</sup>, body temperature 37.1°C. The skin is of normal color and dry. The liver does not protrude from the edge of the costal arch; palpation is difficult due to pain. (+) Ortner's symptom. Determine the ability to work?

2

Working capacity preserved  
temporarily disabled  
group I disability  
group II disability  
group III disability.

#

16.

A woman of 35 years old complains of weakness, increased fatigue, nausea, arthralgia, myalgia, skin itching. Got sick 6 months ago. From history suffers from amenorrhea, does not drink alcohol. Objectively: yellowness of the skin, subictericity of the sclera. The liver is enlarged, protrudes by 2 cm from under the edge of the rib arc. An examination was carried out, prednisolone treatment was prescribed. After some time, the patient showed positive dynamics. Which of the following diseases is involved?

1

Autoimmune hepatitis  
Viral hepatitis  
Active steatohepatitis  
Alcoholic hepatitis  
Medicinal hepatitis.

#

17.

A 50-year-old man came to a polyclinic for a medical examination. After the examination, the diagnosis was made: chronic hepatitis C, II degree of activity, with the transition to liver cirrhosis, macronodular, with mild liver dysfunction, portal hypertension of the 1st degree (Child-Pugh Stage A). Determine what kind of work is appropriate for the patient?

2

work as an accountant in a large logistics company  
light clerk work in a small company  
work in adverse weather conditions and high mountains  
frequent business trips, night shifts

work at a gas station or car wash

#

18.

A 45-year-old patient has jaundice. Laboratory studies revealed the following changes: a sharp increase in the level of total bilirubin, AlaT, in the presence of HBsAg and anti HBc IgM in the blood. What is the most likely cause?

3

carrying HBsAg,  
chronic viral hepatitis B,  
acute viral hepatitis B,  
Wilson-Konovalov disease,  
Gilbert syndrome.

#

19.

The woman is 65 years old, turned to the clinic with complaints of weakness, reduced appetite and body weight. From history for 20 years suffers from chronic viral hepatitis B, 5 years ago cirrhosis of the liver developed. During the examination, hypochromic anemia was found. Changes, which of the following laboratory data can be expected?

1

Increased alpha-fetoprotein  
Increase in ALT and AST  
Increased immunoglobulin A  
Increased cholinesterase  
Increased alkaline phosphatase and gamma glutamyl transpeptidase

#

20.

The patient is 55 years old, complains of difficulty swallowing solid and liquid food, pain at the time of swallowing, loss of body weight. Ob-no: moderate state, body mass index 20 kg/m<sup>2</sup>. The skin is pale in color. BP- 100/70 mm Hg, heart rate 85 beats. in min. CBC - hypochromic anemia. During gastroscopy, cancer was suspected. Which of the following structures in the stomach is most likely to be damaged?

1

Cardiac gastric cancer  
Pyloric stomach cancer  
Stomach body cancer  
Antral gastric cancer  
Duodenal cancer

#

21.

A 40-year-old man, suffering from gastric ulcer for a long time, has recently noted the disappearance of the cyclicity of pain, the pain has become constant, of a shingles nature, does not diminish from taking antacids. Objectively, the condition is moderate. The abdomen is moderately distended, pain is defined in the epigastric region and in the Shoffard zone. Which of the following conditions is most likely to occur?

2

Ulcer Breakdown  
Ulcer penetration  
Malignant ulcer  
Gatekeeper stenosis  
Exacerbation of gastric ulcer

#

22.

The patient is 40 years old, turned to a therapist with complaints of pain in the epigastric area, mainly fasting and at night, constant heartburn. From a history, the patient feeds irregularly. Sick for about three years. Not examined, not treated. Temperature of body 36.6°C. heart rate - 74 b/m. BP - 124/80 mm Hg. The abdomen with palpation is soft, painful in the epigastric region, there is no tension of the abdominal muscles, the symptom of shaking 12 ribs is negative. What method of examination will help to verify the diagnosis?

1

Gastroscopy  
Ultrasound of internal bodies  
Gastric Contrast Radiography  
Computed tomography  
Colonoscopy.

#

23.

The patient is 45 years old, turned to the clinic with complaints of pain in the epigastric region, mainly fasting, heartburn, nausea. From history, he is ill for about 4 years. The abdomen with palpation is soft, painful in the epigastric region, there is no tension in the abdominal muscles. Gastroscopy: the duodenal bulb is deformed, on the back wall a mucosal defect up to 0.5 cm in diameter is revealed. The edges of the defect have clear boundaries, hyperemic, edematous. Antibodies to H. pylori 1:400. Choose the most appropriate treatment strategy?

1

Proton pump inhibitors + amoxicillin + clarithromycin  
Proton pump inhibitors + ceftriaxone + azithromycin  
Proton pump inhibitors + levofloxacin + amoxicillin  
Proton pump inhibitors + ciprofloxacin + metronidazole  
Proton pump inhibitors + amoxicillin + isoniazid

#

24.

A man, 39 years old, applied for a medical examination at work. Three years ago he had acute hepatitis B or C (he does not remember exactly), was discharged with normal biochemical parameters. During the prophylactic examination, ALAT (42 IU / L) and ASAT (38IU / L) were noted. In the study of serum markers of viruses obtained: HBsAg (+), HBeAg (-), anti-HBcor Jg G (+), anti-HBcog Jg M (-), HBV DNA (-), anti-HCV (-), HCV RNA (-) Total antibodies to HD Ag and HDV RNA have been identified. Which of the following surveys should you conduct?

1

Fibroscan  
Magnetic resonance imaging  
Ultrasound of internal organs  
Gastroscopy  
Colonoscopy

#

25.

A man, 39 years old, applied for a medical examination at work. Three years ago he had acute hepatitis B or C and was discharged with normal biochemical parameters. Examination revealed ALT (42 IU / L) and ASAT (38IU / L). In the study of serum markers of viruses obtained: HBsAg (+), HBeAg (-), anti-HBcor Jg G (+), anti-HB cog Jg M (-), HBV DNA (-), anti-HCV (-), HCV RNA (-) Total antibodies to HD Ag and HDV RNA have been identified. What is the most likely diagnosis?

5

Acute viral hepatitis C  
Acute viral hepatitis B  
Chronic viral hepatitis C, highly active  
Chronic viral hepatitis B, highly active  
Chronic viral hepatitis B + superinfection with HDV

#

26.

The patient is 55 years old, complained to the polyclinic about difficulty swallowing solid and liquid food, pain at the time of swallowing, ingestion of food or liquid in the nose, loss of body weight, lack of appetite. Objectively: a state of moderate severity, low nutrition. The skin is pale in color. BP-102/74 mm Hg, heart rate 86 b/min. CBC- hypochromic anemia. Which of the following surveys should you conduct?

3

Ultrasound of internal organs  
Fibrocolonoscopy  
Esophagogastrosopy  
X-ray of the digestive tract

Chest X-ray

#

27.

A woman of 46 years old complains of acute pains in her right underarm, nausea, vomiting. She fell ill suddenly. A history of cholelithiasis. Objectively: body temperature 37.7°C. General condition of moderate severity. The patient rushes about, groans. Yellowness of the sclera. The stomach is swollen. On palpation, a sharp pain in the right hypochondrium. There is pain when tapping along the right costal arch. Which of the following needs to be done?

4

outpatient day hospital treatment

organize a hospital at home

hospitalization in the intensive care unit

hospitalization in the surgical department

hospitalization in the therapeutic department

#

28.

A 40-year-old patient turned to a polyclinic with complaints of pains of a shingles character in the epigastric region, right hypochondrium with irradiation to the back, nausea. Has been ill for 3 days. Objectively: satisfactory condition, body temperature-36.7°C, body mass index-32 kg / m<sup>2</sup>. The abdomen is moderately swollen, notes pain in the epigastric region and Shoffard's zone. Feces mushy 3 times a day. Diuresis is regular according to the patient. Determine which of the following doctor's tactics are correct?

5

Hospitalization in the intensive care unit

Hospitalization in the therapeutic department

Hospitalization in the surgical department

Polyclinic day hospital

Outpatient management of the patient

#

29.

A 45-year-old man, working as a truck driver, complains of girdle pain in the epigastric region, nausea, loose stools 4-5 times a day. From the anamnesis the day before he had consumed fatty foods and alcohol. Body temperature 36.6°C. The skin is of a normal color, dry. Heart rate 86 b/m, BP- 128/64 mm Hg. The abdomen is moderately distended, painful in the Shoffard zone. Which of the following drugs should be recommended to this patient?

1

antispasmodics, enzyme preparations, H<sub>2</sub>-histamine receptor blockers

NSAIDs and / or narcotic analgesics, proton pump block

antibiotics, enterosorbent and antidiarrheal drugs

H<sub>2</sub>-histamine receptor blockers, broad-spectrum antibiotics and macrolides

antispasmodics, antibiotics, choleric and hepatoprotective drugs

#

30.

A 43-year-old woman complained of persistent aching pains in the right hypochondrium, aggravated after taking plentiful, fatty foods and alcohol. Pain radiates to the right shoulder and neck. There are also nausea, bitterness in the mouth, an increase in body temperature to 37.5°C, irritability. To diagnose the disease at this stage, it is necessary to conduct research:

5

Colonoscopy

Plain X-ray of the abdominal cavity

Duodenal intubation with microscopy and bile culture

Esophagogastroduodenoscopy

Ultrasound examination of the abdominal organs

#

31.

A 39-year-old patient complains of pain in the right hypochondrium, bitterness in the mouth, nausea, vomiting. Deterioration of well-being within 2 weeks is associated with the intake of large amounts of fatty foods. Objectively: the tongue is slightly yellow-coated. Palpation notes pain in the right

hypochondrium. Symptom Mussey, Kera is positive. The liver is not enlarged. With duodenal intubation in portions B, C, leukocytes 40 are observed in the field of view. Which of the following drugs should be recommended for this patient?

1

antispasmodics, antibiotics, choleric and / or cholelitholytic drugs

H2-histamine receptor blockers, broad spectrum antibiotics, NSAIDs and / or narcotic analgesics, proton pump inhibitors

antispasmodics, H2-histamine receptor blockers, antibiotics

antibiotics, enterosorbent and antidiarrheal drugs

#

32.

Patient, 36 years old, complains of cramping pains in the lower abdomen, liquid feces with a frequency of 5-6 times a day, sometimes mixed with mucus and blood, weakness. Appetite is reduced, during the illness he lost 8 kg. Objectively: a state of moderate severity, body temperature 37.5°C. The skin is pale. Heart rate 90 per minute, rhythmic, BP - 102/72 mm Hg. The abdomen is distended, painful on palpation in the right lower quadrant. Rumbling on palpation of the cecum. The liver and spleen are not enlarged. Which of the following drugs should be recommended to the patient in this situation??

4

Drotaverine / baralgin, pantoprazole / famotidine, metoclopramide

Amoxicillin + clavulanic acid, activated carbon, loperamide

Drotaverin / baralgin, antibiotics, ursodeoxycholic acid (ursosan)

sulfosalazine, with ineffectiveness - corticosteroids, rectal hydrocortisone

activated carbon, loperamide, lactobacterin and bifidumbacterin.#

33.

Patient T., 35, complains of rapid fatigue, abdominal pain, mainly in the parotid region, stool increase up to 3-4 times a day. Sick for about 3 years. The condition is satisfactory, Temperature body 36,8°C. The abdomen is slightly bloated, with palpation - moderately painful in the parotid region and along the colon. The abdomen is slightly swollen, on palpation it is moderately painful in the umbilical region and along the colon. The liver is palpable along the edge of the costal arch, painless. Colonoscopy: the mucous membrane of the ileum on the border with the blind, focal hyperemic, edematous, lumpy ("cobblestone pavement"). Determine which of the following doctor's tactics is most correct?

5

Hospitalization in the intensive care unit

Hospitalization in the gastroenterology department

Hospitalization in the surgical department

Organization of a day hospital in polyclinics

Outpatient management of the patient

#

34.

A 47-year-old patient complains of pain in the epigastric region, nausea, vomiting (vomit is black-brown in color). From the anamnesis he has been sick for about three years, the deterioration of health is noted within 5 days. Body temperature 36.4°C. Heart sounds are rhythmic, heart rate - 98 b/minute, BP - 98/62 mm Hg. The abdomen is moderately distended, painful in the epigastric region, abdominal muscle tension +. According to the patient, the change in the color of the feces became black. Determine which of the following doctor's tactics are correct?

2

Emergency hospitalization in the intensive care unit

Emergency hospitalization in the surgical department

Planned hospitalization in the therapeutic department

Polyclinic day hospital

Outpatient follow-up and patient care

#

35.

Patient P., 43 years old, a train conductor, complains of decreased appetite, aching pains, heaviness in the epigastric region after eating, nausea, and belching. Such complaints have been troubling for 5-6 years, in the last 3 months the symptoms have worsened. On palpation of the abdomen, a mild diffuse pain in the epigastric region is determined. CBC: RBC -  $3.9 \cdot 10^{12} / L.$ , WBC -  $5.0 \cdot 10^9 / L.$ , ESR - 15 mm / hour.

Gastroscopy: atrophy of the mucous membrane of the fundic stomach. H.pylari (-) Which of the following drugs should be recommended to the patient in this situation?

1

Diet therapy, replacement therapy (natural gastric juice), enzyme preparations

Diet therapy, antispasmodics, antibiotics, choleric drugs

Diet therapy, blockers of H<sub>2</sub>-histamine receptors, broad spectrum antibiotics,

Diet therapy, NSAIDs and / or non-narcotic analgesics, proton pump blockers

Diet therapy, enzyme preparations, broad spectrum antibiotics

#

36.

The patient is 45 years old, observed by a therapist for the continuously relapsing course of multiple gastric ulcers in combination with persistent pain syndrome and hyperacidic condition. 1.5 years ago, 2/3 of the stomach was resected, but after surgery, a relapse of anastomosis ulcer was diagnosed three times.

Disciplined, strictly follows all the recommendations of the doctor, but the effect of combined ulcer therapy is short-term, unstable. What test is required for refinement diagnostics?

1

determination of gastrin level in blood

determination of amylase level in blood

determination of hydrochloric acid level

determination of pepsinogen level 1

determination of C-peptide level

#

37.

The patient is 42 years old, complains of pain in the upper half of the abdomen with radiation in the left undergrowth, reduced appetite, burping, nausea. Three years ago, an operation was performed for housing and communal services, after 6 months a similar attack occurred, which was accompanied by the appearance of moderate jaundice and an increase in urine amylase. With repeated laparotomy of stones in bile passages was not found. Soreness in the choledochopancreatoduodenal zone and Mayo-Robson point. CBC: WBC  $6.7 \times 10^9/l$ , the formula has not been changed. ESR- 18 mm/hour. What method of examination will help to verify the diagnosis?

3

Electrocardiography

Esophagogastroduodenoscopy

Ultrasonography

Fibrocolonoscopy

Duodenal intubation with microscopy and bile culture

#

38.

Patient A., 50 years old, is registered with a local therapist with a diagnosis of chronic recurrent pancreatitis, with exocrine insufficiency, of moderate severity. Make a plan of dispensary observation for this patient.

1

Consultant therapist - glucose, amylase, lipase, bilirubin 3 times a year, ultrasound once a year,

Cons. therapist - glucose, amylase, lipase, bilirubin 1 once a year, ultrasound 1 once a year,

Cons. therapist - glucose, amylase, lipase, bilirubin 6 times a year, ultrasound 2 times a year,

Cons. therapist – general blood test, AlAT, AsaT, bilirubin 3 times a year, ultrasound 2 times a year,

Cons. therapist - amylase, alkaline phosphatase -2 times a year, ultrasound 1 time a year.

#

39.

If Crohn's disease is suspected, differential diagnosis is carried out:

5

appendicitis

rectal cancer

tuberculous mesadenitis

irritable bowel syndrome

ulcerative colitis

#

40.

A 38-year-old patient consulted a local doctor with a diagnosis of ulcerative colitis. She notes an increase in stool frequency more than 6 times a day, profuse bleeding, an increase in body temperature up to 37.5 ° C. On examination: HB -96 g / l, ESR - 30 mm / h, albumin 30-40 g / l. Define the further tactics of the doctor?

3

Outpatient follow-up and patient care

Emergency hospitalization in the intensive care unit

Emergency hospitalization in the surgical department

Planned hospitalization in the therapeutic department

Polyclinic day hospital

#

41.

A 33-year-old patient complains of fatigue, lethargy, abdominal pain, mainly in the umbilical region, periodically frequent stools up to 3-4 times a day. Examination: the skin is pale, and dry, the hair is dull, bites in the corners of the mouth. The abdomen is slightly swollen, on palpation - moderately painful in the umbilical region and along the colon. The liver palpates along the edge of the rib arch, painless. Name the amount of laboratory-instrumental diagnostic minimum required for this patient at the level of outpatient-polyclinic:

1

General analysis of blood and urine, coprogram, total protein, reactive protein, colonoscopy with biopsy, ultrasound

General analysis of blood and urine coprogram, total protein, total bilirubin, ultrasound of the abdominal organs

General analysis of blood and urine coprogram, bacteriological culture of feces, colonoscopy with biopsy

General analysis of blood and urine, coprogram, liver tests, alkaline phosphatase, ultrasound of the abdominal organs

General analysis of blood and urine, coprogram, amylase, lipase, blood glucose, ultrasound of the abdominal organs

#

42.

Patient T., 37 years old, complains of abdominal pain, mainly in the umbilical region, increased frequency of feces up to 3-4 times a day. Objectively: the condition is satisfactory. The abdomen is slightly swollen, on palpation it is moderately painful in the umbilical region and along the colon. Colonoscopy: the mucous membrane of the ileum on the border with the blind, focal hyperemic, edematous, lumpy ("cobblestone pavement"), there are single deep ulcers. Which of the following drugs should be recommended to the patient in this situation?

2

oral corticosteroids for 2 weeks + enterosorbents and antidiarrheals

oral corticosteroids for 2 weeks + Cytostatics (azathioprine 2-2.5 mg / kg) up to 2 years

NSAIDs orally 2 weeks + broad-spectrum antibiotics (ceftriaxone 2.0 intramuscularly for 6 days)

NSAIDs orally for 2 weeks + enterosorbents and antidiarrheals

Cytostatics (methotrexate) + antibiotics and antidiarrheal drugs.

## HEMATOLOGY

1

Specify the approximate terms of temporary disability in severe iron deficiency anemia:

4

5-8 days

10-15 days

17-25 days

30-35 days

40-45 days

#

2

A 28-year-old man went to the clinic with complaints of chills, bleeding gums, the appearance of "bruises" on the skin for no apparent reason, general weakness. Has been ill for 7 days. Objectively: t-

37.5 ° C. On the skin - ecchymosis; petechiae; in the oral cavity - petechial elements. CBC: RBC. -  $2.3 \times 10^{12}$ , HB - 78 g / l, platelets. -  $30 \times 10^9$ , WBC. -  $28.9 \times 10^9$ , blasts - 32%, neutrophils, bands - 5%, neutrophils, segmented. - 38, lymphocytes - 25, ESR – 30 mm/h. Suggest the diagnosis:

3

Chronic leukemia

Thrombocytopenic purpura

Acute leukemia

Hemorrhagic diathesis

Iron-deficiency anemia

#

3

Specify the approximate terms of temporary disability in mild iron deficiency anemia:

1

10-12 days

14-15 days

17-23 days

25-30 days

33-35 days

#

4

What are the terms of temporary disability in iron deficiency anemia of moderate severity?

2

10-12 days

14-16 days

17-23 days

25-30 days

33-45 days

#

5

Specify the approximate terms of temporary disability in B12, severe folate-deficiency anemia:

5

10-14 days

15-20 days

22-28 days

30-40 days

45-60 days

#

6

Disability of the 2nd group for patients with anemia is established if there is:

1

frequent hemolytic crises - more than 2 times a year

hemolytic crises of medium frequency - once a year

pain crises controlled by NSAIDs

there are no hemolytic crises or they are at intervals of several years

remission after splenectomy for hemolytic anemia

#

7

A 50-year-old patient consulted the clinic with complaints of weakness, dizziness, tinnitus, shortness of breath when walking, lack of appetite, burning tongue, loose stools up to 3 times a day, feeling of numbness and creeping in the legs, uncertain gait. Objectively: the gait is shaky, the tongue is crimson, polished with cracks. Rhythmic heart sounds, systolic murmur at the apex of the heart. Suggest a diagnosis:

3

Iron-deficiency anemia

Aplastic anemia

B12 - deficiency anemia

Sickle cell anemia

Folate deficiency anemia

#

8

The patient is diagnosed with Megaloblastic anemia. Exacerbations more than 4 times a year, lasting up to 1.5-2 months, with decompensated heart failure, ataxic syndrome, mental changes. Er.  $2.5 \times 10^{12} / l$ , Hb — 68 g / l, anisocytosis, macrocytosis, hematocrit - 10%. leukopenia, platelets -  $110 \times 10^9 / l$ ; The content of megaloblasts in the bone marrow reaches 50% or more. Conduct a medical and social examination of the ability to work:

2

Disability is not established

Disability of the 1st group with re-examination after 2 years

Disability of the 1st group without a re-examination period

Disability of the 3rd group with re-examination in a year

Disability of the 2nd group with re-examination in a year

#

9

Patient M., 28 years old, turned to the clinic with complaints of chills, bleeding gums, the appearance of "bruises" for no apparent reason, general weakness. Has been ill for 7 days. Objectively: t-  $37.5^{\circ} C$ . On the skin - ecchymosis; in the oral cavity - petechiae. CBC: er. -  $2.3 \times 10^{12}$ , HB - 78 g / l, platelets-  $30 \times 10^9$ , WBC. -  $28.9 \times 10^9$ , blasts - 32%, neutrophils, bands- 5%, neutrophils, segmented. - 38, lymph. - 25, ESR – 30 mm/h. Decide which research method will be diagnostically significant:

2

General blood analysis

Sternal puncture

Prothrombin time

Prothrombin index

C-reactive protein

#

10

Patient, 47 years old, in the clinic with complaints of weakness, fatigue, shortness of breath, palpitations, brittle nails, heavy menstruation. From the anamnesis: these complaints have been disturbing for the last 2-3 months, she noted an addiction to pungent odors (varnish, acetone). Objectively: the skin and mucous membranes are pale, there are cracks in the corners of the mouth, the nails are brittle, with longitudinal striation and concavity. Suggest the most likely diagnosis:

1

Iron-deficiency anemia

B12 - deficiency anemia

Sickle cell anemia

Hemolytic anemia

Megaloblastic anemia

#

11

A 50-year-old patient came to the clinic with complaints of weakness, dizziness, tinnitus, shortness of breath when walking, lack of appetite, burning tongue, loose stools up to 3 times a day, numbness and crawling in the legs, unsteady gait. Objectively: the gait is unsteady, the tongue is crimson, polished with cracks. Rhythmic heart sounds, systolic murmur at the apex of the heart..Select the diagnostic method at this stage:

1

general blood analysis

serum iron

prothrombin index

general urine analysis

scatology

#

12

Patient, 47 years old, with suspicion of IDA, was taken with a CBC: er. -  $2.9 \times 10^{12} / l$ , Hb - 70 g / l, MCV - 73 fl; anisocytosis +++, poikilocytosis +++, microcytosis +++; ESR - 15 mm / h. Select the approximate timing of temporary disability:

4

10-12 days

14-15 days

17-25 days

30-35 days

36-42 days

#

13

Patient, 28 years old, turned to the clinic with complaints of chills, bleeding gums, the appearance of "bruises" for no apparent reason, general weakness. Has been ill for 7 days. Objectively: t- 37.5 ° C. On the skin - ecchymosis; in the oral cavity - petechiae. CBC: RBC. -  $2.3 \times 10^{12}$ , HB - 78 g / l, platelets. -  $30 \times 10^9$ , WBC. -  $28.9 \times 10^9$ , blasts - 32%, neutrophils, bands - 5%, neutrophils, segmented. - 38, lymph. - 25, ESR - 30 mm / hour. Choose further tactics of patient management:

4

Hospitalization in the therapeutic department

Hospitalization in the surgical department

Day hospital

Hospitalization in the hematology department

Outpatient management

#

Patient, 28 years old, turned to the clinic with complaints of chills, bleeding gums, the appearance of "bruises" for no apparent reason, general weakness. Has been ill for 7 days. Objectively: t- 37.5 ° C. On the skin - ecchymosis; in the oral cavity - petechiae. CBC: er. -  $2.3 \times 10^{12}$ , HB - 78 g / l, platelets. -  $30 \times 10^9$ , WBC. -  $28.9 \times 10^9$ , blasts - 32%, neutrophils, bands - 5%, neutrophils, segmented. - 38, lymph. - 25, ESR - 30 mm / hour. Select the acceptable type of labor upon achieving remission:

1

work with insignificant neuropsychic stress

heavy and moderate physical labor

work with significant neuropsychic stress

work with unfavorable meteorological conditions

contact with industrial poisons, benzene

#

15

Patient, 47 years old, in the clinic with complaints of weakness, fatigue, shortness of breath, palpitations, brittle nails, heavy menstruation. From the anamnesis: the above complaints have been troubling for the last 2-3 months, she noted an addiction to pungent odors (varnish, acetone). Objectively: the skin and mucous membranes are pale, there are cracks in the corners of the mouth, the nails are brittle, with longitudinal striation and concavity. Highlight the main diagnostic method to confirm the diagnosis:

3

complete blood test

Serum iron, blood ferritin level

Prothrombin index, INR

ALT, AST, total bilirubin

Creatinine, electrolytes Na, K

#

16

Patient E., 47 years old, in the clinic with complaints of weakness, fatigue, shortness of breath, palpitations, brittle nails, heavy menstruation. From the anamnesis: the above complaints have been disturbing for the last 6 months, she noted an addiction to strong odors (lacquer, acetone). Objectively: the skin and mucous membranes are pale, there are cracks in the corners of the mouth, the nails are brittle, with longitudinal striation and concavity. Choose the optimal treatment regimen:

4

diet + fennixil 2 times a day -15 days

diet + folic acid once a day -3 months

diet + vitamins (K, C, Zn) 1 time per day -3 months

diet + fernerixil 2 times a day - 3 months

fernixil + Ca gluconate - 3 months

#

17

A 50-year-old patient came to the clinic with complaints of weakness, dizziness, tinnitus, shortness of breath when walking, lack of appetite, burning tongue, loose stools up to 3 times a day, numbness and crawling in the legs, unsteady gait. Objectively: the gait is unsteady, the tongue is crimson, polished with cracks. Rhythmic heart sounds, systolic murmur at the apex of the heart. Choose the optimal treatment regimen:

2

diet + iron supplements

diet + vitamin B-12

diet + vitamins (K, C)

diet + actovegin

diet + creon

#

18

A 28-year-old female patient came to the clinic with complaints of general weakness, dizziness, rapid fatigue, hair loss. This condition has been in the last year. When examined in the CBC: Hb - 87 g / l, erythrocytes -  $3.9 \times 10^{12} / l$ , CI - 1.2. Serum iron - 18  $\mu\text{mol} / l$ , blood ferritin - 26  $\mu\text{g} / l$ . Which of the following drugs should be recommended to the patient?

3

iron inside

intravenous iron

cyanocobalamin

folic acid

vitamin C

#

19

Patient E., went to the clinic with complaints of weakness, dizziness, flashing "flies" before the eyes, shortness of breath and palpitations, bone pain, burning and pain in the tip of the tongue, nausea, unstable stool, periodically abdominal pain. When examining feces, eggs of a broad tapeworm were found. What changes in the blood test will confirm your assumption about the nature of the anemia?

4

iron blood level

ferritin level

hemoglobin level

vitamin B<sub>12</sub> level

vitamin D level

#

20

Patient E., went to the clinic with complaints of weakness, dizziness, flashing "flies" before the eyes, shortness of breath and palpitations, bone pain, burning and pain in the tip of the tongue, nausea, unstable stool, periodically abdominal pain. When examining feces, eggs of a broad tapeworm were found. Which of the following drugs should be recommended to the patient?

4

iron inside + folic acid

IV iron + folic acid

cyanocobalamin + folic acid

cyanocobalamin + mebendazole

ascorbic acid + mebendazole

#

21

Patient P. 70 years old in a polyclinic with complaints of increased fatigue, weakness, heaviness in the left hypochondrium, weight loss by 8 kg per month. About - but: enlarged cervical, supraclavicular, axillary lymph nodes. The spleen is enlarged (+5 cm). CBC: HB - 98 g / l, WBC. -  $30 \times 10^9 / l$ , of which

50% are lymphocytes, platelets -  $130 \times 10^9 / l$ , Gumprecht's shadow, ESR - 16 mm / h. Define the principle of patient management?

4

iron inside + folic acid

IV iron + folic acid

cyanocobalamin + folic acid

chemotherapy + bone marrow transplantation

monoclonal antibodies + platelet mass

#

22

Patient P. 70 years old in a polyclinic with complaints of increased fatigue, weakness, heaviness in the left hypochondrium, weight loss by 8 kg per month. Objectively: enlarged cervical, supraclavicular, axillary lymph nodes. The spleen is enlarged (+5 cm). CBC: HB - 98 g / l, WBC. -  $30 \times 10^9 / l$ , of which 50% are lymphocytes, platelets -  $130 \times 10^9 / l$ , Gumprecht's shadow, ESR - 16 mm / h. Determine the patient's ability to work:

1

work with insignificant neuropsychic stress

heavy and moderate physical labor

work with significant neuropsychic stress

work with unfavorable meteorological conditions

light and moderate physical labor

#

23

Patient V. 65 years old in the clinic with complaints of weakness, difficulty in swallowing, edema.

Objectively: skin icterus, tongue bright red, puffy face, swelling of the legs. Distal hyperesthesia, increased tendon reflexes, decreased muscle strength of the limbs. CBC: er. -  $1.0 \times 10^{12} / l$ , Hb - 40 g / l, WBC. -  $3.6 \times 10^9 / l$ , ESR - 23 mm / h, Jolly's little bodies, Kebot's rings. Define the tactics of management in relation to the patient?

1

Diet + Cyanocobalamin 1000 mcg 1 time per day / m

Diet + Cyanocobalamin 500 mcg 1 time per day / m

Diet + Cyanocobalamin 1000 mcg 1 time per day per / os

Diet + Cyanocobalamin 500 mcg 1 time per day per / os

Diet + iron 160 mg per day IM

#

24

Patient P. 70 years old in a polyclinic with complaints of increased fatigue, weakness, heaviness in the left hypochondrium, weight loss by 8 kg per month. Objectively: enlarged cervical, supraclavicular, axillary lymph nodes. The spleen is enlarged (+5 cm). CBC: HB - 88 g/l, WBC. -  $38 \times 10^9 / l$ , of which 50% are lymphocytes, platelets -  $100 \times 10^9 / l$ , Gumprecht shadows, ESR - 36 mm/h. What is the management strategy for this patient?

4

Outpatient management of the patient with a consultation of a hematologist

Outpatient management of the patient with the consultation of an oncologist

Hospitalization in the therapeutic department

Hospitalization in the hematology department

Hospitalization in the surgical department

#

25

A 50-year-old patient turned to the clinic with complaints of weakness, dizziness, tinnitus, shortness of breath when walking, lack of appetite, burning tongue, loose stools up to 3 times a day, feeling of numbness and creeping in the legs, uncertain gait. Objectively: the gait is shaky, the tongue is crimson, polished with cracks. Rhythmic heart sounds, systolic murmur at the apex of the heart. What changes are most likely to be observed in the CBC?

5

Increased erythrocyte count

Increased hemoglobin level

Reduced color indicator  
Increased eosinophil levels  
Inclusions in erythrocytes  
#

## NEPHROLOGY

1

Patient, 35 years old, quit her job on 25.01, and 02.02. she felt sick with pyelonephritis. Does this patient require a document certifying her incapacity for work from 02.02, if so, which one?

3

hospital sick leave  
clinic sick leave  
free form reference  
certificate form 0 -95-1  
certificate form 0-94

#

2

What variant of chronic glomerulonephritis is often manifested by recurrent acute nephritic syndrome?

4

mesangioproliferative  
membranous  
minimal glomerular changes  
mesangiocapillary  
fibroplastic

#

3

A patient, 40 years old, turned to the clinic with complaints of dull pain in the lumbar region on the right, at times the temperature increased to 37.9 ° C, and the discharge of turbid urine. The therapist prescribes OAK, OAM, Nechiporenko test, ultrasound of the kidneys and bladder. What allows you to determine the sample according to Nechiporenko:

4

the amount of daily proteinuria  
glomerular filtration rate  
urine creatinine level  
the amount of leukocyturia and erythrocyturia  
tubular reabsorption rate

#

4

Temporary disability during exacerbation of chronic pyelonephritis is:

3

3

3-5 days  
7-12 days  
15-20 days  
21-25 days  
27-30 days

#

5

III group of disability for patients with chronic pyelonephritis is established in the case of:

1

high stable arterial hypertension, CKD stage I, for overwork  
with the development of CKD stage II and contraindicated working conditions  
with secondary arterial hypertension with a crisis course  
the presence of severe extrarenal complications for retraining  
extrarenal complications (stage IV HF, stroke, severe anemia)

#

6

Chronic kidney disease can be diagnosed by:

4

edema in the presence of proteinuria  
arterial hypertension and changes in urine  
bacteriuria and arterial hypertension  
increasing the concentration of creatinine in the blood  
an increase in the level of uric acid in the blood

#

7

A 32-year-old female patient came to the clinic with complaints of dull pain in the lumbar region on the left, frequent painful urination, at times an increase in temperature to 37.8 ° C, weakness, and the discharge of turbid urine. Objectively: Pasternatsky's symptom is positive on the left, on palpation of pain in the suprapubic region, BP 126/82 mm rt. Art.

Which of the following signs will help in making a diagnosis?

5

hematuria  
uraturia  
cylinduria  
bile pigments in urine  
bacteriuria

#

8

In a patient, 38 years old, a bricklayer, during examination for arterial hypertension in the general analysis of urine, protein 1.2 g/l, erythrocytes 1-2 in p/vision, specific gravity 1010, blood creatinine 350 µmol/l were detected. Glomerular filtration rate 44 ml/min. Ultrasound of the kidneys revealed no pathology.

Determine the disability group for this patient?

3

disability is not established  
temporary disability  
3rd disability group  
2nd disability group  
1st disability group

#

9

Patient K., 52 years old, a bricklayer. I went to the clinic with complaints of increased weakness, rapid fatigue, headaches, dizziness, occasional nausea and vomiting. Objectively: pallor of mucous membranes, pasty limbs, blood pressure 158/96 mm Hg. A history of frequent exacerbations of chronic pyelonephritis. Mandatory when examining a patient to clarify the diagnosis is to determine:

2

general urine analysis  
serum creatinine  
general blood analysis  
blood uric acid level  
level C - reactive protein

#

10

In a 38-year-old patient, a mason, during examination for diagnosed arterial hypertension, a general urine test revealed a protein of 1.2 g/l, erythrocytes 1-2 hpf, specific gravity 1002, blood creatinine increased, total blood protein decreased. Glomerular filtration rate 45 ml/min. He has been on sick leave for 2 months. In the anamnesis - without features. What disease is most likely?

1

Chronic glomerulonephritis, CKD stage C3a  
Chronic glomerulonephritis, CKD stage C4  
Chronic glomerulonephritis CKD C5 stage  
Chronic pyelonephritis secondary hypertension, CKD  
Acute glomerulonephritis, hematuric form, CKD

#

11

Patient A. 32 years old. Complaints of weakness, pain in the lumbar region, blood pressure up to 180/100 mm Hg. Three years ago there were pains in the lumbar region, cramps during urination, fever.

Objectively: pale face, low nutrition. Pulse 92 / min. Pasternatsky's symptom + is more on the left. CBC: Hb- 135 g / l, WBC -  $13.8 \times 10^9 / l$ , ESR 42 mm / h. Urine: WBC- 25 hpf. GFR 60 ml/min. What is the most likely diagnosis?

4

chronic glomerulonephritis, acute phase, CKD stage C2

acute glomerulonephritis, advanced stage

chronic glomerulonephritis, CKD stage C2

chronic pyelonephritis in the phase of active inflammation. Secondary arterial hypertension

systemic lupus erythematosus, lupus nephritis, CKD stage C2

#

12

Patients with what kind of kidney disease is the spa treatment indicated?

4

Bilateral chronic pyelonephritis in the exacerbation phase, recurrent CKD 0

Chronic glomerulonephritis, hypertensive form in the stage of exacerbation Bilateral pyelonephritis, symptomatic hypertension, CKD stage I.

Chronic pyelonephritis in remission

Chronic glomerulonephritis with nephrotic syndrome in the acute phase

13

In chronic glomerulonephritis, the 3rd group of disability is established in the case of the following indicators of renal function:

4

GFR below 15 ml / min / 1.73 m<sup>2</sup> in the absence of dialysis complications

GFR below 15 ml / min / 1.73 m<sup>2</sup> in the presence of dialysis complications

GFR 29 - 15 ml / min / 1.73 m<sup>2</sup> dialysis preparation

GFR 44 - 30 ml / min / 1.73 m<sup>2</sup>

GFR 59 - 45 ml / min / 1.73 m<sup>2</sup>

#

14

Indication for hospitalization of patients with chronic pyelonephritis?

4

chronic pyelonephritis in the acute stage, mild severity

chronic pyelonephritis in remission

chronic pyelonephritis in the stage of exacerbation

chronic pyelonephritis in the acute stage. CKD C4 stage. CKD.

chronic pyelonephritis in remission. Chronic sinusitis in the acute stage

#

15

Patient N, 40 years old, a teacher, suffers from chronic pyelonephritis with frequent exacerbations, CKD stage C3a. Determine the ability to work?

5

able to work

temporarily disabled

disabled person I gr.

disabled person II gr.

disabled person III degree

#

16

A patient, 40 years old, turned to the clinic with complaints of dull pain in the lumbar region on the right, at times the temperature increased to 37.9 ° C, and the discharge of turbid urine. Objectively:

Pasternatsky's symptom is positive on the right, blood pressure is 128/82 mm. Hg The therapist prescribes

OAK, OAM, Nechiporenko test, ultrasound of the kidneys and bladder. Choose further tactics of the doctor:

1

- Outpatient management of the patient
- Hospitalization in the therapeutic department
- Hospitalization in the urology department
- Polyclinic day hospital
- Hospitalization in the ICU

#

17

A 32-year-old patient in a polyclinic with complaints of dull pain in the lumbar region on the left, frequent painful urination, at times a rise in temperature up to 37.8 ° C, weakness, the discharge of turbid urine. Objectively: Pasternatsky's symptom + on the left, on palpation of pain in the suprapubic region, blood pressure 126/82 mm. Hg UAC: lake. - 11.3x10<sup>9</sup> / l, P - 8%, OAM: watering can. 8-13-16 in p / sp. Select the approximate terms of temporary disability:

3

- 3-5 days
- 5-10 days
- 12-18 days
- 18-25 days
- 25-30 days

#

18

Patient, 18 years old, a repairman, was sent by the military registration and enlistment office to a hospital for examination, where he was diagnosed with Acute glomerulonephritis, nephrotic form. Decide what document that releases him from work is drawn up?

3

- certificate from the clinic doctor
- clinic sick leave
- hospital sick leave
- certificate from the hospital
- free form reference

#

19

Patient, 30 years old, complains of dull pain in the lumbar region on the right, occasionally an increase in temperature up to 38 ° C, weakness, and the discharge of turbid urine. Objectively: Pasternatsky's symptom is positive on the right, increased blood pressure to 150/100 mm. rt. Art., choose further tactics of patient management:

4

- treatment at the outpatient clinic day hospital
- organize a hospital at home
- hospitalization in the ICU
- to be hospitalized in a specialized department
- hospitalized in the therapeutic department

#

20

Decide where to start the examination of the patient in the clinic in the presence of frequent and painful urination and gross hematuria?

4

- cystoscopy
- intravenous urography
- CT of the kidneys
- Kidney ultrasound
- isotope renography

#

21

When examined in a polyclinic and the patient has persistent leukocyturia, an acid reaction and deformity of the renal pelvis detected by ultrasound, it can be predicted:

2

kidney cancer  
chronic pyelonephritis  
congenital anomaly  
kidney tuberculosis  
gouty nephropathy

#

22

Patient B., 50 years old, complains of dull pain in the lumbar region on the right, weakness, fever up to 38 ° C, the discharge of turbid urine. Objectively: Pasternatsky's symptom is positive on the right, AP is 148/82 mm. RT.art., deterioration within 2 days, because of which he did not attend work. Specify with what group of preparations it is necessary to start treatment?

3

penicillins  
macrolides  
cephalosporins  
fluoroquinolones  
aminoglycosides

#

23

Patient A., 37 years old. Complaints of weakness, pain in the lumbar region, increased blood pressure. First got sick 3 years ago. Objectively: pale face, low nutrition. Pulse 92 bpm, rhythmic, BP - 180/100 mm Hg. Pasternatsky's symptom + on both sides. UAC: Hb- 135 g / l, watering can. -  $11.8 \times 10^9 / l$ , ESR 42 mm / h. OAM: lake. -7-8 in p.zr., cyl.hial. - 1-2-3, grains. 0-1-2 in p.zr. Nechiporenko. Er-700, lake - 20,000, cylinders - 150. Choose the optimal treatment line:

1

antibiotics, nitrofurans, ACE inhibitors  
corticosteroids, nitrofurans, beta blockers  
antibiotics, vitamins, calcium antagonists  
NSAIDs, nitrofurans, diuretics  
vitamins, NSAIDs, beta blockers

#

24

At a clinic appointment, a 36-year-old female patient during clinical examination revealed a blood pressure of 128/102 mm Hg. Anamnesis: frequent cystitis. Decide what may be causing this increase in blood pressure:

4

hyperthyroidism  
hypertension  
aortic atherosclerosis  
nephrogenic cause  
diencephalic syndrome

#

25

Patient P, 34 years old, suffers from chronic glomerulonephritis, nephrotic form. Takes corticosteroids, diuretics. Control of what tests need to be carried out on an outpatient basis during the clinical examination?

1

Sugar and uric acid levels  
Sugar and CBC  
Uric acid and TBC levels  
Antinuclear factor and UAC  
General analysis of urine and CBC

#

26

Patient K, 34 years old, suffers from chronic glomerulonephritis, chronic renal failure. Is on sick leave for 3.5 months. Decide which laboratory test will determine the severity of the disease and will be the leading one in the examination of disability?

4

test Addis-Kakovsky  
test according to Zimnitsky  
test according to Nechiporenko  
study of creatinine and GFR  
Thompson test

#

27

Decide what are the approximate periods of VUT for such clinical manifestations as: mild chills, low-grade body temperature, blood pressure 158/106, mild hemodynamic changes, leukocyturia (up to 10,000 in 1 ml of urine), mild bacteriuria (up to 100,000 in 1 ml of urine).

5

5 - 7 days  
7 - 10 days  
10 - 15 days  
15 - 25 days  
28 - 35 days

#

28

Patient P, 34 years old, suffers from chronic glomerulonephritis, nephrotic form. Takes corticosteroids, diuretics. Decide what laboratory indicator needs to be monitored by the district doctor in connection with the constant intake of drugs?

1

Blood electrolytes and glycemic levels  
Blood electrolytes and alkaline phosphatase levels  
Glycemic level and natriuretic peptide  
Blood electrolytes and natriuretic peptide  
GFR and proteinuria

#

29

To prevent amyloidosis, you need to follow a diet:

4

Highest intake of animal protein  
The highest consumption of dairy products, sugar  
Fewer foods high in vitamin C  
Increase in the diet of fish, vegetables, fruits, nuts  
Most consumed dairy products, caffeinated products

#

30

The conscript in the polyclinic was assigned an examination to exclude kidney pathology. Decide which kidney function test is most informative?

1

glomerular filtration rate  
residual blood nitrogen  
blood urea  
degree of proteinuria  
daily diuresis

#

31

Patient P, 34 years old, suffers from chronic glomerulonephritis, nephrotic form. Takes corticosteroids, diuretics. Which of the laboratory research methods can be uninformative?

1

Zimnitsky test  
Proteinogram

Glomerular filtration rate

Serum creatinine

Creatinine in urine

#

32

Patient P, 34 years old, suffers from chronic glomerulonephritis, nephrotic form. Takes corticosteroids, diuretics. How often is dispensary observation carried out in this patient?

1

Once a month

Once a quarter

Once every six months

Once a year

2 times a month

#

33

Patient F, 25 years old, plasterer - painter was discharged from the hospital with a diagnosis of chronic glomerulonephritis. CKD C4 A3. Conduct a medical and social examination of the ability to work?

5

need to be transferred to another job with a disability

this work is absolutely contraindicated

1 year job required

registration of disability group III is required

it is necessary to register a disability of the II group

#

## PULMONOLOGY

#

1.

Influenza symptoms:

1.

temperature above 39°C

intense abdominal pain

cyanosis of the nasolabial triangle

hacking dry cough

cough with sputum

#

2

Catarrhal symptom predominantly occurring with influenza:

2

rhinitis

pharyngitis

tracheitis

laryngitis

bronchitis

#

3

Name the most common complication of influenza:

2

meningitis

pneumonia

anemia

hepatomegaly

diarrhea

#

4

List the indications for hospitalization for influenza:

2

patients aged from 1 year to 60 years  
respiratory failure (SaO<sub>2</sub> <90)  
tachycardia up to 100 per minute.  
moderate severity of influenza  
2 - 3 catarrhal manifestations

#

5

Adenovirus infection, unlike other acute respiratory viral infections (ARVI), is accompanied by:

1

conjunctivitis and enlargement of regional lymph nodes  
obligatory development of pneumonia  
prolonged diarrhea  
severe rhinitis  
development of acute tonsillitis

#

6

Coronavirus infection is characterized by:

1

lower respiratory tract injury  
development of acute hepatitis  
temperature up to 40°C and damage to the upper respiratory tract  
diarrhea and upper respiratory infections  
severe rhinitis and lesions of the upper respiratory tract

#

7

Parainfluenza is characterized:

1

onset with low fever and mild symptoms of intoxication  
cough with sputum that is difficult to separate  
temperature over 39.0 C  
onset with high fever and mild symptoms of intoxication  
onset with high fever and severe symptoms of intoxication

#

8.

What is the most informative method in the diagnosis of acute pneumonia?

4

physical examination of the lungs  
lung ultrasound  
spirometry examination of the lungs  
x-ray examination of the lungs  
bronchoscopy examination of the lungs

#

9.

Influenza vaccination is limited to persons:

5

children and the elderly  
people with chronic diseases  
women planning a pregnancy  
people working with other people  
acute illness

#

10

Which of the following drugs is effective in ARVI?

4

amoxicillin  
ceftriaxone  
ibuprofen

amantadine

acyclovir

#

11.

Influenza prevention measures include:

4

cotton-gauze bandage (mask)

hardening

hand washing

vaccination

taking immune modulators

#

12

Primary viral pneumonia is characterized by:

3

development in the first 48-72 hours from the onset of the disease

cough with yellow-green sputum

rapid development of hemorrhagic pulmonary edema

accompanied by a mild intoxication syndrome

the temperature does not rise above 37 °C

#

13

In which case of chronic bronchitis the patient is employable?

4

chronic non-obstructive bronchitis in the acute stage

COPD in the acute stage;

aggravation of the severity of respiratory failure and heart failure in patients with COPD

COPD patients in remission

acute complications of chronic bronchitis

#

14.

A 27-year-old patient addressed a local doctor with complaints of headache, pain in the eyeballs, muscles and joints, chills, dry cough, nasal congestion and a feeling of scratching behind the sternum. Objectively:  $t = 38.5$  °C, nasal breathing is difficult, hyperemia and granularity of the posterior pharyngeal wall. In the lungs - hard breathing, single dry rales. Pulse - 102 beats / min. Suggest the most likely diagnosis:

1

Influenza, moderate to severe

Flu, severe

Flu, mild

Parainfluenza, moderate to severe course

adenovirus infection

#

15.

In a patient with a risk factor for pulmonary embolism, the doctor should first of all:

1

duplex scanning of the veins of the lower extremities

ECG registration in 12 standard leads

take chest x-ray

fluorography

spirometry

#

16

A 54-year-old patient came to the clinic with complaints of cough with a small amount of mucous sputum, shortness of breath. From the anamnesis: smokes 2 packs of cigarettes a day for 20 years. Exacerbations 3 times in the past year. FEV<sub>1</sub> 1-55%. CBC: WBC -  $8.3 \times 10^9 / l$ . This patient is under dispensary registration, what is the frequency of visits to the local doctor with a complete clinical examination?

2

- 1 time per year
- 2 times per year
- 3 times a year
- 4 times a year
- 5 times a year

#

17

A 34-year-old patient came to the polyclinic with complaints of coughing with a small amount of mucus-cloudy sputum.  $t - 37.5^{\circ}\text{C}$ . From the anamnesis: smokes 1 pack of cigarettes a day for 15 years. CBC: WBC -  $11.3 \times 10^9 / \text{l}$ , neutrophils - 8%. Exacerbations 2 times in the past year. On the roentgenogram of the chest: strengthening of the pulmonary pattern due to the bronchial component. Specify what is most often cultured from the sputum of such patients?

3

- golden Staphylococcus aureus
- hemolytic Staphylococcus
- Streptococcus pneumonia and Haemophilus influenza
- Staphylococcus aureus + Klebsiella pneumonia
- Streptococcus pneumonia + hemolytic streptococcus

#

18.

A 54-year-old patient came to the clinic with complaints of cough with a small amount of mucopurulent sputum, and shortness of breath. From the anamnesis: smokes 2 packs of cigarettes a day for 20 years. Body temperature  $37.5^{\circ}\text{C}$ . Complete blood count: WBC -  $12.3 \times 10^9 / \text{l}$ . FEV1 / FVC - less than 70%. FEV1 - 80%. Exacerbations 2 times in the past year. On the roentgenogram of the chest: strengthening of the pulmonary pattern due to the bronchial component. Determine the approximate terms of temporary disability in this case:

3

- 3-5 days
- 7-12 days
- 14-18 days
- 20-25 days
- 27- 30 days

#

19.

A 22-year-old patient came to the clinic with complaints of chills, paroxysmal dry cough in the morning, chest pain, the temperature of  $38.6^{\circ}\text{C}$ , soreness behind the sternum, and headaches. I got sick 2 days ago, before this was not. Above the lungs - pulmonary sound with a box shade, hard breathing, dry whistling rales on both sides. Heart rate - 100 per minute, S1 loud above the apex. What is the most likely diagnosis?

4

- chronic obstructive bronchitis
- acute bacterial bronchitis
- chronic bronchitis in the acute stage
- acute obstructive bronchitis
- acute non-obstructive bronchitis

#

20.

A 54-year-old patient came to the clinic with complaints of coughing with a small amount of mucous sputum.  $t - 36.5^{\circ}\text{C}$ . From the anamnesis: he remembers that he used to get sick very often, coughed a lot, treated himself at home, smokes 1 pack of cigarettes a day. Exacerbations 2 times in the past year. CBC: WBC -  $7.3 \times 10^9 / \text{l}$ . On the roentgenogram of the chest: strengthening of the pulmonary pattern due to the bronchial component. What is the main etiological factor in this case?

1

- smoking
- viruses
- bacteria

fungi

frequent ARVI

#

21

Patient, 27 years old, came to the polyclinic, complaining of cough with purulent sputum up to 700 ml/day with blood streaks, shortness of breath, body temperature 37.5-38 C, pouring sweat, weakness, weight loss. In childhood, frequent ARVI. Objectively: a symptom of "drum fingers", nails - "watch glasses". RR 24 per min. Shortening of the sound from the right downwards, on the left with a box shade, breathing is hard, wet rales of various sizes. What is the preliminary diagnosis?

1

bronchiectasis

infarct pneumonia

pulmonary tuberculosis

chronic bronchitis

typical pneumonia

#

22

Patient, 50 years old, a smoker, came to the clinic with complaints of coughing with mucous sputum streaked with blood, unmotivated weight loss over the past six months, and weakness. Fluorography revealed basal darkening in the lungs. The doctor must first exclude:

4

bronchiectasis

peripheral lung cancer

focal pneumonia

central lung cancer

pneumo cirrhosis

#

23

Patient, 58 years old, a smoker, came to the annual clinical examination. Fluorography revealed an asymptomatic darkening in the lung tissue. The doctor must first exclude:

2

bronchiectasis

peripheral lung cancer

focal pneumonia

cirrhosis of the lungs

lobar pneumonia

#

24

A 54-year-old patient came to the clinic with complaints of cough with a small amount of mucus sputum, night sweats and interruptions in the work of the heart. From the anamnesis: smokes 2 packs of cigarettes a day for 20 years. X-ray of the chest: increased lung pattern due to the bronchial component. Indicate what changes will be in the complete blood count in this situation:

2

anemia

erythrocytosis

thrombocytosis

thrombocytopenia

eosinophilia

#

25

A patient suffering from bronchial asthma and hypertension complains of a dry cough. She takes beclomethasone, enalapril daily and salbutamol with difficulty breathing 1-2 times a week. Most likely, the appearance of a cough is associated with:

3

taking beclomethasone

taking salbutamol

taking enalapril

combination of beclomethasone and salbutamol

insufficient dose of beclomethasone

#

26

A 54-year-old patient came to the clinic with complaints of cough with sputum, shortness of breath, heart failure, and swelling in the legs. From the anamnesis: smokes 2 packs of cigarettes a day for 20 years. On echocardiography: pressure in the pulmonary artery  $\geq 35$  mm Hg, right ventricular cavity 3.0 cm, the anterior wall of the right ventricle 5 mm. Which complication can you think about?

1

Chronic cor pulmonale

Bronchiectasis

Basal pneumosclerosis

Pulmonary embolism

Fibrinous pleurisy

#

27

A 54-year-old patient came to the clinic with complaints of cough with a small amount of mucous sputum, shortness of breath. From the anamnesis: smokes 2 packs of cigarettes a day for 20 years. Exacerbations 3 times in the past year. CBC: WBC -  $8.3 \times 10^9 / l$ . FEV1 / FVC - less than 70%. FEV1 - 56%. What ECG changes can a polyclinic doctor detect?

3

RV5 > 24 mm

SV1 + RV5 > 35 mm

SV5 + RV1 > 10.5 mm

RAVL > 11 mm

RAVL + SV3 > 24 mm

#

28

Patient, 28 years old, came to the clinic with complaints of chills,  $t=38$  °C, myalgia, headache, dry cough, general weakness. Respiratory rate - 24 per minute, shortening of percussion sound and weakening of vesicular breathing on the left in the lower lobe, BP 124/82 mm Hg, WBC -  $14 \times 10^9 / l$ , neutrophils - 7%, radiological signs - infiltration of the lung tissue. How long will the patient stay in the dispensary?

3

1 month

3 months

6 months

1 year

2 years

#

29

Patient, 46 years old, came to the clinic with complaints of chills,  $t=39$  °C, myalgia, headache, cough with sputum, and general weakness. Sick for 3 days. From the anamnesis: suffers from chronic alcoholism. Respiratory rate - 28 per minute, shortening of percussion sound and weakening of vesicular breathing on the right in the upper lobe. BP 124/82 mmHg in such patients, the clinic is caused by:

4

Pneumococcus

Streptococcus

E. coli

Klebsiella

Staphylococcus aureus

#

30.

In the clinic, a 54-year-old patient complains of a cough with mucous sputum, and shortness of breath. From the anamnesis: smokes 2 packs of cigarettes a day for 20 years. Exacerbations 3 times a year. According to the assessment of dyspnea with a questionnaire - 4 points, CBC: WBC -  $8.3 \times 10^9 / l$ . FEV1 (out) - 56% after inhalation of salbutamol FEV1 (n / e samples) 59%. What is the differential sign of the diagnosis of COPD?

5

expiratory dyspnea;  
cough with sputum;  
lung sound with box tone;  
dry distant rales  
irreversible bronchial obstruction

#

31

A 34-year-old patient came to the clinic with complaints of coughing with difficult-to-separate mucopurulent sputum. Body temperature  $-37.5^{\circ}\text{C}$ . From anamnesis: smoking 1 pack of cigarettes a day for 15 years. Exacerbations 2 times in the past year. CBC: WBC -  $11.3 \times 10^9 / \text{l}$ , neutrophils bands - 8%. On the chest X-ray: strengthening of the pulmonary pattern due to the bronchial component. As a symptomatic therapy in this case, the following is used:

4

theophylline  
ambroxol  
atropine  
ibuprofen  
amoxicillin

#

32

A 34-year-old patient came to the clinic with complaints of coughing with a small amount of mucous sputum.  $t -37^{\circ}\text{C}$ . From the anamnesis: smokes 1 pack of cigarettes a day for 10 years. Exacerbations every year. CBC: WBC -  $10.5 \times 10^9 / \text{l}$ . On the chest Xray: strengthening of the pulmonary pattern due to the bronchial component. Which of the methods of examination is necessary to verify the diagnosis:

4

ELISA blood test  
Determination of Natriuretic peptide  
Blood test for general analysis  
Cytology and bacteriology of sputum  
General sputum analysis

#

33

A 34-year-old patient came to the clinic with complaints of coughing with a significant amount of difficult-to-separate sputum of a mucopurulent nature.  $t -38.5^{\circ}\text{C}$ . From anamnesis: smokes 1 pack of cigarettes a day for 15 years. Exacerbations 2 times in the past year. CBC: WBC -  $11.3 \times 10^9 / \text{l}$ , neutrophils - 8%. On the roentgenogram of the chest: strengthening of the pulmonary pattern due to the bronchial component. As an etiological therapy in this case, the following is used:

5

theophylline  
ambroxol  
ibuprofen  
euphylline  
amoxiclav

#

34

A 54-year-old patient came to the clinic with complaints of cough with a small amount of mucous sputum, shortness of breath. From the anamnesis: smokes 2 packs of cigarettes a day for 20 years. Exacerbations 3 times in the past year. According to the assessment of shortness of breath with a questionnaire - 4 points, CBC: WBC -  $8.3 \times 10^9 / \text{l}$ . The plan for examining a patient with broncho-obstructive syndrome in a polyclinic includes:

1

ECG, spirometry  
Bronchography, ECG  
Peak flow meter, bronchography  
X-ray, ECG  
echocardiography, bronchoscopy

#

35

A 22-year-old patient came to the clinic with complaints of chills, paroxysmal dry cough when going to bed and in the morning, chest pain when coughing,  $t=38.6^{\circ}\text{C}$ , soreness behind the sternum, headaches, general weakness. I got sick 2 days ago, before this was not. Objectively: pulmonary sound with a box tone, hard breathing, dry whistling rales on both sides. Heart rate - 100 per minute. What examination is necessary to clarify the diagnosis:

5

ECG

ECHO-KG

fluorography

bronchoscopy

chest X-ray

36

A patient diagnosed with COPD needs differential diagnosis with other bronchopulmonary diseases. Which of the methods of additional examination is an indication for referral to a hospital:

4

ECG

Radiography

Spirometry

Bronchoscopy

Fluorography

#

37

Patient, 43 years old, came to the clinic with complaints of asthma attacks 1-2 times a month, with difficult exhalation with the release of a small amount of viscous mucous sputum. There is an allergy to strawberries, citrus fruits. The chest is barrel-shaped, respiratory rate 24 per minute. Percussion - a sound with a box shade, single dry wheezing rales are auscultated. HR 100 bpm, BP 145/90 mm Hg. PSV - 60% of due. Which group of drugs is contraindicated for the patient:

3

Antibiotics

Glucocorticosteroids

$\beta$  - blockers

Calcium antagonists

Bronchodilators

#

38

In the clinic, patient B, 27 years old, complains of cough with purulent sputum (up to 700 ml/day) with streaks of blood, shortness of breath,  $t = 37.5-38^{\circ}\text{C}$ , "torrent" sweat, weakness, weight loss. Objectively: a symptom of "drum fingers", nails - "watch glasses". Respiratory rate 24 per minute, shortening of the sound from the right downwards, on the left with a box shade, breathing is hard, wet rales of various sizes. What diagnostic method is the leading one for making a diagnosis:

2

radiography

high resolution lung tomography

bronchoscopy with biopsy of the bronchial wall

bronchography

spirometry + bronchodilation test

#

39

Patient, 43 years old, came to the clinic with complaints of asthma attacks 1-2 times a month, with difficult exhalation with the release of a small amount of viscous mucous sputum. There is an allergy to strawberries, citrus fruits. The chest is barrel-shaped, respiratory rate 24 per minute. Percussion - a sound with a box shade, single dry wheezing rales are auscultated. HR 100 bpm, BP 145/90 mm Hg. PSV - 60% of due. Name the basic therapy for this disease:

2

bronchodilator

anti-inflammatory corticosteroid  
antibacterial  
desensitizing  
anti-inflammatory NSAIDs

#

40

A 45-year-old woman, a seller, came to the clinic with complaints of plaque in her mouth. Plaque in the form of grains and films of white color, reminiscent of curdled milk, curdled appearance. Plaque is easily removed by scraping with a spatula. Suffering from bronchial asthma for 11 years. Takes salbutamol 3 times a day, beclomethasone 250 mcg 2 times a day. In order to prevent oral candidiasis, the patient should:

3

periodically take antifungal drugs  
treat the oral cavity with antifungal ointments  
rinse your mouth with water after inhaling drugs  
take prophylactic breaks in treatment with these drugs  
rinse your mouth with nitrofurazone after inhalation of drugs

#

41

A 45-year-old woman came to the clinic with complaints of asthma attacks and shortness of breath after physical exertion and spontaneous at night, chest discomfort. Sick for 11 years. Attacks of suffocation relieves inhalation of salbutamol (3-4 times a day). Percussion - a boxed sound, by auscultation - hard breathing, dry rales in all lung fields, whistling during forced exhalation. Treatment includes:

1

inhaled corticosteroids at a dose of 500-1000 mcg / day  
inhaled corticosteroids at a dose of 200-500 mcg / day  
cromoglicate or nedocromil sodium  
antibiotic therapy with cephalosporins  
short-acting bronchodilators no more than once a week

#

42

Patient, 67 years old, came to the clinic with complaints of chills,  $t-39^{\circ} \text{C}$ , chest pain when coughing, headache, dry cough, weakness. Objectively: the patient is lethargic, respiratory rate - 32 per minute, shortening of percussion sound and weakening of vesicular breathing on the right in the lower lobe, BP 86/60 mm Hg, WBC -  $19.2 \times 10^9 / \text{l}$ , neutrophils - 8%, x-ray: infiltration of the lung tissue on the right in the lower lobe. Determine the management of this patient:

4

Hospitalization in a therapeutic hospital  
Day hospital polyclinic  
Outpatient management  
Referral to the intensive care unit  
Hospitalization in the pulmonology department

#

43

A 40-year-old woman came to the clinic with complaints of asthma attacks and shortness of breath after physical exertion and spontaneous at night, chest discomfort. Sick for 20 years. Percussion - a boxed sound, by auscultation - hard breathing, dry rales in all lung fields, whistling during forced exhalation. Which group of drugs from the following is preferred in this patient:

1

IGCS  
B2 short acting agonists  
B2 long acting agonists  
oral corticosteroids  
anticholinergic drugs

#

44

In the clinic, a 54-year-old patient complains of cough with purulent sputum, shortness of breath. Body T -37.5 °C. Smokes 2 packs of cigarettes a day for 20 years. Exacerbations 2 times in the past year. CBC: WBC -  $14.3 \times 10^9 / l$ , neutrophils - 8%. FEV1 / FVC - less than 70%. FEV1 - 36%. X-ray of the chest: increased lung pattern due to the bronchial component. Choose the optimal combination of drugs for this patient:

1

seretide + acetylcysteine + amoxiclav  
berodual + sodium chloride + ambroxol  
salmeterol + Fluticasone + Amoxicillin  
ambroxol + acetylcysteine + Seretide  
acetylcysteine + erythromycin + ibuprofen

#

45

Patient B., 35 years old, complains of a feeling of tightness in the chest, difficulty breathing, especially exhalation, excruciating cough with the release of viscous mucous sputum. I stopped prednisone on my own. Objectively: the skin is pale, with a bluish tinge, the position of "orthopnea". The abdominal muscles are involved in the act of breathing. Which of the following corresponds to this clinical picture?

2

PSV-70%, variability 20-30%  
PSV-49%, variability > 30%  
PSV-88%, variability < 10%  
PSV-56%, variability-15%  
PSV-62%, variability-20%

#

46

Patient, 35 years old, complains of a feeling of tightness in the chest, difficulty breathing, especially exhalation, excruciating cough with the release of viscous mucous sputum. I stopped prednisone on my own. Objectively: the skin is pale, with a bluish tinge, the position of "orthopnea". The abdominal muscles are involved in the act of breathing. Choose the optimal basic therapy?

1

Seretide + Spiriva  
Seretide + ibuprofen  
Berodual + sodium chloride  
fluticasone + amoxicillin  
ambroxol + acetylcysteine

#

47

A 20-year-old patient, a student, in the clinic complains of pain and heaviness in the left side of the chest, shortness of breath, fever up to 39°C. Skin is pallor, respiratory rate - 30 per minute. Pulse - 110 beats in min. The left half of the chest lags behind in the act of breathing, in the same place the intercostal spaces are smoothed out, the percussion sound above them is shortened, the voice trembling is weakened, breathing is not audible. Make a plan for examining the patient.

1

Chest X-ray  
ECG  
Spirometry  
CT scan  
Pulse oximetry

#

48

A 20-year-old patient, a student, in the clinic complains of pain and heaviness in the left side of the chest, shortness of breath, fever up to 39°C. Objectively: body temperature 39.5C, respiratory rate 35 per minute, heart rate 116 beats in min., BP 86\52 mm Hg. Plain chest radiograph: there is a homogeneous shading of the lower sections of the left lung field and the costophrenic sinus. The shading has an oblique top border going from top to bottom and from outside to inside. Determine the tactics of managing the patient?

3

Outpatient management of the patient by a therapist  
Outpatient management of the patient by the surgeon  
Hospitalization in the intensive care unit  
Hospitalization in the therapeutic department  
Hospitalization in the surgical department

#

49

A 20-year-old patient, a student, in the clinic complains of pain and heaviness in the left side of the chest, shortness of breath, fever up to 39°C. Plain chest radiograph: there is homogeneous shading of the lower parts of the left lung field and phrenicocostal sinus. The shading has an oblique top border going from top to bottom and from outside to inside. What examination method is diagnostically significant?

5

high resolution lung tomography  
bronchoscopy with biopsy of the bronchial wall  
bronchography  
spirometry + bronchodilation test  
puncture of the pleural cavity

#

50.

Which diagnostic method is not very informative when referring patients with respiratory diseases to the medical and social expertise:

5

fluorography  
chest X-ray  
ECG  
general sputum analysis  
general blood analysis

#

51

Patient, 35 years old, complains of a feeling of tightness in the chest, difficulty breathing, especially exhalation, excruciating cough with the release of viscous mucous sputum. I stopped prednisone on my own. Objectively: the skin is pale, with a bluish tinge, the position of "orthopnea". The abdominal muscles are involved in the act of breathing. Decide what type of work is acceptable with this clinical picture upon reaching the remission stage:

5

air traffic controllers  
vehicle drivers  
work at height  
conveyor work  
therapeutic profile doctor

#

53

A 52-year-old patient was diagnosed with CHD, exertional angina, FC II. Since the age of 30, he has been suffering from atopic bronchial asthma of moderate severity. She takes Seretide and Salbutamol as needed. Regarding coronary heart disease, he began to receive verapamil instead of metoprolol. What indicator should be monitored to avoid worsening of the condition while taking verapamil?

5

Oxygen saturation  
Ultrasound of the abdominal organs  
Spirometry  
Chest X-ray  
ECHO-KG, LV ejection fraction

#

54

Patient, 21 years old, came to the clinic with complaints of headache in the frontal region, pain in the eyeballs, photophobia, chills, lacrimation, burning eyes, severe runny nose, sore throat when swallowing.

Body t-38°C. edematous eyelids, hyperemic conjunctiva, hyperemia of arches, uvula, tonsils, granularity of posterior pharyngeal wall. The tonsils are not enlarged. What can be used as etiological therapy?

4

Paracetamol  
Amoxicillin  
Ibuprofen  
Oseltamivir  
Levomycetin

#

#

55

Patient, 21 years old, came to the clinic with complaints of headache in the frontal region, pain in the eyeballs, photophobia, chills, lacrimation, burning eyes, severe runny nose, sore throat when swallowing. Ob-no: t-38°C. edematous eyelids, hyperemic conjunctiva, hyperemia of arches, uvula, tonsils, granularity of posterior pharyngeal wall. The tonsils are not enlarged. What can be used as symptomatic therapy?

4

remantadine  
umifenovir  
oseltamivir  
xylometazoline  
levomycetin

#

56

Patient, 41 years old, went to the clinic with complaints of increased t-38.5°C, weakness, sore throat when swallowing. When examining the oropharynx, there is hyperemia, swelling of the pharyngeal tonsils (more on the right), multiple purulent follicles. Submandibular lymph nodes are enlarged on both sides up to 1.5 cm, dense, moderately painful. Choose an adequate pathogenetic treatment:

3

ibuprofen  
paracetamol  
amoxiclav  
amantadine  
miramistin

#

57

Patient, 41 years old, in the clinic with complaints of t-38.5°C, weakness, sore throat when swallowing. When examining the oropharynx, there is hyperemia, swelling of the pharyngeal tonsils (more on the right), multiple purulent follicles. Submandibular lymph nodes are enlarged on both sides up to 1.5 cm, dense, moderately painful. Select the drug as a symptomatic treatment in addition to the pathogenetic one:

5

cefoperazone  
clarithromycin  
amoxiclav  
amantadine  
miramistin

#

58

Patient, 41 years old, in the clinic with complaints of t-38.5°C, weakness, sore throat when swallowing. When examining the oropharynx, there is hyperemia, swelling of the pharyngeal tonsils (more on the right), multiple purulent follicles. Haven't been sick before. Submandibular lymph nodes are enlarged on both sides up to 1.5 cm, dense, moderately painful. Decide which of the laboratory methods of examination is diagnostically necessary:

1

Bacteriology of a throat swab  
Bacterioscopy of a throat swab  
General blood analysis

C-reactive protein  
Antistreptolysin - O  
#  
59

A 20-year-old girl complains of discomfort in the throat: perspiration, burning. From the anamnesis: ate a large amount of ice cream. Objectively: bright hyperemia of the mucous membrane of the posterior pharyngeal wall and its moderate infiltration. Other internal organs without pathological changes. CBC: WBC -  $10.8 \times 10^9 / l$ ., ESR - 16 mm / hour; neutrophils segm - 65.2%. Specify approximate terms of temporary incapacity for work:

2  
3-4 days  
5-6 days  
8-10 days  
12-15 days  
16-20 days

#  
60

A 20-year-old girl who works as a teacher complains of discomfort in her throat: perspiration, burning. From the anamnesis: ate a large amount of ice cream. Body temperature 37.5 C, bright hyperemia of the mucous membrane of the posterior pharyngeal wall and its moderate infiltration. Other internal organs without pathological changes. CBC: WBC -  $10.8 \times 10^9 / l$ ., ESR - 16 mm / hour; neutrophils - 65.2%. Requires a sick leave, decide on the issue of working capacity:

3  
On sick leave 1-2 days  
Sick leave for 3-5 days  
Sick leave for 5-7 days  
Sick leave for 7-10 days  
Sick leave for 10-12 days

#  
61

House call of a general practitioner for a 33-year-old patient. Complaints of shortness of breath, cough with mucous viscous sputum difficult to shed, weakness. Sick for 4 years. A week ago he had ARVI. Against this background, attacks of shortness of breath, suffocation, coughing 5-6 times a day. Objectively: the chest is emphysematous, percussion-box sound. Breathing is sharply weakened, in places it is difficult to determine. Respiratory rate - 26 per minute. Pulse - 120 beats / min. Provide first aid:

3  
theophylline 2.4% - 10 ml intravenously  
acetylcysteine 600 mg once a day in the morning  
salbutamol 2-4 doses for an hour  
beclomethasone 500 mcg - 4 times a day  
seretide 2 inhalations 2 times a day

#  
62

House call of a general practitioner for a 33-year-old patient. Complaints of shortness of breath, cough with mucous viscous sputum difficult to shed, weakness. Sick for 4 years. A week ago he had ARVI. Against this background, attacks of suffocation, shortness of breath, coughing 5-6 times a day. Objectively: the chest is emphysematous, percussion-box sound. Breathing is sharply weakened, in places it is difficult to determine. Respiratory rate - 26 per minute. Pulse - 120 beats / min. Determine the tactics of managing the patient?

3  
Outpatient management of the patient by a therapist  
Outpatient management of the patient by a pulmonologist  
Hospitalization in the intensive care unit  
Hospitalization in the therapeutic department  
Hospitalization in the surgical department

#  
63

A 27-year-old patient went to a local doctor with complaints of headache, pain in the eyeballs, muscles and joints, general weakness, frequent dry cough, nasal congestion and minor discharge from the nose, a feeling of scratching behind the sternum. Objectively:  $t - 38.5\text{ }^{\circ}\text{C}$ , nasal breathing is difficult, bright hyperemia and granularity of the posterior pharyngeal wall. In the lungs - hard breathing, single dry rales. Pulse - 102 beats / min. Specify the period of temporary incapacity for work:

2

4-8 days

6-10 days

10-15 days

20-25 days

60 days

#

64

The patient went to the clinic with complaints of chills, body temperature of  $39^{\circ}\text{C}$ , headache, dry cough, general weakness. Objectively: respiratory rate - 24 min., shortening of percussion sound, weakening of vesicular breathing on the right in the lower lobe, leukocytosis - more than  $13.2 \times 10^9 / \text{l}$ , stab shift to the left, X-ray: infiltration of lung tissue on the right in the lower lobe. How soon after treatment is it necessary to control the dynamics of the x-ray picture?

3

in 1-2 weeks

after 2-3 weeks

after 3-4 weeks

after 5-6 weeks

after 6-7 weeks

#

65

Patient D, 35 years old, came to the clinic with complaints of sudden onset of chills, fever of  $38\text{ }^{\circ}\text{C}$ , myalgia, headache, dry cough, and general weakness. Respiratory rate - 24 per minute, shortening of percussion sound and weakening of vesicular breathing on the left in the lower lobe, BP 128/86 mm Hg, leukocytes -  $13 \times 10^9 / \text{l}$ , neutrophils- 7%, radiological signs - infiltration of the lung tissue. What is the estimated time frame for antibiotics?

4

until the temperature normalizes;

until complete resorption of the infiltrate in the lung

before ESR normalization

up to 4 - 5 days of persistently normal body temperature

until the cough disappears

#

66

A patient came to the clinic with complaints of chills,  $t-39\text{ }^{\circ}\text{C}$ , chest pain when coughing, headache, weakness. The disease arose in the midst of full health. Objectively: respiratory rate - 32 per minute, shortening of percussion sound and weakening of vesicular breathing on the right in the lower lobe, blood pressure 90/60 mm Hg, WBC -  $19.2 \times 10^9 / \text{l}$ , neutrophils -9%, chest x-ray - signs of infiltration of the lung tissue on the right in the lower lobe. What are the approximate periods of temporary incapacity for work?

4

5-10 days

15-20 days

20-30 days

30-50 days

50-70 days

67.

A 54-year-old patient came to the clinic with complaints of cough with a small amount of purulent sputum, and shortness of breath. Body temperature  $-37.5\text{ }^{\circ}\text{C}$ . From the anamnesis: smokes 2 packs of

cigarettes a day for 20 years. According to the assessment of shortness of breath with a questionnaire - 4 points, CBC: WBC -  $11.3 \times 10^9 / l$ , neutrophils - 8%. FEV1 / FVC - less than 70%. FEV1 - 56%. Exacerbations 2 times in the past year. X-ray of the chest: increased lung pattern due to the bronchial component. Specify approximate terms of temporary disability:

3

7- 12 days

12-17 days

17-35 days

35-42 days

42- 50 days

#

## INFECTIOUS DISEASES

1. What a pathogen is cause of Typhoid fever:

- A. Salmonella Enteritidis
- B. Shigella Flexneri
- C. **Salmonella typhi**
- D. Rickettsia
- E. Clostridium perfringes

A 32 year- old woman was admitted to a hospital on 2<sup>nd</sup> October with complaints: fever, headache, insomnia, weakness, abdominal pain, anorexia. Medical history: he fell ill 4 day ago, when temperature and headache gradual increased. Epidemiology history: she is used water from the river for household needs. On physical examination: T – 39C, the patient is lethargy, skin pale and dry, tonque is swollen, covered with a white coating in the center, on the lateral sides teeth imprints, abdominal pain in the right iliac part, liver and spleen are enlarged, bloating and constipation, Blood pressure 100/60, Pulse 72. Laboratory tests: leukopenia, lymphopenia, ESR increased.

Which one of the following diagnoses is most likely:

- A. Cholera
- B. **Typhoid fever**
- C. Epidemic typhus
- D. Shigellosis
- E. Botulism

A 40 years old man was admitted to a hospital on 10<sup>th</sup> August with complaints: fever, strong headache, rash, diarrhea. Medical history: he fell ill 10 day ago, when temperature and headache gradually increased, insomnia. Epidemiology history: he was cleaning sewer 2 weeks ago. On physical examination: T – 39C, patient is lethargy, delirious, skin pale and dry, on the skin of the abdomen and lower part of chest are few rose spots, a tonque is swollen, covered with a white coating in the center and teeth imprints on the lateral sides, abdominal pain in the right iliac part, liver and spleen are enlarged, bloating and watery stool like “pea soup” 2-3 times a day, Blood pressure 90/60, Pulse 72.

Which one of the following diagnoses is the most likely:

- A. Cholera
- B. Shigellosis
- C. Epidemic typhus
- D. **Typhoid fever**
- E. Amebiasis

In 38 year-old patient with typhoid fever condition worsened on the 15<sup>th</sup> day of illness. On physical examination: the patient is lethargy, temperature dropped sharply to subnormal, cold sweat, blood pressure 90/60, pulse 110, skin and lips are pale, feces is black. Blood analysis: anemia, leukocytosis, ESR increased.

What of the reason for deterioration of health in this patient:

- A. Kidney damage
- B. Ulcer perforation
- C. Pneumonia
- D. Intestinal bleeding**
- E. Brain edema

A 26 year- old patient was admitted to a hospital in September with complaints: prolong fever, strong headache, weakness, abdominal pain, constipation. Medical history: he fell ill 8 day ago. Epidemiology history: 1 month ago a patient was in Pakistan, where he drank unboiled water. On physical examination: patient is lethargy, delirious, skin pale and dry, on the skin of the abdomen are few rose spots, a tongue swollen, covered with a white coating in the center and on the lateral sides teeth imprints, abdominal pain in the iliac part, liver and spleen are enlarged, bloating and constipation. On the 16th day of illness the patient's condition worsened, pain in the right part of the abdomen increased and abdomen was tense, vomiting appeared, Blood pressure 80/50, Pulse 112.

What of the reason for deterioration of health in this patient:

- A. Cholecystitis
- B. Ulcer perforation**
- C. Pneumonia
- D. Intestinal bleeding
- E. Renal failure

In a restaurant employee 25 year-old during a routine examination was isolated Salmonella typhi from stool culture. Medical history: he had febrile illness 1 year ago. On physical examination: he had not symptoms of illness.

What is clinical form of disease in this patient:

- A. Atypical
- B. Relapse
- C. Carrier**
- D. Typical
- E. Subacute

A 50 year- old patient was admitted to a hospital in August with complaints: fever, strong headache, weakness, abdominal pain, rash, diarrhea. Medical history: he fell ill 10 day ago, when temperature and headache gradual increased, insomnia and abdominal pain appeared. Epidemiology history: where he lives there is no safe water. On physical examination: T – 39C, Blood pressure 100/60, Pulse 72, patient is lethargy, on the skin of the abdomen and lower part of chest are few rose spots, tongue is swollen, covered with a white coating in the center and teeth imprints on the lateral sides, abdominal pain in the right iliac part, liver and spleen are enlarged, bloating and watery stool like “pea soup” 2-3 times a day.

What laboratory test should be prescribed to confirm diagnosis:

- A. Complete blood count
- B. Microscopic examination of blood
- C. Stool and urine culture**
- D. Blood chemistry
- E. Urine analysis

A 46 year- old patient was admitted to a hospital on 3d September with symptoms: T – 39,6C, strong headache, bloating, constipation, the tongue is swollen, covered with a white coating in the center and teeth imprints on the lateral sides, abdominal pain in the right iliac part, liver and spleen are enlarged, hypotension, bradycardia. Medical history: he fell ill 4 day ago, when temperature and headache gradual increased, insomnia and abdominal pain appeared. Epidemiology history: the patient's mother had febrile illness 2 weeks ago.

What laboratory test should be prescribed to confirm this diagnosis:

- A. Complete blood count
- B. Microscopic examination of blood
- C. Blood culture**

- D. Blood chemistry
- E. Urine analysis

A 28 year-old man was admitted to hospital with symptoms: constant fever, headache, tongue with brown coating, roseola rash on the abdomen and lower part of chest, abdominal pain on the iliac part, hepatosplenomegaly, watery diarrhea like "pea soup". Presumptive diagnosis: "Typhoid fever".

What antimicrobial drug should be prescribed:

- A. Penicillin
- B. Ciprofloxacin**
- C. Metronidazole
- D. Immunoglobulin
- E. Albendazole

A 35 year-old man was admitted to a hospital with typhoid fever. Now a patient's condition improved and his temperature has returned to normal.

What the criteria for discharging the patient from a hospital are:

- A. Normal blood counts
- B. Negative results of repeated culture of blood
- C. Improved condition and normal temperature
- D. Negative results of repeated culture of bone marrow
- E. Negative results of repeated culture of feces and urine**

A 40 year-old patient with typhoid fever was hospitalized in an infectious diseases hospital. On the 15th day of illness the patient's condition worsened. On physical examination: the patient is lethargy, temperature dropped sharply to subnormal, cold sweat, cold limbs, blood pressure 70/50, weak pulse, heart rate 120, skin is pale, cyanosis of the lips and distal parts of legs and arms, cold limbs, bloody stool. Laboratory test: severe anemia, leukocytosis, ESR increased.

Which of the following drugs should be prescribed for emergency treatment:

- A. Antipyretic
- B. Diuretic
- C. Analgesics
- D. Corticosteroid
- E. Blood transfusion**

A 20 years old woman was admitted to a hospital on 2<sup>nd</sup> of September with complaints: fever, strong headache, anorexia, rash, diarrhea. Medical history: he fell ill 10 day ago, when temperature and headache gradual increased, insomnia. Epidemiology history: he was cleaning sewer 2 weeks ago. On physical examination: T – 39C, patient is lethargy, delirious, skin pale and dry, on the skin of the abdomen and lower part of chest are few rose spots, a tongue is swollen, covered with a white coating in the center and teeth imprints on the lateral sides, abdominal pain in the right iliac part, liver and spleen are enlarged, bloating and watery stool like "pea soup" 2-3 times a day, Blood pressure 90/60, Pulse 72.

Which one of the following treatment should be prescribed to the patient:

- A. IV fluid**
- B. Fresh frozen plasma
- C. Analgesics
- D. Corticosteroid
- E. Blood transfusion

Which route of transmission of Paratyphoid B is predominant:

- A. Through contaminated food**
- B. Through contaminated water
- C. Direct contact person to person
- D. Through contaminated Blood
- E. Through aerosol

A 37 year- old patient was admitted to hospital on 12<sup>th</sup> August with complaints: acute onset disease with fever, chills and sweat, strong headache, cough, sore throat, weakness. Medical history: a patient fell ill acute 5<sup>th</sup> day ago. Epidemiology history: he drank unboiled water. On physical examination: a patient's condition is moderate, T – 39C, fever is remitting, skin is wet, skin of the face is hyperemic, scleritis, on the skin of the abdomen and chest are maculopapular rash, tonque is covered with a white coating in the center, abdominal pain in the right iliac part, liver and spleen are enlarged, bloating, Blood pressure 110/70, Pulse 72.

Which one of the following diagnoses is most likely:

- A. Paratyphoid A
- B. Shigellosis
- C. Epidemic typhus
- D. Typhoid fever
- E. Paratyphoid B

A 27 year- old patient was admitted to a hospital in September 3 with complaints: fever, headache, nausea and vomiting 5 times a day, abdominal pain, diarrhea , weakness. Medical history: a patient fell ill 2 day ago, when temperature rose with chills and sweat. Epidemiology history: the patient ate meat in a café 3 days ago. On physical examination: The patient's condition is moderate, T – 38,7C, undulant fever, skin pale and wet, on skin of the abdomen and chest is a roseola rash (rose spot), dry mouth, thirst, a tonque covered with a white coating in the center, abdominal pain in the right iliac part, liver and spleen are enlarged, watery diarrhea 5-6 times a day, Blood pressure 100/60, Pulse 80.

Which one of the following diagnoses is most likely:

- A. Paratyphoid A
- B. Shigellosis
- C. Epidemic typhus
- D. Typhoid fever
- E. Paratyphoid B

A 32 year-old woman was admitted to a hospital with paratyphoid fever A on 4<sup>th</sup> day of illness with fly-like symptoms, maculo-papular rash. But on the 10th day of illness a patient's condition worsened, abdominal pain on the right iliac part increased and tenderness appeared, vomiting. On physical examination: skin is pale, tachycardia, hypotension, bloating, abdominal muscle tension on the right iliac part, lack of intestinal motility.

Which of the following treatment should be prescribed for emergency treatment:

- A. Cold on the stomach
- B. Surgery
- C. Analgesics
- D. Gastric lavage
- E. Blood transfusion

Salmonella paratyphoid B was isolated from stool culture from a doctor of the children's department of the hospital according to a routine examination. Medical history: he had febrile illness 6 month ago. On physical examination: he had not symptoms of illness.

Which one of the following drugs should be prescribed the doctor:

- A. Vaccine
- B. Doxicyclin
- C. Ciprofloxacin
- D. Mebendasol
- E. Immunoglobuline

A 27 year- old patient was admitted to a hospital on 3d September with complaints: fever, headache, nausea and vomiting 5 times a day, abdominal pain, diarrhea , weakness. Medical history: a patient fell ill 2 day ago, when temperature rose with chills and sweat. Epidemiology history: the patient ate meat in a café 3 days ago. On physical examination: undulant fever, skin pale and wet, on the abdomen and chest

is a roseola rash (rose spot), dry mouth, a tongue covered with a white coating in the center, abdominal pain in the right iliac part, liver and spleen are enlarged, watery diarrhea 5-6 times a day, Blood pressure 100/60, Pulse 80. After treatment the patient's condition improved and temperature returned to normal.

On what day of disease can a patient discharged from hospital:

- A. 7 day of normal temperature
- B. 10 day of normal temperature
- C. 14 day of normal temperature
- D. 18 day of normal temperature
- E. 21 day of normal temperature

What of the following is causative agent of Indian visceral leishmaniasis:

- A. *Leishmania major*
- B. *Leishmania donovani*
- C. *Leishmania minor*
- D. *Leishmania tropica*
- E. *Leishmania mexicana*

A 40-year-old patient went to a doctor with complaints: an ulcer on the right hand. Anamnesis of illness: an ulcer appeared 1 month ago, it does not heal. On physical examination: on the right hand there is an ulcer with a raised, erythematous border and painless. Epidemiological history: the patient worked in India 1 year, where he noted mosquito bites.

Which one of the following disease does the patient have:

- A. Anthrax
- B. Leishmaniasis
- C. Tularemia
- D. Erysipelas
- E. Amebiasis

A 38-year-old patient went to infectious diseases hospital with complaints: prolonged fever, weakness, anorexia, weight loss. Epidemiology history: he worked in Africa 1 year ago, where he was bitten by sand-flies. Physical examination: high irregular fever, skin and mucous membranes of the mouth are pale, lymphadenopathy all of the lymph nodes, hepatosplenomegaly. Laboratory tests results: CBC - anemia, pancytopenia, leukopenia with decreased neutrophils and a relative monocytosis and lymphocytosis, thrombocytopenia; blood chemistry – hypergammaglobulinemia, hypoalbuminemia. Microscopic examination of bone marrow punctate revealed parasites in macrophages with blue cytoplasm, red nucleus and kinetoplast.

Which one of the following diagnosis does the patient have:

- A. Balantidiasis
- B. Tropical malaria
- C. Visceral leishmaniasis
- D. Extraintestinal amebiasis
- E. Leptospirosis

A 29-year-old man went to a doctor with complaints of 3 ulcers on the left leg. Medical history: the ulcers appeared 6 month ago. On physical examination: the ulcers with a raised, erythematous border, painless, fever and intoxication are absent. Epidemiological history: he returned from Africa 1 year ago, where he noted sand-flies bites. A doctor diagnosed of cutaneous Leishmaniasis.

Which one of the following drugs is used to treatment:

- A. Albendazole
- B. Clindamycin
- C. Sodium stibogluconate
- D. Metronidazole
- E. Co trimoxazole

A 40-year-old patient went to infectious diseases hospital with complaints: prolonged fever, weakness, anorexia, fatigue, malaise, weight loss, intermittent diarrhea, headache, arthralgias. Epidemiology history: he worked in India 6 month ago, where he was bitten by sand-flies. Physical examination: high irregular fever, skin and mucous membranes of the mouth are pale, lymphadenopathy, hepatosplenomegaly, watery diarrhea. Laboratory tests results: CBC - anemia, pancytopenia, leukopenia with decreased neutrophils and a relative monocytosis and lymphocytosis, thrombocytopenia; blood chemistry – hypergammaglobulinemia, hypoalbuminemia.

What a laboratory test should be assigned to this patient to confirm the diagnosis:

- A. Stool and urine culture
- B. Microscopic examination of peripheral blood**
- C. Microscopic examination of stool
- D. Ultrasonography
- E. Microscopic examination of saliva

A 50-year-old patient, who worked in Africa, went to a hospital with complaints of prolonged fever, weight loss, anorexia, nose bleeding, weakness. On physical examination: irregular fever, skin is dry and pale, adenopathy, hepatosplenomegaly. In CBC - anemia, leukopenia, agranulocytopenia, thrombocytopenia, ESR increased. The amastigotes of leishmania found in peripheral blood smear.

Which one of the following drugs is used to treatment this form of Leishmaniasis:

- A. Albendazole
- B. Clindamycin
- C. Metronidazole
- D. Amphotericin B**
- E. Co- trimoxazole

What a main route of transmission of Crimean-Congo hemorrhagic fever is:

- A. Alimentary
- B. Mosquito bite
- C. Tick-bite**
- D. Water
- E. Air-dust

A 30 year-old patient C. was admitted to the intensive care unit on the 4<sup>th</sup> day of illness in a serious condition. Medical history: He fell ill on the 2<sup>nd</sup> day after returning from Russia. Epidemiological history: the patient was in Russia one month ago, he walked in forest and ate berries. On physical examination: temperature 40C, dry mouth, thirst, blood pressure 150/90, puffy face, eyelid swelling, repeated vomiting with blood, hemorrhagic rash on the skin of the trunk and limbs, hemorrhages in sclera and in sites of injection, back pain, oliguria.

Which one of the following diagnosis is most likely:

- A. Epidemic typhus
- B. Leptospirosis
- C. Crimean-Congo hemorrhagic fever
- D. Hemorrhagic fever with renal syndrome**
- E. Meningococcal infection

A 37 year-old patient went to hospital on 28<sup>th</sup> June with complaints of fever up to 39C, nose bleeding, and skin rash. Medical history: a patient fell ill 4<sup>th</sup> day ago, when temperature increased. Epidemiological history: he works as a livestock breeder in the south of Kazakhstan. He was bitten with tick 7 day ago. On physical examination: condition of patient is moderate, temperature 38,6C, heart rate 98 beats per minute, blood pressure 90/60, hyperemia of face, neck and upper chest, injection of scleral vessels, nose bleeding, petechial rash on the skin of the lateral surface of the chest and abdomen, hepatomegaly.

Which one of the following diagnosis is most likely:

- A. Tick-borne encephalitis
- B. Brusellosis
- C. Hemorrhagic fever with renal syndrome

D. Crimean-Congo hemorrhagic fever

E. Meningococcal infection

A 27 year-old patient with a diagnosis of hemorrhagic fever with renal syndrome has the following symptoms of the oliguric period: headache, back pain, anorexia, skin pale, dry mouth, swelling of the face and eyelids, nose bleeding, vomiting with blood, hemorrhagic rash on the trunk and leg, blood pressure 150/100, bradycardia, anuria.

What specific complication can develop during this period of the disease:

A. Pneumonia

B. Septic shock

C. Acute kidney injury

D. Edema of the brain

E. Liver failure

A 37 year-old patient was admitted to the infectious diseases hospital on the 5<sup>th</sup> day of illness with complaints of fever up to 39-40C, headache, dizziness, body aches; today nose bleeding and skin rash appeared. Epidemiological anamnesis: 2 weeks ago there was a tick bite. On physical examination: hyperemia of the face and neck, injection of blood vessels in the sclera, hyperemic pharynx, petechial rash on the lateral surfaces of the abdomen and chest, bleeding gums, blood pressure 90/60. The doctor suspected Crimean-Congo hemorrhagic fever.

What laboratory test should be assigned to this patient to confirm this diagnosis:

A. Enzyme-linked immunosorbent assay

B. Bacteriological blood culture

C. Microscopy examination of blood

D. PCR of nasopharyngeal swab

E. Virological stool culture

A 36 year-old patient with a diagnosis of hemorrhagic fever with renal syndrome complicated by acute kidney injury has the following symptoms: headache, back pain, anorexia, skin pale, dry mouth, swelling of the face and eyelids, nose bleeding, vomiting with blood, hemorrhagic rash on the trunk and leg, blood pressure 150/100, bradycardia, anuria. Complete blood count: anemia, leukopenia, thrombocytopenia, ESR increased.

Which of the following laboratory tests is advisable to assign to the patient:

A. Microscopy examination of blood

B. Level of bilirubin

C. Level of troponin

D. Blood urea and creatinine levels

E. Transaminase level

A 47 year-old woman was admitted to a hospital with a diagnosis of Crimean-Congo hemorrhagic fever in very serious condition: nose bleeding, vomiting with blood, hemorrhagic rash on the body and limbs, epistaxis, pulse 120 beats per minute, blood pressure 90/50, urine with blood. Laboratory tests: Complete blood count - anemia, leukopenia, thrombocytopenia, ESR increased; Urine analysis – proteinuria, hematuria. Coagulogram - increased of thrombin time and blood coagulation time, decrease in prothrombin index and fibrinogen level.

Which of the following drugs should be prescribed to the patient:

A. Diuretics

B. Fresh frozen plasma

C. Metronidazole

D. Acyclovir

E. Penicillin

The main reservoir of the causative agent of plague in nature:

A. Rodents

B. Ticks

- C. Birds
- D. Mosquitoes
- E. Fish

A 45-year-old hunter was admitted to a hospital with complaints of a temperature up to 39C, on the right axillary lymph nodes enlarged. Medical history: he got sick 3 days ago. Epidemiology history: he removal the skins of rodents. On physical examination: severe intoxication, the patient is agitated, a tongue is dry and coated with white bloom, like grated chalk, the axillary lymph nodes are soldered to the underlying tissues, motionless, sharply painful, its contours are smoothed, skin over lymph nodes red, shiny.

Which one of the following diagnosis is most likely:

- A. Visceral Leishmaniasis
- B. **Bubo Plague**
- C. Cutaneous Anthrax
- D. Lymphoreticulosis
- E. Septic Plague

A 42-year-old patient was admitted to a hospital on the 1st day of illness in a serious condition. On physical examination: temperature 40C, the patient is excited, hyperemia of the face and eyes, a tongue is dry and coated with white bloom, like grated chalk, shortness of breath, acrocyanosis, cough with profuse, liquid bloody sputum, tachycardia, hypotension, wet wheezing was heard over the lungs. Epidemiology history: the patient works as a geologist in endemic area, where were the dead rodents.

Which one of the following diagnosis is most likely:

- A. Anthrax
- B. Ornithosis
- C. **Plague**
- D. Q fever
- E. Brucellosis

A 44-year-old man went to a regional hospital on 12<sup>th</sup> March with complaints of a temperature up to 40C, very painful lymphadenitis in the right groin. Medical history: he got sick 2 days ago when suddenly temperature rise. Epidemiology history: he noted flea bites. On physical examination: severe intoxication, the patient is agitated, a face is hyperemic, scleritis, a tongue is dry and coated with white bloom, like grated chalk, the groin lymph nodes are enlarged and soldered to the underlying tissues, motionless, sharply painful, its contours are smoothed, skin over lymph nodes red, shiny. A doctor suspected bubonic plague.

What laboratory test should be carried to confirm the diagnosis:

- A. Microscopic examination of stool
- B. Procalcitonin
- C. **Culture of bubo aspirate**
- D. Complete blood count
- E. Culture bone marrow aspirate

A 52-year-old patient was admitted to a regional hospital on the 2nd day of illness with complaints of fever up to 40C, cough, shortness of breath. Epidemiology history: he butchers a camel 5 day ago. On physical examination: the patient's condition is severe, respiratory rate -35 per minute, pulse 120 beats per minute, acrocyanosis, cough with liquid bloody sputum, blood pressure 80/60, over the lungs rales.

Which one of the following drugs is used to treatment:

- A. Penicillin
- B. **Streptomycin**
- C. Metronidazole
- D. Amphotericin
- E. Azithromycin

A 46 year-old man was admitted to a hospital with pneumonic plague on the 2<sup>nd</sup> day of disease. Medical history: acute onset disease with temperature 40C, cough with liquid sputum, dyspnea confusion. Epidemiology history: he was handling of infected carcasses of camel. 5 people worked with him. What will you do with the contact people:

- A. Nothing
- B. Vaccinate of contact people
- C. Isolation in hospital and chemoprophylaxis
- D. Isolation at home and chemoprophylaxis
- E. Only isolation at home

The main reservoir and source of the pathogen of tick-borne encephalitis:

- A. Ixodus ticks
- B. Birds
- C. Mosquitoes
- D. Fleas
- E. Human

A 22 year-old man was admitted to a hospital with complaints of temperature up to 40C, severe headache, nausea, vomiting, myalgia. Medical history: He has been ill for 3 days. Epidemiological history: 7 days ago he went to the mountains, where he noticed a tick bite. On physical examination: hyperemia of the face, neck and injection of the sclera, myalgia, positive meningeal symptoms: neck stiffness, Kernig's and Brudzinski's symptoms.

What is your diagnosis:

- A. Brucellosis
- B. Leptospirosis
- C. Tick-borne encephalitis
- D. Enterovirus infection
- E. Meningococcal infection

A 23 year- old man, was admitted to the infectious diseases hospital on the 14<sup>th</sup> day of disease in a serious condition. Medical history: he fell ill 2 weeks ago, when the temperature rose sharply to 38.5C, severe headaches, muscle pain. Then the patient's condition was improved. After one week temperature increased again. Epidemiological anamnesis: 3 days before the illness he went to village where he drank unpasteurized cow's milk. On physical examination: a patient is unconsciousness, nausea and vomiting, hyperthermia, psychomotor agitation, convulsions, spastic hemiparesis of the extremities, hyperreflexia.

Which one of the following forms of this disease is:

- A. Meningeal
- B. Meningoencephalitis
- C. Poliomyelitis
- D. Polyradiculoneuritic
- E. Febrile

A 27 year-old woman was admitted to a hospital with complaints of temperature up to 40C, severe headache, vomiting 4-5 times a day, myalgia, arthralgia. Medical history: she got sick 2 days ago when temperature increased. Epidemiological history: she removed a tick from her clothes 14 days ago. On physical examination: hyperemia of the face, neck and vascular injection of the sclera, photophobia, muscle pain in neck and upper limbs, positive meningeal symptoms: neck stiffness, Kernig's and Brudzinski's symptoms are positive.

Which one of the following changes of the cerebrospinal fluid is characteristic of this disease:

- A. Glucose level increased
- B. Neutrophilic pleocytosis
- C. Lymphocytic pleocytosis
- D. Protein level decreased
- E. Normal pleocytosis

A 36 year- old man went to the regional hospital on 20<sup>th</sup> May with complaints of fever up to 39C, paresthesia, and pain in the upper extremities, pain in the neck muscles. Medical history: He got sick 4 day when temperature increased. Epidemiology history: he works as a forester. On physical examination: hyperemia of the face, neck and vascular injection of the sclera, photophobia, meningeal symptoms are negative, loss of sensation in the distal parts of the arms and legs, like "gloves" and "socks."

What a laboratory test is necessary to confirm a diagnosis:

- A. Cerebrospinal fluid test
- B. Culture of stool and urine
- C. Serological test**
- D. Skin test
- E. Microscopy of blood

22 year-old man was admitted to a hospital with complaints of temperature up to 38C, severe headache neck's muscle pain, nausea, vomiting. Medical history: he got sick on May 11, when temperature increased. Epidemiology history: On May 1, he walked in the park and took a tick from his neck at home. On physical examination: hyperemia of the face, neck and vascular injection of the sclera, positive meningeal symptoms: neck stiffness, Kernig's and Brudzinski's symptoms are positive. Complete blood count: leukopenia, lymphocytosis, ESR slightly increased. In CSF analysis: lymphocytic pleocytosis, slightly elevated protein level, glucose normal.

Which of the following drugs is used to treat this disease :

- A. Vaccine
- B. Immunoglobulin**
- C. Penicillin
- D. Acyclovir
- E. Antitoxic serum

A 40-year-old patient went to the infectious diseases hospital with complaints of watery diarrhea. Epidemiology history: a patient returned from India 2 days ago. A doctor diagnosed cholera.

How long is incubation period of cholera:

- A. 1 - 3 days
- B. 1 - 5 days**
- C. 3 - 7 days
- D. 4 - 10 days
- E. 5 - 21 days

A 50-year-old patient was admitted to the infectious diseases hospital on 5<sup>th</sup> July with complaints: diarrhea, vomiting, weakness, thirst. Medical history: a patient fell ill the 1st day, when suddenly onset watery diarrhea 10 times a day, then vomiting appeared. Epidemiology history: a patient returned from Africa on 3rd July. On physical examination: skin pale, dry mouth, eyes slightly sunken, skin less elastic, watery diarrhea like "rice water".

Which of the following pathogenesis is characteristic this disease:

- A. Inflammation of the mucous membrane of the small intestine
- B. Activation of the enzyme adenylatecyclase in the small intestinal**
- C. Ulceration of terminal part of colon
- D. Invasion of the colon wall
- E. Decreased absorption of disaccharides

A 35year-old woman was admitted to the infectious diseases hospital on 3rd August with complaints: diarrhea, vomiting, weakness, thirst. Medical history: a patient fell ill the 1st day, when suddenly onset watery diarrhea 10 times a day, then vomiting appeared. Epidemiology history: a woman lives in India and uses water from river for household needs. On physical examination: skin pale, dry mouth, eyes slightly sunken, skin less elastic, watery diarrhea like "rice water", liver and spleen aren't enlarged, oliguria.

Which level of dehydration is most likely:

- A. No dehydration

- B. Mild dehydration
- C. Moderate dehydration**
- D. Severe dehydration
- E. Hypovolemic shock

A 50-year-old patient was admitted to the infectious diseases hospital on 5<sup>th</sup> July with complaints: diarrhea, vomiting, weakness, thirst. Medical history: a patient fell ill the 1<sup>st</sup> day, when suddenly onset watery diarrhea 10 times a day, then vomiting appeared. Epidemiology history: a patient returned from Africa on 3<sup>rd</sup> July. On physical examination: skin pale, dry mouth, eyes slightly sunken, skin less elastic, watery diarrhea like “rice water”.

Which one of the following laboratory tests should be prescribed to confirm the diagnosis:

- A. Stool culture**
- B. Blood culture
- C. Biological test
- D. Microscopy of stool
- E. PCR nasopharyngeal smear

A 32-year-old patient was admitted to a hospital with complaints of frequent watery stools, repeated vomiting, thirst, decreased appetite, and weakness. Medical history: a patient got sick 3 days ago when suddenly onset watery diarrhea without abdominal pain. Epidemiology history: a patient returned from Nigeria, where he ate street food. On physical examination: a patient restless, irritable, it's weight 50 kg, temperature normal, blood pressure 80/60, pulse 100 beats per minute, skin pale, dry mouth, excessive thirst, eyes slightly sunken, skin less elastic, oliguria, profuse watery diarrhea like “rice water”.

How much fluid should the patient receive for treatment during 4 hours:

- A. 500 ml
- B. 1000ml
- C. 2670 ml
- D. 3750 ml**
- E. 5000 ml

A 37 year-old man was admitted to a hospital with complaints: weakness, weight loss, watery diarrhea, vomiting, lack to urine. Medical history: He got sick 2 day ago, when diarrhea suddenly started 10-15 times a day, then vomiting began, weakness develop. Epidemiology history: he drank unboiled water 3 days before disease started. On physical examination: a patient lethargy, somnolence, he doesn't drink water ,temperature subnormal, very sunken eyes, absent pulse, blood pressure 50/0, skin grossly inelastic and cyanotic and cold, wrinkled "washerwoman" skin, diarrhea and vomiting stopped, anuria.

How much fluid should the patient receive for treatment during 3 hours:

- A. 5 ml/kg
- B. 50 ml/kg
- C. 75 ml/kg
- D. 100 ml/kg**
- E. 200 ml/kg

The main reservoir of Bacillus anthracis:

- A. Ticks
- B. Birds
- C. Soil
- D. Cattle**
- E. Human

A 37-year-old man consulted a doctor with complaints of hand ulcers, fever. Medical history: a patient fell ill in 4 day after he was handling carcass of infected sheep. On skin of the right hand begins a pruritic papule of red color that enlarges within 24-48 hours to form a 1-cm vesicle with serous-hemorrhagic contents and subsequently becomes an ulcer. On the 2<sup>nd</sup> days fever appeared. Epidemiology history: he works as a butcher at the market. On Physical examination: temperature 39C, on the hand an ulcer is

covered with a dark scab in the center, and raised edge and hyperemic border, painless, right axillary lymph node slightly enlarged. The skin of the infected hand is edematous likely jelly.

Which one of the following diagnosis is most likely:

- A. Plague
- B. Anthrax**
- C. Erysipelas
- D. Amebiasis
- E. Leishmaniasis

A 54 year-old woman was admitted to a hospital with complaints: fever, headache, cough, shortness of breathing. Medical history: she got sick 2 days ago, when acute onset fever with stunning chills, myalgia, fatigue, nonproductive cough. Epidemiology history: she works with animal's wool. On physical examination: fever up to 40C, chills and sweat, cough, sputum with blood like jelly, tachypnea, chest pain, cyanosis, tachycardia, hypotension, deaf heart sounds, over the lung wet rales, oliguria. Complete blood count: leukocytosis, neutrophilia, ESR elevated.

Which one of the following diagnosis is most likely:

- A. Typhoid fever
- B. Hemorrhagic fever
- C. Pulmonary Anthrax**
- D. Extraintestinal Amebiasis
- E. Visceral Leishmaniasis

A 27-year-old patient was admitted to a hospital with complaints of both hands ulcers, fever. Medical history: a patient got sick 3 day when on the skin of the both hands begins a pruritic papule of red color then vesicle and an ulcer, in the 2<sup>nd</sup> days fever appeared. Epidemiology history: he is farmer. On physical examination: temperature up to 39C, on the both hands ulcers are covered with a dark scab in the center, and raised edge and hyperemic border, painless, the regional axillary lymph nodes slightly enlarged. The infected hands are edematous likely jelly.

Which one of the following laboratory tests is used to confirm the diagnosis:

- A. Culture bone marrow aspirate
- B. Culture ulcer aspirate**
- C. Virological test
- D. Microscopy examination of blood
- E. PCR nasopharyngeal smear

A 48-year-old man was admitted to a hospital with complaints of ulcers on the face, fever. Medical history: he got sick 2 day when on the skin of the face ulcer and edema appeared. Epidemiology history: he is a wool sorter. On physical examination: temperature up to 39,6C, on the right cheek an ulcer with dark scab in the center, around ulcer is raised edge and hyperemic border, ulcer is painless. The skin of the infected part of the face and the right eyelid are swelling, the right submandibular lymph nodes slightly enlarged.

Which one of the following drugs should be prescribed to the patient:

- A. Erythromycin
- B. Penicillin**
- C. Metronidazole
- D. Amphotericin
- E. Paromomycin

A 52 year-old patient was in the hospital with cutaneous form of Anthrax. At the present moment his condition has improved, temperature returned to normal.

What is the criteria of discharge from the hospital this patient:

- A. Retest culture of blood
- B. Falling off crusts and scar formation**
- C. Only clinical recovery

- D. 2-times culture of blood
- E. Serological test of blood

Which a route of transmission of Viral hepatitis E is predominant:

- A. Through contaminated food
- B. Through contaminated water**
- C. Direct contact people to people
- D. Vertical transmission
- E. Through contaminated blood

What can be the outcome with chronic viral hepatitis C:

- A. Acute liver failure
- B. Cholecystitis
- C. Cirrhosis**
- D. Pancreatitis
- E. Recovery

A 23 year- old pregnant woman was admitted to hospital on the 7th day of illness with complaints: vomiting, lower abdominal pain, jaundice, dark color of urine. Medical history: the disease began with weakness, fatigue, fever, loss appetite, abdominal pain, nausea, vomiting. Epidemiology history: she washed clothes in the river 2 week ago. On physical examination: condition is severe, patient somnolence, excited, jaundice of the skin and sclera of the eyes, dark urine and pale stools, excessive bleeding, liver decreased. She examined by a gynecologist because premature birth has occurred. The woman died of fulminant hepatitis.

What diagnosis is the most likely:

- A. HAV hepatitis
- B. HBV hepatitis
- C. HCV hepatitis
- D. HDV hepatitis
- E. HEV hepatitis**

A 35 year- old patient was admitted to a hospital with a diagnosis of acute viral hepatitis B. After 7 day a patient's condition suddenly worsened: intoxication again increased, temperature up to 38C, arthralgia, anorexia, nausea, vomiting, jaundice increased, nose bleeding, liver enlarged. Laboratory test: levels of total and conjugated bilirubin increased again, level of ALT and AST increased again, prothrombine index decreased.

Which one of the following diagnosis is most likely:

- A. Acute HAV hepatitis
- B. HDV co-infection**
- C. Acute HCV hepatitis
- D. HDV superinfection
- E. Acute HEV hepatitis

A 40 year-old patient was admitted to a hospital with a diagnosis of acute viral hepatitis B. After 10 days a patient's condition worsened: intoxication increased, anorexia, nausea, vomiting with blood, temperature up to 38C, nasal bleeding, day/night sleep reversal, restlessness, confusion, agitation, irritability, tachycardia, hypotension, hemorrhage in site of injection, size of the liver decreased, oliguria. Laboratory data: bilirubin level increased, level of ALT and AST increased, prothrombin index decreased and prothrombin time increased.

What is the reason for deterioration of the patient's condition:

- A. Hemorrhagic syndrome
- B. Acute liver failure**
- C. Renal failure
- D. Chronic hepatitis

## E. Cirrhosis

A 16 year- old schoolboy was admitted to a hospital with complaints of weakness, loss appetite, nausea, vomiting, moderate pain in the right upper part of abdomen. Medical history: he got sick 3 day ago, temperature raise to 38C, sore throat, loss appetite. Epidemiological history: In his class were sick people with jaundice. On physical examination: a patient's condition improved when jaundice appeared, liver enlarged, dark urine and stool is white. Laboratory tests : CBC-leukopenia, lymphocytosis; liver function tests- elevated levels of total bilirubin and conjugated bilirubin, levels of ALT and AST increased 10 times; urine analysis were found urobilinogen and bilirubin.

What is the reason for increased activity of ALT and AST in viral hepatitis:

- A. Liver inflammation
- B. Cytolysis of hepatocytes
- C. Cholestasis
- D. Hemolysis of RBC
- E. Gallbladder obstruction

A 32 year-old man was admitted to a hospital with complaints of loss appetite, nausea, vomiting, fatigue, jaundice. Medical history: he got sick 7 days ago when symptoms started: loss appetite, nausea, vomiting, fatigue, arthralgia. Epidemiology history: His brother has chronic hepatitis B. The patient used the same razor with his brother. On physical examination: a patient's condition moderate, symptoms of intoxication persist, jaundice of the skin and sclera, abdominal pain of the right upper part of abdomen, liver enlarged, dark urine and white color of stool.

Which one of the following diagnosis is most likely:

- A. HAV hepatitis
- B. HEV hepatitis
- C. HCV hepatitis
- D. HBV hepatitis
- E. HDV hepatitis

A 18 year-old student went to a doctor on the 7<sup>th</sup> day of disease with complaints of fatigue, loss appetite. Medical history: he fell ill with the following symptoms: low-grad fever, nausea, vomiting, abdominal pain. Epidemiology history: In his group was cases of hepatitis. On physical examination: a patient's condition is satisfactory, normal color of skin and sclera, liver slightly elevated. Laboratory tests: bilirubin level is normal, ALT and ACT level increased, urine test without abnormalities. ELIZA test – antibodies HAV IgM detected.

What is the clinical form of viral hepatitis this patient:

- A. Subclinical
- B. Icteric
- C. Anicteric
- D. Carrier
- E. Chronic

In a 29 year-old woman during a routine examination HBsAg detected. Medical history: she does not any complaints and symptoms. Epidemiology history: 1 year ago she had icteric form of hepatitis.

What a clinical form does the patient has:

- A. Subclinical
- B. Icteric
- C. Anicteric
- D. Acute
- E. Chronic

A 58 year-old man was admitted to a hospital with complaints: fatigue, loss appetite, jaundice. Medical history: he got sick 8 days ago when the following symptoms appeared: nausea, vomiting, arthralgia, itchy rash, after 7 days jaundice appeared. Epidemiology history: 2 month ago he treated teeth. On

physical examination: intoxication symptoms, jaundice of the skin and sclera, hepatosplenomegaly. A doctor suspected acute viral hepatitis B.

What a result of ELISA test confirmed this diagnosis:

- A. anti-HAV IgM
- B. HBsAg
- C. HBsAg, anti-HBcIgM
- D. anti-HBs
- E. anti- HBcIgM

A 16 year-old young man went to a doctor on 10<sup>th</sup> September with complaints of fatigue, loss appetite. Medical history: he fell ill 3 days ago with the following symptoms: temperature 38,5C, sore throat, nausea, vomiting, abdominal pain. Epidemiology history: he often ate street food. On physical examination: a patient's condition is satisfactory, normal color of skin and sclera, liver slightly elevated. A doctor suspected viral hepatitis.

Which one of the following laboratory tests will help in making a diagnosis in preicteric period:

- A. Levels of bilirubin
- B. Levels of ALT and ACT
- C. Urine test of urobilinogen
- D. Prothrombin index
- E. Complete blood count

A 24 year-old young man was admitted to a hospital with complaints of jaundice. Medical history: he had weakness, loss of appetite 1 month ago. Epidemiology history: he is injecting drug user. On physical examination: he had moderate jaundice of the skin and sclera, symptoms of intoxication is mild, liver slightly enlarged. Laboratory tests: leukopenia, direct bilirubin, ALT and AST moderate increased.

What a result of ELISA test confirmed this diagnosis:

- A. Anti-HAV IgM
- B. Anti-HDV IgM
- C. Anti-HCV IgM
- D. Anti-HBc IgM
- E. Anti-HEV IgM

A 45 year-old woman was admitted to a hospital with complaints of loss appetite, nausea, vomiting, fatigue, jaundice. Medical history: The disease started 7 days ago with symptoms: loss appetite, nausea, vomiting, fatigue, arthralgia. Epidemiology history: 4 months ago she had cholecystectomy. On physical examination: a patient's condition moderate, symptoms of intoxication persist, jaundice on the skin and sclera, abdominal pain of the right upper part of abdomen, liver enlarged, dark urine and white color of stool. The doctor suspected acute viral hepatitis B.

What laboratory test should be prescribed to confirm this diagnosis:

- A. Bilirubin level
- B. ELIZA test
- C. ALT and AST level
- D. Urine test
- E. Stool culture

A 36 year-old man was admitted to a hospital with complaints of temperature 38,2C, abdominal pain, jaundice. Medical history: The disease starts 3 days ago with temperature up to 38C, abdominal pain, arthralgia, headache, nausea, vomiting, loss appetite. Epidemiology history: a patient already 5 years had Chronic hepatitis B. 1 month ago he made tattoo. On physical examination: a patient's condition severe, temperature 38,6C, jaundice on the skin and sclera, anorexia, vomiting, abdominal pain on the right upper part of abdomen, ascites, liver and spleen enlarged, dark urine, white color of stool. Laboratory tests: total and conjugated bilirubin increased, ALT and ACT increased, hypoproteinemia, hypoalbuminemia,

Which a serological marker confirms the diagnosis of this patient:

- A. HBsAg, anti-HBc IgM, anti-HDV IgM

- B. HBsAg, anti-HAV IgM, anti-HDV IgM
- C. HBsAg, anti-HDV IgM
- D. Anti-HBsAg, anti-HBc IgM, anti-HDV IgM
- E. HBeAg, anti-HCV IgM

A 39 year-old woman was admitted to a hospital with complaints: jaundice, nausea, vomiting, dark urine, white color of stool. Medical history: he got sick 5 days ago when the following symptoms appeared: loss appetite, fatigue, arthralgia, itchy rash, on the 4<sup>th</sup> day of disease jaundice appeared. Epidemiology history: 1 month ago she got a tattoo. On physical examination: intoxication symptoms, jaundice of the skin and sclera, hepatosplenomegaly. A doctor suspected acute viral hepatitis B.

Which one of the following tests is causes jaundice in viral hepatitis:

- A. Increased level of conjugated bilirubin
- B. Increased level of unconjugated bilirubin
- C. Increased level of ALT and AST
- D. Decreased hemoglobin levels
- E. Urobilinogen in urine

A 30 year-old woman was admitted to a hospital with complaints of jaundice. Medical history: he had weakness, loss of appetite, nausea and vomiting 5 day ago. Epidemiology history: 14<sup>th</sup> days ago she was caring for her son with viral hepatitis A. On physical examination: her condition is moderate, mild symptoms of intoxication, jaundice of the skin and sclera, liver enlarged, dark urine and pale stool. Laboratory tests: leukopenia, direct bilirubin, ALT and AST moderate increased.

Which one of the following markers is detected her hepatitis:

- A. Anti-HBc IgM,
- B. Anti-HAV IgM
- C. Anti-HDV IgM
- D. Anti- HBsAg
- E. Anti-HCV IgM

Anti-HCV IgG was detected in a 64 year-old man during a routine examination. Medical history: he does not any complaints and symptoms. Epidemiology history: 20 years ago he received blood transfusion.

What is next laboratory test to be prescribed to the patient to confirm diagnosis:

- A. ELIZA test
- B. PCR
- C. Liver function tests
- D. Urine test
- E. Stool culture

A 49 year-old woman have a chronic hepatitis B. At the next laboratory study , she showed the following results: HBsAg positive, PCR – level of RNA virus more 200000 IU, level of ALT increased.

What a non-invasive diagnostic method is used to determination of the degree of fibrosis:

- A. Ultrasonography
- B. Liver biopsy
- C. Liver elastometry
- D. CT scan
- E. MRI

A 27 year-old man with a chronic hepatitis B has complaints of fatigue, itchy rash, arthralgia. He has the following results of laboratory study: HBsAg positive, PCR – level of RNA virus 1350000IU, level of ALT increased, a result of elastometry: F3, in Ultrasonography- liver and spleen enlarged.

Which one of the following antiviral drugs is used to treat chronic hepatitis B:

- A. Acyclovir
- B. Entecavir
- C. Ribavirin

- D. Oseltamivir
- E. Sofosbuvir

Which a pathogen most often is causes of food-born Salmonellosis:

- A. Salmonella typhi
- B. Salmonella enteritidis**
- C. Salmonella typhimurium
- D. Salmonella Newport
- E. Salmonella panama

A 20 year-old patient consulted a doctor on the 1st day of illness with complaints: fever, nausea, repeated vomiting, lose appetite, abdominal pain, watery diarrhea, weakness. Epidemiological history: at 8 hours ago he ate egg. On physical examination: temperature up to 39,8C, dry mouth, pain in the epigastrium, around the navel and in the right iliac region, liver is enlarged, watery green stools up to 10 times a day.

Which one of the following diseases is most probable:

- A. Shigellosis
- B. Cholera
- C. Salmonellosis**
- D. Typhoid fever
- E. Amebiasis

A 32 year-old patient was admitted to hospital with complaints: fever, nausea, vomiting, thirst, lose appetite, abdominal pain, diarrhea, weakness. Medical history: a patient fell ill 1st day, when temperature with chills and abdominal pain appeared. Epidemiological history: a patient ate meat in a café at 10 hours ago. On physical examination: temperature up to 38,7C, dry mouth, pain in the epigastrium, around the navel and in the right iliac region, liver is enlarged, watery green stool up to 10-15 times a day without pathological impurities.

What is clinical form of this disease:

- A. Gastritis
- B. Gastroenteritis**
- C. Enteritis
- D. Enterocolitis
- E. Gastroenterocolitis

A 23 year-old patient was admitted to hospital with complaints: fever, abdominal pain, diarrhea, weakness. Medical history: a patient fell ill the 2nd day, when temperature with chills, nausea, vomiting, and abdominal pain appeared. Epidemiological history: he and several other guests became ill after eating chicken in a restaurant 1 day ago. On physical examination: temperature up to 39,5C, dry mouth, thirst, pain in the epigastrium, around the navel and in the right iliac region, liver is enlarged, watery green stool up to 10-15 times a day.

What laboratory test should be prescribed to confirm the diagnosis:

- A. Stool culture**
- B. Microscopy of stool
- C. Complete blood count
- D. Blood culture
- E. Culture bone marrow

A 38 year-old woman was admitted to Intensive care unit in serious condition. Medical history: she fell ill when temperature rose with chills, nausea and vomiting appeared. Epidemiology history: she ate meat 6 hours ago. On physical examination: she is lethargy, she doesn't drinks water, skin pale, limbs are cold, sunken eyes, skin doesn't straighten, acrocyanosis, blood pressure 60/40, pulse absent, anuria.

What kind of emergency care is needed for the patient:

- A. Antibiotic

- B. Dehydration
- C. Corticosteroids
- D. Rehydration
- E. Diuretics

A 38 year-old woman was admitted to a hospital with complaints of fever, bloody diarrhea, abdominal pain. Medical history: she fell ill when temperature rose with chills, nausea and vomiting appeared. Epidemiology history: she ate meat 1 day ago. On physical examination: her condition is severe, vomiting, skin pale, dry mouth, thirst, abdominal pain on the right iliac part, blood pressure 90/60, pulse 98, liver enlarged, watery, greenish stool with mucus and blood 6-8 times a day.

Which one of the following antimicrobial drugs is used to treat this disease:

- A. Penicillin
- B. Ciprofloxacin
- C. Metronidazole
- D. Streptomycin
- E. Albendazole

A 30 year-old woman returns from Sudan. Now she presents with intermittent fever, chills and sweat, hepatosplenomegaly.

What diagnosis is most likely:

- A. Meningitis
- B. Influenza
- C. Malaria
- D. Typhoid fever
- E. Amebiasis

A 35 year-old patient was admitted to a hospital with complaints: temperature rise every other day with strong chills, after then profuse sweat, headache, lower back pain and muscle pain. Medical history: a patient fell ill 1 week. Epidemiology history: a patient returned from Pakistan 2 weeks ago, where he noted mosquito bites. On physical examination: attacks of fever last 6-8 hours. On the 2<sup>nd</sup> day temperature is normal and a patient's condition is satisfactory, skin is pale, liver and spleen enlarged. Laboratory test: in complete blood count anemia, leukopenia, ESR increased.

Which one of the following diseases is most likely:

- A. Visceral leishmaniasis
- B. Malaria vivax
- C. Tick-borne encephalitis
- D. Malaria Falciparum
- E. Brucellosis

A 27 year-old man was admitted to a hospital with complaints of fever, nausea, vomiting, headache, back pain, diarrhea. Medical history: a patient fell ill 3 days ago with low-grade temperature, weakness, myalgia, arthralgia, today temperature rises up to 39-40C. Epidemiology history: he returned from Africa 2 weeks ago, where he noted mosquito bites. On physical examination: fever reaching 40°C, the hot stage, lasting 36 hours, tachycardia, hypotension, dry cough, strong headaches, nausea, thirst, excitement, jaundice, splenomegaly and hepatomegaly. In blood analysis: anemia, leukocytosis, ESR increased. In biochemical test: unconjugated bilirubin increased.

Which one of the following diagnosis is most likely:

- A. Visceral leishmaniasis
- B. Malaria vivax
- C. Tick-borne encephalitis
- D. Malaria Falciparum
- E. Pulmonary anthrax

A 52 year-old patient was admitted to a hospital with complaints of paroxysm of fever accompanied by chills and sweat, repeating every 48 hours. Medical history: the disease began 2 day ago. Epidemiology

history: a patient returned from India 6 month ago, where he noted mosquito bites. On physical examination: attacks of fever last 6-8 hours. On the 2nd day temperature is normal and a patient's condition is satisfactory, skin is pale, liver and spleen enlarged. Laboratory test: in complete blood count anemia, leukopenia, ESR increased.

What is laboratory test to confirm this diagnosis is used:

- A. Blood culture
- B. Microscopy examination of blood**
- C. Microscopy examination of bone marrow
- D. Liver function test
- E. Stool culture

A 38 year-old man was admitted to intensive care unit with symptoms: temperature rises up to 39-40C, vomiting, agitation, confusion, disorientation. Medical history: a patient fell ill 7 days ago with low-grade temperature, weakness, myalgia, arthralgia. Epidemiology history: he returned from Africa 10 days ago, where he noted mosquito bites. On physical examination: skin is red and dry, tachycardia, hypotension, jaundice, splenomegaly and hepatomegaly. In blood analysis: anemia, leukocytosis, ESR increased.

Which one of the following drugs is used for treatment this patient:

- A. Primaquine
- B. Artesunate**
- C. Chloroquine
- D. Paromamycin
- E. Metronidazole

A 22 year-old patient was admitted to a hospital with complaints of paroxysm of fever accompanied by chills and sweat. Medical history: the disease began 6 days ago. Epidemiology history: a patient returned from India 1 month ago, where he noted mosquito bites. On physical examination: paroxysm of fever last 6-8 hours, skin is pale, liver and spleen enlarged. After an attack of fever apyrexia present and a patient's condition is satisfactory. Laboratory test: in complete blood count anemia, leukopenia, ESR increased. A doctor diagnosed malaria vivax.

Which one of the following drugs is used for prevention of relapse:

- A. Primaquine**
- B. Artesunate
- C. Chloroquine
- D. Mefloquine
- E. Quinine

Which a pathogen most commonly causes Food poisoning:

- A. Shigella
- B. Staphylococcus**
- C. Rotovirus
- D. Amoeba histolytica
- E. Chlamydia

A 32 year-old woman was admitted to hospital with symptoms: nausea, vomiting, weakness. Medical history: at night suddenly onset nausea and vomiting 10 times a day. Epidemiology history: she ate meat in a café 6 hours ago. On physical examination: dry mouth, thirst, epigastric pain, blood pressure 100/60, pulse 90, decreased urine output.

Which one of the following diseases is most likely:

- A. Shigellosis
- B. Typhoid fever
- C. Salmonellosis
- D. Amebiasis
- E. Food poisoning**

A 18 year-old student was admitted to a hospital with complaints: nausea, repeated vomiting, weakness, thirst. Medical history: he got sick in 7 hours after eating a stale sandwich. On physical examination: his condition moderate, dry mouth, slightly sunken eyes, blood pressure 100/60, pulse 98.

Which one of the following complications develops in this patient:

- A. Rehydration
- B. Dehydration**
- C. Overhydration
- D. Renal failure
- E. Brain edema

A 24 year-old man was admitted to a hospital with symptoms: nausea, repeated vomiting, weakness. Medical history: at night suddenly onset nausea and vomiting 10 times a day. Epidemiology history: she ate meat in a café 6 hours ago. On physical examination: dry mouth, thirst, epigastric pain, blood pressure 100/60, pulse 90, decreased urine output.

What first aid is needed for this patient:

- A. Antibiotic
- B. Gastric lavage**
- C. Corticosteroids
- D. Dopamine
- E. Dehydration

A 39 year-old woman was admitted to a hospital with symptoms: nausea, repeated vomiting, thirst, weakness. Medical history: at night suddenly onset nausea and vomiting 10 times a day. Epidemiology history: she ate soup which does not kept in the refrigerator yesterday. On physical examination: dry mouth, epigastric pain, blood pressure 110/70, pulse 90. A doctor suspected of Food poisoning.

Which one of the following laboratory tests is used to isolation the pathogen of this disease:

- A. Blood culture
- B. Serological test
- C. ELIZA test
- D. Vomit culture**
- E. Microscopy of stool

A 26 year-old patient went to a doctor on 1<sup>st</sup> August with symptoms: nausea, repeated vomiting, watery diarrhea 2-3 times a day. Medical history: a patient got sick acute with nausea, vomiting. Epidemiology history: a patient ate watermelon 12 hours ago. On physical examination: slightly epigastric pain, blood pressure 110/70, pulse 72, watery diarrhea. A doctor suspected of Food poisoning.

What is main treatment of the disease:

- A. Antibiotic
- B. Oral rehydration**
- C. IV rehydration
- D. Enzyme
- E. Dehydration

Which part of the gastrointestinal tract is most often affected by amebiasis:

- A. Small intestine
- B. Duodenum
- C. Transverse colon
- D. Stomach
- E. Cecum and ascending colon**

A patient 47 year-old went to a doctor with complaints: loss of appetite, cramping abdominal pain, bloody diarrhea up to 6-7 times a day. Medical history: a patient fell ill 2 day ago, when abdominal pain and diarrhea appeared. Epidemiological anamnesis: the patient returned from India 2 months ago, where

he drank unboiled water. On physical examination: temperature is normal, abdominal pain in the right iliac region, stool with a lot of mucus and blood like” raspberry jelly.”

What is your diagnosis:

- A. Shigellosis
- B. Cholera
- C. Salmonellosis
- D. Typhoid fever
- E. Amebiasis

A 32 year-old man was admitted to hospital with complaints: fever up to 40C, vomiting, pain on the right upper quadrant of abdomen. Medical history: he was ill 1 week ago with bloody diarrhea with lot of mucus like ”raspberry jelly” and abdominal pain. Today suddenly temperature rise to 39-40C, began vomiting and strong abdominal pain on right upper quadrant. Epidemiology history: he traveled in India 4 month ago and ate of street’s food. On physical examination: severe condition, intoxication, jaundice, anorexia, liver enlarged, tenderness and painful, right-side pleuritic pain.

Which one of the following diagnosis is most likely:

- A. Intestinal amebiasis
- B. Visceral leishmaniasis
- C. Amebic liver abscess
- D. Viral hepatitis
- E. Balantidiasis

A 25-year-old patient, who returned from India, went to a doctor with complains of pain on the left lower part of abdomen, stool with lot mucus and blood like” raspberry jelly” 6-8 times a day, loss weight.

Which one of the following diagnosis does the patient have:

- A. Typhoid fever
- B. Shigellosis
- C. Balantidiasis
- D. Amebic dysentery
- E. Salmonellosis

A 37 year-old patient was admitted to a hospital with complaints: loss of appetite, cramping abdominal pain, bloody diarrhea up to 6-7 times a day, loss weight. Medical history: a patient fell ill 15 days ago, when abdominal pain and diarrhea appeared. Epidemiological anamnesis: the patient returned from Africa 1 month ago, where he drank unboiled water. On physical examination: temperature is normal, abdominal pain on the left region, stool with a lot of mucus and blood like “raspberry jelly” 6 times a day.

Which one of the following laboratory tests is used to diagnosis this disease:

- A. Stool culture
- B. Blood culture
- C. Microscopy of stool
- D. Microscopy of bone marrow
- E. Culture of bone marrow

A 34-year-old patient, went to a doctor on 20<sup>th</sup> September with complains of cramping abdominal pain, loss appetite, loss weight, bloody diarrhea. Medical history: a patient was ill 6 days ago with diarrhea. Epidemiology history: a patient traveled through Central Asia in the summer. On physical examination: moderate condition, abdominal pain on the left lower part of abdomen, stool with lot mucus and blood like” raspberry jelly” 6-8 times a day, loss weight.

Which one of the following drugs is used to treat this patient:

- A. Metronidazole
- B. Doxycycline
- C. Albendazole
- D. Ceftriaxone
- E. Quinine

A 46 year-old man was admitted to hospital with complaints: fever up to 40C, vomiting, pain on the right upper quadrant of abdomen. Medical history: he was ill 1 week ago with bloody diarrhea with lot of mucus like "raspberry jelly" and abdominal pain. Today suddenly temperature rise to 39-40C, began vomiting and strong abdominal pain on right upper quadrant. Epidemiology history: he traveled in India 4 month ago and ate of street's food. On physical examination: severe condition, intoxication, jaundice, anorexia, liver enlarged, tenderness and painful, right-side pleuritic pain.

Which research is advisable to conduct first:

- A. Microscopy of blood
- B. Ultrasonography**
- C. Liver function tests
- D. Stool culture
- E. Colonoscopy

Which part of the gastrointestinal tract is most often affected by Shigella:

- A. Small intestine
- B. Sigmoid colon**
- C. Transverse colon
- D. Ascending colon
- E. Cecum

A 25-year-old man went to a doctor on 10<sup>th</sup> July with complains of fever, abdominal pain, bloody diarrhea. Medical history: he was sick 2<sup>nd</sup> day when acute temperature rose up to 39C and diarrhea appeared. Epidemiology history: he ate unwashed apples yesterday. On physical examination: symptoms of intoxication, cramping abdominal pain on the left lower part of abdomen, tenesmus, frequent small volume stool with mucus and blood 10 times a day.

Which one of the following diagnosis does a patient have:

- A. Typhoid fever
- B. Shigellosis**
- C. Balantidiasis
- D. Amebiasis
- E. Salmonellosis

A 30 year-old patient was admitted to a hospital with the complaints: fever, nausea, loss of appetite, abdominal pain, bloody diarrhea up to 6-7 times a day. Medical history: a patient got sick 2 day ago, when temperature rose, abdominal pain and diarrhea appeared. Epidemiological history: a patient ate meat that wasn't refrigerated. On physical examination: temperature 39,4C, cramping abdominal pain on the left part of abdomen before defecation, tenesmus, stool small volume with mucus and blood. A doctor suspected Shigellosis.

What is clinical form of the disease:

- A. Gastritis
- B. Enteritis
- C. Gastroenteritis
- D. Colitis**
- E. Enterocolitis

A 21-year-old woman went to a doctor on 15<sup>th</sup> August with the following symptoms: acute temperature up to 39C, intoxication, cramping abdominal pain on the left lower part of abdomen, tenesmus, frequent small volume stool with mucus and blood 10 times a day. Medical history: he was sick today. Epidemiology history: he ate salad with yogurt yesterday.

What changes in stool microscopy are characteristic of this disease:

- A. Eosinophil and mucus
- B. Leukocytes and erythrocytes**
- C. Without pathological inclusions
- D. Bacterium

E. Lymphocytes

A 34-year-old man was admitted to a hospital on 6<sup>th</sup> September with complaints: fever, abdominal pain, bloody diarrhea. Medical history: he was sick yesterday. Epidemiology history: he doesn't have opportunity to wash his hand before eating at work. On physical examination: acute temperature up to 38-39C, intoxication, cramping abdominal pain on the left lower part of abdomen, tenesmus, frequent small volume stool with mucus and blood 5-6 times a day.

Which one of the following laboratory tests is used to make a definitive diagnosis:

- A. Stool microscopy
- B. Blood test
- C. Serological
- D. Stool culture
- E. Colonoscopy

A 40-year-old man went to a doctor on 1<sup>th</sup> September with complains of fever, abdominal pain, bloody diarrhea. Medical history: he was sick 3 day with temperature up to 37,8C and bloody diarrhea.

Epidemiology history: he ate street food. On physical examination: fever, loss appetite, cramping abdominal pain on the left lower part of abdomen, sigmoid colon is palpable, tenesmus, frequent small volume stool with mucus and blood 10 times a day.

Which one of the following drugs is used to treatment this disease:

- A. Penicillin
- B. Streptomycin
- C. Ciprofloxacin
- D. Mebendazole
- E. Piperazine

Which one of the following helminths belongs to tapeworms:

- A. Echinococcosis
- B. Ascariasis
- C. Fascioliasis
- D. Taeniarhynchosis
- E. Strongyloidiasis

A 46 year-old man went to a doctor with complaints: headache attacks with nausea and vomiting, epileptic seizures. On CT scan of brain found multiple parasitic cysts. In complete blood count: anemia, eosinophilia. A doctor suspected Cysticercosis.

Which one of the following helminthes is causes the disease:

- A. Taenia saginata
- B. Taenia solium
- C. Ascariasis
- D. Trichinosis
- E. Echinococcus

A 36 year-old woman went to a doctor with complaints: fever, cough, chest pain, headache, rash. Medical history: she has this complaints 2 days. On physical examination: skin pale, urticarial skin rashes, patient irritated, shortness breathing. Laboratory study: anemia, eosinophilia. Chest X-ray - allergic pneumonitis.

Which one of the following helminths is causes the disease:

- A. Echinococcus
- B. Taenia solium
- C. Trichinosis
- D. Ascaris
- E. Taenia saginata

A 47 year-old man was admitted to a hospital with complaints: high fever, headache, insomnia, skin rashes, jaundice, vomiting, abdominal pain on the right upper part. Medical history: he ate raw fish 2 week ago. On physical examination: temperature up to 39,5C, jaundice, hepatomegaly. Laboratory data: eosinophilia 70%, leukocytosis, increased conjugated bilirubin, increased ALT and AST, increased alkaline phosphatase. On ultrasonography found sings of hepatitis.

What is helminthiasis does the patient have:

- A. Echinococcosis
- B. Taeniasis
- C. Opisthorchiasis**
- D. Ascariasis
- E. Alveococcosis

A 33 year-old woman went to a doctor with complaints: weakness, headache, memory impairment, vomiting, loss appetite, abdominal pain, diarrhea, weight loss. Medical history: he is sick for 1 year, when he had skin rash, weakness, abdominal pain, loss appetite. On physical examination: skin pale, rash, patient irritated, diarrhea with mucus and blood 2-3 times a day. Laboratory study: anemia, eosinophilia, leukocytosis. The Helminth's strobiles were found in the feces after defecation.

Which one of the following worms is causes this helminthiasis:

- A. Echinococcus
- B. Enterobiasis
- C. Toxocara canis
- D. Ascaris
- E. Taenia saginata**

A 20 year-old man went to a doctor with complaint of itching in the anus at night. Medical history: he fell ill 2 weeks. Epidemiology history: his child had such symptoms. On physical examination: skin pale, irritability, dermatitis around the anus.

Which one of the following worms causes this helminthiasis:

- A. Echinococcus
- B. Enterobiasis**
- C. Toxocara canis
- D. Ascaris
- E. Taenia saginata

A 24 year-old man went to a doctor with complaints: vomiting, abdominal pain, diarrhea, weight loss. Medical history: he is sick for 1 year, when he had skin rash, weakness, abdominal pain, loss appetite. On physical examination: skin pale, rash, patient irritated, diarrhea without pathological change 2-3 times a day. Laboratory study: anemia, eosinophilia; in faecal smears found ova of Taenia saginata.

Which one of the following drugs for treatment is used:

- A. Levamisole
- B. Chloroquine
- C. Praziquantel**
- D. Mebendazole
- E. Fluconazole

A 27 year-old woman went to a doctor with complaints: fever, cough, chest pain, headache, rash. Medical history: he has the complaints 2 days. On physical examination: skin pale, urticarial skin rashes, patient irritated, shortness breathing. Laboratory study: anemia, eosinophilia. Chest X-ray found allergic pneumonitis. In faecal smears found ova of Ascaris.

Which one of the following drugs is used to treatment this disease:

- A. Levamisole
- B. Chloroquine
- C. Praziquantel
- D. Mebendazole

### E. Albendazole

A 38 year-old man went to a doctor with complaints: headache attacks with nausea and vomiting, epileptic seizures. On CT scan of brain found multiple parasitic cysts. In complete blood count: anemia, eosinophilia. A doctor suspected Cysticercosis.

Which one of the following laboratory test confirms the diagnosis:

- A. Stool culture
- B. Microscopy of faecal smear
- C. ELIZA test
- D. Microscopy of blood
- E. Urine test

A 25 year-old woman went to a doctor with complaint of itching in the anus at night. Medical history: he fell ill 2 weeks. Epidemiology history: her daughter had such symptoms. On physical examination: skin pale, irritability, dermatitis around the anus.

Which one of the following laboratory test confirms this disease:

- A. Stool culture
- B. Microscopy of stool
- C. ELIZA test
- D. Microscopy of blood
- E. Urine test

A 46 year-old woman went to a doctor due to detection of Opisthorchia eggs in stool. Medical history: she doesn't any symptoms of disease. Epidemiology history: she eats smoked fish. Eosinophilia found in blood.

Which one of the following drugs is used to treatment this helminthiasis:

- A. Albendazole
- B. Levamisole
- C. Chloroquine
- D. Praziquantel
- E. Mebendazole

A 27 year-old man went to a doctor with complaints: low-grade fever, headache, urticarial skin rashes, cough, vomiting, abdominal pain. Medical history: the symptoms appeared 1 month ago. Epidemiology history: he has a dog. On physical examination: temperature up to 37,5C, hepatomegaly. Laboratory data: mild anemia, eosinophilia 30%, leukocytosis, ESR increased.

Which one of the following laboratory test confirms this helminthiasis:

- A. Stool culture
- B. Microscopy of faecal smear
- C. ELIZA test
- D. Microscopy of blood
- E. Urine test

What is a route of transmission of Foodborne Botulism:

- A. Through contaminated water
- B. Through fresh fruits
- C. Through home canning products
- D. Through contact person to person
- E. Through uncooked meat

A 36 year-old patient was admitted to a hospital with complaints: nausea, vomiting, weakness, dizziness, dry mouth, blurred vision. Medical history: These symptoms started with nausea, vomiting then blurred vision appeared. Epidemiology history: a patient ate homemade canned vegetable salad 10 hours ago. On physical examination: progressive muscle weakness, dry mouth, diplopia, ptosis, fixed and dilated pupils.

What is a leading syndrome of botulism:

- A. Hemorrhagic
- B. Paralytic**
- C. Intoxication
- D. Febrile
- E. Gastrointestinal

A 36 year-old woman was admitted to a hospital with complaints: weakness, dry mouth, dizziness, blurred vision, double vision, it is impossible to lift the eyelids, hard swallow, suddenly onset shortness of breathing. Medical history: she was ill 1<sup>st</sup> day. Epidemiology history: she ate uncooked fish 6 hours ago. On physical examination: progressive muscle weakness, dry mouth, diplopia, ptosis, fixed and dilated pupils, aphagia, suppressed gag reflex, cyanosis, respiratory failure, bloating, constipation, dysarthria, urinary retention, hypotension.

What is mechanism of the paralytic syndrome:

- A. Brain damage
- B. Damage of motoneurons
- C. Block the action of acetylcholine**
- D. Damage of root of peripheral nerves
- E. Block of action of intercalary neurons

A 20 year-old student was admitted to a hospital with complaints: nausea, vomiting, weakness, dizziness, dry mouth, blurred vision, difficulty swallowing, inability to open her eyes. Medical history: These symptoms started with nausea, vomiting then blurred vision appeared. Epidemiology history: a patient ate homemade canned meat 8 hours ago. On physical examination: progressive muscle weakness, dry mouth, diplopia, ptosis, fixed and dilated pupils, inability to swallow solid food, constipation, urinary retention.

What first aid is needed for any severity of the disease:

- A. Mechanical ventilation
- B. IV fluids
- C. Gastric lavage**
- D. Corticosteroids
- E. Antibiotic

A 48 year-old woman was admitted to a hospital with complaints: weakness, dry mouth, dizziness, blurred vision, double vision, it is impossible to lift the eyelids, hard swallow, suddenly onset shortness of breathing. Medical history: she was ill 1st day. Epidemiology history: she ate homemade canned fruits 6 hours ago. On physical examination: progressive muscle weakness, dry mouth, diplopia, ptosis, fixed and dilated pupils, aphagia, suppressed gag reflex, cyanosis, respiratory failure, bloating, constipation, dysarthria, urinary retention, hypotension.

What urgent help is required for the patient:

- A. IV fluids
- B. Antibiotic
- C. Mechanical ventilation**
- D. Antitoxic serum
- E. Corticosteroids

A 25 year-old woman was admitted to a hospital with complaints: weakness, dizziness, dry mouth, blurred vision, inability to open her eyes, inability to swallow solid food. Medical history: These symptoms started with nausea, vomiting then blurred vision appeared. Epidemiology history: 7 days ago she was injured with a deeply and contaminated wound. On physical examination: progressive muscle weakness, dry mouth, diplopia, ptosis, fixed and dilated pupils, dysphagia, constipation, urinary retention.

Which of the following laboratory tests is used to diagnosis this disease:

- A. Blood culture
- B. Neutralization reaction in mice**
- C. Microscopy of stool

- D. CT scan
- E. Cerebrospinal test

What a pathogen is causes Ornithosis:

- A. Staphylococcus
- B. Chlamydia psittaci**
- C. Yersinia pestis
- D. Coxiella Burnetii
- E. Mycoplasma pneumonia

A 34 year-old woman went to a doctor with complaints: prolong fever, cough. Medical history: she has been ill 2 weeks. Epidemiology history: she works at a bird store. On physical examination: temperature 38-39C, rigors, headache, myalgia, dry cough, over lungs wheezing, bradycardia, hepatomegaly. Blood test: normal white blood cells and ESR normal. In chest X-ray found interstitial pneumonia.

Which one of the following diagnosis is most likely:

- A. Q-fever
- B. Ornithosis**
- C. Brucellosis
- D. Typhoid fever
- E. Anthrax

A 23 year-old was admitted to a hospital with complaints: fever, headache, nausea, vomiting, myalgia. Medical history: disease acute onset with fever, rigors, nausea, vomiting. Epidemiology history: he keeps the parrots at home. On physical examination: temperature 38-39C, rigors, headache, bradycardia, meningeal symptoms positive (neck stiffness, Kernig's and Brudzinsky), hepatomegaly. Blood test: normal white blood cells and ESR normal.

What one of the following clinical forms is most likely:

- A. Febrile
- B. Meningitis**
- C. Pneumonia
- D. Meningopneumoniz
- E. Without pneumonia

A 38 year-old was admitted to a hospital with complaints: fever, headache, nausea, vomiting, dry cough, myalgia. Medical history: disease acute onset with fever, rigors, dry cough and other symptoms. Epidemiology history: he keeps the parrots at home. On physical examination: temperature 38-39C, rigors, headache, over lungs wheezing, bradycardia, meningeal symptoms positive (neck stiffness, Kernig's and Brudzinsky), hepatomegaly. Blood test: normal white blood cells and ESR normal.

What abnormalities of cerebrospinal fluid are characteristic of the disease:

- A. Not abnormalities
- B. Neutrophilic pleocytosis
- C. Lymphocytic pleocytosis**
- D. Hemorrhagic pleocytosis
- E. Eosinophilic pleocytosis

A 45 year-old woman went to a doctor with complaints: fever, chills, headache, dry cough. Medical history: she has been ill 5<sup>th</sup> day. Epidemiology history: she works at a poultry farm. On physical examination: temperature 38-39C, rigors, headache, myalgia, dry cough, over lungs wheezing, bradycardia, hepatomegaly. Blood test: normal white blood cells and ESR normal. In chest X-ray found interstitial pneumonia.

Which one of the following drugs is a drug of choice for this disease:

- A. Penicillin
- B. Doxycycline**
- C. Ampicillin

- D. Gentamicin
- E. Metronidazole

A 28 year-old man went to a doctor with complaints: fever, chills, headache, dry cough. Medical history: she has been ill 7th day, he received ampicillin, but there wasn't effect. Epidemiology history: he keeps pigeons. On physical examination: temperature 39C, rigors, headache, myalgia, dry cough, over lungs wheezing, bradycardia, hepatomegaly. Blood test: normal white blood cells and ESR normal. In chest X-ray found interstitial pneumonia.

Which one of the following laboratory tests is used to confirm this disease:

- A. Serological
- B. Stool culture
- C. Blood microscopy
- D. Sputum culture
- E. PCR pharyngeal smear

What is a route of transmission of Epidemic typhus:

- A. Tick bite
- B. Alimentary
- C. Lice bite
- D. Parenteral
- E. Watery

A 53 year-old man was admitted to a hospital with complaints of fever, headache, insomnia, thirst. Medical history: 3 day ago disease is acute onset, when a fever quickly rises to 39-40C. Epidemiology history: he traveled to Tibet, where hygiene was poor. On physical examination: temperature 39-40C, a patient is talkative and activated, hyperemia of the face, neck and eyes, dry mouth, conjunctival rash (symptom of Chiari-Avtsyna) and rash in the soft palate (symptom of Rozemberg), tachycardia, hypotension, hepatomegaly.

Which one of the following diseases is most likely:

- A. Hemorrhagic fever
- B. Epidemic typhus
- C. Influenza
- D. Tick-born encephalitis
- E. Enterovirus infection

A 44 year-old man was admitted to a hospital with complaints of fever, headache, insomnia, dizziness, myalgia, thirst, rash. Medical history: 6 day ago disease is acute onset, a fever quickly rises to 39-40C, rash appeared. Epidemiology history: he returned from China, where hygiene was poor. On physical examination: temperature 39-40C, a patient is talkative and activated, hyperemia of the face, neck and eyes, dry mouth, tachycardia, hypotension, delirium, on 4-5 days roseolous-petechial rash appears and may begin on the axilla and trunk and spread peripherally, except the face, palms, and soles, hepatosplenomegaly.

What a pathogen is causes this disease:

- A. Coxiella Burnetti
- B. Rickettsia Prowazekii
- C. Chlamidia Psittaci
- D. Brucella
- E. Yersinia pestis

A 44 year-old man was admitted to a hospital with complaints of fever, headache, insomnia, dizziness, myalgia, thirst, rash. Medical history: 6 day ago disease is acute onset, a fever quickly rises to 39-40C, rash appeared. Epidemiology history: he returned from China, where hygiene was poor. On physical examination: temperature 39-40C, a patient is talkative and activated, hyperemia of the face, neck and eyes, dry mouth, tachycardia, hypotension, delirium, on 4-5 days roseolous-petechial rash appears and

may begin on the axilla and trunk and spread peripherally, except the face, palms, and soles, hepatosplenomegaly.

Which one of the following drugs is used for treatment this disease:

- A. Penicillin
- B. Doxycycline**
- C. Ampicillin
- D. Gentamicin
- E. Metronidazole

A 67 year-old man was admitted to a hospital with complaints: fever, headache, dizziness, myalgia, rash. Medical history: 6 day ago disease is acute onset, when a fever rises to 37,5-38C, on the 5<sup>th</sup> day rash appeared. Epidemiology history: he suffered from Typhus 20 years ago. On physical examination: a patient's condition is moderate, temperature 38C, hyperemia of the face, neck and eyes, dry mouth, tachycardia, hypotension, scanty roseolous-petechial rash and liver slightly enlarged.

What is your diagnosis:

- A. Hemorrhagic fever
- B. Epidemic typhus
- C. Influenza
- D. Tick-born encephalitis
- E. Brill's disease**

A 56 year-old woman was admitted to a hospital with complaints of fever, headache, insomnia, dizziness, myalgia, thirst, rash. Medical history: 6 day ago disease is acute onset, a fever quickly rises to 39-40C, rash appeared. Epidemiology history: he returned from Africa, where hygiene was poor. On physical examination: temperature 39-40C, a patient is talkative and activated, hyperemia of the face, neck and eyes, dry mouth, tachycardia, hypotension, delirium, on 4-5 days roseolous-petechial rash appears and may begin on the axilla and trunk and spread peripherally, except the face, palms, and soles, hepatosplenomegaly.

Which one of the following laboratory tests is used to confirm this disease:

- A. Serological**
- B. Stool culture
- C. Blood microscopy
- D. Sputum culture
- E. PCR pharyngeal smear

Which one of the following pathogen is causes of Enterovirus infection:

- A. Orthomyxoviridae
- B. ECHO virus**
- C. Flavivirus
- D. Herpes virus
- E. Lentivirus

A 32 year old man was consulted to a doctor on 25<sup>th</sup> August with complaints of acute rise in temperature up to 39C, headache, weakness, loss of appetite, vomiting, muscle pain. On physical examination: hyperemia of a face, injection of the sclera, hyperemia of the pharynx and small white vesicles on the posterior pharyngeal wall. A doctor diagnosed herpangine.

Which one of the following diseases is most likely:

- A. Influenza
- B. Enterovirus infection**
- C. Parainfluenza
- D. Brucellosis
- E. Psittacosis

A 25 year old man was admitted to a hospital on 3<sup>rd</sup> September with complaints of acute rise in temperature up to 39C, headache, nausea, vomiting, loss of appetite, muscle pain. On physical examination: hyperemia of a face, scleritis, hyperemia of the pharynx, small vesicles on the posterior pharyngeal wall, neck stiffness, Kerning and Brudzinsky signs is positive, spleen are not enlarged. Which of the following clinical form of Enterovirus infection:

- A. Febrile
- B. Meningitis**
- C. Herpangine
- D. Pneumonic
- E. Epidemic myalgia

A 21 year old man went to a doctor on 15<sup>th</sup> August with complaints of acute rise in temperature up to 39C, headache, weakness, loss of appetite, myalgia, arthralgia. On physical examination: hyperemia of the face, scleritis, hyperemia of the pharynx, mild diarrhea without blood.

Which one of the following laboratory tests is used to detection of antigen of this disease:

- A. Bacteriological
- B. Serological
- C. Blood microscopy
- D. Parasitological
- E. PCR**

A 42 year- old man was admitted to a hospital on 5<sup>th</sup> September with complaints of acute rise in temperature up to 39C, headache, nausea, vomiting, loss of appetite, muscle pain, rashes. On physical examination: hyperemia of a face, conjunctivitis, pharyngitis, maculo-papular rashes, neck stiffness. After 7 days a patient recovered.

Which one of the following treatment is used to this disease:

- A. Acyclovir
- B. Antibiotic
- C. Symptomatic**
- D. Corticosteroids
- E. Metronidazole

A 29 year old man went to a doctor on 15<sup>th</sup> August with complaints of acute rise in temperature up to 39C, headache, weakness, loss of appetite, myalgia, arthralgia, rashes. On physical examination: hyperemia of the face, scleritis, hyperemia of the pharynx, vesicles rash in the mouth and on the hand and feet, mild diarrhea without blood.

Which one of the following laboratory tests is used to diagnose this disease:

- A. Bacteriological
- B. Serological**
- C. Blood microscopy
- D. Parasitological
- E. Stool microscopy

What is a pathogen is cause Herpes simplex virus infection:

- A. HSV-1 and 2**
- B. Ebstein-Barr virus
- C. CMV
- D. Varicella zoster
- E. HSV-8

A 18 year-old student went to a doctor with complaints: low-grade fever, rigor, slough-covered painful ulcers in the mouth and vesicles around lips. Medical history: he fell ill 2 days ago when burning macule appeared on the lip, then vesicles and ulcer in the mouth. Epidemiology history: he drank water from his friend's glass.

Which one of the following diseases is most likely:

- A. Enterovirus infection
- B. Herpes simplex infection**
- C. Leishmaniasis
- D. Influenza
- E. Erysipelas

A 45 year-old patient went to a doctor with complaints: vesicles rash, like bunches of grapes, on the skin of the right half of the face along the nerve dermatome, painful, red eyes, low-grade fever.

Which one of the following diseases is most likely:

- A. Enterovirus infection
- B. Kaposi sarcoma
- C. Herpes simplex infection
- D. Cytomegalovirus infection
- E. Herpes zoster**

A 27 year-old man went to a doctor with complaints: low-grade fever, rigor, vesicles around lips. Medical history: he fell ill 2 days ago when burning macule appeared on the lip, then vesicles and ulcer in the mouth. Epidemiology history: he ate in a café 4 day ago. On physical examination: slough-covered painful ulcers in the mouth, vesicles and crust around lips, submandibular lymph nodes are enlarged.

Which one of the following laboratory tests is used to diagnose this disease:

- A. Blood culture
- B. ELISA test**
- C. Blood microscopy
- D. PCR stool examination
- E. Microscopy of contents of ulcer

A 31 year-old woman went to a doctor with complaints: low-grade fever, rigor, painful lesions on the vulva, pain when urinating. Medical history: she has been sick for about a year and this symptom recurrent. Epidemiology history: this disease appeared after sexual contact. On physical examination: painful vesicles and ulcers on the vulva, vaginal mucosa and cervix, inguinal lymph nodes are enlarged.

Which one of the following drugs is used for treatment this disease:

- A. Pibavirin
- B. Acyclovir**
- C. Entocavir
- D. Sofosbuvir
- E. Interferon

A 46 year-old man went to a doctor with complaints: vesicular rash, like bunches of grapes, on the skin of the right half on the chest along the nerve dermatome, painful, low-grade fever. Medical history: he has been about 1 week.

Which one of the following drugs is used for treatment this disease:

- A. Pibavirin
- B. Acyclovir**
- C. Entocavir
- D. Gancyclovir
- E. Interferon

What is a severe complication of generalized form of meningococcal infection:

- A. Pulmonary edema
- B. Septic shock**
- C. Arthritis
- D. Pneumonia
- E. Dehydration

A 27 year- old man was admitted to a hospital on the 2<sup>nd</sup> day of illness with complaints: high fever, strong headache, photophobia, nausea and recurrent vomiting, leg pain. Medical history: disease acute onset with high fever at 2 o'clock. On physical examination: showed positive meningeal symptoms: neck stiffness, Kerning and Brudzinsky sing). CSF analysis: intracranial pressure increased, cells 1000 and more 80% neutrophils, protein level slightly increased, glucose level is normal.

Which one of the following diseases is most likely:

- A. Enterovirus infection
- B. Meningococcal infection**
- C. Parrot disease
- D. Brucellosis
- E. Tick-born encephalitis

A 24 year-old woman was admitted to a hospital on 2<sup>nd</sup> March on second day of illness with complaints: fever up to 39-40C, headache, leg pain, rash on the skin of the leg. Medical history: she fell ill acutely with high fever, 2<sup>nd</sup> day rash appeared. On physical examination: meningeal symptoms are negative, on the leg and buttocks petechial and hemorrhagic rashes like stars, PS 112, BP 90\70. Laboratory test: CBC – leukocytosis, neutrophilia, ESR elevated.

What is a clinical form this disease:

- A. Febrile
- B. Meningitis
- C. Arthritis
- D. Meningococemia**
- E. Hemorrhagic

A 34 year- old man was admitted to a hospital on the first day of illness with complaints: high fever, strong headache, photophobia, nausea and recurrent vomiting, leg pain. Medical history: disease acute onset with high fever at 2 o'clock. On physical examination: hyperemia of the face, scleritis, head throw back, hyperesthesia, positive the meningeal symptoms: neck stiffness, Kerning and Brudzinsky sing). CSF analysis: intracranial pressure increased, cells 1000 and more 80% neutrophils, protein level slightly increased, glucose level is normal.

Which one of the following drugs is used to treatment this disease:

- A. Erythromycin
- B. Ceftriaxone**
- C. Tetracycline
- D. Ciprofloxacin
- E. Gentamicin

A 26 year-old woman was admitted to a hospital on the first day of illness with complaints: high fever, strong headache, photophobia, nausea and recurrent vomiting, leg pain. Medical history: disease acute onset with high fever at 5 o'clock. On physical examination: hyperemia of the face, scleritis, head throw back, hyperesthesia, neck stiffness, Kerning and Brudzinsky sings are positive. Complete blood count: leukocytosis, neutrophilia, ESR increased.

What changes in the cerebrospinal fluid are characteristic for this disease:

- A. Cells 600 and more 60% lymphocytes
- B. Cells 1000 and more 80% neutrophils**
- C. Cells 5 and all lymphocytes
- D. Cells 20 and all erythrocytes
- E. Cells 500 and all eosinophils

A 32 year-old man was admitted to a hospital 2<sup>nd</sup> March on second day of illness with complaints: fever up to 39-40C, headache, nausea, vomiting, leg pain, rash on the skin of the leg. Medical history: she fell ill acutely with high fever, 2<sup>nd</sup> day rash appeared. On physical examination: hyperemia of the face, scleritis, head throw back, hyperesthesia, neck stiffness, Kerning and Brudzinsky sings are positive, on the leg and buttocks petechial and hemorrhagic rashes like stars, PS 112, BP 90\70. Laboratory test: CBC – leukocytosis, neutrophilia, ESR elevated.

Which one of the following laboratory tests is used to isolation of pathogen of this disease:

- A. CSF and blood culture
- B. ELIZA test
- C. Microscopy of blood
- D. CSF analysis
- E. Skin test

How long maximum incubation period of Rabies:

- A. 10 days
- B. 30 days
- C. 2 months
- D. 6 months
- E. 1 year

A 24 year-old man was admitted to a hospital with complaints: feeling of fear, depression, hydrophobia. Medical history: 2 days ago irritability, insomnia, itching and paraesthesiae at the site of the healed bite wound appeared, then hydrophobia. Epidemiology history: 1 month ago he was bitten by an unknown dog. On physical examination: agitation but with lucid intervals, hydrophobia, aerophobia with inspiratory muscle spasms and excessive salivation.

What is the next period of this disease:

- A. Recovery
- B. Paralytic
- C. Pneumonic
- D. Opisthotonos
- E. Convulsive

A 36 year-old man was admitted to a hospital with complaint of hydrophobia. Medical history: 3 days ago irritability, insomnia, itching and paresthesiae at the site of the healed bite wound appeared.

Epidemiology history: 1 month ago he was bitten by an unknown dog. On physical examination: agitation but with lucid intervals, hydrophobia, aerophobia with inspiratory muscle spasms and excessive salivation, then ascending paralysis develops. After 6 day the patient died.

What is the main cause of death from Rabies:

- A. Bacterial pneumonia
- B. Acute renal failure
- C. Cerebral hemorrhage
- D. Hepatic encephalopathy
- E. Respiratory and cardiac arrest

A 47 year-old man went to a doctor with complaints: he was bitten by an unknown dog today. On physical examination: the patient has a lacerated wound on his left leg.

What a doctor should do in this case:

- A. Sew up a wound
- B. Antibiotic
- C. Post-exposure immunization
- D. Pre-exposure immunization
- E. Prescribed ointment

A 16 year-old schoolboy went to a doctor with complaints: he was bitten by an unknown cat 10<sup>th</sup> day ago. The cat died after 10 days. On physical examination: the boy has a lacerated wound on his right hand. A doctor prescribed rabies vaccine.

How to administer post-exposure active immunization:

- A. Vaccination once
- B. Vaccination on days 0, 3, 7
- C. Vaccination every day for 10 days

- D. Vaccination every day for 40 days
- E. Vaccination on days 0, 3, 7, 14, 30, 90

A 36 year-old man was admitted to a hospital with complaints: feeling of fear, depression, hydrophobia. Medical history: 2nd days ago irritability, insomnia, itching and paraesthesiae at the site of the healed bite wound appeared. Epidemiology history: 1 month ago he was bitten by an unknown dog. On physical examination: agitation but with lucid intervals, hydrophobia, aerophobia with inspiratory muscle spasms and excessive salivation. After 6 day the patient died.

What laboratory studies can confirm this disease:

- A. Cerebrospinal fluid analysis
- B. Complete blood count
- C. Blood culture
- D. Brain biopsy for detection of Negri bodies
- E. Microscopy of saliva for detection of Negri bodie

Which one of the following is the first symptom of Tetanus:

- A. Fever
- B. Trismus
- C. Convulsions
- D. Hydrophobia
- E. Hyperthermia

A 52 year-old woman was admitted to a hospital with complaints: difficulty in opening the mouth, dysphagia, convulsions. Medical history: she has been ill 2 days ago. Epidemiology history: she injured her right foot 15 day ago. On physical examination: she has trismus, sardonic smile, dysphagia, and stiffness of neck, back, chest and abdominal muscles, and to all stimuli (noise, wind, touch) develop tonic convulsions, hyperthermia, profuse sweating. Between seizures the patient's consciousness is clear.

Which one of the following diseases this patient has:

- A. Rabies
- B. Tetanus
- C. Meningococcal meningitis
- D. Tick-born encephalitis
- E. Japanese encephalitis

A 48 year-old man was admitted to a hospital with complaints: difficulty in opening the mouth, dysphagia, convulsions. Medical history: she has been ill 2 days ago. Epidemiology history: he got an open wound in a car accident 8 day ago. On physical examination: he has lockjaw, sardonic smile, dysphagia, and stiffness of neck, back, chest and abdominal muscles, and to all stimuli (noise, wind, touch) develop tonic convulsions, opisthotonus. Between seizures the patient's consciousness is clear.

What is the leading cause of death in Tetanus:

- A. Renal failure
- B. Pneumonia
- C. Brain edema
- D. Respiratory failure
- E. Dehydration

A 37 year-old woman was admitted to a hospital with complaints: difficulty in opening the mouth, dysphagia, convulsions. Medical history: she has been ill 4 days ago. Epidemiology history: the symptoms appeared after she giving birth at home on 1 week ago. On physical examination: she has lockjaw, sardonic smile, dysphagia, and stiffness of neck, back, chest and abdominal muscles, and to all stimuli (noise, wind, touch) develop tonic convulsions. Between seizures the patient's consciousness is clear.

What specific treatment is needed to the patient:

- A. Benzylpenicillin
- B. Diazepam

- C. Tetanus immunoglobulin
- D. IV fluid
- E. Vaccine

A 26 year-old man was admitted to a hospital, because he got an open wound in a car accident. What should be post-exposure prevention of Tetanus this patient:

- A. Wash the wound
- B. Tetanus immunoglobulin
- C. Tetanus toxoid
- D. Antitoxic serum
- E. Antibiotic

A 52 year-old woman was admitted to a hospital with complaints: difficulty in opening the mouth, dysphagia, convulsions. Medical history: she has been ill 2 days ago. Epidemiology history: she injured her right foot 15<sup>th</sup> day ago. On physical examination: she has trismus, sardonic smile, dysphagia, and stiffness of neck, back, chest and abdominal muscles, and to all stimuli (noise, wind, touch) develop tonic convulsions, hyperthermia, profuse sweating. Between seizures the patient's consciousness is clear.

How can this disease is diagnosed:

- A. Blood culture
- B. Clinical symptoms
- C. Serological
- D. PCR of pharyngeal smear
- E. CSF analysis

What is main symptom of the initial period of leptospirosis:

- A. Severe headaches
- B. Joint pain
- C. Pain on the calf muscle
- D. Hemorrhagic rash
- E. Diarrhea

A 45 year-old man was admitted to a hospital with complaints: fever, myalgia, nausea, vomiting, abdominal pain. Medical history: he has been ill 4 days, when abrupt onset disease with high fever, rigors and headache. Epidemiology history: he is farm worker. On physical examination: Hyperemia of the face, conjunctivitis, intense myalgia of calf muscle, neck stiffness, Kerning and Brudzinski signs positive, relative bradycardia, hypotension, hepatomegaly, oliguria.

What is a clinical form of the disease:

- A. Febrile
- B. Unicteric
- C. Icteric
- D. Subclinical
- E. Chronic

A 45 year-old man was admitted to a hospital with complaints: fever, myalgia, jaundice. Medical history: he has been ill 5 days, when abrupt onset disease with high fever, rigors and abdominal pain.

Epidemiology history: he was fishing 12<sup>th</sup> day ago. On physical examination: jaundice on the skin and sclera, edematous eyelids, intense myalgia of calf and back muscles, nose bleeding, hemorrhagic rashes, abdominal pain on the right lower part, hepatomegaly, anuria.

What a serious complication is typical this disease:

- A. Brain edema
- B. Pneumonia
- C. Renal failure
- D. Myocarditis
- E. Uveitis

A 51 year-old woman was admitted to a hospital with complaints: fever, headache, myalgia, nausea, vomiting, abdominal pain. Medical history: she has been ill 3 days, when abrupt onset disease with high fever, rigors and headache. Epidemiology history: he washes clothes in the river. On physical examination: temperature 39C, hyperemia of the face, conjunctivitis, intense myalgia of calf muscle, abdominal pain on the right lower part, hepatomegaly, oliguria.

What laboratory test is very common used in practice to diagnosis:

- A. Blood culture
- B. Biological method
- C. Microscopy of blood
- D. Microscopy agglutination test
- E. Urine culture

A 25 year-old man was admitted to a hospital on 3<sup>rd</sup> August with Leptospirosis. Medical history: he has been ill 5 days, when abrupt onset disease with high fever, rigors, myalgia, abdominal pain, jaundice. Epidemiology history: he takes care of cattle. On physical examination: jaundice on the skin and sclera, swelling of the face and eyelids, intense myalgia of calf muscle, relative bradycardia, hypertension, nose bleeding, hemorrhagic rashes, abdominal pain on the right upper part, hepatomegaly, oligoanuria. Urine test: proteinuria, hematuria. A doctor suspected acute renal failure.

What laboratory test is needed for this patient:

- A. Complete blood count
- B. Urea and creatinine
- C. CSF test
- D. Cholesterol
- E. Stool test

A 37 year-old man was admitted to a hospital with complaints: fever, myalgia, nausea, vomiting, abdominal pain. Medical history: he has been ill 4 days, when abrupt onset disease with high fever, rigors and headache. Epidemiology history: he is farm worker. On physical examination: Hyperemia of the face, conjunctivitis, intense myalgia of calf muscle, neck stiffness, Kerning and Brudzinski signs positive, relative bradycardia, hypotension, hepatomegaly, oliguria.

What changes of cerebrospinal fluid are characteristic of this disease:

- A. Lymphocytic pleocytosis, raised protein, glucose normal
- B. Neutrophilic pleocytosis, raised protein, glucose mild decreased
- C. Hemorrhagic, protein increased, glucose increased
- D. White blood cells normal, raised protein, glucose normal
- E. Without abnormalities

What is character of peripheral blood in Brucellosis:

- A. Leukocytosis, neutrophilia, ESR increased
- B. Leucopenia, lymphocytosis, ESR normal
- C. Leucopenia, lymphocytosis, ESR increased
- D. Leukocytosis, lymphocytosis, ESR increased
- E. Leukocytosis, lymphocytosis, ESR normal

A 43 year-old man was admitted to a hospital with complaints: fever, headache, arthralgia. Medical history: disease acute onset with fever 38-39, sweating, and migratory arthralgia 5days ago. Epidemiology history: he is farmers. On physical examination: temperature 38,5C, profuse night sweat, migratory arthralgia, usually in large joint, moderate increase all groups of peripheral lymph nodes, painless, hepatosplenomegaly.

What diagnosis is most likely:

- A. Brucellosis
- B. Influenza
- C. Q fever
- D. Ornitosis

E. Leptospirosis

A 29 year-old woman went to a doctor with complaints: pain on the right hip joint. Medical history: he got sick 6 month ago with fever, arthralgia, night sweat. Epidemiology history: he works as a butcher. Physical examination: skin is wets, pain on the right hip joint and sacrum and limitation of movement. Spinal radiographic findings include blurring of articular margins and widening of the sacroiliac spaces. What diagnosis is most likely:

- A. Influenza
- B. Brucellosis**
- C. Q fever
- D. Ornitosis
- E. Leptospirosis

A 36 year-old woman was admitted to a hospital with complaints: fever, headache, arthralgia. Medical history: disease acute onset with fever 38-39, sweating, and migratory arthralgia 5days ago. Epidemiology history: she works as a wool sorter. On physical examination: temperature 38,5C, profuse night sweat, arthritis of the right knee, bursitis, moderate increased all groups of lymph nodes, painless, hepatosplenomegaly.

Which one of the following laboratory tests is used to isolation of pathogen:

- A. Blood culture**
- B. Microscopy of blood
- C. ELIZA test
- D. Skin test
- E. Complement fixation test

A 40 year-old man was admitted to a hospital with complaints: fever, headache, arthralgia. Medical history: disease acute onset with fever 38-39, sweating, and migratory arthralgia 5 days ago. 4 month ago he had a febrile illness. Epidemiology history: she works as a butcher. On physical examination: temperature 38,5C, profuse night sweat, arthritis of the right knee, moderate increased all groups of peripheral lymph nodes, painless, hepatosplenomegaly.

What treatment is prescribed for this disease:

- A. Penicillin + doxycycline
- B. Ampicillin + erythromycin
- C. Doxycycline + gentamycin**
- D. Ceftriaxone + streptomycin
- E. Cefotaxime + ciprofloxacin

A 23 year-old man was admitted to a hospital with complaints: fever, headache, arthralgia. Medical history: disease acute onset with fever 38-39, sweating, and migratory arthralgia 5days ago. Epidemiology history: he is farmers. On physical examination: temperature 38,5C, profuse night sweat, migratory arthralgia, usually in large joint, moderate increased all groups of peripheral lymph nodes, hepatosplenomegaly.

What is duration of antibacterial treatment for this disease:

- A. 7 days
- B. 10 days
- C. 14 days
- D. 4 weeks
- E. 6 weeks**

What is very common source of infection in Q fever:

- A. Livestock**
- B. Birds
- C. Rodents
- D. Tick

E. Fish

A 46 year-old patient was admitted to a hospital with complaints: fever, strong headache, insomnia, sweat, cough, arthralgia, myalgia. Medical history: the disease onset is acute with stunning chills, temperature quickly reaches 39-40° C. Epidemiology history: he is veterinarians. On physical examination: fever is remitting, the face and neck are red, scleritis, severe headache, retroorbital pain, profuse sweats, bradycardia, hypotension, on auscultation over the lungs rales, hepatomegaly and splenomegaly.

What one of the following disease is most likely:

- A. Epidemic typhus
- B. Q fever**
- C. Brucellosis
- D. Influenza
- E. Ornitosis

A 37 year-old woman was admitted to a hospital with complaints: prolong low-grade fever, sweat, cough, dyspnea, myalgia. Medical history: she has prolong fever 2 month. Epidemiology history: she gave birth to a cow 3 month ago. On physical examination: fever is remitting, headache, skin pale, sweats, muscle pain, dyspnea, tachycardia, deaf heart sounds, hypotension, hepatomegaly.

What is the very severe complication of chronic form this disease:

- A. Pneumonia
- B. Endocarditis**
- C. Arthritis
- D. Uveitis
- E. Meningitis

A 34 year-old patient was admitted to a hospital on the 5<sup>th</sup> days of disease with complaints: fever, strong headache, cough. Medical history: the disease onset is acute with stunning chills, temperature quickly reaches 39-40° C. Epidemiology history: he is farmers. On physical examination: fever is remitting, the face and neck are red, scleritis, severe headache and rethroorbital pain, profuse sweats, insomnia, muscle pain, arthralgia, dizziness, bradycardia, hypotension, dry cough, chest pain, on auscultation over the lungs rales, hepatosplenomegaly.

What is very common laboratory test is used to confirm a diagnosis of this disease:

- A. Serological**
- B. Bacteriological
- C. Skin test
- D. Stool microscopy
- E. Chest X-ray

A 49 year-old patient was admitted to a hospital on the 3<sup>rd</sup> day of disease with complaints: fever, strong headache, sweat, arthralgia, myalgia. Medical history: the disease onset is acute with stunning chills, temperature quickly reaches 39-40° C. Epidemiology history: he is farmer. He always drinks unpasteurized milk. On physical examination: fever is remitting, the face and neck are red, scleritis, severe headache, characterized retroorbital pain, photophobia, profuse sweats, insomnia, arthralgia, dizziness, bradycardia, hypotension, hepatosplenomegaly.

Which one of the following drugs is drug of choice for treatment of this disease:

- A. Ampicillin
- B. Metronidazole
- C. Doxycycline**
- D. Ceftriaxone
- E. Penicillin

A 56 year-old woman was admitted to a hospital on the 4<sup>th</sup> days of disease with complaints: fever, headache, insomnia, dry cough. Medical history: the disease onset is acute with stunning chills, temperature up to 39° C. Epidemiology history: she takes care of the livestock. On physical examination:

fever, the face and neck are red, scleritis, strong headache in the frontal and retroorbital area, profuse sweats, muscle pain, arthralgia, bradycardia, hypotension, dry cough, chest pain, on auscultation over the lungs rales, hepatosplenomegaly.

What the measures to prevention this disease are:

- A. **Wear a mask and gloves**
- B. Human immunization
- C. Avoid contact with livestock
- D. Flea control
- E. Rodents control

Which is a route of transmission of Intestinal yersiniosis and Pseudotuberculosis:

- A. **Alimentary**
- B. Skin contact
- C. Airborne
- D. Transmissible
- E. Parenteral

A 18 year-old boy was admitted to a hospital on 1<sup>st</sup> March with complaints of fever, sore throat, headache, rash on the skin, arthralgia. Medical history: he felt sick 2 days ago, when acute temperature rose. Epidemiology history: he lives in a boarding school and 5 day ago he ate fresh vegetable salad. On physical examination: skin of the face and neck are red like a "hood", skin the hand and feet are swelling and red like "gloves" and "socks", scarlet-like rashes on the head and neck, upper and lower extremity, scleritis, hyperemia of the throat and strawberry tongue, arthralgia, colicky abdominal pain on the right iliac part, hepatomegaly.

Which one of the following diseases is most probable in the patient:

- A. Epidemic typhus
- B. **Pseudotuberculosis**
- C. Intestinal yersiniosis
- D. Meningococcal meningococemia
- E. Typhoid fever

A 23 year-old woman was admitted to a hospital on 10<sup>th</sup> October with complaints of fever, nausea, repeated vomiting, abdominal pain, arthralgia, diarrhea. Medical history: he felt sick 2 days ago, when acute temperature rose. Epidemiology history: he was with his grandmother in the village 1 week ago, where he drank unpasteurized milk. On physical examination: skin of the face and neck are red like a hood, scleritis, hyperemia of the throat and strawberry tongue, arthritis of the knee joint, abdominal pain on the right iliac part, hepatomegaly, watery stool with mucus and blood 5-6 times a day.

Which one of the following diseases is most probable in the patient:

- A. Epidemic typhus
- B. Pseudotuberculosis
- C. **Intestinal yersiniosis**
- D. Meningococcal meningococemia
- E. Typhoid fever

A 48 year-old woman was admitted to a hospital on 12<sup>th</sup> April with complaints of fever, sore throat, headache, rash on the skin, arthralgia. Medical history: he felt sick 4<sup>th</sup> days ago, when acute temperature rose. Epidemiology history: she ate fresh vegetable salad every day. On physical examination: skin of the face and neck are red like a "hood", skin the hand and feet are swelling and red like "gloves" and "socks", scarlet-like rashes on the head and neck, upper and lower extremity, scleritis, hyperemia of the throat and strawberry tongue, arthralgia, colicky abdominal pain on the right iliac part, hepatomegaly.

Which one of the following laboratory tests is very common used for diagnosis of the disease:

- A. Blood culture
- B. **Serological test**
- C. Blood microscopy

- D. Colonoscopy
- E. Skin test

A 37 year-old man was admitted to a hospital on 8<sup>th</sup> October with complaints of fever, nausea, repeated vomiting, headache, arthralgia, diarrhea. Medical history: he felt sick 5<sup>th</sup> days ago, when acute temperature rose. Epidemiology history: he ate inadequately cooked meat. On physical examination: skin of the face and neck are red like a hood, hyperemia of the throat and strawberry tongue, conjunctivitis, abdominal pain on the right iliac part, arthritis of the knee joint, hepatomegaly, watery stool with mucus and blood 5-6 times a day.

Which one of the following drugs is used to treatment of this disease:

- A. Penicillin
- B. Ciprofloxacin
- C. Azithromycin
- D. Ampicillin
- E. Metronidazole

A 52 year-old woman was admitted to a hospital on 7<sup>th</sup> October with complaints of fever, nausea, repeated vomiting, abdominal pain, arthralgia, diarrhea. Medical history: he felt sick 6<sup>th</sup> days ago, when acute temperature rose. Epidemiology history: he drunk unpasteurized milk. On physical examination: skin of the face and neck are red like a “hood”, hyperemia of the throat and strawberry tongue, conjunctivitis, arthritis of the knee joint, strong abdominal pain on the right iliac part is mimic appendicitis, hepatomegaly, watery stool with mucus and blood 5-6 times a day.

What alternative antibiotic is used to treat this disease:

- A. Erytromycin
- B. Streptomycin
- C. Ceftriaxone
- D. Co-trimoxazole
- E. Ampicillin

Which one of the following syndromes is characteristic for parainfluenza:

- A. Tracheitis
- B. Pharyngotonsillitis
- C. Laryngitis
- D. Tonsillitis
- E. Bronchiolitis

A 27-year-old woman went to a doctor on the 4<sup>th</sup> day of illness with complaints of fever, headache, sore throat, conjunctivitis, dry cough, runny nose. Medical history: she felt ill, when temperature gradually increased and catarrhal symptoms appeared. Epidemiology history: she works as a teacher in high school. On physical examination: injection of the sclera, purulent conjunctivitis, hyperemia of the pharynx, tonsils swelling, peripheral lymph nodes are slightly increased, hepatomegaly.

Which one of the following diagnosis is most likely:

- A. Parainfluenza
- B. Rhinovirus infection
- C. Respiratory syncytial infection
- D. Influenza
- E. Adenovirus infection

A 18-year-old student went to a doctor on 12<sup>th</sup> January with complaints of fever, headache, sore throat, cough, nasal congestion. Medical history: he was acutely ill with temperature up to 39.5 ° C, headache, muscle pain, and on 2<sup>nd</sup> day of disease catarrhal symptoms appeared. On physical examination: fever, intoxication, strong headache, photophobia, hyperemia of the face, scleritis, hyperemia of the pharynx, dry nonproductive painful cough, myalgia. After 5 days temperature returned to normal, but weakness remained.

Which one of the following diagnosis is most likely:

- A. Adenovirus infection
- B. Parainfluenza
- C. Respiratory syncytial infection
- D. Influenza**
- E. Enterovirus infection

A 35-year-old patient went to a doctor with complaints: high fever, malaise, strong headache, myalgia, nasal congestion, dry nonproductive painful cough. Medical history: he was acutely ill with a rise temperature and chills, then catarrhal symptoms appeared. Epidemiology history: he visited his friend, who had a fever. On physical examination: T-39C, intoxication, hyperemia of the face and pharynx, scleritis, myalgia, nasal congestion, dry nonproductive painful cough.

Which one of the following laboratory test is used to confirm the diagnosis:

- A. Blood culture
- B. PCR of nasopharyngeal swear**
- C. Microscopy of pharyngeal swear
- D. PCR of blood
- E. PCR of stool

A 25 year-old woman went to a doctor on 6th with complaints of fever, headache, sore throat, cough, nasal congestion. Medical history: he was acutely ill with temperature up to 39.5 ° C, headache, muscle pain, and on 2nd day of disease catarrhal symptoms appeared. On physical examination: fever, intoxication, strong headache, photophobia, hyperemia of the face, scleritis, hyperemia of the pharynx, dry nonproductive painful cough, myalgia.

Which one of the following drugs is used to treatment severe form of this disease:

- A. Acyclovir
- B. Ribavirin
- C. Oseltamivir**
- D. Tenofovir
- E. Sofosbuvir

A 30 year-old woman went to a doctor on the 4th day of illness with complaints of fever, headache, sore throat, conjunctivitis, dry cough. Medical history: she felt ill, when temperature gradually increased and catarrhal symptoms appeared. Epidemiology history: she works as a kindergarten's teacher. On physical examination: injection of the sclera, purulent conjunctivitis, hyperemia of the pharynx, tonsils swelling, dry cough, runny nose peripheral lymph nodes are slightly increased, hepatomegaly.

What treatment is prescribed for this disease:

- A. Oseltamivir
- B. Acyclovir
- C. Symptomatic**
- D. Antibiotic
- E. Corticosteroids

Which one of the following pathogen is caused Erysipelas:

- A. Staphylococcus epidermitis
- B. b-hemolytic streptococcus A**
- C. Staphylococcus aureus
- D. b-hemolytic streptococcus B
- E. Streptococcus pneumonia

A 48 year-old patient was admitted to a hospital with complaints of fever up to 39.2C, chills, muscle pain, redness and swelling on the right leg. On physical examination: on the skin of the shin of the right leg is a painful and shiny light-red swelling of a quite clearly defined area of skin, with a raised border. The right inguinal lymph nodes are enlarged to 1.5 cm, painful.

Which one of the following diagnosis is most probable:

- A. Leishmaniasis
- B. Erysipelas**
- C. Anthrax
- D. Cellulitis
- E. Hemorrhagic fever

A 53 year-old woman was admitted to a hospital with complaints of fever up to 39,5C, chills, muscle pain, redness and swelling on the left part of face. On physical examination: on the skin of the left part of the face is a red, swollen, and painful area of skin with a raised edge of a quite clearly defined area of skin. There are blisters on the affected area. The left regional lymph nodes are enlarged and painful.

Which one of the following clinical form of this disease is most likely:

- A. Erythematous
- B. Bullous**
- C. Edematous
- D. Bullous-hemorrhagic
- E. Erythematous-hemorrhagic

A 72 year-old man was admitted to a hospital with complaints of fever up to 39.2C, chills, muscle pain, redness and swelling on the shin of the right leg. On physical examination: on the skin of the right shin of leg is a painful and shiny light-red swelling of a quite clearly defined area of skin, with a raised border. The right inguinal lymph nodes are enlarged to 1.5 cm, painful.

Which drug of choice to treatment this disease:

- A. Erythromycin**
- B. Streptomycin
- C. Mertonidazole
- D. Lincomycin
- E. Pifampicin

A 65-year-old woman consulted a doctor with complaints of fever up to 39C, chills, headache, hyperemia of the shin of the right leg. Medical history: she notes that she had 3 relapses of this disease on the same place during the last year. On physical examination: swelling erythema is tender, slightly raised, clearly demarcated from healthy skin and soreness. The right inguinal lymph nodes are enlarged, painful.

What preventive treatment is prescribed after recovery for this form of the disease:

- A. Vaccine
- B. Immunoglobulin
- C. Erythromycin 0,5 mg for 1 month
- D. Benzathine benzylpenicillin 2,4 g for 1 month
- E. Benzathine benzylpenicillin 2,4 g for 12 months**

A 47 year-old woman was admitted to a hospital with complaints of fever up to 39,5C, chills, muscle pain, redness and swelling of skin of the nose. Medical history: before disease on the skin of the nose was small wound. On physical examination: on the skin of nose is a red, swollen, and painful area of skin with a raised edge of a quite clearly defined area of skin. There are blisters on the affected area. The left regional lymph nodes are enlarged and painful.

Which of the following drugs is used to treatment this disease:

- A. Lincomycin
- B. Penicillin**
- C. Streptomycin
- D. Metronidazole
- E. Pifampicin

Which the immune cells are predominantly affected by HIV:

- A. T4-lymphocytes**
- B. T8-lymphocytes
- C. Leukocytes

- D. B-lymphocytes
- E. Macrophages

A 22 year-old man went to a doctor with complaints: fever, headache, fatigue, sore throat. Medical history: he got sick 1 week ago. Epidemiology history: he is injection drugs user. On physical examination: temperature 38,7C, night sweats, swollen peripheral lymph nodes, especially cervical and axillary, muscle aches, rash, hepatomegaly.

Which one of the following diagnosis is most likely:

- A. Influenza
- B. Adenovirus infection
- C. HIV infection
- D. Enterovirus infection
- E. Herpes virus

A 38 year-old man went to a doctor with complaints: weight loss, chronic diarrhea, night sweats, fatigue. Medical history: during the year he notes frequent stomatitis, there was pneumonia 3 times, now diarrhea has recently appeared. Epidemiology history: before illness, he often had unsafe sex. On physical examination: temperature 38,7C, skin pale, night sweats, swollen peripheral lymph nodes, especially cervical and axillary, myalgia, hepatomegaly, watery diarrhea 5-7 times a day. In complete blood count: anemia, leukopenia, thrombocytopenia.

Which one of the following disease is most likely:

- A. Influenza
- B. Enteritis
- C. HIV-infection
- D. Brucellosis
- E. Adenovirus infection

A 34 year-old woman went to a doctor with complaints: prolong fever, fatigue, sore throat, loss of appetite, weight loss, night sweats. Medical history: recent year he notes frequent pneumonia, fungal nail infections appeared. Epidemiology history: she is injection drugs user. On physical examination: generalized lymphadenopathy, white patches on gums, tongue or lining of the mouth with pain in the mouth and throat, difficulty swallowing, hepatomegaly. Level of CD4 cells - 350 cells/mm<sup>3</sup>. Blood test: anemia, leukopenia.

What kind of the opportunistic infection of HIV this patient has:

- A. Adenovirus infection
- B. Streptococcal angine
- C. Oral candidiasis
- D. Stomatitis
- E. Kaposi's Sarcoma

A 42 year-old woman went to a doctor with complaints: fever, cough, shortness of breathing, night sweats, weight loss, fatigue. Medical history: during the year he notes frequent stomatitis, there was pneumonia 3 times, now diarrhea has recently appeared. Epidemiology history: Her husband has HIV-infection. On physical examination: a temperature 39C, skin pale, night sweats, dry cough, chest pain, dyspnea, hepatomegaly. In complete blood count: anemia, leukopenia, thrombocytopenia. In CT scan of lungs showed extensive blackout in the form of frosted glass. Level of CD4 cells - 100 cells/mm<sup>3</sup>.

What kind of opportunistic infection of HIV this patient has:

- A. Tuberculosis
- B. Pneumocystis pneumonia
- C. Bacterial pneumonia
- D. Adenovirus infection
- E. Kaposi's Sarcoma

A 38 year-old man went to a doctor with complaints: weight loss, vomiting, chronic diarrhea, night sweats, fatigue. Medical history: during the year he notes frequent stomatitis, there was pneumonia 3

times, now diarrhea has recently appeared. Epidemiology history: before illness, he often had unsafe sex. On physical examination: night sweats, candidiasis of trachea, bronchi, and lungs, Kaposi sarcoma, meningeal signs positive, weight loss more 10%. In complete blood count: anemia, leukopenia, thrombocytopenia. In CSF detected Cryptococcus. Level CD4 cells – 50cells/mm<sup>3</sup>.

What is clinical stage of HIV-infection in this patient:

- A. Acute infection
- B. Clinical stage 1
- C. Clinical stage 2
- D. Clinical stage 3
- E. **Clinical stage 4**

A 29 year-old man went to a doctor with complaints: weight loss, chronic diarrhea, night sweats, fatigue. Medical history: during the year he notes frequent stomatitis, there was pneumonia 3 times, now diarrhea has recently appeared. Epidemiology history: before illness, he often had unsafe sex. On physical examination: temperature 38,7C, skin pale, night sweats, swollen peripheral lymph nodes, especially cervical and axillary, myalgia, hepatomegaly, watery diarrhea 5-7 times a day. In complete blood count: anemia, leukopenia, thrombocytopenia.

Which laboratory test confirms the diagnosis of HIV-infection:

- A. Biopsy of lymph node
- B. Microscopic agglutination test
- C. Culture aspirate of bone marrow
- D. **ELIZA test**
- E. Saliva culture

A 46 year-old man went to a doctor with complaints: weight loss, vomiting, chronic diarrhea, night sweats, fatigue. Medical history: during the year he notes frequent stomatitis, there was pneumonia 3 times, now diarrhea has recently appeared. Epidemiology history: before illness, he often had unsafe sex. On physical examination: night sweats, candidiasis of trachea, bronchi, and lungs, Kaposi sarcoma, meningeal signs positive, weight loss more 10%. In complete blood count: anemia, leukopenia, thrombocytopenia.

What is the level of CD4 cells characteristic for development of AIDS:

- A. **200 cells/mm<sup>3</sup>**
- B. 300 cells/mm<sup>3</sup>
- C. 400 cells/mm<sup>3</sup>
- D. 500 cells/mm<sup>3</sup>
- E. 1000 cells/mm<sup>3</sup>

A 24 year-old woman went to a doctor with complaints: prolong fever, fatigue, sore throat, loss of appetite, weight loss, night sweats. Medical history: recent year he notes frequent pneumonia, fungal nail infections appeared. Epidemiology history: she is injection drugs user. On physical examination: generalized lymphadenopathy, white patches on gums, tongue or lining of the mouth with pain in the mouth and throat, difficulty swallowing, hepatomegaly. Level of CD4 cells - 350 cells/mm<sup>3</sup>. Blood test: anemia, leukopenia.

Which one of the following laboratory tests is used to determine viral load:

- A. ELIZA test
- B. Blood culture
- C. **PCR**
- D. Definition of CD4 cells
- E. Saliva culture

A 46 year-old man went to a doctor with complaints: weight loss, chronic diarrhea, night sweats, fatigue. Medical history: during the year he notes frequent stomatitis, there was pneumonia 3 times, now diarrhea has recently appeared. Epidemiology history: before illness, he often had unsafe sex. On physical examination: temperature 38,7C, skin pale, night sweats, swollen peripheral lymph nodes, especially

cervical and axillary, myalgia, hepatomegaly, watery diarrhea 5-7 times a day. In complete blood count: anemia, leukopenia, thrombocytopenia. A doctor suspected HIV-infection.

What is the indication for antiretroviral therapy:

- A. Only the patients with AIDS stage
- B. Only the patients with Clinical stage 2
- C. Only the patients with Clinical stage 3
- D. Only the patients with Clinical stage 4
- E. **All the patients regardless of stage**

A 23 year-old man went to a doctor with complaints: weight loss, night sweats, fatigue. Medical history: during the year he notes frequent stomatitis, there was pneumonia 3 times. Epidemiology history: before illness, he often had unsafe sex. On physical examination: swollen peripheral lymph nodes, especially cervical and axillary, night sweats, hepatomegaly. In complete blood count: anemia, leukopenia. A doctor suspected HIV-infection.

Which one of the following treatment regimens is used to treatment:

- A. Sofosbuvir+Ledipasvir
- B. **Tenofovir+emtricitabin+efavirens**
- C. Tenofovir+Entecavir
- D. Oseltamivir
- E. Acyclovir+ remantadin

A 35 year-old surgeon cut his finger during the operation. Examination of the surgeon and the patient for HIV-infection is prescribed.

How post-exposure prophylaxis performed:

- A. ARV drugs 72 hours
- B. ARV drug 10 days
- C. ARV drugs 14 days
- D. **ARV drugs 28 days**
- E. ARV drugs 1 year

## PEDIATRICS

#

1

Explain the origin of the skin turgor reduction detected during the general examination:

2

hemorrhagic syndrome

exicose syndrome

hyperestrogenemia

syderopenic syndrome

violation of synthetic liver function.

#

2

The child of 2 years, on general examination, the doctor revealed in this baby the location of the apical thrust in the V intercostal interval at 1 cm from the left middle-clavicular line. Evaluate the location of the apical thrust (AT), what does this indicate?

4

shift of AT to the left, right ventricular hypertrophy

shift of AT to the left and down, left ventricular hypertrophy, dilatation of the left ventricular

AT shifted to the left, left ventricular hypertrophy

the location of the AT corresponds to the age norm

AT shifted to the left, left ventricular dilatation

#

3

The apical thrust is caused by:

1

left ventricle  
right atrium  
arc of the aorta  
left atrium  
right ventricular.

#

4

The palpation of the heart area doesn't allow us to identify one of the following signs:

2

properties of the apical thrust  
vascular bundle width  
presence of a heartbeat  
trembling anterior chest wall "cat purring"  
supracostal pulsation

#

5

Normal urine analysis by Nechiporenko doesn't characterized by:

1

wax cylinders - up to 10-20 per 1 ml sediment  
red blood cells - up to 1000 per 1 ml of sediment  
white blood cells - up to 2000 per 1 ml of sediment  
cylinders - up to 250 per 1 ml of sediment  
white blood cells - up to 1500 per 1 ml of sediment.

#

6

The speed of tubular filtration (STF or Reberg-Tareev's probe) in healthy children is:

3

20- 40 ml/min  
40- 60 ml/min  
80-160 ml/min  
130-150 ml/min  
150-220 ml/min.

#

7

The right contour of the heart on the X-ray is formed:

4

vena cava superior  
vena cava inferior  
right ventricle  
right atrium  
pulmonary artery.

#

8

The area of listening to the pulmonary artery valve:

3

apical thrust  
base of the xiphoid bone  
II intercostal to the left of the edge of the sternum  
II intercostal to the right of the edge of the sternum  
IV intercostal to the left of the edge of the sternum.

#

9

What is the type of shortness of breath typical for spasms of the musculature of small bronchus?

2

stridorous breathing;

expiratory shortness of breath;  
Kussmaul's breath  
Cheyne Stokes Breath  
inspiratory shortness of breath.

#

10

The purpose of the use of additional intake of lung auscultation - forced expiration:

2

to distinguish the pleural friction rub sound from the fastening and wheezing  
to detect hidden bronchial obstruction  
to distinguish dry wheezing from wet  
To distinguish dry wheezing from the pleural friction rub sound;  
to improve listening to pathological bronchial breathing.

#

11

The mechanism for the appearance of hard breathing is:

3

decrease in alveoli elasticity in increased airiness of lung tissue  
change of the timbre of laryngo-tracheal breathing in atelectasis  
narrowing of the lumen of medium and small bronchi of different genesis  
the presence of a small center of atelectasis, surrounded by unmodified alveoli  
increase the oscillation of the walls of the alveoli in forced breathing.

#

12

What percussion sound is determined above the inflammatory seal area of the lung tissue within the lobe?

1

absolutely dullness (stony dull)  
clear pulmonary sound  
tympanic sound  
dull with a tympanic hue  
boxy sound.

#

13

What percussion sound appears at the initial stage of lung inflammatory stage within the lobe?

4

absolutely dullness (stony dull)  
pulmonary sound  
tympanic sound  
dull with a tympanic hue  
boxy sound.

#

14

What breathing noise is heard in the initial stage of the inflammatory seal of the lung tissue?

1

diminished vesicular breathing  
amphoric breathing  
bronchial breathing  
hard breath  
mixed bronchovesicular breathing

#

15

For what purpose is the additional technique used for auscultation of the lungs - repeated auscultation after coughing?

4

to distinguish the pleural friction rub sound from the fastening and wheezing  
to detect hidden bronchial obstruction  
to distinguish dry wheezing from wet wheezing

to distinguish wheezing from fixing or pleural friction rub sound for better listening to pathological bronchial breathing.

#

16

What kind of percussion sound appears in the emphysema of the lungs?

5

absolutely dullness (stony dull)

pulmonary sound

tympanic sound

dull with a tympanic hue

boxy sound.

#

17

What breathing noise is heard when there is a cavity in the lung tissue with a diameter more than 5 cm connected to the bronchi?

2

diminished vesicular breathing

amphoric breathing

bronchial breathing

hard breath

mixed bronchovesicular breathing.

#

18

What type of shortness of breath is typical for effusion syndrome in the pleural cavity?

2

stridorous breathing

frequent shallow breathing

Kussmaul's breath

Cheyne Stokes Breath

breath with an elongated exhalation, accompanied by whistling wheezing.

#

19

What respiratory noise is heard in interstitial pulmonary edema?

1

diminished vesicular breathing

amphoric breathing

bronchial breathing

hard breath

mixed bronchovesicular breathing.

#

20

Choose the most correct interpretation of the palpation data (a teenager of 13 years) - a localized, 2 sm in width, reinforced apical thrust in the Vth intercostal interval at the level of the mid-key line:

1

hypertrophy of the left ventricle without expressed dilatation

hypertrophy and left ventricular dilation

hypertrophy and dilation of the right ventricle

fusion (adhesion) of the pericardium leaves

aneurysm (postinfarct) of the anterior wall of the left ventricle.

#

21

Pulse deficiency (pulsus dificiens) is:

4

sharp weakening or no pulsation on one radial artery compared to another

sharp decrease in heart rate on symmetrical radiation arteries

number of pulse waves on the radial artery more than the number of heartbeats

number of pulse waves on the radial artery is less than the number of heart rate

increased pulsation of one radial artery.

#

22

What are the normal limits of relative cardiac dullness in children under of 1 year old:

1

upper - II rib, left - IV i/c on 1-2 cm from the MCL, right - parasternal line;

upper - II i/c, left - V i/c on 1-2 cm from MCL, right - whips from the parasternal line

the upper - III rib, the left - V i/c on the MCL, the right - closer to the right edge of the sternum;

upper - upper edge of the III rib, left - V i/c on 1-2 cm whips from the MCL, right - 1 cm of the inners from the edge of the sternum;

upper - III rib, left - V i/c on the axillary line, right - on the right edge of the sternum;

#

23

What are the normal limits of relative cardiac dullness in children 2 to 6 years old:

1

upper - II rib, left - IV i/c on 1-2 cm from the MCL, right - parasternal line;

upper - II i/c, left - V i/c on 1-2 cm from MCL, right - whips from the parasternal

the upper - III rib, the left - V i/c on the MCL, the right - closer to the right edge of the sternum;

upper - upper edge III rib, left - V i/c on 1-2 cm whips from the NCL, right - 1 cm of the inners from the edge of the sternum;

upper - III rib, left - V i/c on the axillary line, right - on the right edge of the sternum;

#

24

Include the normal limits of relative cardiac dullness in children aged 7 to 12:

3

upper - II rib, left - IV i/c on 1-2 cm from the MCL, right - parasternal line;

upper - II i/c, left - V i/c on 1-2 cm from MCL, right - whips from the parasternal line

the upper - III rib, the left - V i/c on the MCL, the right - closer to the right edge of the sternum;

upper - upper edge III rib, left - V i/c on 1-2 cm whips from the MCL, right - 1 cm of the inners from the edge of the sternum;

upper - III rib, left - V i/c on the axillary line, right - on the right edge of the sternum;

#

25

At what heart disease the left boundaries of absolute and relative cardiac dullness coincide?

3

aortic stenosis

aortic insufficiency

mitral stenosis

mitral insufficiency

acute myocardial infarction.

#

26

In the patient expressed mitral stenosis, with palpation of arterial pulse the doctor found a pathological characteristic. What is the change in your arterial heart rate in this condition?

3

pulsus dificiens

pulsus filiformis

pulsus differens

pulsus plenus

pulsus durus.

#

27

Spilled (width), lifting (dome-shaped) apical thrust is in the VI intercostal on 2 cm outside from the midclavicular line in a child of 13 years indicates about:

2

hypertrophy of the left ventricle without his pronounced dilation

hypertrophy and dilation of the left ventricle

hypertrophy and dilation of the right ventricle  
splication (adhesion) of pericardium leaves (sticky pericarditis)  
postinfarct aneurysm of the anterior wall of the left ventricle.

#

28

Negative apical thrust (systolic retraction) indicates:

4

hypertrophy of the left ventricle without his pronounced dilation;  
hypertrophy and dilation of the left ventricle;  
hypertrophy and dilation of the right ventricle;  
splication (adhesion) of pericardium leaves (sticky pericarditis)  
postinfarct aneurysm of the anterior wall of the left ventricle.

#

29

The pericardium is not punctured at:

5

heart tamponade  
suspicion of the purulent process in the pericardium cavity  
delayed resorption of exudate in the pericardium cavity  
diagnostic difficulties about the nature of pericardia lesions  
postinfarct aneurysm.

#

30

If you suspect the presence of exudate in the pericardium cavity, first of all should be made:

5

pericardium puncture  
measurement of CVP (central venous pressure)  
chest X-ray  
phonoCG  
EchoCG

#

31

Gastric dyspepsia syndrome is:

5

normal bowel peristalsis  
sharply enhanced intestinal peristalsis  
constipation  
lack of intestinal peristalsis ("coffin silence")  
nausea, vomiting.

#

32

The occurrence of pain 2-3 hours after eating is typical for ulcerative defect with localization:

4

in the esophagus  
cardiac gastric  
pyloric gastric  
duodenal ulcers  
anastomosis ulcers.

#

34

A direct sign of an ulcer defect in the stomach during X-ray examination is:

3

scarring of the stomach  
divergence of folds of the stomach mucous  
symptom of "niche" on the contour of the stomach  
hypersecretion in the stomach cavity and the gatekeeper's dyskinesia  
slowing down the rate of evacuation of barium contents from the stomach.

#

35

The rumbling during the palpation of the ascending and transverse colon suggests:

5

normal phenomenon

presence of free fluid in the abdominal cavity

presence of gatekeeper stenosis

accumulation of large amounts of gases in colon (meteorism in a patient with colitis)

excess of liquid contents and gases in the large intestine (e.g. in a patient with acute enteritis).

#

36

Malabsorption syndrome doesn't manifest itself in one of the following symptoms:

2

flatulence

jaundice

diarrhea

loss of body weight

anemia

#

37

Anemia in malabsorption syndrome is caused by:

4

vitamin A and E deficiency

vitamin D deficiency

vitamin B1, B6 deficiency

iron, vitamin B12 and folic acid deficiency

nicotinic acid deficiency.

#

38

The cause of functional constipation is:

5

megacolon (pathological extension of the gut)

dolichosigma (pathologically elongated sigmoid intestine)

diverticulosis (pathological protrusion of the wall) of the large intestine

hyperfunction of the thyroid gland

eating easily digestible food.

#

39

Severe gastric bleeding is accompanied by:

3

always - pain syndrome

bloody vomiting

vomiting with dark brown (coffee grounds)

black stool

motor anxiety.

#

40

The weighting and muscle atrophy observed in liver disease indicate:

3

presence of duodeno-gastral reflux

increase of bile acids in the blood on the background of severe cholestasis

violation of synthetic (protein-forming) liver function

heart failure caused by myocardiodystrophy

reducing detoxification of the liver function.

#

41

"Liver" breath in liver disease indicates:

5

presence of duodeno-gastral reflux  
increase in bile acids in the blood against the background of pronounced cholestasis  
violation of synthetic (protein-forming) liver function  
heart failure caused by myocardiodystrophy  
destruction and disintegration of liver cells.

#

42

The cause of skin itching in liver disease is:

2

duodeno-gastral reflux  
cholestasis with an increase in bile acids in the blood  
violation of synthetic (protein-forming) liver function  
heart failure caused by myocardiodystrophy  
destruction and disintegration of liver cells.

#

43

Insufficient destruction of estrogens in chronic liver disease doesn't manifest one of the following symptoms:

3

"vascular" asterisks  
"hepatic" palms  
petechial rash on the skin  
gynecomastia  
"raspberry" language.

#

44

"Hepatic" palms are:

4

intracutaneous deposits of cholesterol in the form of plaques  
small-point hemorrhage in the skin  
petechial rash  
symmetrical redness of Thenar and Hypothenar  
accumulation of bile acids in the skin.

#

45

The symptom of Courvoisier is:

1

enlarged, painful, elastic and movable gallbladder in a patient with mechanical jaundice  
increased painless, elastic gallbladder, no jaundice  
mechanical jaundice, gallbladder is not enlarged, is determined by soreness in the Area of Schoffar-Riva  
enlarged and painful liver with jaundice symptom  
enlarged and painless spleen without jaundice.

#

46

In duodenal probing, the detection of signs of inflammation in the B portion indicates:

1

inflammation of the gallbladder  
peptic ulcers  
inflammation of the duodenum  
inflammation of the pancreas  
dyskinesia of the gallbladder.

#

47

Indicate the main clinical sign of portal hypertension syndrome:

1

ascites

jaundice  
"vascular" stars  
gynecomastia  
"hepatic" palms.

#

48

Ascites, enlargement of the anterior abdominal wall, enlargement of the spleen, varicose veins of the esophagus in patients with liver disease is indicated by the syndrome:

4

astheno-vegetative  
dyspeptic  
hemorrhagic  
portal hypertension  
hepato-lienal.

#

49

Extended and twisted veins of the anterior abdominal wall - a sign:

2

hepatic cell insufficiency syndrome  
portal hypertension syndrome  
hepato-splenomegaly syndrome  
mechanical jaundice syndrome  
intestinal obstruction syndrome.

#

50

Shingles pain in the upper half of the abdomen is observed in pathology:

3

stomach  
liver  
pancreas  
cecum  
sigmoid colon.

#

51

Abundant mushy oily stool is observed in:

4

gastric hypersecretion  
gastric hypersecretion  
intra-secretor pancreatic insufficiency  
external secret pancreatic insufficiency  
peptic ulcers.

#

52

The painfulness in the points of De Jarden, Kacha and Mayo-Robson is typical of inflammatory defeat:

4

stomach  
duodenal  
kidney  
pancreas  
spleen.

#

53

External secret insufficiency of the pancreas is not typical:

1

jaundice  
flatulence  
weight loss

polyphecalia  
Steatorrhea and creatorrhea.

#

54

Frequent urination is:

1

pollakiuria

strangury

ishuria

anuria

polyuria.

#

55

Painful and frequent urination is:

2

pollakiuria

strangury

ishuria

anuria

polyuria.

#

56

The increase in the daily amount of urine in half compared to the age norm is:

5

pollakiuria

strangury

ishuria

anuria

polyuria.

#

57

Daily diuresis in the volume of 1/15 (or 5%) age and below are:

4

pollakiuria

strangury

ishuria

anuria

polyuria.

#

58

Nephrotic syndrome does not manifest itself:

3

hypoalbuminemia

proteinuria above 3 g/day

hyperprotrombinemy

hypercholesterolemia

anasarka

#

59

Kidney failure syndrome does not manifest itself:

4

increased concentration of urea in the blood

increased concentration of creatinine in the blood

increased concentration of an indican in the blood

hyperalbuminemia

hypoisostenuria

#

60

The decrease in the concentration function of the kidneys is manifested:

2

nitrogen

hypoostenuria

ishury

anuria

proteinuria

#

61

Chronic renal failure manifests itself:

3

hyperalbuminemia

hypokaliemia

hypercreatinemia

urobilinuria

hyperbilirubinemia

#

62

The main sign of nephrotic syndrome is:

2

leukocyturia

hyperproteinuria

hematuria

cylinderuria

bacteriuria.

#

63

Predominance of neutrophils in urinary sediment (more than 90%) indicates:

2

tvubulointerstitial nephritis

pyelonephritis

glomerulonephritis

hereditary nephritis

cystitis

#

64

Concentration kidney function is assessed by probe:

3

Sulkowicz

Nechiporenko

Zimnitskiy

Reberg-Tareev

three-cup test

#

65

Functional systolic murmur:

3

amplified upright

listened to throughout the systole

decreases in physical activity

carried on the vessels of the neck

carried on the back

#

66

The T wave on the electrocardiogram corresponds to the:

1

repolarization of the ventricles  
atrial depolarization  
atrial repolarization  
atrial and ventricular depolarization  
pause

#

67

Neurological and psychical development of children in 1 year - 1 year 3 months include:

3

stepping over obstacles in an alternate step  
the ability to walk on a surface 15-20 cm wide at a height of 15-20 cm  
long-term walking, change of position (squats, bends)  
stepping over obstacles 10-15 cm high or 35 cm long in an alternating step  
crawling

#

68

To determine the hydrophilicity of tissues, it is used:

4

Addis-Kakovsky analysis  
Sulkowich sample  
Zimnitskiy sample  
McClure-Aldrich test  
Nechiporenko analysis

#

69

The child turns his head towards the sound with:

2

1 months  
2 months  
3 months  
4 months  
5 months

#

70

Formula for calculating the number of baby teeth in a child under 1 year old:

2

$n + 4$   
 $n - 4$   
 $4n - 20$   
 $20 - 2n$   
 $22 - n$

#

71

The relative rarity of nasal bleeding in a child of the first year of life is explained:

2

dry mucous membrane  
underdevelopment of the cavernous part of the submucosa  
lack of a lower nasal passageway  
weak vascularization  
lack of a higher nasal passageway

#

72

The larynx of young children has a form:

3

barrel-shaped  
elongated  
funnel-shaped

vessel

oval

#

73

The frequency of breathing movements per minute in a newborn child is:

3

20-30

20-40

40-60

60-80

80-100

#

74

What structure provides communication between large and small blood circulation in the fetus?

2

ductus venosus

ductus arteriosus

umbilical vein

portal vein

aorta

#

75

In a newborn child, the upper edge of the heart of relative cardiac dullness is determined at the level:

1

II rib

II i/c

III rib

III i/c

IV rib

#

76

The shift of the apical thrust is noted at the time of the:

1

left ventricular hypertrophy

ascites

peritonitis

flatulence

pneumonia

#

77

Ductus arteriosus connects:

4

pulmonary artery with umbilical cord

umbilical vein with vena cava inferior

umbilical artery with aorta

pulmonary artery with aorta

umbilical vein with vena cava superior

#

78

In a newborn child, the right heart boundary of relative cardiac bluntness is determined:

3

on the right midclavicular line

2 cm from the right parasternal line

right parasternal line

2 cm outside from the right midclavicular line

left parasternal line

#

79

A newborn child has a heart rate per minute:

4

60-80

80-100

100-120

140-160

180-200

#

80

A formula is used to calculate the systolic blood pressure of a child over 1 year old:

1

$90+2n$

$60+n$

$80+(n-2)$

$100+2n$

$75+(n+2)$

#

81

A sample should be done to identify the hidden swellings:

4

Nechiporenko

Zimnitskiy

Addis-Kakowski

McClure

three-cup test

#

82

The brick color of urine in a newborn may indicate development:

1

urinary heart attack

pyelonephritis

glomerulonephritis

cystitis

urethritis

#

83

Clearance for endogenous creatinine characterizes:

3

secretion

reabsorption

glomerular filtration

diuresis

presence of leucocytes

#

84

The regurgitation in young children is due to underdevelopment of:

1

cardiac gastric

bottom of the stomach

pyloric gastric

body of the stomach

esophagus

#

85

The possibility of rapid development of vocal cords edema in children is conditioned:

3

narrowness of the vocal slit  
condition of the vocal cords  
with a submucosa and a high degree of vascularization  
features of the larynx muscle apparatus  
abundance of mucus

#

86

The central organs of the lymphatic system include:

4

Peyers plaques

spleen and bone marrow

epiphysis and pituitary glands

thymus and bone marrow

lymphatic nodes

#

87

The active formation of alveoli occurs in utero at the month of gestation:

4

2

3-4

5

6-7

8-9

#

88

Foci of hematopoiesis in the liver disappear by:

2

1 month after birth

period of newborns

3 weeks of intrauterine life

3 months of intrauterine life

just after birth

#

89

With significant proteinuria likely defeat:

1

glomerulas

Genle loops

distal tubules

collective tubes

ureter

#

90

The spirometry method can be measured:

4

aerodynamic airway resistance

functional residual capacity

intrathoracic gas volume

lung capacity

dead space volume

#

91

Physical development is:

3

achieved the level of maturation of individual organs, systems and functions of the child's body  
compliance with a child's physiological and functional indicators to age standards

a combination of the morphological and functional properties of the body, characterizing its growth and development at each age stage  
complex of the body's morphological properties, characterizing its growth and development at each age stage

the dynamics of weight indicators

#

92

"Frenicus" - symptom should be determined:

4

3 cm above the middle of the collarbone

in the corner formed by the key and the outer edge of sternocleidomastoid muscle

around jugular breast clipping

between the legs of the sternocleidomastoid muscle

along the parasternal line

#

93

Puerile breathing in children is listened to at the age:

3

6 months to 12 years

1 year to 8 years

6 months to 5-7 years

birth to 4 years

first month of life

#

94

The level of hemoglobin (g/l) in children over 1 year of age is:

3

100-120

110-130

120-140

140-160

less than 110

#

95

Sebaceous glands begin to function in children:

1

even before birth

from birth

3 months old

3-5 years old

after 4 years old

#

96

The presence of hemorrhages on the skin indicates a pathology of the system:

1

blood coagulation system

immune

respiratory

digestive

cardiac

#

97

Newborns have better developed skin function:

3

bactericidal

thermoregulatory

resorptive

excretory

protective

#

98

Rounded body shapes in infants are explained:

1

a large proportion of subcutaneous fiber relative to body weight

large fat cells, less thick skin, and little motor activity of the child

less thick skin

small motor activity of the child

a pronounced mobility of the child

#

99

The decline of turgor tissues is noted:

2

rickets

exicose

anemia

hypothyroidism

allergy

#

100

The late closure of a large fontanel is a sign:

1

rickets

hypotrophy

paratrophy

anemia

hypothyroidism

#

101

Muscular hypotension is characteristic of:

3

epilepsy

meningitis

rickets

cerebral palsy

anemia

#

102

What reflex is observed in a child lying on his back when bending one leg in the hip and knee joints, and then straightening in the knee?

2

upper Landau

Kernig

Brudzinsky Medium

Galant

Moro

#

103

Which of the following parts of the stomach is poorly developed in infants?

1

cardiac

body

pyloric

antral

all

#

104

How many platelets are found in a healthy child (x10<sup>3</sup>)?

3

50-100

100-150

150-300

300-450

>500

#

105

At what age is the 2nd lymphocyte-neutrophilic "crossover" observed?

2

2-3

4-5

6-7

8-9

10

#

106

How many blast cells can be present in the myelogram of a healthy child (%)?

1

1-5

10

15

20

>20

#

107

Which of the following organs in the fetus is the main one that synthesizes lymphocytes?

1

thymus

spleen

bone marrow

renal epithelium

liver

#

108

Which of the listed antibodies provide the protection of the mucosa?

3

IgG

IgM

Each

IgD

IgE

#

109

What hormone is produced by the anterior lobe of the?

4

oxytocin

T3

T4

thyroid hormone

prolactin

#

110

In which of the listed organs is aldosterone synthesized?

1

tangle zone of the adrenal glands  
back lobe of the pituitary gland  
thyroid  
anterior lobe of the pituitary gland  
pituitary gland

#

111

Nasal sinuses are not developed enough in children\_\_\_:

1

young age  
older age  
preschoolers  
schoolchildren  
at all

#

112

What is the level of hemoglobin in a newborn immediately after birth?

4

<100 g/l  
100 to 130 g/l  
130 to 160 g/l  
180 to 240 g/l  
240 to 280 g/l

#

113

The maximum number of neutrophils usually falls on the\_\_\_\_\_:

1

1 - 4th day after birth  
5 - 7th day after birth  
7 - 9th day after birth  
9 - 11th day after birth  
after 1 month

#

114

What is the amount of red blood cells in a newborn immediately after birth?

2

3.5 - 4.5 x 10<sup>12</sup>/L  
5.0 - 6.5 x 10<sup>12</sup>/L  
4.5 - 5.0 x 10<sup>12</sup>/L  
6.5 - 10.0 x 10<sup>12</sup>/L  
<5 x 10<sup>12</sup>/L

#

115

Typically, the number of leukocytes exceeds 18-20 x 10<sup>9</sup>/l of a newborn:

1

1 - 5 day of life  
5 - 10 days of life  
10 - 14 days of life  
15-20 day of life  
after 1 month

#

116

At what age does occur the first lymphocytic - neutrophilic "crossover"?

2

1-3 day of life  
4-5 day of life

7-9 day of life  
10-12 day of life  
after 14 day of life

#

117

Bleeding time in healthy children varies\_\_\_\_\_:

1

2-4 mins

5-7 mins

8-9 mins

10-12mins

>15mins

#

118

The course of rickets according to the classification can be characterized as\_\_\_\_\_:

4

chronic, continuously recurrent

subacute

recurrent

acute, subacute, recurrent

acute, chronic, aborted

#

119

With rickets, there are the following stages, EXCEPT:

3

advanced

early

excitation

recovery

residual

#

120

The most physiological method of preventing rickets is the appointment of vitamin D

2

400-500 IU every day all year round

400-500 IU daily, from October to May (i.e., excluding sunny months)

1000 IU daily, year-round

in a dose of 2000 IU daily, for one month three times in the 1st year of life

Vitamin D and UFO for week one monthly

#

121

Symptoms of hypervitaminosis D in children are:

2

Increase in body temperature, anuria, convulsive syndrome, diarrhea

vomiting, weight loss, hypophosphateemia, positive sample of Sulkovic

increased appetite, obesity, hyperphosphatemia, negative sample of Sulkovic

craniotabes, osteomalacia, rachitic rosary, positive sample of Sulkovic

hypotension, flatulence, hepatomegaly, splenomegaly, negative sample of Sulkovic

#

122

Indicate a clinical form that is not typical of spasmophilia:

5

latent

laryngospasm

carpopedic spasm

Eclampic form

edematous form

#

123

In case of chronic severe malnutrition, do not prescribe:

3

the principle of "rejuvenating" food

therapeutic nutrient mixes

cardiac glycosides

vitamin therapy

enzymes

#

124

The child of 3 months appeared baldness in the back of the head, restless sleep, sweating. What pathological state can you think of?

3

Anemia

spasmophilia

Rickets

phosphate-diabetes

chondrodystrophy

#

125

Which of the following is characteristic of neuro-arthritic diathesis?

2

alkalosis, dyslipidemia

acidosis, hyperuricemia, uraemia

decrease in haemoglobin and red blood cells

hyperlipidemia, hypoproteinemia,

increase in C-reactive protein, DFA and sial sample

#

126

The initial period of rickets is not typical:

3

cladding

Sweating

bone deformities

decreased appetite

Irritability

#

127

For rickets of the advanced period, the following therapeutic interventions are shown, except for one of them:

4

Rational nutrition

massage, gymnastics

Walk

1 tsp x 3 times daily, 500-1000 IU oil solution of vitamin D daily

vitamin D by 2000-5000 IU (depending on the severity of rickets) daily for 30-40 days, then vitamin prophylaxis

#

128

Characteristic clinical manifestations of apparent spasmophilia:

3

vomiting, headache, decreased body temperature

increased body temperature, anxiety

laryngospasm, carpedal spasm, eclampsia

diarrhea, dehydration, breast failure

craniotabes, deformity of the lower extremities

#

129

Chronic severe malnutrition are not characterized by:

5

persistent anorexia, the sharp oppression of gastrointestinal secretion  
complete disappearance of PYK, pale gray skin, negative Chulitskaya index  
signs of dehydration  
thermoregulation disorder, immunodeficiency  
Retaining previously acquired skills

#

130

Possible outcome of neuro-arthritic diathesis is not:

5

bile- and urinary stone disease  
gout, metabolic arthritis  
migraine, neuralgia, neurasthenia  
asthma  
chronic adrenal insufficiency

#

131

The child 6 months repeated clonal convulsions appeared against the background of the mild course of ARI. The examination diagnosed signs of moderate rickets. Blood calcium level - 1.2 mmol/L. There is no data on perinatal damage to the central nervous system. CFL's performance is normal. Breastfeeding is artificial. Which state is most likely?

5

neurotoxicosis  
Meningitis  
Encephalitis  
encephalic reaction  
spasmophilia

#

132

What symptom is not typical for latent spasmophilia?

2

Facial Phenomenon  
carpopedic spasm  
Lusta's symptom  
Maslov's symptom  
Trusso phenomenon

#

133

The mother of a 3-month-old boy complains of restless sleep in the child, decreased appetite. On examination: flattening of the back of the head, softening of the edges of anterior fontanel, in blood analysis - hypocalcemia, Hb - 110 g/l, ESR - 8 mm/hour. What conclusion is true?

5

moderate anaemia  
Epilepsy  
spasmophilia  
phosphate-diabetes  
rickets, acute current

#

134

Include non-characteristic skin manifestations of exudative diathesis:

5

Gneiss  
Diaper rash  
milk crust

erythematopapular rash

hemorrhagic rashes

#

135

Which of these signs is not typical for the diagnosis of lymphatic-hypoplastic diathesis?

5

increase in thymus and peripheral lymph nodes

adenoid type of face

"drop" heart, hypoplasia aortic arch

lymphedopathy, including mesenteric and mediastinal lymph nodes

"chicken chest", "square head", "X" - and "O" - changes lower extremities

#

136

Prescribe treatment to a 3-month-old child who has been diagnosed with the initial period of rickets (I stage).

4

Vit. D3 for 2000 IU, 3 times daily, 30 days

Vit. D3 by 500 IU per day combined with a 10-day massage course

Vit. D3 for 4000 IU daily, 30 days, against the background of the UFO course every other day  
massage, gymnastics, D3 for 2000 IU daily, 30 days, then preventive doses

Vit. D3 for 500 IU daily year-round, without interruption for summer

#

137

In the treatment of non-severe (grade I) chronic forms of hypervitaminosis D, are used

3

Calcium

dairy diet, cottage cheese

vitamins "A" and "E", almagel, trilon B, diet to enrich plant products and cereals

Intensive detoxification therapy,

glucocorticosteroids (medium, high doses), course - 1 month

#

138

In the treatment of severe acute intoxication in hypervitaminosis D are used:

5

Dairy Diet

broad-spectrum antibiotics parenteral

Ca drugs in combination with vitamin D by 500 IU daily

diuretics

detoxification therapy, glucocorticosteroids, vitamins A and E

#

139

To diagnose what pathology is characterized by such a clinical sign as carpopedal spasm?

3

for iron deficiency

for hypophosphatemia

for hypocalcemia

for febrile convulsions

for epilepticus syndrome

#

140

In case of chronic moderate malnutrition are available (indicate 1 - the most correct answer):

5

weight deficit 20%-30%

paleness, dry skin, muscular hypotension

lack of subcutaneous fat on the chest and abdomen, wasting of the limbs

moderate delay in psychomotor development

all of the above

#

141

In the exacerbation of exudative diathesis prescribed treatment, except:

2

7-10 day courses of hyposensitizing therapy (diphenhydramine, suprastin, etc.)

Antibiotic therapy

lactobactin, bifidumbacterin, calcium gluconat

rational nutrition with the exception of potentially allergenic foods

vitamins: B6, C, A, E, B5, B15

#

142

What signs are not typical for the syndrome of metabolic disorders in neuro-arthritic diathesis?

5

burdened with family history on the exchange of purines

transient night joint pain

saluria (hurai, phosphates, oxalates)

acetonemic vomiting

proteinuria, hematuria, cillyndrium

#

143

If there are any clinical manifestations, will you assume hypovitaminosis B12 (cyanocobalamine)?

4

bleeding gums, loosening and tooth loss, hemorrhagic rash on the skin

dermatitis, diarrhea, dementia, dilational cardiomyopathy, insomnia, weakness

glossitis, stomatitis, gingivitis, hailosis, necrotic angina, ulcerative gastritis and enteritis

megaloblastic anemia, atrophic gastritis, delay in psychomotor development

chronic polyneuritis, paresthesia, flaccid paralysis and paresis of the hands and feet

#

144

What clinical manifestations can help to suspect hypovitaminosis B1 (thiamine) in a patient?

5

sweating, nervousness, signs of osteoid hyperplasia

diarrhea, dementia, photodermatosis, dermatitis

hemorrhages, tooth loss, heilitis, stomatitis

megaloblastic anemia, atrophic gastritis.

polyneuritis, paresthesia, hoarseness, muscle weakness

#

145

What clinical manifestations help to suspect the patient with hypovitaminosis K (phyloquinone)?

5

scurvy, griève

dermatitis, diarrhea, dementia

glossitis, stomatitis, gingivitis, hailosis.

night blindness, keratomalysia, pustular, hypoacide gastritis, etc.

blood flow on vascular-platelet type

#

146

What vitamin deficiency leads to polyneuritis, loss of sensation, ataxia, burning sensation in the toes and feet?

3

Vit. C

Folic acid

Vit. B1

Vit. K

Vit. A

#

147

Which vitamin deficiency leads to megaloblastic anemia?

2

Vit. C, Vit. B6

Folic acid, Vit B12

Vit. A, Vit. B1

Vit. K

Niacin

#

148

What foods should be included in the diet of patients with vitamin deficiency B1, B2, B6?

1

cereals, yeast, egg yolk, leafy vegetables, liver.

mainly meat products

mainly plant-derived products

biolact, yogurt

mostly citrus

#

149

What foods in the diet can lead to the development of scurvy (hypovitaminosis C)?

3

cereals, yeast, egg yolk, leafy vegetables, liver

mainly meat products, liver

mainly plant-based products (green vegetables, citrus fruits, berries, rosehip, currants, etc.)

predominantly dairy products

fish and seafood, different types of vegetable oils, eggs

#

150

What foods lack vitamin and provitamin A?

2

liver, eggs

yeast, bread, green vegetable leaves, beetroot

rosehip, carrots, peas

cheese, milk

fish oil

#

151

Which of the following is a criterion for tissue iron depletion?

2

decrease in the level of total iron-binding capacity (TIBC) of less than 45  $\mu\text{mol/l}$

reducing serum ferritin below 10-12  $\mu\text{g/L}$ , reducing - transferrin saturation below 25%

decrease in the number of red blood cells and haemoglobin

reducing the size of red blood cells (microcytosis)

increase of dyspheral sideruria

#

152

What laboratory parameters make it possible to diagnose severe iron deficiency anemia?

3

decrease in haemoglobin levels below 90  $\text{g/l}$ , hyperchromy, poikilocytosis

reducing haemoglobin levels below 110 $\text{g/L}$ , microspherocytosis,

decrease in haemoglobin levels below 70 $\text{g/L}$ , hypochromia, anisocytosis, poikilocytosis, reticulocytosis

decrease in haemoglobin levels below 100 $\text{g/L}$ , hypochromia

Reducing haemoglobin below 130  $\text{g/l}$ , index color 1.0

#

153

Think about what diagnosis can be made at the following laboratory indicators: an increase in TIBC (above 63  $\mu\text{mol/L}$ ), a reduction in the % saturation of transferrin iron less than 20%, a reduction in serum iron content below 12-14 $\mu\text{mol/L}$

1

iron deficiency anemia

B12-deficient anemia

microspherocytic anemia

Thalassemia

aplastic anemia

#

154

What clinical signs suggest that the patient has iron deficiency anemia?

2

"alabaster" skin, "gothic" palate, petechial rash

the skin is pale; hair dull, koilonychia, glossitis

the skin is pale with mild or pronounced jaundice, echymosis

large abdomen due to hepatosplenomegaly, hemarthrosis.

skin with a lemon shade, severe hepatomegaly.

#

155

What components are intolerant to celiac disease?

4

carbohydrate cereals

animal proteins

cow's milk proteins

proteins of cereals

animal fats

#

156

At what age does secondary lactase deficiency manifest?

1

at any age

in the second half of life

puberty

preschool age

-

#

157

The mother of an 8-month-old child complained of periodic chin trembling, aggravated during anxiety, trembling in sleep. On examination: positive symptoms of Maslov, Lust, Khvostek and the phenomenon of osteoid hyperplasia. What is the most likely diagnosis?

4

Hypervitaminosis D

Epilepticus.

perinatal pathology of the CNS

Rickets (subacute), spasmophilia.

rickets, acute stage

#

158

How long should Celiac disease patients follow a therapeutic diet?

1

For term of time

1-2 months

From 6 months - Up to 1 year

before puberty

1 week

#

159

Specific prevention of vitamin-d-deficiency rickets in healthy premature children is carried out with vitamin d preparations in a daily dose equal IU:

1

400 – 500

500 – 1000

2000 – 4000

5000

#

160

What indicator determines iron storage in the organism?

3

Hemoglobin

Transferrin

ferritin

Hematocrit

reticulocytes

#

161

Duration of treatment of iron-deficient anemia of mild degree of severity is \_\_\_\_ months.

1

3

4,5

5

6

10

#

162

What is the primary prevention of iron deficiency anemia?

2

Daily regime

balanced nutrition

physical activity

drug therapy

vaccination

#

163

Signs of iron deficiency anemia include an increase in:

2

serum level

iron-binding capacity of the blood serum

transferrin saturation coefficient

ferritin levels in the blood

hemoglobin level

#

164

What protein transports iron from blood to the bone marrow?

3

haemosiderin

ferritin

transferrin

myoglobin

hemoglobin

#

165

An example of non-hem iron in the body is:

2

hemoglobin

ferritin

haemosiderin

myoglobin

transferrin

#

166

The criterion for the development of iron deficiency anemia in children from 6 months to 5 years according to who standards (by venous blood) is a reduction of hemoglobin less than \_\_\_\_ g/l:

4

80

90

100

110

120

#

167

Severe anaemia is characterized by a decrease in haemoglobin below \_\_\_\_g/l

1

70

80

90

100

110

#

168

What of the following is necessary for diagnosing iron deficiency anemia?

4

iron-binding capacity of serum and total bilirubin

serum iron, ferritin and total bilirubin

serum iron, transferrin and total bilirubin

serum iron, iron-binding capacity of serum and ferritin

serum iron, ferritin and direct bilirubin

#

169

Which of the following is characteristic for iron deficiency anemia in peripheral blood?

1

hypochromia, microcytosis

hyperchromy, macrocytosis

reticulocytosis, hyperchromia

macrocytosis, reticulocytopenia

reticulocytopenia, hyperchromia

#

170

What changes in peripheral blood indicate anemia?

3

decrease in haemoglobin and reticulocytes

decrease in haemoglobin and index color

decrease in haemoglobin and red blood cells

decrease in the number of red blood cells and reticulocytes

decrease in the number of red blood cells and leucocytes

#

171

Which of the following includes to agluten porridge?

4

barley  
semolina  
oatmeal  
buckwheat  
wheat

#

172

Duration of ferrotherapy in maintenance dosage is determined\_\_\_\_\_:

3

hemoglobin increase rate  
risk factors for anemia  
degree of anemia  
economic factors of the family  
educational status

#

173

Prevention of iron deficiency in a healthy child 1 year old of life is timely administration of additional feeding\_\_\_\_\_:

2

milk porridge  
meat products  
vegetable puree  
fruit juices

tea

#

174

What can be prescribed to prevent anemia to a child in the first year of life?

3

Baby's vitrum  
multitabs  
Ferrumlek  
sorbiferduules  
Vitamin C

#

175

The initial symptoms of chronic malnutrition include:

1

pale skin, reduced body weight, reduction of the thickness of the subcutaneous fat  
increased body temperature, pale skin, weight loss  
weight loss, reduction in the thickness of the subcutaneous fat, increase in body temperature  
increase in body temperature, reduction of the thickness of the subcutaneous fat, pale skin  
decreased body temperature, pale skin, edema

#

176

Latent tetania is typical of\_\_\_\_\_:

3

Rickets  
Hypervitaminosis D  
spasmophilia  
hypotrophy  
epilepsy

#

177

The normal calcium level in blood serum in children is \_\_\_\_\_ mmol / l:

2

1,29 – 2,26  
2,2 – 2,7

1,2 – 2,55  
1,25 – 1,35  
<1,0

#

178

The normal level of phosphorus in the serum in infants is \_\_\_\_\_ mmol/l:

1

1,1 – 1,4

0,2 – 0,7

3,0 – 3,3

2,2 – 2,7

>2,5

#

179

What is the characteristic symptom of lack vitamin A?

2

keratinization and cyanotic skin tone of the buttocks

impaired twilight vision

painful cracks in the corners of the mouth

increased fragility of nails, hair loss

hemorrhage

#

180

What kind of disease can you think of if the patient combines bleeding gums, loosening and tooth loss, hemorrhagic rash on the skin?

2

Rickets

Scurvy

Beri-Beri disease

Pellagra

"chicken blindness"

#

181

Calculate the dosage of iron (in mg of elementary iron) to a 6-month-old child with moderate iron deficiency anemia. Weight of the child 8200 grams.

3

5,5

10,5

16,4

28

40,2

#

182

Calculate the dosage of iron (in mg of elementary iron) to a 12-month-old child with severe iron deficiency anemia. The baby weighs 11.0 kg.

4

10 mg

15 mg

22 mg

33 mg

44 mg

#

183

During intramuscular administration of the ACDS vaccine in a child 5 months suddenly there were the phenomena of laryngospasm, pale skin, cyanosis of the lips, scream, stopping breathing, straining the whole body with the head thrown over. The allergological history of the child is not burdened. Before the

vaccination was examined by the family doctor, there were no signs of infectious disease. What is the most likely diagnosis in this situation?

2

anaphylactic shock  
spasmophilia (rickety tetany)  
Epilepsy  
acute rickets  
subacute rickets

#

184

The 8-month-old child has symptoms of maldigestion and malabsorption, which last for a month after the introduction of wheat, oatmeal and semolina. Born with a weight of 3200 grams, in weight added steadily, was in the "green zone" according to WHO schedules, but in the last month in weight gained only 100 grams. Assess the available data, what kind of diagnosis can you think of?

2

congenital disaccharidase insufficiency  
coeliac disease - gluten enteropathy  
transient lactase deficiency  
acute gastroenterocolitis  
intolerance of cow's milk proteins

#

185

What clinical form is not typical for food allergies?

5

gastrointestinal form  
allergodermatitis  
respiratory form  
cystic fibrosis intestinal form  
nephrotic form

#

186

The boy 2 years after suffering from an acute respiratory infection decreased appetite, vomiting and subfebrile condition. The boy of low nutrition, sluggish, not interested in others, does not want to walk. Objectively: expressed muscular hypotension, skeletal deformity (X-shaped lower limbs). Auscultated to systolic murmur, tachycardia. CBC: anemia, hypoglycemia, hypokalemia, hypophosphatemia, increased activity of alkaline phosphatase. In urine: polyuria, glucosuria, hyperaminoaciduria. What kind of disease can you think of?

3

acute rickets period of advanced  
Sub-acute rickets period of advanced  
Debre-de-Toni-Fanconi Syndrome  
period of residual rickets  
spasmophilia (rickety tetany)

#

187

The child has 10 months. During May month there is an increased excitability, restless sleep. Breastfeeding artificial, vitamin D did not receive. When examined: overweight, psychomotor development corresponds to age. Signs of rickets are expressed. Positive symptoms of Trusso, Maslov, Lusta. The serum calcium level is 1.7 mmol/L. Assess the available data? What kind of disease can you think of?

4

Spasmophilia manifest form  
acute rickets, the period of advance  
period of residual rickets  
spasmophilia, a latent form  
Sub-acute rickets, period of advance

#

188

On the examination of the 2-month-old child, the pediatrician found craniotabes, softening the edges of a anterior fontanel, the size of which is 3.5x3.5 cm, the deployed lower aperture of the chest, the Harrison furrow, funnel-shaped deformation of the chest, the flattened animal, the pronounced sweating with the sour smell of sweat, the child continuously rubbed the head. Vitamin D does not receive, due to the pandemic of coronavirus infection self-isolated at home, rarely go outside for 10-15 minutes once every three days. What kind of disease can be thought of on the basis of the symptoms described?

2

spasmophilia, manifest form  
acute rickets, the period of advance  
period of residual rickets  
spasmophilia, a latent form.  
Sub-acute rickets, period of advance

#

189

The baby is 2 months old, born in a period with a weight of 3500 g. On mixed feeding. Currently weighs 4,900 g. Give an estimate of the body weight of the child.

5

chronic moderate eating disorders  
threatened by chronic eating disorders  
chronic severe eating disorders  
150g less than normal  
Body weight corresponds to age

#

190

The baby is 30 days, was born premature with a body weight of 2300 g. In the mother hypogalactia, for the first month the child scored 300 g. Assess What assumption of the family doctor will be optimal in this situation?

4

Feed the cow's milk  
Feed 5% semolina  
Transfer to artificial feeding of cow's milk  
Feed the adapted infant's formula  
Observation in dynamics

#

191

The boy 2 years were hospitalized for weight loss, unstable stool, anorexia, which appeared after the introduction of semolina (from 5 months). The child is adynamic, sluggish, the skin is pale, dry, subcutaneous fat is absent. The stomach is swollen, tense, with percussion in the upper abdomen determined by tympanitis, the noise of the splash. The feces are foamy, light, smelly. In the co-program: neutral fat in large quantities.

Evaluate the data presented. What is the most likely cause of hypotrophy in a child?

3

congenital lactase deficiency  
acquired lactase deficiency  
celiac disease (gluten enteropathy)  
bowel dysbacteriosis  
transient lactase deficiency

#

192

The boy 2 years were hospitalized for weight loss, unstable stool, anorexia, which appeared after the introduction of semolina (from 5 months). The child is adynamic, sluggish, the skin is pale, dry, subcutaneous fat is absent. The stomach is swollen, tense, with percussion in the upper abdomen determined by tympanitis, the noise of the splash. The feces are foamy, light, smelly. In the co-program: neutral fat in large quantities.

What is the "gold standard" of diagnosis in this case?

2

Colonoscopy  
biopsy of the small intestine wall  
inspect of elastase-1 in feces  
H. pylori breath test  
Intestinal ultrasound

#

193. Which of these laboratory indicators are typical for iron deficiency anemia?

1

sideropinia, anisocytosis, poikilocytosis, hypochromia  
leukocytosis  
thrombocytopenia  
the presence of blasts in the peripheral blood  
reticulocytosis

#

194. What are the changes in the cardiovascular system in children with severe iron deficiency anemia?

4

tachycardia  
apex systolic murmur, muted heart sounds  
displacement of the boundaries of relative cardiac dullness to the left  
bradycardia  
arterial hypertension

#

195. Iron drugs can cause the following side effects:

2

dizziness  
dyspeptic disorders  
heartbeat  
increasing temperature  
shortness of breath, tachycardia  
seizures

#

196. To the iron resources in the body include:

1

bone marrow, liver, spleen  
lymph nodes  
thymus  
bowel  
kidneys

#

197. What can not be the course of rickets in children?

3

acute;  
sub-acute;  
fulminant;  
recurrent.  
latent

#

198. What is the clinical sign of lymphatic-hypoplastic diathesis in children:

3

low body weight;  
pink skin color;  
hyperplasia of tonsils and adenoids;  
vomiting  
seizures

#

199. For exudative-catarrhal diathesis in children is characteristic:

4

enlargement of lymph nodes;  
vomiting;  
tymomegaly;  
skin rashes (gneis, milk scab)  
seizures

#

200. A child of 8 months was admitted to the hospital, often suffering from respiratory diseases, which are difficult and long-lasting. The child is overweight, slowly mobile, subcutaneous tissue is pasty. Peripheral lymph nodes are slightly enlarged. X-ray examination revealed an increase in the thymus gland. Which of the following is most likely in this case?

4

mixidema  
exudative-catarrhal diathesis  
lymphogranulomatosis  
lymphatic-hypoplastic diathesis  
virus infection

#

201. The mother consulted a doctor about a significant lag in the weight of her 6-year-old son. The boy is very mobile, restless, easily aroused. Poor appetite, restless sleep, prone to the development of acetonemic states. A history of an episode of dysuria without changes in urinalysis. Moderate manifestations of neurodermatitis are noted on the skin. What condition is this clinical picture typical for?

3

exudative-catarrhal diathesis  
consequences of birth trauma to the cervical spinal cord  
neuro-arthritic diathesis  
lymphatic-hypoplastic diathesis  
diabetes

#

202. A child 1 year 2 months was admitted to the hospital for frequent ARVI with obsessive cough, unstable stool. During the examination, attention is paid to seborrhea, strophulus, "geographical" tongue, lymphadenopathy, looseness and pastiness of subcutaneous tissue, delay in motor development. How should the existing symptom complex be assessed?

2

chronic bronchopulmonary process  
constitutional anomalies  
rickets (advanced stage)  
enterocolitis  
pneumonia

#

## NEUROLOGY

1.

What is the characteristic symptom of bulbar paralysis?

2

high pharyngeal reflex  
pharyngeal reflex is absent  
spontaneous crying  
symptoms of oral automatism  
increased tendon reflexes

#

2.

It is common for facial nerve damage to develop

3

ptosis

hypesthesia of half of the face  
hemiparesis of facial muscles  
divergent strabismus  
chewing disorder

#

3.  
Pathological reflex of the flexor type is the reflex:

3

Babinsky  
Oppenheim  
Rossolimo  
Gordon  
Schaeffer

#

4.  
Spastic paralysis is characterized by

3

decreased tendon reflexes  
atrophy of muscles  
pathological reflexes  
decreased muscle tone  
fibrillation, fasciculation

#

5.  
Bulbar paralysis is caused by defeat of:

4

I and II cranial nerves  
III, IV and VI cranial nerves  
VI and VII cranial nerves  
IX, X, XII cranial nerves  
XI cranial nerve

#

6.  
Which of the following is a common syndrome of Parkinsonism?

1

akinetic-rigid  
vestibular  
pyramidal  
vestibular-cerebellar  
hypotonic-hyperkinetic

#

7.  
Which one of the following would be expected in defeat of the trigeminal (V) nerve:

2

prosoparesis  
anesthesia of the face on branch type  
lacrimation and prosoparesis  
hearing decrease  
hyperacusis

#

8.  
A patient with sensory aphasia

5

can not speak and does not understand the addressed speech  
understands addressed speech, but cannot speak  
can speak, but forgets the names of subjects  
does not understand the addressed speech, but controls his own speech

does not understand the addressed speech and does not control his own speech

#

9.

A patient with motor aphasia

1

understands addressed speech, but cannot speak

does not understand the addressed speech and cannot speak

can speak, but does not understand the addressed speech

can speak, but the speech is chanted

does not understand addressed speech

#

10.

Common brain symptoms include:

1

vomiting, nausea, headache

hemiparesis, hemianesthesia, fever

febrile fever, headache

neck muscle rigidity, Kernig's sign

motor, atonic seizures

#

11.

Etiological factors of idiopathic epilepsy are

1

gene mutation

birth trauma

hemolytic disease of newborns

traumatic brain injury

electrolyte imbalance

#

12.

Duration of the "therapeutic window" in ischemic stroke is

2

2 hours

3-6 hours

5-10 hours

12 hours

24 hours

#

13.

A patient was presented with jerks of the left hand with a rapid spread to all the arm, and then to all the left half of the trunk. Name the type of attack.

3

generalized clonic

atonic

focal motor

absence seizure

myoclonic

#

14.

A patient presented with episode of turning his head and eyes to the left, and then tonic tension with loss of consciousness. Name the type of seizure.

3

tonic

clonic

adversive

atonic

myoclonic

#

15.

A child periodically had a vacant look, when he did not respond to his name. There were no falls or seizures. Name the type of seizure:

2

tonic-clonic  
absence seizure  
complex partial  
atonic  
myoclonic

#

16.

A patient periodically had short-term seizures with loss of consciousness and a sudden fall. Name the type of seizure.

3

primary generalized  
secondary generalized  
atonic  
adversive  
myoclonic

#

17.

A patient presented with acute onset of left central hemiparesis, which recovered within 2 weeks. What diagnosis can be suggested?

3

transient ischemic attacks  
subarachnoid hemorrhage  
minor stroke  
hemorrhagic stroke  
ischemic stroke

#

18.

A patient presented with acute onset of central paresis of the left leg, which recovered within 60 minutes. What is the most likely diagnosis?

1

transient ischemic attacks  
subarachnoid hemorrhage  
hemorrhagic stroke  
minor stroke  
ischemic stroke

#

19.

A patient with a heart rhythm disorder has frequent transient ischemic attacks. How long can neurological symptoms persist:

2

up to 6 hours  
up to 24 hours  
up to 3 weeks  
pass after 1 month  
pass after 3 months

#

20.

Rapid loss of consciousness, severe respiratory failure, increased blood pressure, bradycardia, purplish-cyanotic face skin, gormetonia are characteristic of

5

embolic ischemic stroke  
subarachnoid hemorrhage

parenchymal hemorrhage  
abscess of brain  
ventricular hemorrhage

#

21.

Focal symptoms characteristic of thrombosis of the right middle cerebral artery:

2

sensory aphasia  
central hemiparesis on the left  
swallowing disorders  
right-sided hemihypesthesia  
vomiting

#

22.

"Lucid" period is typical for:

4

subarachnoid hemorrhage  
intraventricular hemorrhage  
small-point parenchymal hemorrhage  
subdural hematoma  
intracerebral hematoma

#

23.

Indicate characteristic signs of the facial neuritis:

2

shooting pain and hyperemia of half of the face  
lagophthalmos, paralysis of facial muscles  
amaurosis, lacrimation  
hearing decrease and pain in half of the face  
analgesia of half of the face and salivation

#

24.

Patients presented with trigeminal neuralgia complain about

2

constant aching pain in half of the face  
paroxysms of intense pain for 1-2 minutes in a branch  
attacks of increasing pain in the eye, jaw, teeth  
prolonged pain in the orbit with impaired visual acuity  
paroxysmal pressing pain in the orbit

#

25.

Drooping of the foot down and inwards, gait of the "steppage", inability to walk on the heels, sensitive disorders on the outer surface of the lower leg and back of the foot, mild pain syndrome are typical for nerve damage:

2

femoral  
peroneal  
tibial  
external cutaneous femoral  
obturator

#

26.

A patient with lumbosacral radiculitis presents with an antalgic posture. Indicate the tension symptom

2

Lessage symptom  
Lasegue's symptom  
Horner's symptom

Brudzinsky symptom

Schaeffer symptom

#

27.

A patient has a history of incised wound in the lower third of the forearm with damage to the radial nerve.

Specify the symptom of the lesion

2

"clawed hand"

inability to extend the hand

inability to withdraw the little finger

inability to bend the hand

causalgia

#

28.

In a patient with generalized myasthenia gravis in the second half of the day the following symptom is determined:

4

muscle atrophy

pseudohypertrophy

muscle hypertonus

pathological muscle fatigue

slow muscle relaxation

#

29.

A patient complains of increasing headaches with nausea and vomiting for 3 months, stagnant discs of the optic nerves were found on the fundus. This can be associated with:

3

encephalitis

meningitis

braintumor

multiple sclerosis

migraine

#

30.

After an accident, a patient with craniocerebral trauma developed central hemiparesis and generalized tonic-clonic convulsions. What is the most likely diagnosis?

2

cerebral concussion

cerebral contusion

intracranial hypertension

diffuse axonal injury

skull base fracture

#

31.

A patient has a craniocerebral trauma as a result of a fall from a height, nasal and ear liquorrhea was detected. What is the most likely diagnosis?

2

cerebral concussion

fracture of the base of the skull

fracture of the cranial vault

cerebral contusion

diffuse axonal injury

#

32.

Diffuse axonal injury as a result of craniocerebral trauma is characterized by:

1

prolonged comatose state from the moment of injury

development of coma after a "lucid" period  
absence of loss of consciousness  
short-term loss of consciousness  
sleep disturbance

#

33.

A patient was diagnosed with an epidural hematoma during neuroimaging. Which of the following clinical symptoms can be detected in the patient?

4

pupil constriction on the side of hematoma  
pupil dilation on the opposite side of hematoma  
hemiparesis on the side of hematoma  
pupil dilation on the side of hematoma and hemiparesis on the opposite side  
pupil dilation on the side of hematoma, hemiparesis on the side of hematoma

#

34.

If after a craniocerebral trauma, rigidity of the occipital muscles and photophobia develop in the absence of focal symptoms, then the most likely diagnosis is

2

cerebral concussion  
subarachnoid hemorrhage  
cerebral contusion I degree  
linear fracture of the cranial vault  
fracture of the base of skull

#

35.

Shereshevsky-Turner syndrome is characterized by:

4

trisomy of the X chromosome  
identifying the symptoms in adolescence  
high growth  
primary amenorrhea  
gross deformation of the skeleton

#

36.

The clinical picture of Huntington's chorea, except choreic hyperkinesis, includes

5

rigidity  
"cogwheel" symptom  
akinesia  
hypomimia  
dementia

#

37.

For the treatment of generalized seizures, the drug of first choice is:

2

carbamazepine  
depakine  
seduxen  
sodium oxybutyrate  
phenobarbital

#

38.

In the treatment of myasthenia gravis, pathogenetic therapy is indicated in the form of:

4

nephroectomy  
splenectomy

thyroidectomy  
thymectomy  
appendectomy

#

39.

In a patient with a newly diagnosed generalized myasthenia gravis after a positive proserin test, the following should be prescribed:

3

heparin  
diacarb  
calimine  
aspirin  
midocalm

#

40.

What drug is used during the myasthenic crisis?

4

lasix  
dibazole  
cordiamine  
proserin  
eufillin

#

41.

Cholinergic crisis is treated by the injection of:

3

midocalm  
proserin  
atropine  
adrenaline  
noradrenaline

#

42.

First aid for an epileptic seizure at the prehospital stage is as follows:

3

put the patient on the bed  
intubate the patient  
turn his head and torso to the side  
indirect heart massage  
artificial respiration

#

43.

Contraindication for magnetic resonance imaging is:

4

allergy to iodine  
open craniocerebral trauma  
severe intracranial hypertension  
presence of foreign metal pieces  
neonatal period

#

44.

Which of the following products belong to the red list of "diet traffic lights" in the treatment of phenylketonuria:

3

red bell pepper, tomatoes, beets, cabbage  
butter, milk, fruit, eggplant  
nuts, eggs, meat, cottage cheese

milk, kefir, rice, potatoes

legumes, milk, sugar, fruit

#

45.

High level of creatine phosphokinase is an obligate sign of:

1

myodystrophy

myasthenia gravis

spinal amyotrophy

myotonia

neural amyotrophy

#

46.

Which of the following is used to assess the effectiveness of epilepsy treatment?

3

craniography

computer tomography

electroencephalography

echo-encephalography

angiography

#

47.

In the patient's liquor: protein 1.2 g/l, cytosin  $0.25 \times 10^9/l$ , lymphocytes-70%, neutrophils-30%. What diagnosis can be suggested?

2

meningism

serous meningitis

purulent meningitis

subarachnoid hemorrhage

normal indicators

#

48.

In the liquor: protein 0.4 g/l, cytosin  $0.01 \times 10^9/l$ , lymphocytes-85%, neutrophils -15%, flows out in a stream. The most likely pathology is:

1

meningism

serous meningitis

purulent meningitis

subarachnoid hemorrhage

normal indicators

#

49.

In the patient's liquor: protein 1.2 g/l, cytosin  $0.150 \times 10^9/l$ , lymphocytes-70%, neutrophils-30%, leached red blood cells are characteristic of:

4

meningism

serous meningitis

purulent meningitis

subarachnoid hemorrhage

normal indicators

#

50.

Cholinergic crisis is characterised by:

2

provoking by infections

overdose of anticholinesterase drugs

sedatives

antibiotics

diuretics

#

51.

Open craniocerebral trauma includes

2

bruised wound of soft tissue, without damaging the fascia

fracture of the skull, damage to aponeurosis

fracture of vault of skull without damaging the fascia

fracture of the skull base without liquorrhea

fracture of the skull bones

#

52.

Penetrating craniocerebral trauma occurs in a case of

4

bruised soft tissue wound

damage to aponeurosis

fracture of the cranial vault

damage to dura mater

soft tissue injury and skull fracture

#

53.

Down's disease is characterized by a combination of the following signs:

1

rounded skull, short fingers, hypotonia of the muscles

dolichocephaly, cleft palate, hypertonia of the muscles

craniostenotic skull, cleft lip, presence of the 6th finger

dolichocephaly, hypotonia of the muscles, choreoathetosis

microcephaly, cleft palate, arachnodactyly

#

54.

It is necessary to test sexual chromatin in:

3

Down's syndrome

Lejeune syndrome

Klinefelter syndrome

Marfan syndrome

Edwards syndrome

#

55.

Parkinson's disease is characterized by:

2

muscle hypotonia, tremor

slowness of movement, tremor

muscle hypertonia, choreic hyperkinesia

facial hemispasm, tremor

slowness of movement, hemiparesis

#

56.

Characteristic clinical signs of galactosemia:

4

glucose intolerance, diarrhea, dehydration

glucose intolerance, delayed psychomotor development, constipation

milk intolerance, constipation, and urinary retention

milk intolerance, jaundice, delayed psychomotor development, cataracts

milk intolerance, hydrocephalus, delayed psychomotor development

#

57. Developmental delays, short stature, pseudohypertrophy the calf muscles are typical for:

1

progressive muscular dystrophy of Duchenne form

Werdnig-Hoffmann spinal amyotrophy

Thomsen myotonia

Charcot-Marie neural amyotrophy

Wilson's disease

#

58. Progressive muscular dystrophy of Duchenne form is characterized by:

3

pose "floppy baby" with the rotation of the hips

deformation of the chest

pseudohypertrophy of calf muscles

normal mental development

autosomal-dominant type of inheritance

#

## MEDICAL REHABILITATION

1

Physiotherapy method used in rehabilitation:

1

Electrotherapy

apitherapy

kumysotherapy

heat therapy

Light

#

2

Preformed physical factors include:

4

UV exposure

mineral waters

fresh water

laser irradiation

Mud therapy

#

3

What is the name of the galvanization machine?

2

Amplipuls

Stream 1

Iskra 1

"Chamomile "

Electrosleep

#

4

For what disease do you prescribe intracavitary electrophoresis?

3

Chronical bronchitis

spastic colitis

stomach ulcer

osteoarthritis

hypertonic disease

#

5

The patient has chronic rhinitis in incomplete remission. What technique of medicinal electrophoresis can be prescribed?

3

- orbital-mastoid
  - general according to Vermel
  - endonasal
  - longitudinal
  - by Kellat
- #

6

How are electrodes fixed on the patient's body during galvanization and drug electrophoresis?

1

- Bandaging
- Overlaid without fixation
- Held by the patient's hand
- Held by the nurse's hand
- Plastic holder

#

7

The patient has trigeminal neuritis, in incomplete remission. What method of galvanization will you prescribe?

1

- Bergonier half mask
- Collar Shcherbak
- According to Vermel
- Orbital-mastoid
- Frontal-mastoid

#

8

How to increase the amount of injected medication during electrophoresis:

2

- increase the procedure time
- increase the gasket area
- increase the amperage
- increase drug concentration
- increase the course of treatment

#

9

What is the name of the apparatus for darsonvalization?

3

- ELOZ-1
- "Stream-1"
- Iskra-1
- "Chamomile"
- "Jav-1"

#

10

Ultrasonotherapy, in contrast to darsonvalization, has:

4

- more pronounced local bacteriostatic action
- less pronounced local bacteriostatic action
- more pronounced antipruritic effect
- more pronounced anti-inflammatory effect

less pronounced anti-inflammatory effect

#

11

In the mechanism of action of the UHF electric field:

1

non-thermal oscillatory component dominates

heat nonspecific component prevails

both thermal and non-thermal components are expressed in the same way

pronounced "dominant rhythmic irritation"

there is a shift in ionic equilibrium

#

12

Disadvantages of UHF therapy:

4

cannot be used for acute inflammation

causes ulceration

thermal procedure, cannot be used in the elderly

promotes the development of connective tissue

a long course of treatment is required

#

13

What underlies the mechanism of action of inductothermy:

2

cavitation effect

endogenous heat generation

change in ionic ratio in tissues

formation of infrared erythema

photochemical action

#

14

To carry out the DW therapy, the following apparatus is used:

one

"Volna-2M"

Luch-2

Iskra-2

"Electrosleep"

"IKV-4"

#

15

The therapeutic effect of EHF-therapy is achieved due to:

5

decrease in excitability under the anode

increasing the concentration of hydrogen ions at the cathode

formation of "skin depot" of medicinal ions

endorphin production and heat generation

synchronization of dying vibrations in cell membranes

#

16

The patient has varicose veins of the lower extremities without echo signs of thrombosis, which method of physiotherapy will be indicated?

one

darsonvalization

calcium electrophoresis

inductothermy

electrosleep

aeroionotherapy

#

17

A 65-year-old patient, diagnosed with coronary artery disease, heart failure, stage II. (NYHA). Which of the following methods is contraindicated for him?

2

darsonvalization

inductothermy

electrophoresis

magnetotherapy

DW therapy

#

18

A patient has bronchial asthma, moderate course, received hormonal therapy in a hospital. What method of physiotherapy will you prescribe to the lumbar region to stimulate glucocorticoid activity?

1

inductothermy

darsonvalization

galvanization

UHF therapy

US therapy

#

19

The patient has postoperative adhesions in the abdominal cavity. What method of physiotherapy is contraindicated for him?

4

darsonvalization

ultrasonotherapy

inductothermy

UHF therapy

SW therapy

#

20

Patients after cholecystectomy recommended UHF therapy. In what concomitant disease is UHF therapy contraindicated?

4

hypertension

furuncle

bone fracture

adhesive disease

gastritis with increased secretion

#

21

A patient with a plaster cast after a closed fracture of the middle third of the thigh, without displacement, needs physiotherapy rehabilitation. What method of physiotherapy is shown to him?

3

coniferous baths

mudgalvanophoresis

inductothermy

UST

SW-therapy

#

22

For a patient in the acute stage of pneumonia, what physiotherapy procedure is indicated?

2

inductothermy  
UHF therapy  
Infrared chest irradiation  
UST  
Paraffin applications

#  
23

A patient with C-r after chemotherapy is shown to stimulate hematopoiesis by acting on the thymus by what method?

4  
UHF  
SWT  
SMC  
EHF  
UST

#  
24

The local bactericidal effect of darsonvalization is due to:

2  
vasodilation and increased blood circulation  
generated ozone and nitrogen oxides  
decreased sensitivity of nerves  
increased tone of the autonomic nervous system  
the formation of vitamin C

#

25

The antipruritic effect of darsonvalization is due to:

3  
vasodilation and increased blood circulation  
generated ozone and nitrogen oxides  
decreased sensitivity of nerves  
increased tone of the autonomic nervous system  
production of endorphins

#

26

The decrease in the function of sweat and sebaceous glands during darsonvalization is due to:

4  
vasodilation and increased blood circulation  
generated ozone and nitrogen oxides  
decreased sensitivity of nerves  
increased tone of the autonomic nervous system  
production of endorphins

#

27

For poorly healing ulcers, darsonvalization is used due to its following therapeutic effect:

4  
pain reliever  
anti-inflammatory  
antispastic  
trophic  
vasodilator

#

28

UHF therapy has a pronounced anti-inflammatory effect due to:

5

production of melanin and vitamin D in the skin

changes in ionic ratio in tissues

accumulation of H<sup>+</sup> ions under the electrode

increased content of vitamin C in tissues

improving the phagocytic activity of lymphocytes

#

29

What is the basis of the mechanism of action of inductothermy?

2

cavitation effect

endogenous heat generation

change in ionic ratio in tissues

formation of infrared erythema

photochemical action

#

30

In diseases of the cardiovascular system, centimeter waves can cause a negative reaction in the form of:

2

bradycardia

tachycardias

increase blood pressure

increase in blood sugar

lowering the temperature

#

31

What is the name of the device for electrosonic therapy?

5

"Amplipulse"

"Iskra"

"Stream-1"

"Chamomile"

"Electrosleep-4"

#

32

What is the therapeutic effect of diadynamic therapy?

4

thermal

bactericidal

desensitizing

pain reliever

vitamin-forming

#

33

What apparatus generates diadynamic currents?

3

"Pole-1"

Iskra-1

SNIM-1

"IKV-4"

"Amplipulse-4"

#

34

What is the indication for the use of amplipulse therapy:

5

bone fractures before consolidation  
dislocations  
large hematomas  
ligament tears  
neuromyositis

#

35

The patient has phantom pain after amputation of the lower limb, will you choose the method of pain relief?

5

darsonvalization  
CMT therapy  
electrophoresis with novocaine  
UHF-therapy  
electrosleep

#

36

A patient with hypertension stage 1 was prescribed electrosleep procedures. For what concomitant disease is the use of electrosleep contraindicated?

4

enuresis  
bronchial asthma  
diffuse neurodermatitis  
cerebral arachnoiditis  
climacteric neurosis

#

37

A 32-year-old patient has problems with sleep against the background of psycho-emotional stress at work, what method of physiotherapy is indicated for him?

3

inductothermy  
UHF therapy  
electrosleep  
amplipulse therapy  
Kellat galvanization

#

38

A patient has plexitis of the shoulder joint. What physiotherapy procedure will you prescribe for pain relief?

5

paraffin therapy  
ozokeritotherapy  
electrostimulation  
SW therapy  
diadynamic therapy

#

39

Patient, 45 years old, muscle hypotrophy of the right arm after a stroke. What myostimulating method is indicated?

4

electrosleep  
darsonvalization  
ultrasonotherapy  
amplipulse therapy  
magnetotherapy

#

40

For what pathology is amplipulse therapy indicated by the "Amplipulse-4" apparatus indicated?

5

thrombophlebitis

cholelithiasis

urolithiasis disease

bone fractures before consolidation

coronary heart disease

#

41

What is the purpose of using electrosleep to treat gout?

2

for anti-inflammatory effect

to normalize metabolism

for diuretic action

for absorbable action

to improve blood circulation

#

42

For what purpose do you prescribe the amplipulse therapy procedure for scoliosis:

1

muscle myostimulation

anesthesia

spinal traction

change in ionic ratio in tissues

ligament stabilization

#

43

For therapeutic purposes, currents are used with a pulse frequency that:

1

corresponds to the frequency of biopotentials of human tissues

significantly exceeds the frequency of biopotentials of human tissues

much lower than the frequency of biopotentials of human tissues

is selected according to the patient's feeling of pleasant warmth

the pulse frequency does not determine the therapeutic effect

#

44

The analgesic effect of impulse currents is provided by:

3

by stimulating the production of antibodies

stimulation of the production of immunoglobulins

stimulating the production of endorphins

stimulating the production of leukocytes

stimulating the production of red blood cells

#

45

The myostimulating effect of impulse currents is based on:

3

vibrational motion of ions and electrons

stimulation of antibody production

rapid change in ionic ratio

activation of the sympathetic division of the ANS

rotational motion of dipole molecules

#

46

What methods of physiotherapy are used for electrical stimulation for paresis and paralysis?

2

galvanization  
impulse currents  
inductothermy  
UHF therapy  
ultrasound

#

47

In order to obtain what effect is ultrasound used in the treatment of adhesive disease?

2

anti-inflammatory  
fibrinolytic  
myostimulating  
pain reliever  
antienzyme

#

48

Which device is used for ultrasound therapy:

4

Luch-2  
"Amplipulse-5"  
"Stream-1"  
"UST-102"  
"UHF-66"

#

49

What agent is used for phonophoresis?

2

glycerin ointment  
hydrocortisone ointment  
mud solution  
Vaseline oil  
olive oil

#

5

The patient, 32 years old, has adhesions between the pleural layers against the background of the transferred pleurisy. What fibrinolytic method can be used?

one

Ultrasound therapy  
Decimeter wave therapy  
Centimeter wave therapy  
Amplipulse therapy  
Diadynamotherapy

#

51

Determine in which case of the following pathologies is the use of contact methods of ultrasound therapy indicated?

1

neuritis  
cholelithiasis  
malignant tumors  
bone fractures after consolidation  
bleeding

#

52

The mechanical action of ultrasound is expressed as:

3

increase in tissue temperature by 1 ° C

changes in enzymatic activity  
microvibrations at the cellular and subcellular level  
heat generation at the interfaces  
stimulating tissue respiration

#

53

A 68-year-old patient had acute pneumonia and was discharged from the hospital a week ago. Which of the following comorbidities is a contraindication to UVI?

2

acute pneumonia  
Thyrotoxicosis  
rheumatoid arthritis  
lumbosacral sciatica  
chronic rhinitis

#

54

In which disease is the use of infrared irradiation contraindicated?

2

rheumatoid arthritis  
respiratory failure  
facial neuritis  
adhesions  
chronic bronchitis

#

55

Determine which condition shows visible blue light exposure?

1

neonatal jaundice  
respiratory failure  
malignancies  
cardiovascular failure  
bleeding

#

56

For which diseases is UV exposure contraindicated?

2

acute pneumonia  
Thyrotoxicosis  
facial neuritis  
mandibular fracture  
horny inflammation

#

57

Infrared radiation:

3

has the greatest power of quanta  
has a minimum wavelength  
generates heat in tissues  
causes photobiological processes in tissues  
causes damage to protein compounds

#

58

What is the physical nature of light:

4

high frequency electromagnetic field  
penetrating solar radiation  
inaudible high-frequency mechanical vibrations

flux of quanta of electromagnetic oscillations in the optical range

centimeter range electromagnetic oscillations

#

59

What baths are aromatic:

2

oxygen

conifers

iodine-bromine

radon

hydrogen sulfide

#

60

What water procedures have a calming, anti-inflammatory effect in a patient with hypertension?

3

hot

cold

warm

indifferent

cool

#

61

An obese patient may be prescribed an intestinal shower, in the absence of any concomitant disease:

5

diabetes

dermatitis

pyelonephritis

chronic colitis

inguinal hernia

#

62

A 53-year-old patient has CHS, exertional angina, FC II. What physiotherapy procedure is contraindicated for him?

2

magnetotherapy

balneotherapy

aerotherapy

hydroaeroionotherapy

electrosleep therapy

#

63

The patient has been suffering from hyperacid gastritis for a long time; balneotherapy was prescribed.

What complication needs to be eliminated to apply this method?

3

chronic cholecystitis

chronic pancreatitis

malignant tumor of the stomach

diabetes

gout

#

64

When prescribing drinking of mineral water to patients with chronic gastritis, what research data should be taken into account?

3

echoencephalography

electrocardiography

determination of pH of gastric juice

general urine analysis

general blood analysis

#

65

For which procedure, the bath should be covered with a thick sheet to avoid the irritating effect of essential substances on the mucous membranes of the eyes, nasopharynx:

3

oxygen bath

nitrogen bath

mustard bath

radon bath

fresh bath

#

66

Choose a Physiotherapy Treatment for Obesity?

3

sodium chloride baths

circular shower

Charcot shower

rising shower

radon baths

#

67

The biological effect of mud is due to the content in it:

2

sand particles

microflora

hormone-like substances

volatile matter

small seashells

#

68

Determine when rectal mud swabs should not be prescribed?

3

chronic proctosigmoiditis

chronic prostatitis

ulcerative colitis

post-dysentery colitis

adhesions in the pelvic area

#

69

Determine which disease can be recommended for a mud application on the chest for a 52-year-old patient?

3

community-acquired pneumonia

bronchiectasis

chronic obstructive bronchitis with DN I stage, remission phase

chronic abscess with DN II degree, exacerbation phase

chronic obstructive bronchitis with DN III degree, exacerbation phase

#

70

The chemical action of mud is due to the content in it:

3

sand particles

microflora

trace elements

volatile matter

small seashells

#

71

What microorganism is part of the healing mud?

1

coli bacteria

gonococci

epidermal staphylococcus

tetanus sticks

Staphylococcus aureus

#

72

What is the mechanical effect of mud?

1

in skin irritation with solid dirt particles

in stimulating the endocrine system

in an increase in cavity temperature

in skin irritation by chemicals

in the effect on the respiratory tract of dirt particles

#

73

The mountainous climate is characterized by:

1

reduced dustiness

reduced solar radiation

reduced ultraviolet radiation

increased oxygen content in the air

increased dustiness

#

75

What type is the climate of the Zhety-Oguz resort:

1

mountain

mountain-marine

desert and semi-desert climate

nautical

forest-steppe

#

76

Determine what is a contraindication for referral to a spa treatment?

4

circulatory failure 1d.

respiratory failure 1d.

a history of acute myocardial infarction 1 year ago.

chronic bronchitis in the acute phase

chronic brucellosis in the compensation phase

#

77

Determine what is a contraindication for referral to speleotherapy of a patient with a pathology of the respiratory system?

5

chronic bronchitis, non-obstructive

chronic obstructive bronchitis

chronic bronchitis mild to moderate

bronchial asthma, mild and moderate  
decompensated cor pulmonale

#

78

Thalassotherapy is:

2

treatment performed in the city of Talas

treatment by sea climate, sea bathing

high altitude factor treatment

application of bee stings

leeches

#

79

What is the characteristic of the maritime climate?

5

maximum number of hours of sunshine

excessive ultraviolet radiation

increased ultraviolet radiation

increased insolation

high ionization of air

#

80

The sanogenic effect of alpine speleotherapy is due to:

5

combined influence of the microclimate of a salt mine and mineral waters

mountain climate conditions and mineral waters

mountain climate conditions and the presence of silt mud

exposure to the microclimate of a salt mine and the presence of peat mud

exposure to the microclimate of a salt mine and mountain climate conditions

#

81

What is a contraindication for hippotherapy?

3

Cerebral palsy

autistic disorders

herniated disc

anxious states

insomnia

#

82

A patient with radicular syndrome as part of complex therapy is shown apitherapy, an allergic reaction, which product should be excluded?

2

For tomatoes

For honey

Citrus

Eggs

For nuts

#

83

Determine from the following, what is the indication for acupuncture?

1

trigeminal neuralgia

myeloblastoma

osteosarcoma

febrile body temperature

active tuberculosis

#

84

Is it shown to a child with cerebral palsy in order to increase emotional stability?

3

active games

apitherapy

art therapy

acupuncture

stone therapy

#

85

Determine which inhalation drugs are used to relieve allergic edema of the bronchial mucosa:

3

antispasmodics

bronchodilators

glucocorticoids

antibiotics

muscle relaxants

#

86

What refers to forms of exercise therapy?

3

breathing exercises

contrast hardening

terrenkur

massage

manual therapy

#

87

Exercise therapy means include:

4

run

doing sports

swimming

exercise and massage

relaxation sessions

#

88

Determine what is a contraindication to the appointment of exercise in water:

5

obesity

osteocondrosis

Chronical bronchitis

hypertension I degree

acute meningoencephalitis

#

89

Determine what are contraindications to the appointment of exercise in water:

2

deformity of the feet

exacerbation of chronic diseases

spinal deformity

arthritis and arthrosis

muscle hypotension

#

90

Determine the time when you should start the rehabilitation of the patient with uncomplicated myocardial infarction:

one

from the second day from the onset of a heart attack

from the first week from the onset of a heart attack

from the second week from the onset of a heart attack

from the third week from the onset of a heart attack

from the sixth week from the onset of a heart attack

#

91

Clinical and physiological substantiation of physiotherapy exercises for arterial hypertension provides:

3

strengthening of excitation processes in the cerebral cortex

decrease in the functions of the most important organs and systems involved in the pathological process

leveling the state of vascular tone and increasing the contractility of the myocardium

increased vascular tone

immunosuppression of the body

#

92

A 19-year-old patient has C-shaped scoliosis. What sport do you recommend?

1

swimming

fencing

acrobatics

weightlifting

struggle

#

93

Idiomotor exercise involves:

one

mind exercises

exercises performed only with hands

exercises performed only with legs

rhythmic exercises with music

exercises with constant muscle length

#

94

Choose from the following specific exercises for flat feet:

3

exercises to strengthen the thigh muscles

exercises that strengthen the muscles that support the spine in the correct upright position

exercises to strengthen the muscles that support the arch of the foot

exercises to strengthen the pelvic floor muscles

exercises that strengthen the muscles of the shoulder girdle

#

95

What form of diabetes mellitus is indicated for patients with exercise therapy?

2

with severe diabetes

mild to moderate

in precomatose state

with diabetic nephropathy

in a coma

#

96

Determine the contraindications to the use of exercise therapy in patients with kidney and urinary tract diseases:

3

chronic glomerulonephritis  
urethritis from the stage of remission  
macrohematuria and massive proteinuria  
high blood pressure  
chronic pyelonephritis

#

97

Determine the contraindications to exercise therapy in patients with chronic venous insufficiency of the lower extremities:

4

persistent tissue edema  
angiospasm  
trophic ulcer of the leg  
exacerbation of thrombophlebitis  
swelling of the lower extremities

#

98

In what condition is exercise therapy contraindicated?

1

bronchial asthma attacks  
the presence of chronic bronchitis  
limitation of the function of the affected joints  
the presence of a dry cough  
first period of pregnancy

#

99

Under what disease is it recommended to pronounce sounds quietly, in a whisper during sound gymnastics?

1

chronic obstructive bronchitis  
asthmatic bronchitis remission phase  
bronchial asthma post-attack period  
acute bilateral pneumonia  
allergic rhinitis acute phase

#

100

How does the bronchospasm decrease during sound gymnastics?

3

by increasing the pressure in the bronchi during exhalation  
by increasing the pressure in the bronchi during inspiration  
due to vibration of the walls of the trachea and bronchi  
by contraction of the diaphragm  
due to the tension of the anterior abdominal wall

#

## **HOSPITAL SURGERY**

#

1. According to the source of occurrence, the following types of surgical infection are distinguished:  
a) endogenous ; b) exogenous; c) mixed; d) specific; e) non-specific. Choose the correct combination of answers:

4

- 1.a, b , c.
- 2.d , d.
- 3.c, d , d.
- 4.a, b .
5. everything is true.

#

2. The occlusive dressing is applied:

2

- 1.with hip fractures
- 2.with open pneumothorax
- 3.with capillary bleeding
- 4.with venous bleeding
- 5.when soft tissues are damaged

#

3. Emergency care for valvular pneumothorax begins with:

1

- 1.drainage of the pleural cavity
- 2.tracheostomy
3. blockade of intercostal nerves
- 4.Fixing the chest
- 5.phrenic nerve block

#

4. The maximum time the tourniquet is on the limb in winter?

2

- 1.30 minutes
- 2.1 h
- 3.1.5 h
- 4.2 h
- 5.2.5 h

#

5. At what type of bleeding is there a real danger of air embolism?

5

- 1.arterial bleeding (injury to the femoral artery)
- 2.arterial bleeding (injury to the radial artery)
- 3.capillary bleeding
- 4.venous bleeding (injury to the veins of the lower leg)
- 5.venous bleeding (injury to the veins of the neck )

#

6. What should be done first of all in a patient with an open fracture and bleeding from a large artery?

4

- 1.immobilization of the limb
- 2.the introduction of cardiac and vasoconstrictor drugs
- 3.injection of drugs for pain relief
- 4.application of a tourniquet on a limb
- 5.the application of a bandage to the wound of the limb

#

7. What type of bleeding is frothy blood?

4

1. nose
2. esophageal
3. gastric
4. pulmonary
5. intestinal

#

8. With a properly applied arterial tourniquet, note:

4

1. cyanosis of the skin
2. the increase in body temperature below the imposition of the tourniquet
3. bleeding from the wound
4. lack of pulse on peripheral vessels
5. Lack of all kinds of sensitivity below the harness

#

9. Contraindications to blood transfusion:

4

1. severe operations
2. surgical infection
3. shock
4. severe liver dysfunction
5. decrease in blood pressure

#

10. Why is the patient not allowed to eat before the operation?

2

1. It is difficult to insert a gastric tube
2. possible regurgitation
3. difficulty in breathing control
4. Affects intubation
5. acidosis occurs

#

11. What is the purpose of palliative surgery?

2

1. curing the patient
2. easing the patient's condition
3. clarification of the diagnosis
4. completion of multi-stage operation
5. other purpose not specified above

#

12. Specify the complication typical for the carbuncle of the upper lip:

3

1. sepsis
2. necrosis
3. thrombosis of cerebral vessels

4.osteomyelitis  
5.carotid artery thrombosis  
#

13. Amputation of limbs is absolutely indicated for :

3  
1. trophic ulcer  
2. osteomyelitis  
3. gangrene  
4. thrombophlebitis  
5.phlegmon  
#

14. Place of usual localization of hydradenitis:

1  
1.axillary cavity  
2.Inguinal fold  
3.neck  
4.back  
5.face  
#

15. What microorganism causes erysipelas ?

1  
1.streptococcus  
2.staphylococcus  
3.gonococcus  
4.Pseudomonas aeruginosa  
5.Vulgar Proteus  
#

16. What is hydradenitis?

2  
1.inflammation of the sebaceous glands  
2.inflammation of the sweat glands  
3.inflammation of the hair follicle  
4.inflammation of the lymphatic vessel  
5.inflammation of the lymph node  
#

17. What does the term "eventration" mean?

5  
1.infringement of the contents of the hernial sac  
2.a system of measures aimed at preventing the development of intestinal paresis in the postoperative period  
3.section of the stomach wall  
4.operation to isolate the limb in the hip joint  
5.the prolapse of the abdominal organs through the wound  
#

18. Common symptoms are hemothorax:

a) dyspnea

- b) limitation of chest respiratory excursions
- in) percussion dullness ipsilateral
- g) relieving respiratory sounds and voice tremor ipsilateral
- d) pallor
- e) a progressive fall in blood pressure
- g) tachycardia

In Select the correct combination of answers:

- 3
- 1.a, b , c
- 2.b, c, e
- 3.e, f, g
- 4.c, d , f
- 5.c, e, f
- #

19. What complications can occur during local anesthesia with novocaine? a) an allergic reaction; b) acute renal failure; c) accidental intravascular administration of the drug; collapse; e) respiratory arrest. Choose the correct combination of answers:

- 3
- 1.a, b , c.
- 2.d.
- 3.a, d , e.
- 4.c, d , d.
- 5. everything is true.
- #

20. Which of the following types of local anesthesia relate to local anesthesia? a) case anesthesia; b) anesthesia according to Oberst-Lukashevich; c) perirenal blockade; d) blockade of neuronal plexuses and trunks; e) epidural anesthesia. Choose the correct combination of answers:

- 1
- 1.b, d , e.
- 2.a, b , c.
- 3.b, d .
- 4.c, d , d.
- 5 B.
- #

21. When thyrotoxicosis is observed:

- 1
- 1.decrease in pulse pressure
- 2.pathological muscle weakness
- 3.Photophobia
- 4.pathological thirst
- 5.Diabetes insipidus
- #

22. The most common complication of stumectomy is:

- 4
- 1.injury of the recurrent nerve
- 2.recurrence of thyrotoxicosis
- 3.thetania

- 4.hypothyroidism
  - 5.progressive exophthalmos
- #

23. To detect malignant tumors of the thyroid gland, the following is most often used:

- 5
- 1.Trial excision
  - 2.Puncture biopsy with a thick needle
  - 3.trepanobiopsy
  - 4.determination of the titer of antibodies to the thyroid gland
  - 5.Puncture biopsy with a fine needle
- #

24. Convulsions, symptoms of Chvostek and Trousseau after strumlectomy speak about:

- 4
- 1. hypothyroidism
  - 2.thyrotoxic crisis
  - 3.trauma of the laryngeal nerves
  - 4.hypoparathyroidism
  - 5.residual effects of thyrotoxicosis
- #

25. On the 2nd day after surgery for diffuse toxic goiter, the patient suddenly developed motor and mental agitation, tachycardia 130 beats / min, temperature 39.8 °C. Diagnose:

- 3
- 1.hyperparathyroidism
  - 2.hypoparathyroidism
  - 3.thyrotoxic crisis
  - 4.hypothyroidism
  - 5.thyroiditis of the rest of the thyroid gland
- #

26. When a solitary node in the thyroid gland is detected, it is shown: a) scanning of the thyroid gland  
b) X-ray examination of the chest and trachea  
c) determination of thyroid hormones  
d) thyroid antibodies  
e) ultrasound of the thyroid gland  
f) diagnostic puncture

- 3
- 1.a, b , c
  - 2.d , e, f
  - 3.a, b, c, d , e, f
  - 4.b, c, e, f
  - 5.a
- #

27. In what case is tachycardia clearly manifested in thyrotoxicosis?

- 1
- 1. at rest;
  - 2. during sleep;
  - 3. with physical activity;

4. with emotional stress;
  5. in the position on the left side.
- #

28. What is the main cause of death in patients with diffuse toxic goiter?

1

1. cardiovascular insufficiency;
2. paresis of the vocal cord;
3. thyrotoxic liver damage;
4. thyrotoxic crisis;
5. violation of iodine metabolism.

#

29. What type of surgery is indicated for mixed form of 2-degree thyrotoxic goiter?

1

1. subfascial resection according to Nikolaev;
2. extirpation of the thyroid gland;
3. hemistrumectomy;
4. partial resection;
5. Enucleation according to Pine.

#

30. What complication is considered the most dangerous during thyroid surgery?

1

1. bleeding;
2. collapse of the trachea;
3. damage to the recurrent nerve;
4. removal of the parathyroid gland;
5. air embolism.

#

31. Where does the nameless thyroid artery originate from?

3

1. common carotid artery;
2. subclavian artery;
3. arch of the aorta;
4. vertebral artery;
5. external carotid artery.

#

32. What are the rare forms of thyrotoxicosis?

2

1. Basedow's disease;
2. thyrotoxicosis in childhood;
3. thyrotoxicosis in the elderly;
4. thyrotoxicosis in pregnant women;
5. thyrotoxicosis in women during menopause.

#

33. With nodular euthyroid goiter, you can perform the following types of surgery, except :

1

1. extirpation of the thyroid gland;
2. enucleation according to Pine;
3. hemistrumectomy;
4. subfascial resection;
5. subtotal resection.

#

34. What is the most characteristic symptom for Graves' disease?

5

1. tearfulness;
2. pain in the region of the heart;
3. choking;
4. weakening of memory;
5. bulging eyes.

#

35. The causes of thyrotoxic goiter are the following, except :

2

1. mental trauma;
2. insomnia;
3. infections;
4. taking large doses of iodine;
5. overheating.

#

36. The prevalence of what thyroid hormones is typical for toxic goiter, except for:

5

1. thyroglobulin;
2. thyroxine;
3. thyroiodothyronine;
4. thyrocalcitonin;
5. thyroidin.

#

37. Contraindications to surgical treatment of hyperthyroidism are:

5

1. excessive enlargement of the thyroid gland;
2. the presence of a symptom of Musse;
3. the presence of pronounced exophthalmos;
4. the presence of severe violations of the liver, kidneys and heart;
5. extremely serious condition against the background of cachexia.

#

38. A 30-year-old patient has a dense tumor-like formation in the right lobe of the thyroid gland measuring 2x2 cm. The peripheral lymph nodes are not enlarged. The radioisotope scan data confirmed the diagnosis: nodular euthyroid goiter. What kind of treatment is needed?

1

1. resection of a part of the thyroid gland with a node
2. subtotal strumectomy
3. hemistrumectomy
4. hulling the tumor
5. conservative treatment

#

39. A 45-year-old patient was operated on for hyperthyroid goiter. Immediately after the operation, he developed a hoarse voice and began to choke. What complication did the patient have?

2

1. tracheal injury
2. injury of the recurrent laryngeal nerve
3. the foreign body of the larynx
4. hematoma
5. thyrotoxic crisis

#

40. The patient 35 two days after subtotal resection of the thyroid gland on the diffuse thyrotoxic goiter singing - vilos numbness in the tips of the fingers, stiffness in the limbs, twitching of facial muscles. What is the diagnosis?

3

1. injury of the superior laryngeal nerve during surgery
2. hypothyroidism
3. hypoparathyroidism due to surgical trauma of the parathyroid glands
4. hyperparathyroidism
5. thyrotoxic shock

#

41. With lactostasis, everything is shown, except :

3

1. massage of the mammary glands
2. thoroughly expressing milk
3. antibiotic therapy
4. the elevated position of the mammary glands
5. continue breastfeeding

#

42. What are the main preventive measures for acute mastitis?

4

1. increasing the resistance of the pregnant woman's body
2. Remediation of endogenous foci of infection
3. teaching women to breastfeed
4. Thorough expression of milk after feeding
5. all of the above

#

43. With mammography, a sign of mastopathy is:

4

1. Not Shaped Shadows
2. increasing the pattern and doubling the contours of the ducts
3. periductal fibrosis
4. micro and makrokaltsinaty
5. all of the above

#

44. Sectoral breast resection is indicated:

3

- 1.with agalactia
  - 2.with diffuse mastopathy
  - 3.with nodular mastopathy
  - 4.with Paget's cancer
  - 5.with gynecomastia
- #

45. What is the most common congenital anomaly of the breast:

- 4
1. inversion of the nipple
  - 2.atelia
  - 3.amastia
  - 4.polithelium and polymastia
  - 5.ystopia of the milky passages
- #

46. Which of the following symptoms is observed with compressive pericarditis?

- a) the absence of an apical impulse
- b) the presence of a heart murmur
- c) an enlarged liver
- d) the appearance of ascites
- e) splenomegaly

- 1
- 1.a, c, d
  - 2.b, d, e
  - 3.a, d, e
  - 4.b, c, d
  - 5.a, b, c
- #

47. Which of the following measures is indicated for the treatment of effusion pericarditis?

- 4
- 1.the appointment of cardiac drugs
  - 2.appointment of diuretics
  - 3.the appointment of anticoagulants
  - 4.puncture of the pericardium
  - 5.subtotal pericardiectomy
- #

48. List the indications for surgical treatment of coronary artery disease:

- a) exercise tolerance less than 400 kg mm / min
- b) damage to the coronary bed with artery narrowing by 75% or more
- c) narrowing of the left coronary artery trunk by 70%
- d) damage to 3 coronary arteries
- e) replacement of the myocardium in the artery zone with an extensive transmural scar

- 1
- 1.a, b, c, d
  - 2.a, e
  - 3.d, d
  - 4.d
  - 5.all answers are correct
- #

49. What changes occur in the body with "blue" heart disease?

- a) hypoxia of all organs
- b) hypervolemia and hypertension in the pulmonary artery system
- c) chronic catarrh of the upper respiratory tract
- d) developmental delay e) hypovolemia of the pulmonary

4

- 1.a, b, c, d
- 2.a, c, d
- 3.b, c, d, e
- 4.a, d, e
- #

50. The clinical picture of patent ductus arteriosus is characterized by:

- a) shortness of breath and fatigue during physical exertion
- b) bright blush
- c) with high pulse blood pressure
- d) systolic-diastolic murmur in the 2-3rd intercostal space to the right of the sternum
- e) diastolic murmur in the 3rd intercostal space to the right of the sternum

1

- 1.a, c, d
- 2.b, d
- 3.b, c, e
- 4.a, e
- 5.all answers are correct
- #

51. Methods for diagnosing congenital heart defects are:

- a) R-graphy of the chest organs
- b) angiocardiography
- c) phonocardiography
- d) ECG
- e) catheterization of the cardiac cavities
- f) ultrasound

2

- 1.a, b, c
- 2.b, d, e
- 3.a, d, e
- 4.all answers are correct
- 5.all answers are wrong
- #

52. In the pathogenesis of varicose veins, the theory has received the greatest recognition:

4

- 1.mechanical
- 2.hormonal
- 3.angiodyplasia
- 4.hereditary
- 5.collagenosis
- #

53. To assess the functional state of the valve apparatus of the saphenous veins, tests are used:

1

1. Troyanov-Trendelenburg
2. Talman
3. Delbe-Perthes
4. Sheinis
5. Mayo-Pretta

#

54. An intervention will be radical for varicose veins:

4

1. eliminating discharge from the deep veins to the surface
2. providing removal of incompetent superficial veins
3. correcting incompetent valves deep vein
4. that solves all these problems
5. Allows you to solve problems 1 and 2

#

55. With primary varicose veins of the lower extremities, it is shown:

2

1. elastic bandage
2. surgical treatment
3. therapeutic exercise
4. massage
5. reflexotherapy

#

56. After phlebectomy, it is recommended:

5

1. Early getting up
2. elastic bandaging limbs
3. physiotherapy treatment
4. therapeutic gymnastics
5. all of the above

#

57. The most dangerous complication of deep vein thrombosis is:

2

1. Trophic ulcer of the leg
2. pulmonary embolism
3. thrombophlebitis of superficial veins
4. Deep Vein Obliteration
5. elephantiasis

#

58. To determine the patency of deep veins, tests are used:

2

1. Troyanov-Trendelenburg
2. Mayo-Pretta
3. Hackenbruch
4. Sheinis
5. Talman

#

59. Removal of pathologically altered saphenous veins is performed during operations, except for :

2

1. Troyanov-Trendelenburg
2. Schede-Kocher
3. Narata
4. Beacock
5. Madelunga

#

60. The modern method for diagnosing thrombosis of the inferior vena cava is:

1

1. radioindication with labeled fibrinogen
2. retrograde ileocavography
3. distal ascending functional phlebography
4. sphygmography
5. Retrograde femoral phlebography

#

61. Uncommon for Paget syndrome, as well as Paget-Schrötter disease, is:

1

1. cyanosis of the face and neck
2. bursting pain in the arm
3. cyanosis of the skin of the hand, increased venous pattern
4. hand swelling
5. All of the above signs are characteristic

#

62. It is uncommon for post-thrombophlebitic syndrome:

4

1. Skin hyperpigmentation
2. constant dermatosis and sclerosis
3. the formation of trophic ulcers
4. pale "marbled" skin
5. secondary varicose superficial veins

#

63. Leriche syndrome – □ it atherosclerotic lesions:

2

1. inferior segment of the abdominal aorta and iliac arteries
2. areas of bifurcation and aortic mouth
3. Both iliac arteries with intact aorta
4. iliac and femoral arteries
5. occlusion of the aorta at the level of its bifurcation

#

64. The best treatment for aortic aneurysm is:

5

1. homotransplantation (allotransplantation)
2. heterotransplantation (xenotransplantation)
3. Autovenous transplant

4. excision with end-to-end anastomosis
  5. replacement of the affected area of the aorta with a synthetic prosthesis
- #

65. The thought of mesenteric thrombosis can be suggested by:

- 4
1. colicky abdominal pain
  2. cramping abdominal pain
  3. intermittent abdominal pain
  4. abdominal pain that does not correspond to the clinical manifestations that explain its intensity
  5. all of the above is true
- #

66. The modern theory of the etiology of thromboangiitis obliterans:

- 3
1. nicotine
  2. endocrine
  3. infectious-allergic
  4. corticosteroid
  5. thrombogenic
- #

67. The clinical symptoms of pulmonary embolism are all except :

- 5
1. sternal pain
  2. collapse
  3. choking
  4. cyanosis of the face and upper half of the trunk
  5. weakening breathing
- #

68. The most common cause of acute arterial thrombosis is:

- 2
1. thrombangitis obliterans
  2. obliterating atherosclerosis
  3. puncture and catheterization of arteries
  4. Extravasal compression of arteries
  5. polycythemia
- #

69. Acute arterial insufficiency of the extremities is not characterized by:

- 3
1. Lack of pulse
  2. paresthesia
  3. Trophic ulcers of the leg
  4. paralysis of the limbs
  5. paleness of skin and pain
- #

70. What functional test indicates insufficiency of the arterial circulation of the extremities: the patient sits with his injured leg thrown over his healthy one and soon begins to experience pain in the calf muscles, a feeling of numbness, a feeling of "creeping" in the tips of the fingers of the affected limb:

4

1. a symptom of plantar ischemia of Oppel;
2. Goldflam test;
3. Shamov's test;
4. Panchenko's knee phenomenon;
5. symptom of pinching the finger.

#

71. What operation is indicated for obliterating endoarteritis during the development of wet foot gangrene, accompanied by edema, lymphangitis and lymphadenitis?

2

1. Low amputation at the level of the middle third of the lower leg;
2. high amputation at the level of the middle third of the thigh;
3. disarticulation at the level of Chopard's joints;
4. disarticulation at the level of the knee joints;
5. disarticulation at the level of the fingers.

#

72. The most accurate method for diagnosing pulmonary embolism is:

5

1. plain chest X-ray
2. ECG
3. radiocardiography
4. phonocardiography
5. perfusion lung scan

#

73. A 25-year-old patient complains of intensive intermittent claudication that occurs after walking 200 meters. The skin of the feet and legs has lost its elasticity, is dry, flakes, the nails are thickened, brittle. Pulsation in the arteries of the foot is not detected. What stage of obliterating endoarteritis is this symptom complex typical for?

2

1. stage of functional compensation;
2. stage of subcompensation;
3. stage of decompensation;
4. stage of destructive changes;
5. stage of gangrenous changes.

#

74. What operation is indicated for obliterating endoarteritis in the absence of signs of gangrene of the lower extremities?

3

1. high limb amputation;
2. disarticulation at the level of the joint;
3. lumbar sympathectomy;
4. Callender thigh amputation;
5. amputation of the foot at the level of the Chopard articulation

#

75. What vascular pathology does the symptom of plantar ischemia of Oppel indicate?

2

1. obliterating atherosclerosis;
2. obliterating endoarteritis;
3. Buerger's disease;
4. Raynaud's disease;
5. aneurysm of the thoracic aorta.

#

76. What could be a prerequisite for the development of obliterating endoarteritis?

1

1. long-term smoking;
2. The long existing varicose veins;
3. hard physical work;
4. trauma to the limbs;
5. long-term work in a standing position.

#

77. The symptom of intermittent claudication occurs when :

2

1. Thrombosis of the veins;
2. arterial insufficiency;
3. arterial embolism;
4. lack of vitamin " C ";
5. muscle weakness.

#

78. Obliterating endoarteritis is more common in men aged:

1

- 1.20-30 years old;
2. 31-40 years old;
- 3.41-50 years old;
4. 51-60 years old;
5. over 60 years old.

#

79. What vascular pathology is characterized by the symptom of "pressing the finger"?

2

1. varicose veins of the lower extremities;
2. obliterating endoarteritis;
3. Raynaud's disease;
4. acute deep vein thrombophlebitis of the lower extremity;
5. diabetic angiopathy of the vessels of the lower extremity.

#

80. Which of the following functional tests should be determined in case of obliterating endoarteritis?

2

1. three-wire sample;
2. Shamov's test;
3. Troyanov's test -T rendelenburg;
4. march test;
5. Hackenbruch test.

#

81. What vascular pathology is the Panchenko's knee phenomenon typical for?

2

1. varicose veins of the lower extremities;
2. obliterating endoarteritis;
3. post-thrombotic disease;
4. arteriosclerosis;
5. Raynaud's disease.

#

82. What is the name of the III-stage of the disease with obliterating endoarteritis?

5

1. terminal stage;
2. stage of destructive changes;
3. stage of subcompensation;
4. stage of compensation;
5. stage of decompensation.

#

83. In which vascular disease is Leriche syndrome observed:

3

1. Berger's disease;
2. Raynaud's disease;
3. obliterating atherosclerosis ;
4. obliterating endoarteritis;
5. varicose expansion of veins of lower extremities.

#

84. Atherosclerosis often affects all of the listed arteries and their sections, except for :

4

1. renal artery;
2. femoral artery;
3. the proximal part of the internal carotid artery;
4. celiac trunk;
5. proximal part of the coronary arteries

#

85. What is the color of the skin in patients with Leriche syndrome?

3

1. pale;
2. ivory;
3. pale cyanotic;
4. Dark purple;
5. cyanotic

#

86. To relieve pain symptoms with obliterating endoarteritis, everything is used except :

2

1. analgesics;
2. intra-arterial blockade with 1% solution of novocaine;
3. novocaine blockade of paravertebral sympathetic ganglia at L2-L3 level.
4. steroid hormones;

5.epidural block

#

87. For the diagnosis of obliterating endoarteritis, the following symptoms and tests are used, except :

4

- 1.a symptom of plantar ischemia of Oppel;
2. Goldflam samples;
3. Panchenko's knee phenomenon;
4. samples of Hackenbruch;
- 5.Shamov's samples

#

88. The etiological factors of the occurrence of obliterating endoarteritis include the following, except for :

5

1. prolonged hypothermia;
2. frostbite;
3. smoking;
4. hyperadrenalinemia;
5. general atherosclerosis.

#

89. The leading factors of thrombus formation in acute thrombophlebitis are the following , with the exception of:

3

- 1.disorders of the venous wall;
2. slowing down blood flow;
3. acceleration of blood flow;
4. disorders of blood rheology;
- 5.enhancement of platelet aggregation

#

90. Blood clots are localized in the vein system of the lower limb, with the exception of:

1

- 1.the veins of the foot;
2. deep veins of the leg;
3. small saphenous vein;
4. great saphenous vein;
- 5.femoral vein

#

91. Patient O. 31 years old was clinically diagnosed with rheumatic combined mitral heart disease. What research method can be used to accurately determine the degree of concomitant mitral valve insufficiency?

3

- 1.probing the right heart
- 2.probing the left heart
- 3.Radiopaque left ventriculography
- 4.radiography of the heart
- 5.thoracic aortography

#

92. The hospital received a patient 69 years ago after myocardial infarction and suffered atrial fibrillation, which has at obsledo - Vania embolism diagnosed femoral artery ischemia III -th degree (total limb contractures). The optimal treatment method in this case would be:

5

1. Emergency embolectomy
2. thrombolytic therapy
3. Only anticoagulant therapy
4. only symptomatic therapy
5. primary limb amputation

#

93. The main causes of spontaneous pneumothorax are: a) bullous changes in the alveoli and lung cysts; b) parapneumatic abscess of the lung; c) lung cancer; d) bronchiectasis; e) pulmonary tuberculosis.

1

- 1.a.
2. b.
- 3.c.
4. d .
- 5.d.

#

94. With gangrene affecting one of the lobes of the lung, it is recommended:

3

1. daily sanitation of the bronchial tree through a bronchoscope
2. injection of antibiotics into the pulmonary artery
3. lobectomy
4. intensive therapy with endobronchial administration of antibiotics
5. all of the above-mentioned conservative treatment methods

#

95. With an abscess of the lung , complicated by pyopneumothorax. primarily shown:

2

1. endobronchial administration of proteolytic enzymes
2. drainage of the pleural cavity
3. antibiotics
4. radiotherapy
5. the introduction of cytostatics

#

96. Empyema of the pleura becomes chronic:

4

1. from the second week
2. from the fourth week
3. from six weeks
4. from eight weeks
5. from three months

#

97. With total atelectasis of one of the lungs, it is shown :

4

1. antibiotic therapy
  2. puncture of the pleural cavity
  3. drainage of the pleural cavity
  4. broncho-fibroscope with sanitation of the bronchial tree
  5. all of the above
- #

98. The most common cause of spontaneous pneumothorax is:

- 4
1. lung abscess
  2. lung cancer
  3. bronchiectasis
  4. bullous cysts of the lung
  5. Lung atelectasis
- #

99. Bronchiectasis develops due to:

- a) congenital causes
- b) chronic pneumonia
- c) pulmonary tuberculosis
- d) impaired patency of the bronchial tree
- e) smoking

- 3
1. a, c, e
  2. b, d, e
  3. a, b, d
  4. a, c, d, e
  5. c, d, e
- #

100. For the rehabilitation of the bronchial tree in patients with bronchiectasis, the most effective method is:

- 3
1. respiratory gymnastics
  2. antibiotic therapy with kanamycin
  3. therapeutic bronchoscopy
  4. inhalation with tetracycline
  5. chest massage
- #

101. A patient has a peripheral echinococcal cyst with a diameter of 4 cm in the lower lobe of the right lung. What kind of surgery is needed?

- 4
1. pneumonectomy
  2. segmentectomy
  3. echinococectomy, external cyst drainage
  4. echinococectomy, cavity treatment with 5% formalin solution
  5. lobectomy
- #

102. The main method for making a diagnosis of central lung cancer is:

5

1. R-logical examination of the lungs
  2. tomography of the lungs
  3. computed tomography
  4. Radioisotope study of the lungs
  5. tracheobronchoscopy + biopsy
- #

103. A 45-year-old patient is diagnosed with acute total pleural empyema. What treatment is indicated for the patient?

- 3
1. bronchoscopy with bronchial catheterization
  2. puncture of the pleural cavity
  3. thoracocentesis, drainage of the pleural cavity with constant aspiration of the contents
  4. thoracotomy, sanitation of the pleural cavity
  5. thoracoplasty
- #

104. The main cause of spontaneous pneumothorax is:

- 1
1. bullous changes in the alveoli and cysts of the lung
  2. parapneumonic lung abscess
  3. lung cancer
  4. bronchiectasis
  5. pulmonary tuberculosis
- #

105. Emergency care for valvular pneumothorax begins:

- 2
1. with tracheostomy
  2. with puncture and drainage with aspiration of air from the pleural cavity
  3. with blockade of intercostal nerves
  4. with immobility of the chest
  5. with phrenic nerve block
- #

106. What should be the therapeutic tactics for a patient with an acute lung abscess in the stage of formation without a breakthrough in the bronchus ?

- 5
1. surgical treatment - lung resection
  2. surgical treatment - pneumotomy
  3. puncture of the pleural cavity
  4. surgical treatment - thoracoplasty
  5. conservative treatments, antibiotics, detoxification
- #

107. Indicate the three most frequent complications of acute lung abscess:

- a) pleural empyema
- b) pyopneumothorax
- c) chest cellulitis
- d) amyloidosis
- e) pulmonary hemorrhage.

- 1.a, b , e
- 2.a, b, d
- 3.b, c
- 4.c, d
- 5.b, e
- #

108. Specify the most frequently used surgery for chronic lung abscess occupying 1-2 segments

- 5
- 1.segmental lung resection
- 2.drainage of the abscess cavity
- 3.pulmonectomy
- 4.excision of the abscess cavity
- 5.lobectomy
- #

109 . X-ray examination of a 57-year-old patient complaining of a cough with purulent sputum, who had suffered severe pneumonia a year ago, revealed a rounded formation in the lower lobe of the lung, containing liquid and gas. What is your presumptive diagnosis?

- 5
- 1.cavernous tuberculosis
- 2.parasitic cyst of the lung
- 3.bronchiectasis
- 4.lung cancer
- 5.chronic lung abscess
- #

110 . List the indications for surgical treatment of chronic lung abscess:

- a) discharge of a large amount of purulent sputum
  - b) detection of "dryness of the cavity" during X-ray examination
  - c) extensive destruction of lung tissue in case of unsatisfactory drainage
  - d) the size of the abscess cavity is more than 6 cm .
  - e) intoxication, persisting in the conservative therapy background
- in Select the correct combination of answers:

- 4
- 1.a, c, d
- 2.a, b , e
- 3.b, c, d
- 4.c, d , e
- 5.all answers are correct
- #

111 . A congenital hernia is indicated by the presence in the hernial sac:

- 4
- 1.large oil seal
- 2.loops of the small intestine
- 3.caecum
- 4.testicles
- 5.the bladder wall
- #

112. The manifestation of a sliding hiatal hernia is:

3

- 1.dysphagia
- 2.frequent vomiting
- 3.frequent heartburn
- 4.weight loss
- 5.none of the above

#

113. Hernia of the esophageal opening of the diaphragm most often manifests itself:

4

- 1.severe bleeding
- 2.slight bleeding
- 3.hypersecretion
- 4 pains after eating
- 5.asymptomatic

#

114. What kind of acute intestinal obstruction causes retrograde infringement of the small intestine?

5

- 1.adhesive
- 2.functional
- 3.obstructive
- 4.strangulation
5. mixed (obturation strangulation +)

#

115. What is Richter's hernia infringement?

4

- 1.infringement of the intestine in the area of the duodenal-jejunal sac
- 2.infringement of the twisted sigmoid colon
- 3.increased stomach in a diaphragmatic hernia
- 4.any parietal intestinal entrapment
- 5.infringement of the Meckel diverticulum in the inguinal hernia

#

116. Which of the factors determines the absolute indications for surgery in case of a spontaneously adjusted restrained hernia?

1

- 1.the presence of symptoms of infringement
- 2.time from the moment of infringement
- 3.concomitant diseases
- 4.sex and age of the patient
- 5.defective examination of the patient

#

117. External hernias include the following , except:

3

1. femoral;
2. umbilical;
- 3.diagrammatic;
4. inguinal;
5. lumbar.

#

117. Indication for emergency surgery in case of spontaneous reduction of a restrained hernia is:

2

- 1.the presence of a hernial protrusion
- 2.the appearance of peritoneal signs
- 3.temperature rise
- 4.dysuric phenomena
- 5.The very fact of spontaneous reduction

#

118. With phlegmon of the hernial sac, the operation begins:

2

- 1.with phlegmon opening
- 2.with a midline laparotomy
- 3.with the release of the hernial sac from the surrounding tissues
- 4.with a puncture of the hernial sac
- 5.with simultaneous operation from two accesses

#

119. The rare forms of hernias include, except :

1

- 1.postoperative hernia;
2. hernia of the xiphoid process;
3. hernia of the lunar (spigelian) line;
4. obturator hernia;
5. perineal hernia.

#

120. The contents of the hernial sac may be, except for :

5

- 1.loops of the small intestine;
2. loops of the large intestine;
3. large oil seal;
4. bladder;
5. pancreas.

#

121. The components of the hernial sac are the following , except:

3

- 1.the mouth;
2. neck;
3. large oil seal;
4. body;
- 5.bottom.

#

122. Complicated types of hernias include the following , except:

5

1. irreducible;
2. disadvantaged;

3. inflamed;
  4. coprostasis;
  5. Inguinal-scrotal hernia.
- #

123. Internal hernias include the following , except:

- 5
1. Bokhdalek's hernia;
  2. Larrey's hernia;
  3. esophageal hernia;
  4. hernia of the duodenal-jejunal fossa;
  5. hernia of the Spigelian line.
- #

124. The signs of an oblique inguinal hernia include the following, except :

- 3
1. repeats the course of the inguinal canal;
  2. often descends into the scrotum;
  3. a cough push is felt at the outer ring of the inguinal canal;
  4. is congenital;
  5. the spermatic cord is located inside of the hernial sac
- #

125. Signs of direct inguinal hernia include the following, except :

- 4
1. more common in the elderly;
  2. usually acquired;
  3. more often bilateral;
  4. the pulsation of the inferior epigastric artery is determined medially from the hernial sac;
  5. hernial protrusion of a round or oval shape.
- #

126. The methods of strengthening the anterior wall of the inguinal canal include the following, except :

- 5
1. Bobrov's way;
  2. Girard's way;
  3. Spasokukotsky way;
  4. Kimbarovskiy way;
  5. Bassini's way.

127. The differential diagnosis of femoral hernia is carried out with the following diseases, except :

- 4
1. Inguinal hernia;
  2. thrombophlebitis of the saphenous veins;
  3. lymphadenitis;
  4. orchiepididymitis;
  5. abscess (sore)
- #

128. During an operation for a strangulated hernia, 2 intestinal loops were found in the hernial sac. Specify the type of infringement:

3

1. elastic restraint;
2. fecal infringement;
3. retrograde infringement;
4. coprostasis;
5. parietal infringement.

#

129. The methods of surgical treatment of hernia of the white line of the abdomen include the following, except :

1

- 1.Kukudzhanov's method;
2. Sapezhko's way;
3. Mayo way;
4. Napalkov's method;
- 5.Martynov's method

#

130. Diaphragmatic hernias are as follows, except :

5

- 1.true diaphragmatic hernias;
2. false diaphragmatic hernias;
3. traumatic;
4. non-traumatic;
5. Relaxation of the diaphragm.

#

131. True diaphragmatic hernias include the following , except:

5

1. Hernia of Larrey-Morgagni;
2. hernia of Bohdalek;
3. retrosternal hernia;
4. hernia of the esophageal opening of the diaphragm;
5. developmental defects of the diaphragm.

#

132. There are the following types of hernia of the esophageal opening of the diaphragm, except :

3

- 1.paraesophageal;
2. sliding;
3. relaxation of the diaphragm;
4. acquired short esophagus;
- 5.congenital short esophagus

#

133. The method of choice for the treatment of paraesophageal hiatal hernia is:

1

- 1 .operative treatment;
2. conservative treatment;
3. dynamic observation;
4. physiotherapy;
5. diet therapy.

#

134. Which of the following factors are indications for surgical treatment of hiatal hernia?

- a) ineffectiveness of conservative treatment
- b) development of inflammatory strictures of the esophagus
- c) frequent bleeding from the esophagus
- d) sliding hernia of the esophageal opening without complications
- e) congenital short esophagus

5

- 1.a, c, d
- 2.b, c
- 3.a, b, c
- 4.d, d
- 5.a, b, c, e

#

135. Surgical treatment is necessary for:

- a) sliding hiatal hernia
- b) large paraesophageal hernia
- c) reflux esophagitis
- d) insufficiency of the cardiac pulp
- e) shortened esophagus

5

- 1.a, b
- 2.b, c
- 3.c, d
- 4.d, d
- 5.b, e

#

136. A 70-year-old patient has a left-sided oblique inguinal hernia with a tendency to infringement. There is a prostate gland adenoma with urination disorder. Your recommendations:

4

- 1. Wearing constantly bandage
- 2. Emergency operation for another infringement
- 3. surgical treatment with a rapid increase in the size of the hernia
- 4. planned surgery, after examination by a urologist and correction of urination disorders
- 5. simultaneous hernia repair and removal of adenoma

#

137. In a 40-year-old patient, a year after surgery for a right-sided inguinal hernia, a hernial protrusion reappeared. Your actions:

4

- 1. observation, operation for hernia infringement
- 2. operate with a progressive increase in hernia
- 3. Observation, exclusion of heavy physical activity
- 4. elective surgery before complications develop or hernia enlargement
- 5. Wearing a bandage

#

138. Who has femoral hernias more often?

2

- 1.in men
- 2.in women
- 3.in childhood
- 4.in adolescents
- 5.in old age in men

#

139. What are the characteristic symptoms of infringement in the hernia of the bladder?

4

- 1.pain in the area of hernial protrusion
2. tenesmus
- 3.retention of stool and gases
- 4.dysuria, hematuria
- 5.dyspepsia

#

140. Infringement is characteristic of Littre's hernia:

4

- 1.stomach
- 2.small intestine
- 3.the appendages of the uterus
- 4.the appendix
- 5.bladder

#

141. Indicate the signs of the nonviability of the small intestine with a strangulated inguinal hernia:

- a) hyperemia of the intestinal wall
- b) turbid effusion with an unpleasant odor in the hernial sac
- c) the segment of the intestine between the black strangulation grooves with fibrin
- d) the pulsation of the mesentery vessels of the restrained intestine is preserved
- e) after injection no vascular pulsation is observed in the mesentery of novocaine solution

3

- 1.a, b, d
- 2.a, c, e
- 3.b, c, e
- 4.c, d, e
- 5.b, c, d

#

142. In case of a chemical burn of the esophagus in the acute stage, it is shown:

4

- 1.washing the mouth, esophagus, stomach with drinking water
- 2.prescription of morphine preparations and sedatives
- 3.drinking milk
4. everything is correct
5. everything is wrong

#

143 . In the surgical treatment of esophageal diverticula, the following are used:

1

- 1.diverticulectomy

2. Dobromyslov-Torek operation
  3. resection of the segment of the esophagus bearing the diverticula
  4. intussusception of diverticulum
  5. resection of the lower third of the esophagus and cardia
- #

144 . Zenker's diverticulum of the esophagus is localized:

- 4
1. in the area of tracheal bifurcation
  2. above the diaphragm
  3. in the upper third of the esophagus
  4. in the pharyngeal-esophageal junction
  5. above cardia
- #

145 . The main method for diagnosing esophageal diverticulum is:

- 2
1. esophagoscopy
  2. contrast X-ray examination
  3. Ultrasound examination
  4. radionuclide research
  5. computed tomography
- #

146. What complications are possible with cicatricial esophageal stricture?

- a) chronic esophagitis
- b) bleeding
- c) esophageal cancer
- d) esophageal polyposis
- e) esophageal perforation
- f) regurgitation

- 4
1. a, c, e
  2. a, c, d, f
  3. b, e, f
  4. a, c, e
  5. b, c, d, f
- #

147. Bougienage of the esophagus after an acute burn should be started:

- 3
1. for 1-2 days
  2. after 1 month
  3. for 8-9 days
  4. when persistent dysphagia occurs
  5. in the first hours
- #

148. Mallory-Weiss syndrome is:

- 4
1. pyloric stenosis
  2. the presence of "kissing ulcers"

3. Liver-penetrating ulcer
  4. fissure of the mucous membrane of the cardiac stomach
  5. persistent spasm of the cardiac sphincter
- #

149. The method of choice of conservative treatment for cicatricial esophageal narrowing are:

- 3
1. antispasmodics;
  2. pain relievers;
  3. bougie;
  4. heart medications;
  5. vagosympathetic blockade
- #

150. A characteristic symptom complex in cardia achalasia:

- 1
1. dysphagia, regurgitation, pain;
  2. pain, shortness of breath, palpitations;
  3. vomiting, dizziness, weakness;
  4. shortness of breath, weakness, vomiting;
  5. palpitations, breathing, regurgitation.
- #

151. How many physiological constrictions on the esophagus:

- 3
- eleven;
  2. 2;
  3. 3;
  4. 4;
  5. 5.
- #

152. What causes coagulation necrosis of the esophageal tissue?

- 1
1. acid;
  2. with alkali;
  3. alcohol;
  4. thermal factor;
  5. electrical factor.
- #

153. What causes colliquation necrosis of the esophageal tissue?

- 3
1. alcohol;
  2. acid;
  3. with alkali;
  4. electrical factor;
  5. thermal factor.

154. Congenital malformations of the esophagus include the following, except :

1

1. megacolon;
2. aplasia;
3. atresia;
4. achalasia;
5. congenital short esophagus.

#

155. The following complications of esophageal burns are indications for surgical treatment, with the exception of:

5

1. complete obliteration of the lumen;
2. progressive recurrence of esophageal stricture;
3. the presence of esophageal fistulas ( tracheo-bronchial );
4. widespread stricture of the esophagus;
5. Erosion of the esophagus

#

156. The indications for surgical treatment in esophageal diverticulum are as follows , except:

5

1. bleeding;
2. large diverticula;
3. perforation;
4. fistula;
5. diverticulitis.

#

157. Mallory-Weiss syndrome is

4

1. pyloric stenosis
2. the presence of "kissing ulcers"
3. Liver-penetrating ulcer
4. crack of the mucous membrane of the cardiac stomach
5. persistent spasm of the cardiac sphincter

#

158. Which of the listed methods of treatment of cardiospasm should be used in case of persistent and long-term course of the disease?

3

1. drug
2. hypno-suggestive
3. cardiodilation
4. operative
5. Esophageal endoprosthesis

#

159. For what types of cardiospasm is surgical treatment indicated?

3

1. cardiospasm with hiatal hernia
2. after cardiodilation, the effect is within 2 years
3. contraction of the cardia with S-shaped lengthening of the esophagus
4. Long course, complicated by esophagitis
5. Long course without weight loss, slight expansion of the esophagus

#

160. The absolute indications for surgery for peptic ulcer disease are:

1

1. penetrating ulcer with the formation of an interorgan pathological fistula
2. large pyloric ulcer, threatening the development of stenosis during healing
3. a combination of giant stomach and duodenal ulcers
4. the presence of a genetic predisposition to peptic ulcer disease
5. Resistant duodenal reflux gastritis and ulcer

#

161. Relative indications for surgical treatment of peptic ulcer:

3

1. pyloric stenosis
2. recurrence of ulcer bleeding after endoscopic stopping
3. Low bulbous ulcers
4. malignant degeneration of the ulcer
5. Atypical ulcer perforation

#

162. The most physiological method of gastric resection is considered:

3

1. Billroth-2 in the modification of Hofmeister-Finsterer
2. resection in the modification of Ru
3. Billroth-1
4. Balfour modification
5. Reichel-Polia resection

#

163. In case of a bleeding ulcer of the body of the stomach and a low degree of operational risk, it is shown:

2

1. wedge-shaped excision of a bleeding ulcer with pyloroplasty and stem vagotomy
2. section of the stomach with a bleeding ulcer
3. wedge-shaped excision of a bleeding ulcer with SPV
4. Stitching a bleeding ulcer with pyloroplasty and stem vagotomy
5. excision of the ulcer

#

164. For a perforated gastroduodenal ulcer, the following is most typical:

1

1. sudden onset with sharp epigastric pain
2. a gradual increase in pain syndrome
3. constrictive sharp pain
4. abundant repeated vomiting
5. fastly growing weakness, dizziness

#

165. A reliable x-ray sign of perforation of the gastroduodenal ulcer is:

2

1. High aperture

- 2.the presence of free gas in the abdominal cavity
  - 3.pneumatization of the intestine
  4. "bowls" Kloyber
  - 5.increased gas bubble of the stomach
- #

166. The most common complication of penetrating gastric ulcer is:

- 4
- 1.development of pyloric stenosis
  - 2.malignancy
  - 3.the formation of interorgan fistula
  - 4.profuse bleeding
  - 5.perforation
- #

167. An hour after the perforation of the callous stomach ulcer is shown:

- 2
- 1.true antrumectomy
  - 2.classical resection of 2/3 stomach
  - 3.suturing of perforated ulcer
  - 4.stem vagotomy with pyloroplasty
  - 5.any of the following operations
- #

168. For what kind of complications of peptic ulcer disease is characterized by the forced position of patients with legs brought to the stomach and a "board-like stomach"?

- 3
1. bleeding;
  2. covered perforation;
  3. perforation into the free abdominal cavity;
  4. penetration of the ulcer into the pancreas;
  5. pyloric stenosis.
- #

169. What kind of operation should be chosen for a perforated ulcer, accompanied by diffuse purulent peritonitis?

- 5
- 1.section of the stomach;
  2. excision of the ulcer with pyloroplasty;
  3. vagotomy with antrumectomy;
  4. vagotomy with excision of the ulcer with pyloroplasty;
  5. suturing of perforated ulcers and drainage of the abdominal cavity.
- #

170. Select the most informative study for diagnosing the causes of gastroduodenal bleeding:

- 1
1. gastroscopy;
  2. analysis of feces for occult blood;
  3. introduction of the probe into the stomach ;
  4. analysis of gastric juice;
  5. X-ray examination of the stomach.
- #

171. What ulcers are most often perforated?

3

1. Acute medicinal ulcers;
2. stress ulcers;
3. chronic ulcers;
4. youthful ulcers;
5. hormonal ulcers.

#

172. What localization of perforated ulcers occurs most often?

4

1. the lesser curvature of the stomach;
2. the body of the stomach;
3. pyloric stomach;
4. anterior wall of the duodenum 12;
5. the back wall of the duodenum 12.

#

173. In what period of time does perforation of a stomach ulcer and duodenal ulcer occur most often?

3

1. year period;
2. winter period;
3. autumn-spring period;
4. at night;
5. in the daytime.

#

174. A characteristic pain symptom in case of a perforated stomach or duodenal ulcer:

3

1. pain of a cramping nature;
2. paroxysmal pain;
3. sudden, "dagger" pain throughout the abdomen;
4. dull persistent epigastric pain;
5. pain of a girdle nature.

#

175. At what age does perforation of a stomach or duodenal ulcer occur most often?

2

1. in adolescence;
2. at the age of 20-40;
3. at the age of 40-50;
4. at the age of 50-60;
5. in old age.

#

176. What access should be used to open the abdominal cavity in case of a perforated ulcer?

1

1. median laparotomy;
2. oblique subcostal laparotomy according to Fedorov;
3. upper midline laparotomy;

4. Laparotomy according to Volkovich-Dyakonov ;
  5. pararectal approaches according to Lenander.
- #

177. What are the features of the clinical course of "covered" perforation of gastric and 12 duodenal ulcers?

4

1. sudden "dagger" pain in the epigastrium , x characteristic ulcerative history with the subsequent development of peritonitis;
  2. moderate pain in the epigastrium after eating;
  3. night, hungry pain in the epigastrium, ameliorating after eating;
  4. sudden "dagger" pain in the epigastrium, local muscle tension, followed by a decrease in pain and an improvement in the patient's condition;
  5. cramping pains in the epigastrium and around the navel, accompanied by repeated vomiting.
- #

178. Indicate the most dangerous complication of penetrating gastroduodenal ulcers:

1

1. profuse bleeding;
  2. malignancy;
  3. perforation into the free abdominal cavity;
  4. stenosis;
  5. peritonitis.
- #

179. What does the stomach look like in a patient with a perforated stomach or duodenal ulcer?

3

1. a bloated stomach;
  2. soft belly, which evenly participates in the act of breathing;
  3. tense stomach, which does not participate in the act of breathing;
  4. asymmetrical belly;
  5. moderately tense abdomen, which participates in the act of breathing.
- #

180. What is the essence of the Opperl-Polikarpov operation with a perforated ulcer?

3

1. section of 2/3 stomach;
  2. gastrectomy;
  3. suturing of perforation;
  4. antrumectomy;
  5. pyloroplasty.
- #

181. What is the indication for resection of 2/3 of the stomach according to Billroth-2 in case of perforated ulcer?

1

1. callous ulcer of 12 duodenal ulcer with a long history of ulcers;
  2. soft, acute ulcer, no history of ulcers;
  3. perforated ulcer with the phenomenon of peritonitis;
  4. young age without a history of ulcers;
  5. age over 60 years old.
- #

182. The most formidable complication after gastric resection according to Billroth-2:

2

1. Acute pancreatitis;
2. failure of the duodenal stump;
3. pneumonia;
4. adhesive disease;
5. myocardial infarction.

#

183. Localization of the bleeding site in Mallory-Weiss syndrome:

3

1. rupture of the esophageal mucosa;
2. rupture of the gastric mucosa;
3. rupture of the mucous membrane of the junction of the esophagus into the stomach;
4. rupture of the duodenal mucosa;
5. bleeding from stomach polyps.

#

184. After a thorough clinical examination, the patient was diagnosed with Zollinger-Ellison syndrome. Which of the following is true for this syndrome?

4

1. this syndrome is a postoperative complication of surgical interventions for peptic ulcer disease and leads to persistent vomiting after eating
2. this syndrome is also known as superior mesenteric artery syndrome
3. this syndrome consists in a violation of the patency of the distal parts of the stomach, associated with ulcerative deformity
4. It is a form of severe peptic ulcer disease caused by a gastrin-producing tumor of the pancreas
5. found in psychiatric practice in patients who often swallow foreign bodies

#

185. What substance do G-cells produce?

2

1. pepsin
2. gastrin
3. pepsinogen
4. hydrochloric acid
5. glucagon

#

186. Indicate the most characteristic symptoms of pyloric ulcerative stenosis:

- a) vomiting at the height of pain
- b) feeling of heaviness in the epigastrium
- c) constipation
- d) vomiting, bringing relief
- e) weight loss
- f) tarry stools

3

1. a, b, c
2. a, c, d
3. b, d, e
4. a, e, f

5.all answers are correct

#

187. Indicate the most typical clinical signs of dumping syndrome :

3

- 1.pain in the epigastrium after eating
- 2.weight loss, general weakness
- 3.weakness, dizziness, palpitations after eating
- 4.vomiting of food eaten
- 5.diarrhea soon after eating

#

188. What is the most characteristic symptom of the adductor loop syndrome:

5

- 1.pain in the right hypochondrium, aggravated after eating
2. heartburn
- 3.vomiting of food eaten
- 4.general weakness, weight loss
- 5.vomiting of bile

#

189. Peritoneal symptoms in acute appendicitis include:

4

1. Voskresensky
2. Shchetkin-Blumberg
3. Razdolsky
- 4.all named symptoms
- 5.none of them

#

190. Acute appendicitis should be differentiated from all the listed diseases, except for :

1

- 1.glomerulonephritis
- 2.Acute pancreatitis
- 3.Acute adnexitis
- 4.Acute gastroenteritis
- 5.right-sided renal colic

#

191 . Perforated appendicitis is characterized by:

5

- 1.Symptom Razdolsky
- 2.increase in the clinical picture of peritonitis
- 3.sudden increase in abdominal pain
- 4.the tension of the muscles of the anterior abdominal wall
- 5.all of the above

#

192 . With diffuse purulent peritonitis of appendicular origin, apply:

5

- 1.median laparotomy

2. appendectomy
  3. washing the abdominal cavity
  4. drainage of the abdominal cavity
  5. all of the above
- #

193. Dynamic intestinal obstruction includes:

- 1
1. spastic and paralytic obstruction;
  2. volvulus;
  3. nodulation;
  4. intussusception;
  5. adhesive obstruction.
- #

194. Strangulated intestinal obstruction includes:

- 3
1. obturation with a tumor;
  2. spastic obstruction;
  3. volvulus;
  4. paralytic obstruction;
  5. coprostasis.
- #

195. What is the Sklyarov symptom in AIO?

- 3
1. "deathly silence" in the abdominal cavity during auscultation;
  2. increased peristalsis;
  3. "splash noise";
  4. tympanitis over the swollen bowel loop during percussion;
  5. visible abdominal asymmetry
- #

196. What is the symptom of the "Obukhovskaya hospital" at AOI?

- 2
1. the visible asymmetry of the abdomen;
  2. empty ampulla of the rectum, dehiscence of the anus;
  3. visible peristalsis;
  4. complete disappearance of intestinal noise;
  5. the presence of "splash noise".
- #

197. What symptom complex is typical for high intestinal obstruction?

- 5
1. cramping abdominal pain, bloating, stool retention, gas and a positive "enema" symptom;
  2. epigastric pain, repeated vomiting;
  3. severe pain in the epigastric region, cold clammy sweat;
  4. paroxysmal pain in the lumbar region, dysuric phenomena;
  5. cramping abdominal pain, repeated vomiting, belching, gas retention, stool.
- #

198. What is Valya's symptom with AIO?

4

1. "splash noise";
2. Percussion o- tympanitis;
3. auscultatory-enhanced peristalsis;
4. visible asymmetry of the abdomen and intestinal peristalsis, the balloon-shaped loop of the swollen intestine is palpable;
5. gaping anus.

#

199. What is the X-ray symptom of Kloyber's "bowl" in AIO?

3

- 1.the accumulation of gas in swollen bowel loops;
2. crescent-shaped strip above the liver;
3. horizontal liquid levels, above which the dome-shaped accumulated gases are located;
4. the contrast agent is retained in the stomach;
5. the contrast agent enters the free abdominal cavity.

#

200. To combat coprostitis, the following therapeutic measures should be performed, except ;

1

1. emergency operation;
2. stimulation of the intestines;
3. cleansing enema;
4. siphon enema;
5. appointment of painkillers and antispasmodics.

#

201. The viability of the intestine in AIO can be judged by the following signs, except for :

4

- 1.the color of the intestine;
2. the degree of bowel distension;
3. the presence of peristalsis;
4. pulsation of the vessels of the mesentery;
5. shine of the serous membrane.

#

202. The most common cause of peritonitis is:

1

- 1.Acute appendicitis
- 2.perforated ulcer
- 3.salpingitis
4. strangulation of the small intestine
- 5.stomach cancer

#

203. The main symptom of peritonitis is:

5

- 1.vomiting
- 2.abdominal pain
- 3.bloody stools
- 4.retention of stool and gas

5.the tension of the muscles of the anterior abdominal wall

#

204. A 60-year-old man suffers from chronic constipation. Irrigoscopy revealed stenosis of the descending colon. The most likely reason for this is:

3

- 1.diverticulitis;
2. ischemic colitis;
3. a tumor of the large intestine;
4. granulomatous colitis;
5. radiation colitis.

#

205. The most informative method for instrumental diagnosis of acute intestinal obstruction is:

1

- 1.plain radiography of the abdominal cavity
- 2.laparoscopy
- 3.angiography
- 4.gastrosocopy
- 5.colonoscopy

#

206. Choose the correct tactics in the initial stage of obstructive intestinal obstruction:

4

- 1.only conservative treatment
- 2.emergency operation
- 3.planned surgery
- 4.surgical treatment in case of ineffectiveness of conservative measures
- 5.nasogastric intubation

#

207. When examining a 53-year-old patient complaining of pain in the right iliac region, nausea, fever, you found positive symptoms of Rovzing, Sitkovsky, Bartomier-Michelson, Voskresensky. What disease can you think of?

4

- 1.acute cholecystitis
- 2.acute pancreatitis
- 3.renal colic ,
- 4.Acute appendicitis
- 5.intestinal obstruction

#

208. When examining the patient, you diagnosed acute phlegmonous appendicitis without peritonitis. For an appendectomy, the optimal access would be:

4

- 1.access by Kocher
- 2.access by Pfanenstiel
- 3.lower midline laparotomy
- 4.Volkovich-Dyakonov access
- 5.access across Pirogov

209. When carrying out a differential diagnosis between acute cholecystitis and acute appendicitis with a high location of the appendix, the following instrumental examination methods will be most informative:

- a) plain radiography of the abdominal organs
- b) ultrasound examination of the abdominal organs
- c) oral cholecystography
- d) laparocentesis
- e) laparoscopy

In Select the correct combination of answers:

- 3
  - 1.a, b
  - 2.a, b, c
  - 3.b, d
  - 4.b, c, d, e
  - 5.d, d
- #

210. When carrying out a differential diagnosis in a 26-year-old patient between acute appendicitis (pelvic location) and an interrupted ectopic pregnancy, the following points should be taken into account:

- a) complaints and history data
- b) hemoglobin indices
- c) results of puncture of the posterior vaginal fornix
- d) presence of Kullenkampf symptom
- d) the results of the vaginal and rectal examination in the

Select a combination of answers:

- 5
  - 1.a, b
  - 2.a, b, c
  - 3.a, b, c, d
  - 4.a, b, c, e
  - 5.all answers are correct
- #

211. How is the diagnosis of general peritonitis established before surgery?

- 4
  - 1.radiographically
  - 2.anamnesticly
  - 3.laboratory determination of signs of an inflammatory reaction
  - 4. by clinical signs
  - 5. by the level of secretion of gastric juice
- #

212. The development of pylephlebitis is most likely in one of the following forms of acute appendicitis:

- 4
  - 1.catarrhal
  - 2.phlegmonous
  - 3.primary gangrenous
  - 4. gangrenous transition necrotic process in the appendix mesentery
  - 5. appendicular infiltrate
- #

214. Among the reasons predisposing to the onset of acute paraproctitis, in the first place is:

- 3

- 1.hemorrhoids
  - 2.injury to the rectal mucosa during medical procedures
  - 3.microtrauma of the rectal mucosa
  - 4.shot wounds of the rectum
  - 5.inflammatory diseases of organs adjacent to the rectum
- #

215. The most common form of paraproctitis?

- 3
- 1.submucous
  - 2.intermuscular
  - 3.subcutaneous
  - 4.pelvic-rectal
  - 5.ischiorectal
- #

216 . The most preferred type of anesthesia during surgery for acute paraproctitis is:

- 4
- 1.local anesthesia with novocaine solution
  - 2.intubation anesthesia
  - 3.sacral-epidural anesthesia with trimecaine solution
  4. intravenous anesthesia
  - 5.any kind of anesthesia other than local anesthesia
- #

217 . The characteristic clinical symptoms of anal fissure are:

- 4
- 1.Moderate pain in the anal region, aggravated at the time of defecation, provoked by the intake of alcohol and spicy foods, itching of the anal region, profuse bleeding after the act of defecation
  - 2.feeling of incomplete release during the act of defecation, ribbon-colored stools, stained with blood, tenesmus, unstable stools, mucus secretion, often a single portion of dark blood
  3. unstable stools, a feeling of heaviness in the pelvic region, feces of a normal configuration with dark or scarlet blood; sheep-type feces, bloating, scanty stools
  - 4.frequent loose stools, tenesmus, mucous-bloody discharge, sometimes profuse diarrhea, a temperature reaction is possible
  5. Severe pain after the act of defecation, bleeding in the form of 2-3 drops of blood after the act of defecation, "stool fear", chronic constipation
- #

218 . The Schwarz test is a test for :

- 3
- 1.presence of bilirubin-gluconoid
  - 2.drug tolerance
  3. study of the passage of barium through the intestine
  - 4.coagulopathy
  - 5.the presence of blood in the stool
- #

219 . Obstructive jaundice caused by choledocholithiasis is not characterized by :

- 4
- 1.hyperthermia
  - 2.increase in direct blood bilirubin

- 3.increased alkaline phosphatase
  - 4.a sharp increase in the level of transaminases in plasma
  - 5.the absence of stercobilin in feces
- #

220 . In the case of gallstone disease, an emergency operation is indicated:

- 3
- 1.with occlusion of the cystic duct
  - 2.with cholecystopancreatitis
  - 3.with perforated cholecystitis
  - 4.with obstructive jaundice
  - 5.with hepatic colic
- #

221 . With gallstone disease, planned cholecystectomy is indicated:

- 3
- 1.in all cases
  - 2.with a latent form of the disease
  - 3.in the presence of clinical signs of the disease and a decrease in working capacity
  - 4.in patients over 55 years old
  - 5.in persons under 20 years of age
- #

222 . For cholangitis, a combination of symptoms is most characteristic:

- a) jaundice
- b) fever
- c) anemia
- d) leukocytosis
- e) ascites

- 2
- 1.a, b , c
  - 2.a, b, d
  - 3.c, d , e
  - 4.b, d
  - 5.b, c, e
- #

223 . Select a rare symptom of portal hypertension:

- 5
- 1.the emergence of collateral circulation
  - 2.splenomegaly
  - 3.haemorrhagic manifestations
  - 4.ascites
  - 5.jaundice
- #

224 . True postcholecystectomy syndrome can only be due to:

- 5
- 1.scar stenosis
  - 2.not found during surgery stone of the common bile duct
  - 3.stenosis of the greater duodenal papilla
  - 4.duodenostasis

5. decrease in the tone of the sphincter of Oddi and expansion of the common bile duct after cholecystectomy

#

225 . Choledocholithiasis is a stone in:

2

1. cystic duct;
2. common bile duct;
3. left and right hepatic duct;
4. common hepatic duct;
5. gall bladder .

#

226 . The surgeon suspected destructive cholecystitis in a 70-year-old patient with "acute" abdomen. Choose a research method that will accurately establish the diagnosis:

4

1. survey radiography of the abdominal cavity;
2. intravenous cholangiography;
3. a blood test in dynamics;
4. laparoscopy;
5. cholecystography.

#

227 . Which of the following symptom complexes is characteristic of acute perforated cholecystitis?

2

1. sharp girdle pain in the epigastrium, collapse, positive Mayo-Robson symptom , leukocytosis  $18 \times 10^9 / l$ , hypercalcemia, glucosuria;
2. Severe pain in the right hypochondrium with irradiation to the right half of the abdomen and the right scapula, tension of the abdominal muscles and a positive Shchetkin-Blumberg symptom in all parts of the abdomen;
3. paroxysmal pain in the right lumbar region with irradiation to the right groin region, chills, hematuria;
4. cramping pain in the area around the navel, repeated vomiting, gas and stool retention;
5. paroxysmal pain in the right hypochondrium, repeated vomiting, nausea; the abdomen is painful in the right hypochondrium, the painful bottom of the gallbladder is palpable.

#

228 . What kind of operation is necessary for extremely serious patients with acute destructive cholecystitis?

1

1. cholecystostomy;
2. cholecystolithotomy;
3. cholecystectomy;
4. cholecystectomy and drainage of the common bile duct;
5. choledochoduodenostomy.

#

229 . What symptom complex is typical for purulent cholangitis?

2

1. a positive symptom of Shchetkin-Blumberg in the right hypochondrium, dyspeptic disorders;
2. the intermittent nature of the temperature curve, chills, yellowness of the skin;
3. tension of the abdominal muscles in the epigastrium, diastasia;
4. sharp pain in the right hypochondrium, positive symptoms of Mussey and Ortner;

5. moderate muscle tension, low-grade fever, positive symptoms of Rovzing and Sitkovsky.

#

230 . What complication is caused by the migration of calculi along the biliary tract?

5

- 1.pyelophlebitis;
2. subhepatic abscess;
3. cystic artery thrombosis;
4. acute pancreatitis;
5. obstructive jaundice.

#

231 . When is choledochotomy indicated for acute purulent cholangitis?

5

1. after conservative therapy;
2. after the abatement of acute phenomena;
3. only in the presence of a stone;
4. after a second attack;
5. always and without exception.

#

232 . Operation of choice for obstructive jaundice:

4

- 1.cholecystectomy;
2. cholecystectomy + bilidigestive anastomoses;
3. cholecystectomy + papillosphincterotomy;
4. cholecystectomy + drainage of the common bile duct;
5. cholecystostomy.

#

233 . How much bile is produced per day normally?

4

- 1.100 - 150 ml;
- 2.200 - 250 ml;
- 3.300 - 500 ml;
- 4.700 - 1500 ml;
- 5.2000 - 3000 ml.

#

234 . When can the drain tube be left in the subhepatic space after cholecystectomy?

1

1. in any case;
2. only after removal of the phlegmonous gallbladder;
3. only with perforation of the gallbladder;
4. with dropsy of the gallbladder;
5. with diffuse bleeding from the bed of the gallbladder.

#

235 . The following accesses are used for operations on the gallbladder and bile ducts, except for :

3

- 1.access according to Fedorov;

2. upper median laparotomy;
  3. Access by McBurnay;
  4. access by Kocher;
  5. pararectal incision.
- #

236 . Knowledge of the Kahlo triangle is necessary to detect the following anatomical elements, except :

- 2
1. common hepatic duct;
  2. celiac trunk;
  3. the cystic artery;
  4. cystic duct;
  5. the right hepatic artery.
- #

237 . The treatment of choice for liver abscess is:

- 4
1. conservative;
  2. dynamic observation;
  3. physiotherapy;
  4. surgical;
  5. health resort.
- #

238 . The diagnostic criteria for the hydatid form of echinococcosis are as follows, except :

- 4
1. eosinophilia;
  2. living in an endemic area;
  3. a positive reaction to the Casoni test;
  4. thrombocytopenia;
  5. X-ray homogeneous cavity formation in the liver projection.
- #

239 . The main forms of portal hypertension syndrome are the following, except :

- 3
1. prehepatic;
  2. intrahepatic;
  3. transitional;
  4. suprahepatic;
  5. mixed.
- #

240 . What is the cause of the intrahepatic form of portal hypertension syndrome?

- 5
1. liver cirrhosis;
  2. developmental anomalies of the portal vein;
  3. endophlebitis of the hepatic veins;
  4. portal vein thrombosis;
  5. thrombosis of the inferior vena cava.
- #

240 . If the spleen is damaged, accompanied by intra-abdominal bleeding, a positive symptom is noted:

3

1. Voskresensky;
2. Obraztsova;
3. Frenicus-symptom ("vanka-vstanki");
4. Gobier;
5. Kerte.

#

241 . The operation of choice for suppurative echinococcosis of the liver is:

5

- 1.hemihepatectomy;
2. marsupialization;
3. ideal echinococcectomy;
4. closed invagination echinococcectomy;
5. echinococtomy, chitinectomy + cavity drainage.

#

242 . A 70-year-old patient was routinely operated on for calculous cholecystitis. If intraoperative cholangiography patho - ogy is not revealed. On the 3rd day after the operation, the appearance of jaundice, pain in the area of operation was noted. Diagnosis?

4

- 1.suppuration of the postoperative wound
- 2.acute postoperative pancreatitis
- 3.residual choledocholithiasis
- 4.cicatricial stricture of the common bile duct
- 5.intra-abdominal bleeding

#

243 . H a 7th day after holsdoholitotomii and drainage of the common bile duct drainage Keru dropped. Bile leakage is moderate but during drainage, no abdominal pain, soft abdomen, no peritoneal symptoms. What are your actions?

3

- 1.emergency operation - re-drainage of the duct
- 2.Laparoscopy for diagnostic and therapeutic purposes
3. observation of the patient, ultrasound control
- 4.try to enter drainage blindly
- 5.fistulography

#

244 . What circumstances are decisive in deciding the need for planned surgical treatment for cholecystitis?

5

- 1.severe dyspeptic syndrome
- 2.Long-term history
- 3.accompanied liver changes
- 4.the presence of episodes of recurrent pancreatitis
- 5.the presence of stones in the gallbladder

#

245 . What is the most common cause of obstructive jaundice?

2

1. cicatricial strictures of the extrahepatic biliary tract
  2. choledocholithiasis
  3. cancer of the head of the pancreas
  4. echinococcus of the liver
  5. metastases to the liver of tumors of various localization
- #

246. What combination of clinical symptoms corresponds to Courvoisier's syndrome?

- 1
  1. increased painless gallbladder combined with jaundice
  2. increased liver, ascites, dilated veins of the anterior abdominal wall
  3. jaundice, palpable painful gallbladder, local peritoneal phenomena
  4. Lack of stool, cramping pains, the appearance of a palpable abdominal mass
  5. severe jaundice, enlarged lumpy liver, cachexia
- #

247. Which study is most informative for the diagnosis of calculous cholecystitis?

- 4
  1. oral cholecystocholangiography
  2. laparoscopy
  3. A plain X-ray of the abdominal cavity
  4. ultrasound
  5. endoscopic retrograde cholangiopancreatography
- #

248. Patient PCES, was admitted with severe obstructive jaundice, symptoms of intoxication. Percutaneous transhepatic cholangiography was performed. After 3 hours, the patient developed pain in the right half of the abdomen, tachycardia increased, blood pressure - 100/60 mm Hg. Art. What complication arose after PCCG?

- 4
  1. acute pancreatitis
  2. acute cholangitis
  3. hepatgia
  4. bile leakage into the abdominal cavity
  5. pain shock
- #

249. The most optimal type of treatment for residual choledocholithiasis in patients with PCES:

- 1
  1. Endoscopic sphincterotomy with removal of stones basket Dormia
  2. choledochotomy
  3. choledochoduodenoanastomosis
  4. stone crushing
  5. choledochenterostomy
- #

250. Emergency cholecystectomy. Postoperative period with prolonged bile leakage along the drainage from the abdominal cavity. After 3 months there is a biliary fistula, Temperature - 38 ° C, chills, skin icterus, liver enlargement, ALT and AST - up to 130 units / l, bilirubin - 80 μmol / l. What is your diagnosis?

- 3
1. choledocholithiasis

- 2.stenosis of the distal part of the common bile duct
  - 3.cicatricial stricture of the common bile duct
  - 4.chronic duodenal obstruction
  - 5.hepatitis
- #

251 . A 40-year-old patient consulted a polyclinic doctor with complaints of pain in the upper abdomen. The skin is of a normal color. The condition is relatively satisfactory. At the age of 20, the patient suffered from viral hepatitis. Alcohol abuse is currently taking place. Clinically revealed signs of portal hypertension, splenomegaly. What can you think about?

- 2
- 1.about the suprahepatic block
  - 2.about the intrahepatic block
  - 3.about the subhepatic block
  - 4.about mixed block
  - 5.about hypersplenism
- #

252 . The development of acute pancreatitis occurs when :

- 4
- 1.activation by trypsin in the vascular bed of the kallikrein-kinin and thrombin systems
  - 2.innovation of small focal pancreatosis as a result of the appearance of inhibitory factors in the interstitium, leading to spontaneous relief of autolytic processes
  - 3.suppression of aggressive bacterial flora under the influence of antibacterial therapy for fatty pancreatic necrosis
  4. accumulation in damaged pankreatotsitah free fatty acid and lowering the pH to 3.5-4.5 the cells
  5. lysis exposed to elastase wall venules and interlobular connective bridges
- #

253 . If an edematous form of pancreatitis is detected during surgery, it is shown:

- 3
- 1.wound closure without any surgical aid
  - 2.imposition of a cholecystostomy
  - 3.Drainage of the stuffing box
  - 4.cholecystectomy and resection of the pancreas
  - 5.resection of the pancreas
- #

254 . With fatty pancreatic necrosis, it is shown:

- 3
- 1.laparotomy, abdominal drainage
  - 2.laparotomy with excision of the gland capsule
  - 3.fusion therapy, anti-enzyme and cytostatic drugs
  - 4.Distal pancreas resection
  5. everything is correct
- #

255 . Fatty pancreatic necrosis develops as a result of:

- 3
- 1.proteolytic necrobiosis of pancreaticocytes under the influence of trypsin and other proteolytic enzymes
  - 2.the effects of elastase on the walls of venules and interlobular connective tissue bridges
  - 3.the damaging effect on pancreaticocytes and interstitial fatty tissue of lipolytic enzymes

- 4.spontaneous relief of autolytic processes and involution of small focal pancreatic necrosis
  5. accession of infection against the background of edematous pancreatitis
- #

256 . Hemorrhagic pancreatic necrosis develops as a result of:

- 4
- 1.addition of infection against the background of fatty pancreatic necrosis
  - 2.forming a demarcation inflammatory shaft around the foci of fatty necrosis
  - 3.spontaneous relief of the autolytic process and involution of small focal pancreatic necrosis
  - 4.proteolytic necrosis of pancreatocytes and damage to the vascular wall under the influence of proteolytic enzymes
  - 5.the damaging effect on pancreatocytes and interstitial fatty tissue of lipolytic enzymes
- #

257 . Transverse pain resistance of the anterior abdominal wall in the projection of the pancreas in acute pancreatitis is called a symptom:

- 2
1. Mayo-Robson
  2. Kerte
  3. Gray-Turner
  4. Mondora
  5. Voskresensky
- #

258 . The main pathogenetic treatment of acute pancreatitis is:

- 1
- 1.suppression of the secretory function of the gland
  - 2.elimination of hypovolemia
  - 3.inactivation of pancreatic enzymes
  - 4.nasogastric decompression of the gastrointestinal tract
  - 5.the introduction of cytostatics
- #

259 . What enzymes of the pancreas contribute to the formation of fat necrosis?

- 3
- 1.elastase;
  2. trypsin;
  3. phospholipase A , lipase;
  4. amylase;
  - 5.enterokinase
- #

260 . For acute pancreatitis, the following symptoms are characteristic, except :

- 1
1. Ortner's symptom;
  2. Kerte's symptom;
  3. Mayo-Robson's symptom;
  4. Turner's symptom;
  5. Voskresensky's symptom.
- #

261 . Select the pathological criteria for the edematous form of acute pancreatitis?

4

1. fat necrosis;
2. the presence of extensive hemorrhages;
3. purulent fusion of pancreatic tissue;
4. edema of the interstitial tissue of the pancreas, areas of small hemorrhages;
5. purulent infiltration of pancreatic tissue.

#

262 . How much pancreatic juice is released per day?

4

1. 200 ml;
2. 200-500 ml;
3. 500-1000 ml;
4. 1000-1500 ml;
5. over 1500 ml.

#

263 . How does Voskresensky's symptom manifest in acute pancreatitis?

4

1. tension of the muscles of the anterior abdominal wall;
2. the disappearance of hepatic dullness with percussion;
3. soreness in the right iliac region;
4. disappearance of pulsation of the abdominal aorta;
5. soreness in the costal-vertebral corner on the left on palpation.

#

264 . What is Gobier's symptom in acute pancreatitis?

4

1. The weakening of pulsation in the umbilical region;
2. muscle tension in the epigastric region;
3. soreness in the left costal-vertebral corner;
4. swelling of the upper part of the anterior abdominal wall due to paresis of the transverse colon;
5. sharp pain in the left hypochondrium on palpation.

#

265 . Which of the laboratory research data are more significant for the diagnosis of acute pancreatitis?

5

1. the level of bilirubin in the blood;
2. general analysis of blood and urine;
3. blood sugar level;
4. rheumatic tests;
5. alpha-amylase of blood and urine.

#

266 . What is the causative factor of the contact form of acute pancreatitis:

3

1. acute cholecystitis;
2. injury to the pancreas;
3. penetration of duodenal ulcer into the head of the pancreas;
4. duodenostasis;

5. chronic pancreatitis.

#

267 . The differential diagnostic symptom of acute pancreatitis, in contrast to acute cholecystitis, is:

5

1. Sudden onset;
2. acute pain in the upper abdomen;
3. irradiation of pain;
4. weakening of intestinal peristalsis;
5. hyperenzymemia.

#

268 . Which of the following symptoms of acute pancreatitis is not typical for mesenteric thrombosis?

4

1. peritonitis;
2. toxemia;
3. acute onset;
4. girdle pain;
5. collapse, shock.

#

269 . Typical complications of primary chronic pancreatitis are:

- a) choledocholithiasis
- b) cyst, fistulas, regional portal hypertension
- c) jaundice, narrowing of the duodenum
- d) gastric bleeding
- e) colitis

3

1. a, c, d
2. d, d
3. b, c
4. a, d, e
5. c, d

#

270 . The method of choice for the treatment of edematous forms of acute pancreatitis is:

4

1. Kozlov's operation;
2. mentopancreatopexy;
3. necrosectomy;
4. conservative therapy;
5. resection of the pancreas.

#

271 . What treatment is indicated for the destructive form of acute pancreatitis?

3

1. dynamic observation;
2. conservative treatment;
3. surgical treatment;
4. novocaine blockade;
5. creation of physiological rest for the gland.

#

272 . The morphological sign of acute pancreatitis is:

3

1. periductular and periacinar sclerotic changes;
2. atrophy of the islets of Langerhans;
3. autolysis of pancreatic tissue;
4. calcification of the pancreas;
5. expansion of the pancreatic ducts.

#

273 . Unlike a perforated stomach ulcer and 12 duodenal ulcer, acute pancreatitis is not characterized by one of the following symptoms:

3

1. epigastric pain;
2. shock;
3. symptom of "muscle protection";
4. pallor of the skin;
5. coldness of the extremities.

#

274 . The laboratory criteria for acute pancreatitis include the following , except:

4

1. increasing the level of amylase;
2. increasing the level of trypsin;
3. hyperglycemia and glucosuria;
4. leukopenia;
5. hypocalcemia.

#

275 . To suppress the exocrine function of the pancreas, the following measures are used, except :

2

1. hunger in the next 3-5 days;
2. antibacterial therapy;
3. artificial hypothermia;
4. suction of gastric contents;
5. antienzyme therapy.

#

276 . The nature of pain in destructive pancreatitis:

4

1. cramping
2. undefined
3. causing concern
4. strong, persistent
5. the pain is absent

#

277 . Indications for surgery for destructive pancreatitis:

2

1. parapancreatic infiltration
2. purulent complications

3. edema of the retroperitoneal tissue
  4. pancreatogenic peritonitis
  5. severe intoxication
- #

278. As a result of what mechanisms do retention cysts of the pancreas develop?

- 5
1. due to damage to the tissue of the pancreas in pancreatic necrosis, trauma, hemorrhage;
  2. cavity neoplasms (cystadenomas);
  3. parasitic diseases (echinococcosis, cysticercosis);
  4. neoplastic processes (benign tumors);
  5. strictures of the excretory ducts of the gland and blockage of their lumen with stones, about chumps).
- #

279. What is the distinguishing feature of true cysts from pseudocysts?

- 4
1. education after destructive forms of acute pancreatitis;
  2. the walls of the cysts are compacted peritoneum and fibrous tissue;
  3. large size, contain exudate;
  4. epithelial lining on the inner surface of the cysts, small size;
  5. The cyst wall is composed of granulation tissue.
- #

280. The method of choice for diagnosing pancreatic fistulas is:

- 4
1. duodenography;
  2. scanning of the pancreas;
  3. angiography;
  4. fistulography;
  5. cholecystography.
- #

281. Typical clinical signs of a recurrent form of chronic pancreatitis are as follows, except :

- 1
1. intense pressing, burning pain in the upper abdomen; girdle pain;
  2. soreness in the Shoffard zone and the Desjardins point;
  3. positive Ortner's symptom;
  4. palpation enlargement of the pancreas;
  5. leukocytosis, increased diastase in blood and urine.
- #

282. 6 months after suffering from pancreatonecrosis in a 45-year-old patient, ultrasound revealed a pancreatic cyst. Operation option:

- 2
1. external drainage
  2. cystoenteroanastomosis
  3. pancreatoduodenal resection with filling of the duct in the distal part of the pancreas
  4. marsupialization
  5. cystogastroduodenostomy
- #

283. External drainage of the pancreatic cyst is indicated:

2

- 1.with malignancy
- 2.with suppuration of the cyst
- 3.with obstructive jaundice
- 4.when bleeding into the lumen of the cyst
- 5.No indications for this operation

#

284 . Specify the most characteristic symptom of the pseudotumor form of chronic pancreatitis:

2

1. pain in the upper abdomen;
2. jaundice, pruritus, darkening of the color of urine;
3. bloating;
4. nausea, vomiting;
5. slimming.

#

285 . What clinical signs is the violation of the exocrine function of the pancreas in chronic pancreatitis, except for :

3

1. dry mouth;
2. thirst;
3. skin itching;
4. dyspeptic disorders;
5. pain syndrome.

#

286 . The most common indirect signs of acute pancreatitis with gastroduodenoscopy:

3

- 1.Acute stomach ulcers
- 2.Acute duodenal ulcers
- 3.edema and hyperemia of the posterior wall of the stomach
4. hemorrhages on the anterior wall of the stomach
- 5.thickening of the folds of the stomach and duodenum

#

287 . The patient 30 years admitted to the hospital on the 2nd day of the disease with acute pancreatitis diagnosed expressed enzyme intoxication - it pancreatogenic and peritonitis. Specify the method for removing pancreatic enzymes from the body:

2

- 1.local intragastric hypothermia
- 2.peritoneal dialysis
- 3.epidural anesthesia
- 4.Catheterization of the umbilical vein
- 5.Aortic catheterization

#

288 . The most common cause of death in destructive pancreatitis in the late stages of the disease:

1

- 1.purulent complications
- 2.jaundice

- 3. Encephalopathy
  - 4. bleeding
  - 5. pulmonary embolism
- #

289. A 35-year-old patient was admitted to the clinic with a diagnosis of acute pancreatitis. Indicate the most informative test in the end-stage of the disease

- 1
- 1. blood amylase
  - 2. trypsinogen
  - 3. aminotransferase
  - 4. aldolase
  - 5. lactase
- #

290. What are the digestive hormones involved in the regulation of pancreatic juice secretion:

- 2
- 1. kallikrein
  - 2. secretin, pancreozymin
  - 3. bradykinin
  - 4. trypsin
  - 5. adrenaline
- #

291. A 40-year-old patient complains of weakness, headaches, sweating, hand tremors, aggravated by physical exertion. In the study of blood sugar - hypoglycemia. Computed tomography revealed a formation in the body of the pancreas up to 3 cm in diameter. Diagnose:

- 1
- 1. insulinoma
  - 2. glucagonoma
  - 3. gastrinoma
  - 4. cystadenocarcinoma
  - 5. acinar cancer
- #

292. The method of choice of treatment for pancreatic fistulas is :

- 3
- 1. diet therapy;
  - 2. physiotherapy;
  - 3. surgical treatment;
  - 4. antibacterial therapy;
  - 5. spa treatment.
- #

293. The methods of choosing surgical treatment for pancreatic cysts are as follows, except for :

- 2
- 1. the imposition of an anastomosis between the cyst and the loop of the small intestine according to Roux;
  - 2. Kozlov's operations;
  - 3. cystogastrostomy;
  - 4. cystoduodenostomy;
  - 5. Marsupialization.

#

294 . Emergency cholecystectomy 6 months ago. Intermittent jaundice and signs of cholangitis appeared 2 weeks after the operation. With RCPH, a cicatricial structure of the common hepatic duct was found. Which intervention is most preferable in this situation?

2

1. EPST
- 2.hepaticocenterostomy
- 3.endoscopic insertion of an endobiliary prosthesis
4. HDA
5. ChCHS

#

295 . H a 7th day after holsdoholitotomii and drainage of the common bile duct drainage Keru dropped. Bile leakage is moderate but during drainage, no abdominal pain, soft abdomen, no peritoneal symptoms. What are your actions?

3

- 1.emergency operation - re-drainage of the duct
- 2.Laparoscopy for diagnostic and therapeutic purposes
3. observation of the patient, ultrasound control
- 4.try to enter drainage blindly
- 5.fistulography

#

2 96 . For decompensated pyloric stenosis, the following are characteristic:

- a) vomiting of food eaten the day before
- b) tension of the muscles of the abdominal wall
- c) oliguria
- d) “splash noise” in the stomach on an empty stomach
- e) delay of barium in the stomach for more than 24 hours, determined by X-ray

3

- 1.a, b, d
- 2.a, b, d , e
- 3.a, c, d , e
- 4.a, b, c, d
- 5.all answers are correct

#

297 . The patient notes the sudden appearance of severe cramping abdominal pains that do not have a specific localization. During fights, he rushes about on the bed, screams. On examination: the abdomen of the usual configuration, periodically takes a scaphoid shape. A survey fluoroscopy revealed a spastic- atonic state of the intestine. In contrast barium study revealed -s amedlenny barium passage through the small intestine. What form of AIO is this symptom complex typical for ?

4

- 1 .wrap;
2. nodulation;
3. paralytic intestinal obstruction;
4. spastic intestinal obstruction;
5. obstructive intestinal obstruction.

#

298 . What is the most convenient access for diffuse peritonitis?

2

1. transternal access;
2. median laparotomy;
3. Laparotomy according to Fedorov;
4. laparotomy according to Dyakonov;
5. double-subcostal laparotomy.

#

299 . The most reliable method for diagnosing colon polyps is:

3

1. X-ray examination with oral administration of barium
2. irrigoscopy
3. colonoscopy
4. study of feces for occult blood
5. ultrasound

#

300 . Meckel's diverticulum is an anatomical element:

1

1. Ileum
2. the jejunum
3. is a protrusion of the bile ducts
4. often occurs after appendectomy
5. all of the above is true

#

## OPHTHALMOLOGY

1. WHAT CHARACTERIZES CONCEPT OF VISUAL ACUITY OF THE HUMAN EYE

- a. ability of an eye accurately to distinguish colors and shades
- b. ability of an eye accurately to distinguish subjects in the centre and on periphery
- c. ability of an eye to perceive the separate points located from each other on the minimum distance**
- d. the space simultaneously perceived by a motionless eye
- e. binocular vision

2. THE MINIMUM POINT OF NORMAL VIEW IS EQUAL

- a. 1 second-5 to seconds
- b. to 1 minute**
- c. to 5 minutes
- d. to 1 degree
- e. to 5 degree

3. VISUAL ACUITY IS MEASURED BY UNITS

- a. the decibel**
- b. centimeters
- c. millimeters
- d. dioptries
- e. degrees

4. THE HIGHEST VISUAL ACUITY IS PROVIDES BY

- a. area of the fovea centralis**
- b. macula lutea zone
- c. area of the disc of optic nerve
- d. all parts of a retina
- e. ora serrate zone

5. OPTOTYPE IS

- a. a letter figure or other sign used for definition Visus
- b. type of visual ability
- c. feature of a structure of optical system of an eye
- d. the value characterizing refracting force of optical system
- e. intraocular pressure

6. SNELLEN'S FORMULA IS:

- a. visus = $d/D$
- b. visus = $D-d$
- c. visus = $D/d$
- d. visus = $D+d$
- e. visus= $DXd$

7. FROM WHAT DISTANCE VISUAL ACUITY IS MEASURED?

- a. 2 m
- b. 3 m
- c. 4 m
- d. 5 m
- e. 1m

8. HOW MANY COLORS HAS SPECTRUM?

- a. 5
- b. 7
- c. 9
- d. 12
- e. 3

9. WHAT COLOURS OF THE SPECTRUM CONCERN TO LONG WAVE?

- a. the red
- b. the yellow
- c. the green
- d. the blue
- e. the violet

10. WHAT COLOURS OF THE SPECTRUM CONCERN TO MEDIUM WAVE?

- a. the red
- b. the orange
- c. the yellow
- d. the blue
- e. the violet

11. WHAT COLOURS CONCERN THE SHORT-WAVE?

- a. the red
- b. the green
- c. the blue
- d. orange
- e. infrared

12. THE RECEPTORS PERCEIVING COLOURS ARE?

- a. cones
- b. bipolar cells
- c. sticks
- d. pigmentary epithelium
- e. rods

13. Protanopia is?

- a. abnormal perception of red color
- b. abnormal perception of green color
- c. abnormal perception of blue color
- d. full loss of perception of red color**
- e. full loss of perception of blue color

14. Deuteranopia is?

- a. abnormal perception of red color
- b. abnormal perception of green color
- c. abnormal perception of blue color
- d. full loss of perception of green color**
- e. full loss of perception of red color

15. Tritanopia is?

- a. abnormal perception of red color
- b. abnormal perception of green color
- c. abnormal perception of blue color
- d. full loss of perception of blue color**
- e. full loss of perception of red color

16. THE VISUAL FIELD IS:

- a. provides orientation in space
- b. gives the characteristic of functional ability of the visual analyzer
- c. reflects many symptoms of retina and optic nerve disorders
- d. measured by perimetry
- e. all listed**

17. THE BLIND SPOT IS:

- a. a projection of optic nerve disc**
- b. a projection of macula lutea
- c. scotomata in any part of a field of vision
- d. defects of visual field of retina vessels
- e. hemianopia

18. THE METHOD OF RESEARCH OF VISUAL FIELD IS

- a. visometry
- b. biomicroscopy
- c. anomaloscopy
- d. perimetry**
- e. tonometry

19. SCOTOMA WHICH PATIENT SEES IS CALLED:

- a. the negative
- b. the absolute
- c. the positive**
- d. the relative
- e. physiological

20. THE VISUAL FIELD IS MEASURED:

- a. in centimeters
- b. in dioptries
- c. in minutes
- d. in degrees**
- e. Snellen's chart

21. THE BLIND SPOT IS?

**a. the physiological scotoma**

- b. absolute positive scotoma
- c. relative negative
- d. angioscotoma
- e. hemianopia

22. HEMIANOPIA IS?

**a. bilateral loss of half of visual field**

- b. loss of half of visual field in one of eyes
- c. absence of visual field in one of eyes
- d. bilateral narrowing of visual field
- e. blind spot

23. PATHOLOGY OF CENTRAL PART OF HIASMA IS DEFINED

**a. bitemporal hemoanopia**

- b. binasal hemoanopia
- c. full loss of visual field on the right
- d. full loss of visual field at the left
- e. blind spot

24. PATHOLOGY OF DARK ADAPTATION IS:

- a. scotoma
- b. tritanopy
- c. protanopy
- d. hemeralopy**
- e. myiopia

25. PHOTORECEPTORS ARE

**a. cones, rods**

- b. cones, ganglion cells
- c. cones, pigmentary epithelium
- d. rods, ganglion cells
- e. bipolar cells

26. WHAT IS THE PHOTOTOPIC VISION?

**a. day vision**

- b. night vision
- c. peripheral vision
- d. the central vision
- e. light perception

27. MESOPIC VISION IS:

- a. day vision
- b. night vision
- c. peripheral sight
- d. twilight vision**
- e. light perception

28. SCOTOPIC VISION IS

**a. night vision**

- b. twilight vision
- c. day vision
- d. night blindness
- e. light perception

29. THE PHYSICAL REFRACTION OF THE EYE DEFINES

- a. refractive power of crystalline lens

**b. refractive power of all optical media of the eye**

- c. by the position of the main focus in relation to the retina
- d. refractive power of the cornea
- e. refractive power of the lens and cornea

30. THE CLINICAL REFRACTION OF THE EYE DEFINES

- a. refractive power of a crystalline lens
- b. refractive power of all optical environments of an eye
- c. by the position of the main focus in relation to a retina**
- d. refractive power of the cornea
- e. refractive power of the lens and cornea

31. REFRACTING POWER OF THE CORNEA IS

- a. 1,0-2,0D
- b. 40,0-42,0D**
- c. 18,0-20,0D
- d. 60,0-62,0D
- e. no dioptries

32. REFRACTIVE POWER OF THE CRYSTALLINE LENS IS

- a. 40,0-42,0 D
- b. 18,0-20,0 D**
- c. 60,0-62,0 D
- d. 28,0-30,0 D
- e. no dioptries

33. POSITION OF THE MAIN FOCUS IN EMMETROPIC EYE

- a. on the retina**
- b. before the retina
- c. behind the retina
- d. on the lens
- e. on the cornea

34. POSITION OF THE MAIN FOCUS IN MIOPIC EYE

- a. on the retina
- b. before the retina**
- c. behind the retina
- d. on the lens
- e. on the cornea

35. POSITION OF THE MAIN FOCUS IN HYPEROPIC EYE

- a. on the retina
- b. before the retina
- c. behind the retina**
- d. on the lens
- e. on the cornea

36. UNIT OF REFRACTION IS

- a. centimeters
- b. dioptries**
- c. millimeters
- d. meters
- e. degrees

37. ASTIGMATISM IS

- a. combination of different degrees of a refraction or different types of refraction in one eye**
- b. combination of different degrees of a refraction or its different types in both eye

- c. different size of the image on the retina
- d. high degree of ametropia
- e. presbiopia

38. CYCLOPLEGIA IS

- a. a paralysis of constrictor pupil
- b. an accommodation paralysis**
- c. medicamentous midriasis
- d. paralysis of dilator pupil
- e. miosis

39. WHAT OF NERVES FIBRES SUPPLY ACCOMMODATION?

- a. oculomotor, sympathetic**
- b. trochlear
- c. trochlear, sympathetic
- d. abducens

40. PRESBYOPIA IS

- a. age related dysfunction of suspensor ligaments
- b. age related relaxation ciliary muscles
- c. age related decreasing function of the retina
- d. age related decreasing of accommodation due to hardness of crystalline lens**
- e. opacity of lens

41. ANISOMETROPY IS

- a. a different degree of refraction in both eyes**
- b. different size images of objects in the fundus of both eyes
- c. is not the same refraction in different meridians of one eye
- d. changing refraction during one of the meridians of eyes
- e. ametropia

42. WHAT IS ANISEICONIA

- a. different degrees of refraction in both eyes
- b. different size images of objects in the fundus of both eyes**
- c. is not the same refraction in different meridians of one eye
- d. changing refraction during one of the meridians of eyes
- e. opacity of the cornea

43. CHANGES OF PUPIL REACTIONS TO THE LIGHT MAY BE CONSEQUENCE OF THE DEFECT:

- a. n. abducens
- b. trochlear nerve
- c. oculomotor nerve**
- d. of the first branch of the trigeminal nerve
- e. optic nerve

44. DIRECT REACTION OF THE PUPIL TO THE LIGHT A BLIND EYE:

- a. present
- b. no reaction**
- c. enhanced
- d. was not changed
- e. constriction

45 AN IMPORTANT FEATURE OF CONCOMITANT STRABISMUS:

- a. double vision
- b. limited mobility of the eyeball
- c. blepharospasm

**d. no changes of motility of the eye**

e. present fusion

46. WHAT IS AMBIYOPIA?

a. divergence of the optical and visual axes of the eye

b. deviation of the visual axis of the fixation point

**c. decreased vision without damages of the eyes due to functional impairment of the visual analyzer**

d. the absence of a friendly reaction of pupils to light

e. abnormalities of refraction

47. WHICH METHODS ARE MORE INFORMATIVE FOR THE DIAGNOSIS OF LESIONS OF THE OPTIC NERVE?

a. ultrasound

b. R-ray orbit

**c. MRI**

d. visometry

e. doppler

48. THE MOST INFORMATIVE METHODS FOR DIAGNOSIS OF VASCULAR DISORDERS OF OPTIC NERVE:

a. ultrasound

b. ophthalmoscope

c. X-ray

d. MRI

**e. doppler**

49. WHAT THE INFORMATION IS THE DOPPLER ORBIT ABOUT?

a. condition of the walls of the orbit

**b. status of the vessels of the orbit**

c. condition of optic nerve

d. condition of motor nerves of the eye

50. COMMON SIGNS OF PARALYTIC STRABISMUS ARE:

a. exophthalmos

b. nystagmus

**c. diplopia**

d. hemerolopy

e. ambliopia

51. THE MAIN FUNCTION OF THE VISUAL ANALYZER, WITHOUT WHICH COULDN'T BE ALL OTHER FUNCTIONS IS:

a. peripheral vision

b. visual acuity

c. color perception

**d. light perception**

e. dark adaptation

52. THE HUMAN EYE PERCEIVES LIGHT WAVELENGTH OF:

a. less than 100 nm

b. 100 - 250 nm

**c. 380 - 760 nm**

d. 800 - 1060 nm

e. more than 1060

53. OBJECTIVE REGISTRATION OF VISUAL ACUITY IS BASED ON THE USE OF:

a. method of visual evoked potentials

**b. opto kinetic nystagmus**

- c. Polyak's optotypes
- d. the phoropter
- e. sinaptophore

54. CONES DETERMINE THE STATUS OF THE FOLLOWING FUNCTIONS:

- a. light perception
- b. adaptation to light
- c. visual acuity**
- d. dark adaptation
- e. binocular vision

55. CLOROPSIA – THE VISION OF THE SURROUNDING OBJECTS IN:

- a. yellow color
- b. red
- c. green**
- d. blue
- e. white color

56. ERYTHROPSIA – THE VISION OF THE SURROUNDING OBJECTS IN:

- a. yellow light
- b. red light**
- c. green light
- d. blue light
- e. white color

57. LIGHT PERCEPTION IS CHARACTERIZED BY:

- a. visual acuity
- b. value of the field of view
- c. threshold of discrimination**
- b. threshold of irritation
- e. contrast sensitivity

58. LIGHT ADAPTATION REACHES THOUGH:

- a. 10 seconds
- b. 1 minute**
- c. 20 - 30 minutes
- d. 1:00 hour
- e. 1 second

59. THE FULL TIME OF DARK ADAPTATION:

- a. 10 seconds
- b. 1 minute
- c. 20 - 30 minutes
- d. 1:00**
- e. 1 second

60. THE ONLY DIFFERENCES OF ACQUIRED COLOR VISION DISORDERS FROM CONGENITAL IS:

- a. possibility of destruction of both one and both eyes
- b. usually accompanied by other disorders of visual function
- c. may undergo changes in the course of the disease and its treatment**
- d. the eye sensitivity decreases with respect to all primary colors
- e. no differences

61. ADAPTATION - IS:

- a. vision of objects in low light
- b. the eye's ability to distinguish light
- c. adaptation of the eye to different levels of light intensity**
- d. of the eye's ability to distinguish between two points in space, located at a minimum distance
- e. accommodation of vision to different distances

62. THE SPECIAL FEATURES OF SCOTOPIC VISION INCLUDE:

- a. absence of color vision**
- b. brightness change colors
- c. peripheral nature
- d. light and dark adaptation
- e. highest visual acuity

63. NIGHT BLINDNESS - IS:

- a. disturbances of dark adaptation**
- b. disturbances of light adaptation
- c. disturbances of color vision
- d. the correct A and B
- e. disturbances of visual acuity

64. HOMONYMOUS HEMIANOPIA DUE TO:

- a. lesion of the optic nerve
- b. lesion of the optic chiasm
- c. retrochiasma zone damages**
- d. damages of ON disc
- e. retina disorders

65. BITEMPORAL HEMIANOPIA DEVELOPS IN LOCALIZATION OF THE FOCI:

- a. in the optic nerve
- b. in the middle of the optic chiasm**
- c. with bilateral compression of the optic chiasm
- d. in the optic tract
- e. retina

66. BINAZAL HEMIANOPIA DEVELOPS IN LOCALIZATION OF THE FOCI:

- a. in the optic nerve
- b. in the middle of the optic chiasm
- c. with bilateral compression of the optic chiasm**
- d. in the optic tract
- e. in the cortex

67. SCOTOMA WITHOUT CAUSING THE PATIENT SUBJECTIVE SENSATIONS DETECTABLE ONLY BY SPECIAL METHODS, CALLED:

- a. absolute
- b. relative
- c. positive
- d. negative**
- e. physiological

68. FIND THE ERROR! TO DETERMINE BINOCULAR VISION IS USED:

- a. test Socolova
- b. test reading with pencil
- c. Hirschberg test**
- d. Worth four- dot test
- e. cover test

69. OPTIC NERVE ATROPHY IS CHARACTERIZED BY:

- a. absence of borders of the optic nerve
- b. prominence of the optic nerve
- c. pallor of the optic disc**
- d. hemorrhage of optic disc
- e. edema of optic nerve

70. EXTERNAL FIBROUS TISSUE OF THE EYE IS CALLED

- a. protein
- b. conjunctiva
- c. sclera**
- d. the epithelium
- e. iris

71. SCLERA FUNCTIONS ARE

- a. passing the light
- b. production of tears
- c. place of attachment extra ocular muscles**
- d. refract the light
- e. production aqueous humor

72. CONJUNCTIVA FUNCTION

- a. protective
- b. barrier
- c. trophic
- e. moisturizing
- d. all of the**

73. PTERYGIUM IS:

- a. is not limited inflammatory thickening of the conjunctiva of the sclera yellowish
- b. a triangular fold of vascularized conjunctiva, growing into the cornea from the inside**
- c. nebula of cornea
- d. leucoma of cornea
- e. swelling of conjunctiva

74. TREATMENT OF ALLERGIC CONJUNCTIVITIS USE THE DRUG, EXCEPT

- a. Ung. Hydrocortisoni ophthalmici 0,5-1%
- b. Sol. Dexamethasoni 0,1%
- c. antihistamines inside
- d. Sol. Atropini sulfatis 1%**
- e. NSAD

75. TREATMENT ADENOVIRAL CONJUNCTIVITIS USED

- a. Ung. Bonaphtoni 0,05%
- b. Sol. Interferoni leucocytaris
- c. Sol. Poludani
- d. Ung. Virgani
- e. all above**

76. FUNCTIONS OF THE CORNEA

- a. protective, supporting, photoconductive
- b. photoconductive, photorefractive, protective**
- c. supporting photorefractive
- d. production of tears
- e. moisturizing

77. INFLAMMATORY OF THE CORNEA IS NAMED:

- a. abscess

- b. cellulites
- c. keratitis**
- d. cataract
- e. dacryoadenitis

78. COMPLAINTS OF CORNEAL DISORDERS ARE:

- a. photophobia, pain when looking at the light source, a feeling of fullness in the eye,
- b. watering of eyes, burning sensation, sticky eyelids in the morning,
- c. photophobia, lacrimation, blepharospasm, foreign body sensation, decreased visual acuity**
- d. aching, throbbing pain in his eye, halo around the light
- e. itching, chemosis of conjunctiva

79. CLINICAL PICTURES OF IRIDOCYCLITIS:

- a. pupil gray reflex, the IOP in normal
- b. pericorneal injection, corneal precipitates, the pupil is irregular**
- c. eye is bluish, the pupil is dilated, increased IOP
- d. congestive injection of eyeball, shallow anterior chamber,
- e. swelling of eyelids, redness, meibomian gland dysfunction

80. INFLAMMATION OF IRIS IS CALLED:

- a. iritis**
- b. uveitis
- c. retinitis
- d. keratitis
- e. cyclitis

81. INFLAMMATION OF CILIAR BODY IS CALLED:

- a. cyclitis**
- b. chorioretinitis
- c. iritis
- d. keratitis
- e. retinitis

82. KERATIC PRECIPITATES ARE:

- a. pus in the anterior chamber of the eye
- b. clouding of the vitreous
- c. iris adhesions to the lens
- d. points deposition on the posterior surface of the cornea**
- e. opacity of cornea

83. AQUEOUS HUMOR IS PRODUCED BY:

- a. lacrymal gland
- b. vitreous body
- c. ciliary body**
- d. iris
- e. lens

84. PUPIL IN ACUTE ANGLE GLAUCOMA:

- a. dilated and reacts to the light
- b. narrow and reacts to light
- c. dilated and does not react to light**
- d. narrow and does not react to light
- e. miosis

85. THE NORMAL LEVEL OF IOP:

- a. 14-22 mm Hg
- b. 20-22 mm Hg

- c. 16-20 mm Hg
- d. 16-26 mm Hg**
- e. 10-15 mm Hg

86. OPEN ANGLE GLAUCOMA IS:

- a. asymptomatic**
- b. rainbow circles around the light, periodic pain in the eye and half head
- c. severe headaches, nausea, vomiting, shooting pain
- d. sudden loss of vision
- e. itching of the eye

87. CLOSE ANGLE GLAUCOMA IS CHARACTERISED:

- a. serum or feeling of fullness in the eye, the seeming moisturizing eye
- b. sudden loss of vision
- c. severe headaches, nausea, vomiting, shooting pain in the eye area, increase IOP**
- d. asymptomatic
- e. gradual loss of vision

88. THE MAIN REASONS OF OPEN ANGLE GLAUCOMA:

- a. blockade of anterior chamber angle
- b. dystrophic changes of drainage system of eye**
- c. incomplete absorption mesodermal embryonic tissues in the anterior chamber angle
- d. pupillary blockage
- e. overproduction of aqueous humor

89. THE MAIN REASONS OF ANGLE-CLOSURE GLAUCOMA:

- a. blockade of anterior chamber angle**
- b. dystrophic changes of drainage system of eye
- c. incomplete absorption mesodermal embryonic tissues in the anterior chamber angle
- d. congenital anomalies of eye
- e. overproduction of aqueous humor

90. SIGNS OF CATARACT:

- a. pupil gray reflex with no fundus, the IOP in normal**
- b. pericorneal injection of the eye, keratic precipitates, IOP in normal
- c. atrophy of the optic nerve
- d. bluish of the eyeball, anterior chamber shallow, the pupil is dilated, high IOP
- e. opacity of cornea

91. METHODS OF CORRECTION OF APHAKIA:

- a. IOL implantation
- b. correction with eyeglasses
- c. correction with contact lenses
- e. refractive surgery
- d. all above**

92. PRESENCE OF BLOOD IN THE ANTERIOR CHAMBER IS CALLED

- a. hemophthalmos
- b. hemianopsia
- c. hyphema**
- d. leucoma
- e. hypopion

93. PRESENCE OF BLOOD IN THE VITREOUS BODY IS CALLED:

- a. hemophthalmos**
- b. hemianopsia
- c. hyphema

- d. leucoma
- e. hypopyon

94. INTRAOCULAR MAGNETIC FOREIGN BODY IS REVEALED:

- a. ophthalmometry
- b. MRI
- c. X-ray**
- d. visometry
- e. perimetry

95. IN THE FIRST HOURS AFTER EYE TRAUMA IS SEEING:

- a. hyphema**
- b. hypopyon
- c. hemopthalmos
- d. hematuria
- e. hypotony

96. RETAINED INTRAOCULAR FOREIGN BODY GIVES:

- a. madarosis
- b. metallosis**
- c. heliosis
- d. helmintosis
- e. simbiosis

97. ALL OF THESE DIAGNOSTIC TESTS ARE USEFUL IN EVALUATING A PATIENT WITH A RETAINED MAGNETIC INTRAOCULAR FOREIGN BODY EXCEPT:

- a. indirect ophthalmoscope
- b. computed tomography
- c. electrophysiology
- d. MRI**
- e. X-Ray

98. CRYSTALS OF POTASSIUM HYDROXIDE GOT INTO CHILD EYE. FIRST AID IS:

- a. irrigation a lot of water
- b. irrigation salt solution
- c. drops of ascorbic acid**
- d. antibiotic drops
- e. BSS solution

99. INDICATIONS FOR REPAIR OF ORBITAL BLOWOUT FRACTURE INCLUDE ALL OF THE FOLLOWING EXCEPT:

- a. cosmetically unacceptable enophthalmos
- b. fractures involving more than half of the orbital floor
- c. inferior rectus weakness**
- d. pain
- e. inflammation

100. MECHANISM OF ACTS TOPICAL STEROIDS:

- a. improve regeneration
- b. antimicrobial effect
- c. to cause cataract**
- d. facilitating epithelial healing
- e. antiviral effect

## OBSTETRICS

1.

At pregnancy, the following physiological changes occur in the external genital organs:

1

the mucous membrane at the entry of vagina is cyanotic;  
increased secretion of the sebaceous glands of vulva;  
external genitals are loosened;  
all of the above.

#

2.

Obstetric perineum is a region:

2

between posterior commissure and coccyx;  
between posterior commissure and anus;  
between anus and coccyx;  
from the lower edge of pubis (loin) up to anus;  
from the lower edge of coccyx up to anus.

#

3.

The major features of the structure of vagina are:

1

the wall is covered by multilayered squamous epithelium;  
glands and submucous layer are absent in the mucous membrane;  
contents of vagina is just the result of contraction of cervical glands, fallopian tubes, desquamated epithelial cells of vagina;  
all are incorrect;  
all are correct.

#

4.

At pregnancy, the following physiological changes occur in vagina, except:

4

the blood supply of the vaginal walls increases sharply;  
loosening of the vaginal walls;  
hyperplasia and a hypertrophy of muscular elements of vagina;  
the pH in vagina is alkaline.

#

5.

External genital organs include:

5

labia major;  
labia minor;  
major glands of vestibulum;  
clitoris;  
all are incorrect.

#

6.

The internal genital organs include:

5

uterus;  
fallopian tubes;  
ovaries;  
vagina;  
all are incorrect.

#

7.

The primary direction of the muscular fibres in the body of uterus is:

4

oblique;  
circular;

obliquo-longitudinal;  
longitudinal;  
none of the above.

#

8.

The main direction of the muscular fibres in cervix is:

2

oblique;  
circular;  
obliquo-longitudinal;  
longitudinal;  
none of the above.

#

9.

Ovary is supported in the abdominal cavity by, except:

4

ligamentum ovary propria;  
ligamentum latum of uteri;  
infundibulopelvic ligamentum;  
ligamentum sacro-uterina;

#

10.

What hormone is used as a marker for normal progressing pregnancy?

5

estradiol;  
hypophyseal gonadotropin;  
progesterone;  
prolactin;  
chorionic gonadotropin.

#

11.

Name the process which helps the embryo to create a contact with the body of mother (uterus).

5

gastrulation;  
implantation;  
histogenesis;  
fertilization;  
placentation.

#

12.

When does the embryonic period end and begin the fetal period of the intrauterine development?

3

at the end of the first month;  
at the end of the second month;  
at the beginning of the third month;  
at the end of the third month;  
at the beginning of the fourth month.

#

13.

The first trimester of pregnancy is named as a period of:

1

organogenesis;  
placentation;  
fetal;  
fertilization;  
implantation.

#

14.

The probable sign for diagnosis of pregnancy is:

4

change of mood;  
change of smell;  
auscultation of fetal heart beats;  
enlarged uterus.

#

15.

The positive sign of pregnancy is:

4

absence of menses;  
increased size of uterus;  
dyspeptic disturbances;  
presence of fetus in uterus;  
abdominal enlargement.

#

16.

Early diagnosis of pregnancy is made by.

4

change in basal temperature;  
detection of HCG (human chorionic gonadotropin) in urine;  
USG;  
all of the above.

#

17.

Assumed date of labour can be known in all the given statements, except:

4

regular menstrual cycle;  
continuation of pregnancy for 280 days;  
ovulation occurs around the 14th day of cycle;  
use of oral contraceptives before pregnancy;  
conception occurred in the middle of cycle.

#

18.

Most often a pregnant woman complains on:

3

gastrointestinal disorders;  
pain in the lower abdomen;  
stop of menses;  
bloody discharges from vagina;  
all of the above.

#

19.

Which among the following is not the common complication occurring in the first trimester of pregnancy?

5

threatened abortion (miscarriage);  
early gestosis;  
anaemia;  
hypotonia;  
nephropathy.

#

20.

During pregnancy, the predisposition to edema of the lower extremities is caused by:

5

decreased osmotic pressure in the blood plasma;

compression of the inferior vena cava by the pregnant uterus and the increase of the venous pressure in the lower extremities;  
retention of sodium in the body;  
increased secretion of aldosterone;  
all of the above.

#

21.

Frequency of what pathology increases in the aged primipara?

2

breech presentation;  
weakness of labor strength;  
detachment of normally placed placenta;  
placenta prelying;  
transverse position of fetus.

#

22.

Most favourable sign for the prognosis of present pregnancy is the completion of the previous pregnancy by:

4

pathological labor with surgical delivery;  
artificial abortion;  
habitual miscarriage;  
normal labor;  
all of the above.

#

23.

Term of pregnancy and the date of labour cannot be defined by:

3

last menstruation;  
first fetal movement;  
size of fetus;  
USG data;  
data obtained during the first attendance of the female consultation on the proposed pregnancy.

#

24.

What is the estimated date of labour if the first day of the last menstruation is the 1st of May?

4

the 6th of February;  
the 8th of August;  
the 24th of April;  
the 8th of February;  
the 3rd of October.

#

25.

The reason of the premature labour may be:

5

rhesus conflict;  
gestosis (toxicosis);  
multiple pregnancy;  
gestational pyelonephritis;  
all of the above.

#

26.

In obstetrics, USG helps to determine:

5

position of placenta and its pathology;  
condition of the fetus;

non progressive pregnancy;  
anomaly of the development of the fetus;  
all are correct.

#

27.

Amnioscopy helps to estimate:

4

quantity of amniotic fluid;  
staining of amniotic fluid;  
presence of flakes of vernix caseosa;  
all are correct;  
all are incorrect.

#

28.

In normal position of fetal parts, the head is located at the position of:

2

maximum flexion;  
moderate flexion;  
moderate extension;  
maximum extension.

#

29.

Fetal position is:

3

relation of the fetal back to the sagittal plane;  
relation of the fetal back to the frontal plane;  
relation of the fetal axis to the length of uterus;  
interrelation of various parts of fetus.

#

30.

Position is called as longitudinal, when the fetal axis is:

3

located under the right angle to the longitudinal axis of uterus;  
located under the acute angle to the axis of uterus;  
coincides with the length of uterus;  
located under obtuse (broad) angle to the axis of uterus.

#

31.

Fetal presentation is the relation of:

3

head of fetus to its entry in the pelvis;  
pelvic end to the entry in pelvis;  
most lower part of fetus to the entry in pelvis;  
head of fetus to the fundus of uterus.

#

32.

Head presentation of fetus in physiological labour is:

2

anterior head (cephalic) presentation;  
occipital presentation;  
frontal presentation;  
facial presentation.

#

33.

The most common presentation of fetus is:

4

complete breech presentation;

breech with flexed legs (frank breech);  
footling presentation;  
cephalic presentation;  
transverse presentation.

#

34.

Fetal position means:

1

relation of the fetal back to the lateral walls of uterus;  
relation of the fetal head to the entry in pelvis;  
relation of the fetal axis to the length of uterus;  
interrelation of various parts of uterus.

#

35.

Kind of the fetal position is the relation between:

3

fetal back to the sagittal plane;  
fetal head to the plane of entry in the small pelvis;  
fetal back to the anterior and posterior walls of uterus;  
fetal axis to the length of uterus.

#

36.

At the first position, the back of fetus is turned:

3

to the right;  
to the fundus of the uterus;  
to the left;  
to the entry in the small pelvis.

#

37.

At the second position, the back of fetus is turned:

1

to the right;  
to the fundus of uterus;  
to the left;  
to the entry in the small pelvis.

#

38.

When fetus is lying transversely, the position of fetus can be determined by the position of:

2

fetal back;  
fetal head;  
small fetal parts;  
pelvic end of the fetus;  
cannot be determined.

#

39.

Objective examination of the pregnant woman or woman in labor starts with:

4

palpation of the abdomen;  
auscultation of the abdomen;  
measurement of the pelvis;  
objective examination by systems;  
all of the above.

#

40.

By the first method of the external obstetric examination may be defined:

3

position of the fetus;  
occipito-anterior or occipito-posterior vertex position;  
height of the uterine fundus;  
prelying part of the fetus.

#

41.

By the second method of the external obstetric examination may be defined:

4

prelying part of the fetus;  
disposition of the fetal parts;  
height of the uterine fundus;  
position of fetus;  
head of fetus.

#

42.

By third method of the external obstetric examination may be defined:

1

prelying part of the fetus;  
disposition of the fetal parts;  
height of the uterine fundus;  
position of fetus;  
type of position.

#

43.

By the fourth method of the external obstetric examination may be defined:

5

prelying part of the fetus;  
position of the fetal parts;  
height of the uterine fundus;  
position of fetus;  
relation of the prelying part to the entry in the pelvis.

#

44.

External obstetric examination at the second half of pregnancy includes all the following, except:

4

determination of location, position and size of fetus;  
anatomic estimation of pelvis;  
determination of the term of pregnancy;  
functional estimation of pelvis;  
estimation of frequency and rhythm of the fetal heart beats.

#

45.

Circumference of abdomen can be measured:

2

on the middle of the distance between umbilicus and xiphoid process;  
on the level of umbilicus;  
randomly;  
on two transverse fingers above umbilicus;  
on three transverse fingers above umbilicus.

#

46.

At a women of normal constitution, the lumbar rhombus has the following form:

2

triangular;  
geometrically correct rhombus;  
correct quadrangular;

triangular, stretched in vertical direction;  
quadrate (square form).

#

47.

The method of instrumental examination used during pregnancy and at delivery is:

2

probing of the uterus;  
examination of the uterine cervix by speculum;  
biopsy;  
histerography;  
hysteroscopy.

#

48.

Vaginal examination is not used for:

3

determination of stage of opening of the uterine cervix;  
estimation of integrity of the amniotic sac;  
estimation of condition of fetus;  
determination of features of insertion of the fetal head;  
estimation of the size of pelvis.

#

49.

Diagonal conjugate can be defined:

4

on the external conjugate;  
on the height of pubis symphysis;  
on the lateral conjugate;  
on vaginal examination.

#

50.

Diagonal conjugate is the distance between:

3

ischium tubercles;  
iliac crests;  
lower edge of symphysis and promentorium;  
major trochanters of femur bone;  
umbilicus and xiphoid process.

#

51.

Diagonal conjugate is equal to:

2

31-32 cm;  
12-13 cm;  
12-15 cm;  
28-29 cm;  
9-12 cm.

#

52.

True conjugate is the distance between:

2

the middle of the upper edge of pubis and promentorium;  
the maximum protruding point of symphysis and promentorium;  
the lower edge of symphysis and protruding point of promentorium;  
iliac crests;  
umbilicus and xiphoid process.

#

53.

True conjugate is equal to:

2

- 13 cm;
- 11 cm;
- 10 cm;
- 20 cm;
- 9 cm.

#

54.

The normal fetal heart rate per minute is:

3

- 80-90 beats;
- 100-110 beats;
- 120-140 beats;
- 100-200 beats;
- 170-180 beats.

#

55.

Where the fetal heart beats are the best heard in the 1st position of anterior type of occipital presentation?

2

- on the right below umbilicus;
- on the left below umbilicus;
- on the left above umbilicus;
- on the left at the level of umbilicus;
- in any point.

#

56.

Which of the reasons can conduct to the decrease in amniotic fluid in pregnant women?

2

- microcephalia;
- abnormalities of urinogenital tract of the fetus;
- teratoma of sacrococcygeal region;
- virus and bacterial infection.

#

57.

The average duration of the first stage of labour in primigravidae is:

3

- 3-5 h;
- 6-9 h;
- 10-14 h;
- 15-18 h;
- 19-24 h.

#

58.

Unlike nephropathy, in arterial hypertension the presence of the following symptoms is characteristic:

5

- edema;
- proteinuria;
- oliguria;
- all listed;
- none of the above.

#

59.

The excessive increase in body weight at a woman of second half of pregnancy, most likely it should be suspected:

5

- large fetus;

toxycosis (preeclampsia);  
increased volume of amniotic fluid;  
multi pregnancy;  
all listed.

#

60.

In diagnostics of prolonged pregnancy the following methods are helpful:

5

amnioscopy;  
electrocardiogram and FCG of a fetus;  
dynamics of measurement of an abdomen circle and height of the bottom of uterus;  
colpocytology;  
all listed above.

#

61.

Amnioscopy allows, generally, to estimate:

4

quantity of amniotic fluid;  
colour of amniotic fluid;  
presence of flakes of vernix caseosa;  
all listed;  
nothing from the listed.

#

62.

What method should be used in anaesthesia for amniocentesis:

3

the general anaesthesia;  
local anaesthesia;  
sacral blockade;  
without anaesthesia and analgesic;  
light analgesia.

#

63.

The labour pain arises owing to:

4

irritation of the nervous terminations of uterus and patrimonial ways;  
decrease of a threshold of pain sensitivity of the brain;  
decreased production of endorphines;  
all listed;  
nothing from the listed.

#

64.

Pudendal anaesthesia is most often applied:

1

at the second stage of premature labour;  
at destructive operations of fetus;  
at the extraction of fetus for the pelvic end;  
at all listed;  
nothing from the listed.

#

65.

At the first stage of labour, all the listed preparations are applied for anaesthesia, except:

3

inhalation anaesthetics;  
the narcotics;  
oxitotics;  
analgesics.

#

66.

The indication for the appointment of anesthetics at the first stage of labour is:

3

opening of cervix to 4 cm;  
weak contraction of uterus during labour ;  
discoordination of patrimonial activity;  
absence of the fetal sac.

#

67.

At the end of pregnancy of a primigravida women, cervix of uterus is normally:

2

extended;  
truncated (shortened);  
smoothed partially;  
smoothed completely;  
kept.

#

68.

For a mature cervix of uterus it is characteristic:

5

its disposition along the conductive axis of pelvis;  
softening on all its length;  
passability of the cervical channel for 1-1,5 fingers;  
shortening of cervix to 1-1,5 cm;  
all the listed.

#

69.

Name signs of the beginning of the first stage of labour:

3

efflux of amniotic fluid;  
presence of "mature" uterine neck;  
occurrence of regular birth pangs ;  
head insertion into the entrance of the minor pelvis.

#

70.

The first stage of labour comes to an end always:

1

by the full disclosure of the uterine cervix;  
by occurrence of attempts;  
by efflux of amniotic fluid;  
in 6-8 hours from the beginning of regular birth pangs;  
all listed.

#

71.

In labour, at head prelying of a fetus, the following basal frequency of heart beats is considered to be normal:

1

120-160 beats per minute;  
110-150 per minute;  
100-180 per minute;  
more than 200 per minute.

#

72.

Name signs of the beginning of the second period of labour:

3

presence of attempts;

efflux of amniotic fluid;  
full opening of the uterine os;  
insertion of the fetus head.

#

73.

Vaginal examination in labour is carried on purpose:

5

detection of the integrity of the uterine sac;  
assessment of the degree of disclosure of the uterine cervix;  
estimation of features of insertion of fetus head;  
estimation of the sizes and condition of osteal pelvis;  
all listed above.

#

74.

In what situation it is possible to speak about engagement of the fetus head into the entrance of the pelvis:

2

the head is in the pelvic cavity;  
biparietal size of the head is in an entrance plane of small pelvis;  
the prelaying part is at the level of sciatic axis;  
arrow-like suture is in the cross-section size of the pelvis;  
the fetus head is bent.

#

75.

In what plane of the minor pelvis the internal rotation of the head takes place?

3

over an entrance to the pelvis;  
in an entrance plane of the minor pelvis;  
in a plane of the wider part of the pelvic cavity;  
in a plane of a narrow part of the pelvic cavity;  
in a plane of the exit of the pelvis.

#

76.

The major movements of a fetus during labour occur in certain sequence. What of the following sequences is correct?

42

descent, internal rotation, flexion;  
engagement, flexion, descent;  
engagement, internal rotation, descent;  
engagement, flexion, internal rotation, extension;  
descent, flexion, engagement.

#

77.

A leading point at the occipital prelying of a fetus is:

big fontanel;  
small fontanel;  
the middle of the frontal suture;  
the middle of the distance between big and small fontanel.

#

78.

An indicator for the beginning of the second stage of labour is:

4

descending of a prelaying part into the minor pelvis;  
attempts;  
internal turn of a head;  
full disclosure of the uterine cervix;  
baby birth.

#

79.

In the 2nd period of labour the heart beats are supervised:

1

after each attempt;  
every 5 minutes;  
every 10 minutes;  
every 15 minutes;  
every 20 minutes.

#

80.

Vaginal examination in labour is made:

5

before labour stimulation;  
at admission in a hospital;  
at occurrence of bleeding discharges;  
at efflux of amniotic fluid;  
all listed is true.

#

81.

Conduction of labour in the second period of labour includes, mainly, the control, except:

4

for the condition of woman and fetus;  
for the engagement and crowning of the prelying part of the fetus;  
for the condition of fetoplacental circulation;  
for the pressure in the anteroposterior space;

#

82.

The indication to the section perineum in labour is:

5

rupture threat of perineum;  
a large fetus;  
premature labour (a small fetus);  
pelvic fetus prelying;  
all answers are correct.

#

83.

Episiotomy is for the prevention of:

2

bad healing of perineum;  
rupture of muscles of perineum;  
development of rectocele and cystocele;  
contraction of musculus levator ani.

#

84.

Indications to perineotomy:

5

high rigid perineum;  
rupture threat of perineum;  
premature labour;  
acute hypoxia of a fetus;  
all listed is true.

#

85.

For the prevention of bleeding in labour at a moment of crowning of the head, it is often applied:

2

promedol;

methylergometrin;  
pregnantol;  
mammophizin;  
quinine.

#

86.

Volume of physiological blood loss in labour:

2

100 - 150 ml;  
200 - 300 ml;  
300 - 400 ml;  
400 - 500 ml;  
less than 100 ml.

#

87.

Tactics of conducting the third stage of labour depends on:

1

degree of the blood loss;  
duration of labour;  
presence of signs of the afterbirth detachment;  
conditions of the newborn;  
duration of labour without amniotic fluid.

#

88.

The major mechanisms of the afterbirth detachment and the afterbirth discharging are:

4

the increase of the intrauterine pressure;  
the decrease of the size of a uterus and the sizes of placental platform;  
retraction and contraction of myometrium;  
all listed above;  
nothing from the listed.

#

89.

Ways of removal of non-detached afterbirth from the uterus:

4

Abuladze's method;  
pull for an umbilical cord;  
method of Krede-Lazarevich;  
manual afterbirth detachment and afterbirth discharging.

#

90.

Characteristic signs of the total tight attachment of placenta are:

4

pain in the abdomen;  
bleeding;  
height of standing of the uterine bottom above the navel after a child birth;  
absence of signs of afterbirth detachment.

#

91.

The bleeding at the postpartum period is possible in all cases, except:

4

at thrombocytopenia;  
at long (prolonged) labour;  
at multi fetus and hydramnion;  
at labour in the back type of fetal lying.

#

92.

Indications for the manual inspection of the uterus:

4

application of prostaglandins in labour;  
long labour;  
labour at pelvic prelying;  
labour in the presence of a scar on uterus after cesarean sections;  
none of the above.

#

93.

What is indicative during jointing of placenta?

5

manual afterbirth detachment;  
introduction of contraction drugs;  
curettage of cavity of uterus;  
to put cold on the abdomen;  
extirpation or amputation of uterus.

#

94.

The prolonged pregnancy is characterized?

5

oligoamnios;  
increased basal tonus of uterus;  
decreased excitement of myometrium;  
decreased circumference of the abdomen;  
all the above are right.

#

95.

To diagnose the prolonged pregnancy, it is necessary:

2

to do USG to confirm the position of fetus;  
to determine exact duration of pregnancy;  
to measure the heart rate of fetus;  
to determine the volume of amniotic fluid;  
to carry out the stress contraction test.

#

96.

Major symptoms of the overmaturity of fetus are:

5

dry skin;  
absent of vernix caseosa;  
narrow sutures and fontanelles;  
dense bones of skull;  
all is true;  
all is false.

#

97.

Indications for cesarean section during the prolonged pregnancy are:

6

pelvic prelying;  
big size of fetus;  
old age of women;  
narrow pelvis;  
all is false;  
all is true.

#

98.

The term "afterbirth period" usually means:

1

first 2 months after labour;  
period of the breast feeding of a newborn;  
period of afterbirth amenorrhea;  
all above.

#

99.

The term "lochi" means:

4

the afterbirth secretion from uterus;  
the wound secretion from the afterbirth uterus;  
detachment of the decidual membrane;  
all of the above;  
none of the above.

#

100.

Management and care of women in the early afterbirth period implies the control of, except:

4

arterial blood pressure, pulse, respiration;  
contraction of uterus;  
blood loss;  
colpocytological examination;

#

101.

In the early afterbirth period, the following changes occur in the genital system of women:

5

involution of uterus;  
formation of the cervical canal of the uterine cervix;  
regeneration of muscular tonus of the pelvic bottom;  
retraction, contraction of uterus and thrombus formation of vessels of placental site;  
all is true;  
all is false.

#

102.

Healing of the placental site takes place due to:

5

destruction and rejection of fragments of the decidual membrane;  
regeneration of endometrium from the fundal glands;  
epithelization of endometrium;  
formation of granulations from leukocytes;  
all of the above.

#

103.

Joint stay of both mother and child in postpartum department furthers:

4

the decreased rate of purulent-septic diseases;  
establishment of steady lactation;  
formation of psychoemotional tie between mother and her child;  
all the above;  
none.

#

104.

What is predisposed to the blood loss in the early post-partum period:

5

weakness of labour activity;  
increased volume of amniotic fluid;  
multi pregnancy;

large fetus;  
all the above.

#

105.

What is necessary to undertake first of all in the starting blood loss in post-partum period:

4

manual detachment of placenta;  
introduction of uterus contraction preparations;  
examine of patrimonial ways;  
define signs of the placenta detachment;  
ice on the lower abdomen.

#

106.

Pathological blood loss in the early post-partum period demands:

5

press of aorta;  
injection of drugs contracting the uterus;  
manual examination of uterine cavity;  
examine patrimonial ways;  
all the above.

#

107.

During bleeding in the 3rd period of labour and presence of symptoms of the placental detachment it is necessary to:

4

make the detachment of the afterbirth by the outer approach;  
inject the contracting drugs for uterus;  
put ice on the lower abdomen;  
all of the above.

#

108.

Most usual cause of the late postpartum bleeding is:

1

disturbance in contraction of uterine muscles;  
hemostatic disturbances;  
trophoblastic diseases;  
retention of fragments of placental tissue in uterus;  
none;  
all.

#

109.

Tactics of a doctor during hemorrhage in the 3rd period of labour in the absence of symptoms of

4

placenta detachment:  
to inject drugs causing the uterine contraction;  
to use the Krade-Lazarevich's method;  
to use Abuladze's method;  
to make the manual detachment of placenta and discharge of afterbirth;  
to inject spasmolytics.

#

110.

Most usual cause of bleeding in the early afterbirth period:

4

hypotonus of uterus;  
retention of fragments of the afterbirth tissue in uterus;  
disturbance of blood coagulation system;  
long period without amniotic fluid.

#

111.

In diagnosis of the premature detachment of the normally located placenta, the most informative methods include:

3

external obstetrics examination;  
vaginal examination;  
USG;  
estimation of heart activity;

#

112.

Complicated form of the detachment of the normally located placenta can cause everything except

4

intrauterine fetal death;  
pallor of skin;  
anemia;  
Rh-sensibilization.

#

113.

Premature detachment of the normally located placenta is complicated by:

5

appearance of Couvelaire uterus;  
intranatal fetal death;  
development of DIC (disseminated intravascular coagulation) syndrome;  
hemorrhagic shock;  
all of the above.

#

114.

The major reason of the premature detachment of the normally located placenta is:

2

trauma of the abdomen;  
gestosis;  
prolonged pregnancy;  
hydramnion, multi pregnancy;  
short umbilical cord.

#

115.

For the clinical picture of premature detachment of the normally located placenta is not characteristic:

2

abdominal pain;  
absent abdominal pain;  
hemorrhagic shock;  
change in the heart beat of fetus;  
change in shape of uterus.

#

116.

Most usual cause of the detachment of the normally located placenta is:

3

powerful hit on abdomen;  
powerful birth pangs;  
late gestation;  
short umbilical cord;  
early efflux of the amniotic fluid.) investigation of blood coagulation system.

#

117.

For the prelying of placenta the following positions are characteristic:

4

on the anterior wall at the bottom;  
on the bottom of uterus;  
on the posterior wall of uterus;  
partial or total covering of the internal os;  
at the lower segment of uterus.

#

118.

The prelying of placent is the pathology at which placenta is located:

3

at the body of uterus;  
at the lower segmentl;  
at the lower segment of uterus, partial or total covering of the internal os;  
on the posterior wall of uterus;  
on the bottom of uterus.

#

119.

In the prelying of placenta, bleeding is usually appeared at the term of pregnancy of:

4

8-12 weeks;  
16- 20 weeks;  
22- 24 weeks;  
28 – 32 weeks;  
36 – 40 weeks.

#

120.

The most characteristic clinical sign of the prelying of placental is:

4

chronic intrauterine hypoxia of fetus;  
decreased Hb levels and RBCs in the blood;  
repeted bloody discharges from genital organs;  
arterial hypotension;  
threat of abortion.

#

121.

The prelying of placenta should be differentiated with:

5

torsion of the pedicle of cystoma ovari;  
rupture of uterus;  
necrosis of myomatous nodule;  
strangulation of myomatous uterus in the small pelvis;  
none of above.

#

122.

Characteristic features of bleedings in the prelying of placenta include:

5

sudden occurrence of bleeding;  
their repeatability;  
anemization of a pregnant woman;  
all are wrong;  
all are right.

#

123.

In what cases the vaginal investigation is indicative in suspicion of the placenta prelying

4

at the term of 27 weeks on admission in the hospital;  
after admission in hospital and stop of bleeding;  
before the localizing of placenta with USG;

only for selection of the method of delivery.

#

124.

Clinical symptom of the placenta prelying:

4

pains in the lower abdomen;  
changes in the heart beat of fetus;  
changes in the form of uterus;  
bleeding of different intensity;  
efflux of amniotic fluid.

#

125.

The most characteristic features of preeclampsia include:

3

shin edema;  
albuminuria;  
subjective complaints: headache, eye sight disturbances;  
all of the above.

#

126.

Eclampsia can be differentiated with:

5

epilepsy;  
hypertension;  
brain tumours;  
stroke;  
all above listed.

#

127.

The manifestations of the late gestosis include:

2

oedema;  
proteinuria;  
hyperglycemia;  
hyperinsulinemia;  
all answers are wrong.

#

128.

Complications of eclampsia:

5

neurologic complications;  
fetal death;  
pulmonary oedema;  
premature detachment of the normally located placenta;  
all listed above.

#

129.

The possible cause of death in eclampsia is:

4

cardiac arrest during convulsions;  
pulmonary oedema;  
stroke, coma;  
all listed above.

#

130.

The most typical cause of maternal death in eclampsia is:

2

renal-hepatic insufficiency;  
stroke;  
lung oedema;  
infection.

#

131.

The optimal variant for delivery in severe form of gestosis is:

3

application of obstetrical forceps;  
self supporting delivery;  
cesarean section;  
vacuum-extraction of fetus;  
fetus destructing operation.

#

132.

Anatomically narrow pelvis is considered to be any pelvis which in comparison with normal:

4

all the sizes are reduced by 0,5-1 cm;  
at least one size is reduced by 0,5-1 cm;  
all the sizes are reduced by 1,5-2 cm;  
at least one size is reduced by 1,5-2 cm;  
all answers are not true.

#

133.

Generally and equally narrowed (justo minor) pelvis is characterized by:

2

shortening only of the direct size of entry to the small pelvis;  
equal decrease of all sizes of the small pelvis;  
lengthening of the sacrum;  
all listed are correct.

#

134.

Characteristic for the biomechanism of labour in generally and equally narrowed (justo minor) pelvis is:

4

acynclitic insertion;  
placing of the sagittal suture at the transverse size;  
extension of the head is in the entry to the small pelvis;  
maximum flexion of the head.

#

135.

Simple flat pelvis is characterised by:

1

the decrease of all direct sizes of the cavity of the small pelvis;  
increase in height of the pelvis;  
the decrease of the transverse size of the sacrolumbal rhombus;  
all listed is true;  
nothing from the listed.

#

136.

Clinically narrow pelvis is:

5

one of the forms of anatomically narrow pelvis;  
absence of ascending of the head of the fetus due to weakness of labour activity;  
non-compliance of the head of the fetus and pelvis of the mother, revealed during pregnancy;  
all listed above;  
nothing from the above listed.

#

137.

For evenly narrowed pelvis is characteristic:

5

the normal form;  
thin bones;  
uniform reduction of all sizes;  
sharp subpubical corner;  
all listed is true.

#

138.

For the treatment of discoordination of the labour activity, as a rule, are used:

5

promedol;  
morphine;  
tocolytics;  
spasmolytics;  
all listed above.

#

139.

Discoordinated labour activity is characterised by:

5

irregular birth pangs;  
various intensity of birth pangs;  
painful birth pangs;  
poor dynamics of the opening of the uterine cervix;  
all listed above.

#

140.

For the course of rapid labour the most typical is:

5

raised body temperature;  
nausea, vomiting;  
dry tongue, tachycardia;  
all listed above;  
nothing from the above listed.

#

141.

The most important consequences of wide application of cesarean sections:

3

decrease in maternal death rate;  
decrease in maternal pathologies;  
decrease in perinatal death rates;  
decreased blood loss.

#

142.

The cesarean section is indicated:

4

in insufficiency of blood circulation II B - III stages;  
in septic endocarditis;  
in acute heart failure at labour;  
in all listed;  
nothing from the listed.

#

143.

The cesarean section should be performed in a planned manner (absolute indication) if the following takes place:

6

infertility in the anamnesis;  
birth of injured children or stillborn in the anamnesis;  
chronic fetal hypoxia;  
multiple myoma of the uterus;  
scar on the uterus;  
all answers are wrong.

#

144.

The cesarean section is the relative indication in all cases, except:

3

one cesarean section in the anamnesis;  
fetal hypoxia;  
umbilical cord prolapse;  
premature detachment of placenta;  
presence of a dead fetus.

#

145.

Indications to cesarean sections, as a rule, are taken into account with the following factors:

5

age of the woman;  
pregnancy term;  
the anatomic sizes of the pelvis;  
the obstetrical-gynecologic anamnesis;  
all answers are correct.

#

146.

Advantages of cesarean sections at the lower segment of a uterus do not include:

3

a cut in the functional less active and less vascularized zone;  
conformity of direction of the cut on a uterus to a direction of the basic layers of the myometrium;  
wound healing on the uterus by full regeneration.

#

147.

The most frequent technique of cesarean sections is:

4

corporal cesarean section;  
extraperitoneal cesarean section;  
isthmic-corporal cesarean section;  
a cesarean section in the lower segment (cross-section);  
vaginal cesarean section.

#

148.

In modern obstetrics the following technique of cesarean sections is not used:

4

classical (corporal) caesarean section;  
a cesarean section in the lower segment of a uterus;  
extraperitoneal caesarean section;  
intraligamental cesarean section;  
vaginal cesarean section.

#

149.

Choose the basic complication of a classical cut of the uterus in cesarean section:

1

rupture of scar tissue in the following pregnancies and deliveries;  
formation of postoperative commissure;  
poor healing of wounds on the uterus;  
more extended damage of vessels of the uterus.

#

150.

A risk factor of inconsistency of a scar on the uterus after cesarean sections is:

5

- performance of cesarean sections at premature labour;
- the complicated course of the postoperative period;
- corporal cesarean section;
- an interval between cesarean sections less than 2 years;
- all listed above.

#

151.

Quality of a postoperative scar on the uterus after cesarean sections basically depends on:

5

- the choice of technique of operation;
- technics of suturing of a section on the uterus;
- the cleanliness degree of vaginal dab before operation;
- the conduction and course of the postoperative period;
- all answers are correct.

#

152.

Rules of introduction of spoons of obstetrical forceps are the following:

4

- the left spoon held by the right hand and enter into the right half of pelvis of mother;
- the right spoon held by the left hand and enter into the left half of pelvis of mother;
- all listed are true;
- all listed are wrong.

#

153.

What condition does not allow perform operation using obstetrical forceps?

2

- alive fetus;
- opening of the uterine cervix by 4 cm;
- absence of amnion;
- head in large part of the pelvic cavity.

#

154.

While applying the exit obstetrical forceps, spoons should lie on

2

- the fetal head:
- in the right slanting size;
- in the transverse size;
- in the direct size;
- all listed above.

#

155.

In case of head inclination, obstetrical forceps traction should be:

5

- periodically rotational;
- periodically rocking;
- periodically in the form of jerks;
- all listed above;
- nothing from the listed.

#

156.

Placing obstetrical forceps is contraindicated in case of:

5

dead fetus;  
anatomically and clinically narrow pelvis;  
incomplete opening of uterine cervix;  
threaten uterine rupture;  
all listed above.

#

157.

The main functions of placenta are:

5

respiratory;  
alimentary;  
excretory;  
hormonal;  
all listed above.

#

158.

Formation of feto-placental system, as a rule ends at:

1

16 weeks of pregnancy;  
20 weeks of pregnancy;  
24 weeks of pregnancy;  
28 weeks of pregnancy;  
32 weeks of pregnancy.

#

159.

Name the correct characteristics of the umbilical cord:

2

the umbilical cord is formed from the villus;  
there are 2 arteries in the umbilical cord;  
there are 2 veins in the umbilical cord;  
lymphatic vessels go through the umbilical cord;  
diameter of the umbilical cord is 12 cm.

#

160.

Name the correct characteristics of the amniotic fluid:

3

normal quantity is 4 liters;  
amniotic fluid is pink in color;  
by its composition, amniotic fluid may be used for estimation of the condition of the fetus;  
amniotic fluid exerts high pressure on the fetus;  
by the end of pregnancy, there is relative increase of the quantity of amniotic fluid.

#

161.

Name the correct characteristics of the placenta:

3

normal weight of placenta is 1200g;  
main mass of placenta consists of vessels;  
in placenta chorionic gonadotropin is formed;  
normally placenta is attached to the internal os of the uterine cervix;  
in placenta erythrocytes are formed.

#

162.

Which objective investigations are compulsory for pregnant women?

1

measurement of blood pressure;  
determination of particularity of body constitution;  
measurement of thorax circumference;

condition of mammary glands;  
examination of fundus of eye;  
urinary Zimnitski's test.

#

163.

Which information helps to determine intrauterine fetal position?

1

determination of ratio of fetal back to longitudinal axis of uterus;  
place of the attachment of placenta;  
fundal height of uterus;  
place in which the fetal heart sounds are heard;  
disposition of small parts of fetus.

#

164.

Indications for vaginal examinations in women in labor are:

3

life-threatening asphyxia of the fetus;  
nephropathy of pregnant woman;  
bloody discharges from genitalia;  
albuminuria;  
starting of post-natal period.

#

165.

Which changes are characteristics for normal pregnancy?

2

thickening of sacro-iliac joints;  
increase of body mass by 300g a week in the second half of pregnancy;  
expressed edema in lower extremities;  
divergence of the pubic rami to the sides by 0,3-0,5cm;  
depigmentation of linea alba of the abdomen.

#

166.

Which changes can occur during normal pregnancy?

3

unstable arterial pressure and hypertension;  
leucopenia;  
increase in ESR (erythrocyte sedimentation rate) till 20-25 mm an hour;  
decrease of erythrocytes count;  
thrombocytopenia;

#

167.

Changes in cardiovascular system, which are characteristics for normal pregnancy:

3

decrease in circulating blood volume;  
leucopenia;  
edema of lower extremities;  
increase in vascularisation of uterus;  
increase in quantity of fibrinogen;

#

168.

Which changes in a woman, caused by pregnancy, are nonreversible

2

presence of choriogonin hormone;  
striae gravidum;  
lactation;  
acromegaly;  
pigmentation.

#

169.

What signs are characteristic for 40-week pregnancy?

3

striae gravidum;

albuminuria;

height of standing of uterus above pubis is 36 cm;

umbilical extrusion;

bloody discharges from genitalia.

#

170.

Indicate the characteristics for the 1st type of occipito-arterial position:

4

fetal heart beats are heard on the right;

major fontanel is determined from the left and the front;

minor fontanel is determined from the left and the back;

back of the fetus is turned to the front and the left;

back of the fetus is turned to the uterine fundus.

#

171.

Importance of sutures and fontanels on the head of fetus during labor:

5

determination of size of head of fetus;

determination of configuration of head of fetus;

determination of type of occipital position;

determination of occipito-frontal size of fetus;

determination of synclitism and asynclitism insertion of fetal head.

#

172.

Name the main point and the point of fixation during labour in occipito-arterial position:

3

chin;

the middle of frontal suture;

minor fontanel;

major fontanel;

upper jaw.

#

173.

Clinical signs of severe acute hypoxia of fetus do not include:

2

fetal heart rate of 90-100 beats per minute;

fetal heart rate of 120-140 beats per minute;

muffled fetal heart beats;

fetal heart rate of 160-190 beats per minute;

arrhythmia.

#

174.

Green color of amniotic fluid indicates:

1

chronic hypoxia of fetus;

acute hypoxia of fetus;

antenatal death of fetus;

hemolytic disease of fetus;

disturbance of metabolism of amniotic fluid.

#

175.

Brown color of amniotic fluid indicates:

3

chronic hypoxia of fetus;  
acute hypoxia of fetus;  
antenatal death of fetus;  
hemolytic disease of fetus;  
disturbance of metabolism of amniotic fluid.

#

176.

Placenta is permeable to:

5

alcohol;  
morphine;  
penicillin, Streptomycin;  
ether;  
all listed above.

#

177.

Velocity of penetration of medicines through placenta depends on all listed, except:

5

molecular mass of preparation;  
solubility of medicine in lipids;  
degree of binding of medical substance with blood proteins;  
size of molecule of preparation;  
mass of fetus.

#

178.

Minimal height of a viable fetus is:

2

30cm;  
32cm;  
35cm;  
50cm.

#

179.

Minimal weight of a viable fetus is:

1

500g;  
600g;  
800g;  
1000g.

#

180.

In Republic of Belarus, criterion for a viable fetus (newborn) is a term of pregnancy:

2

20 weeks;  
22 weeks;  
26 weeks;  
28 weeks.

#

181.

Signs of maturity of a newborn are:

5

mass/ height coefficient;  
disposition of umbilical ring;  
condition of external genitalia;  
quantity of vernix caseosa;  
all listed are correct.

#

182.

Duration of perinatal period is:

3

from conception till delivery;

the first 7 days after birth;

since the 22nd week of intra-uterine development including 7 days after birth;

since the 22nd week of intra-uterine development including 10 days after birth;

since the 24th week of pregnancy till the 7th day after birth.

#

183.

Most often causes of death of premature newborns are:

3

developmental anomalies;

hemolytic disease of newborns;

respiratory distress syndrome;

jaundice of newborns;

infections.

#

184.

On the Apgar scale, mild degree of asphyxia is:

2

8 points;

7 points;

6-5 points;

4 and less points.

#

185.

Low marks on Apgar scale (3 and 5 points on the 1st and the 5th minute respectively) can be in all listed clinical situations except:

5

prematurity;

detachment of placenta;

extremely intensive labor;

infections in fetus;

arterial hypertension in mother.

#

186.

Causes of fetal respiratory distress syndrome are:

5

CNS trauma due to labor;

developmental defects of heart;

developmental defects of diaphragm;

intra-uterine infections;

all listed above;

none from the listed.

#

187.

Characteristics of recent course of postnatal infection are:

5

polyethiological;

often caused by pathogenic flora;

light clinical features;

high resistance to antibacterial therapy;

all listed above.

#

188.

What corresponds to the first stage of infection according to the Sazonov-Bartels' classification of postnatal purrulo-septic infections?

2

lactation mastitis;  
infection in the area of the postnatal wound;  
infection is outside the wound's area, but within the small pelvis;  
infection is outside the small pelvis, near generalization;  
generalised infection.

#

189.

What corresponds to the second stage of infection according to the Sazonov-Bartels' classification of postnatal purrulo-septic infections?

2

infection in the area of postnatal wound;  
infection is outside wound's area, but within the small pelvis;  
infection is outside the small pelvis, near generalization;  
generalised infection.

#

190.

What corresponds to the third stage of infection according to the Sazonov-Bartels' classification of postnatal purrulo-septic infections?

4

infection in the area of postnatal wound;  
infection is outside wound's area, but within the small pelvis;  
associated with the lactation mastitis;  
infection is outside the small pelvis, near generalization;  
generalised infection.

#

191.

What corresponds to the fourth stage of infection according to the Sazonov-Bartels' classification of postnatal purrulo-septic infections?

5

infection in the area of postnatal wound;  
infection is outside wound's area, but within the small pelvis;  
infection is outside the small pelvis;  
infection outside the small pelvis, near generalization;  
generalised infection.

#

192.

Causes of the rupture of vagina during labor include:

5

infantilism;  
prompt duration of labor;  
large fetal head;  
incorrect presentations of the fetal head;  
all of the above.

#

193.

Perineal rupture of the second degree is not accompanied by the rupture of:

4

superficial muscles of the perineum;  
perineal skin;  
musculus levator ani;  
uterine cervix;  
vaginal walls.

#

194.

Which of the following are used for the prophylaxis of suppuration and distension of perineal sutures during rupture of the first and the second degrees?

5

- potassium permanganate [local];
- laser rays on the area of sutures;
- measures on prevention of defecation during 4-5 days;
- ultraviolet rays on the area of sutures;
- all of the above.

#

195.

The most informative for the diagnosis of the beginning of uterus rupture during labor is:

5

- pain in the area of the lower segment of uterus;
- bloody vaginal discharges;
- rough labor activity;
- high standing of the contraction ring;
- all of the above.

#

196.

Causes of the rupture of uterus during labor can be:

5

- large fetus;
- narrow pelvis;
- incorrect insertion of the head;
- overdose of oxytocin;
- all of the above.

#

197.

Methods for the treatment of complete rupture of uterus:

5

- adequate anesthesiological manipulation;
- operation;
- infusion-transfusion therapy adequate to the blood loss;
- correction of disturbance of hemocoagulation;
- all answers are right.

#

198.

Which of the following are the main clinical features of complete rupture of uterus?

5

- shock;
- blood loss;
- abdominal pain;
- stop of labour activity;
- all of the above.

#

199.

The main criterion for viviparity are:

4

- fetal mass of 1000 g and more;
- length of fetus of 35 cm and more;
- presence of heartbeats;
- presence of unaided breathing;
- pregnancy duration of 28 weeks and more.

#

200.

Which signs are not characteristics of early gestosis?

3

sialorrhea;  
loss of body weight;  
latent edema;  
dehydration;  
skin dryness.

### **Gynecology**

1.

Which one of the following are external genital organ:

5

major labia;  
minor labia;  
bartholin glands;  
clitoris;  
all answers are correct.

#

2. Bartholin gland of vagina are located:

4

in the basis of minor labia;  
in thickness of mid- layers of major labia;  
in a groove between the bottom thirds of minor and major labia;  
in thick back parts of major labia.

#

3. The upper border of the frontal vaginal wall contacts with:

2

urethra;  
ureinary bladder;  
ureter;  
all are wrong.

#

4. The lower border of the frontal vaginal wall contacts with:

3

urethra;  
ureinary bladder;  
ureter;  
all are wrong.

#

5. The upper border of back wall of vagina consists of:

2

rectum;  
douglass pouch;  
cervix of the urinary bladder;  
urethra;  
all are wrong.

#

6.

The normal border of the outer and inner sex organs (genitals) usually is:

3

outer uterine os;  
inner uterine os;  
hymen;  
minor labia;  
no answer is correct.

#

7.

Length of fallopian tube during reproductive age of woman is:

3

- 7-8 cm;
- 9-10 cm;
- 10-12 cm;
- 15-18 cm;
- 19-20 cm.

#

8.

Length of non fertile uterus is:

2

- 4-6 cm;
- 6-7 cm;
- 8-9 cm;
- 9-10 cm;
- 11-12 cm.

#

9.

The internal genital organs are represented by the following organs except for:

4

- uterus;
- fallopian tube;
- ovary;
- bartholin gland;
- vagina.

#

10.

Which are the ligaments of paramount no importance to support the uterus in normal position:

1

- ovarian ligament;
- wide ligament;
- round ligament;
- creasta-uterine ligament;

#

11.

What is the position of the uterus in small pelvis:

1

- body and cervix of the uterus making angle with each other;
- body of the uterus is situated in the narrow part of the small pelvis;
- vaginal part of the cervic uteri and external uterine os are located below ischial spines;
- all answers are correct.

#

12.

Ovary is supported in the abdominal cavity by the help of:

3

- round ligament;
- cardinal ligament;
- pelvico-infundibulum ligament;
- cresto-uterine ligament.

#

13.

Which are the actual position of the ovary:

4

- size of the ovary is 4.5 cm-4cm-3cm;
- ovaries are covered with peritoneum;
- ovaries are located on a forward leaf of wide ligament;
- ovaries are located on backward leaf of wide ligament;

#

14.

Parametrium:

5

situated between the leaves of wide uterine ligament;  
situated at the uterine cervix;  
situated generally in the ground of wide uterine ligament;  
provides mild connection between peritoneum and uterus;  
all answers are correct.

#

15.

Ovaries are vasculated by:

4

uterine artery;  
ovarian artery;  
lumbolumbar artery;  
both uterine and ovarian artery;  
both internal genital and ovarian artery.

#

16.

Oligomenorrhoea is:

3

rare and poor menstruation;  
rare and painful menstruation;  
decreased amount of the blood loss during menstruation;  
intermenstrual bloody allocation;  
short menstruation cycle.

#

17.

Menorrhagia is:

2

acyclic uterine bleeding;  
cyclic uterine bleeding in connection with menstruation cycle;  
painful and abundant menstruation;  
pre- & post menstruation bloody allocation;  
short period of menstruation cycle.

#

18.

Metrorrhagia:

4

changes in menstruation rhythm;  
increased amount of the blood loss during menstruation cycle;  
increased duration of menstruation cycle;  
acyclic uterine bleeding.

#

19.

Follicular phase of menstruation cycle is characterised by:

3

desquamation of functional layer of endometrium;  
proliferation of endometrial functional layer;  
the increase of endrogen in blood circulation;  
atrophy of ovarian follicle;  
development of yellow body in ovary.

#

20.

For the luteinising phase of the menstruation cycle is not characteristic:

3

secretory transformation of the endometrium;  
continues about 13 days;  
the level of estrogen in blood is increasing;  
corpus leuteum is present in ovarium.

#

21.

Desquamation of functional layer of endometrium occurs owing to:

2

peak output of luteotropine;  
decreased amount of estrogen and progesterone in the blood;  
decreased amount of prolactin in the blood;  
increased amount of estradiol in the blood;  
peak output of follitropine.

#

22.

Hypothalamus secretes the following hormones:

4

gonadotropine;  
estrogen;  
gestagen;  
releasing-hormone.

#

23.

Hypothalamus secretes the following hormones excluding:

1

gonadotropine;  
releasing factor FSH;  
releasing factor LH;  
no one is correct;  
all are correct.

#

24.

Action of estrogen on the organism:

5

blocks receptor of uterus;  
weaken proliferative process of endometrium;  
causes secretory transformation of endometrium;  
all answers are correct;  
all are wrong.

#

25.

Which hormone provides lactation process:

4

estrogen;  
cortizol;  
insulin;  
prolactin;  
all are correct.

#

26.

Estrogen possess the following action:

4

promotes peristalsis in uterus and tube;  
promotes processes of ossification;  
stimulates activity of cellular immunity;  
all answers are correct;  
all are wrong.

#

27.

Gestagens possess the following action:

5

decrease amount of cholesterol in the blood;  
determine development of primary and secondary sex characters;  
increase uterine contractility;  
all answers are correct;  
all are wrong.

#

28.

Androgen is secreted:

3

in ovary (interstitial cell, stroma, internal theca);  
reticular zone of adrenal cortex;  
both are true;  
both are incorrect.

#

29.

Tests of functional diagnostics allow to detect:

5

two-phase nature of menstrual cycle;  
level of estrogen saturation of an organism;  
presence of ovulation;  
full value of luteinising cycle;  
all are correct.

#

30.

Tests of functional diagnostics include:

4

investigation of cervical mucous layer;  
changes of basal temperature;  
colpocytology;  
all answers are correct;  
all are incorrect.

#

31.

Tests of functional diagnostics allow to detect the following except:

4

cario-picnotic index;  
symptom "pupillus";  
measurement of basal temperature;  
gestagen testing;  
fern symptom.

#

32.

The test for measurement of basal temperature is based on hyperthermal effect of:

3

estradiol;  
prostaglandin;  
progesterone;  
LTH;  
FH.

#

33.

The most exact method for the diagnosis of the reason of the uterine bleeding:

4

colposcopy  
laparoscopy  
USG  
hysteroscopy  
cystoscopy

#

34.

The indication for hysterosalpingography is:

5

suspicion on fallopian tube sterility;  
suspicion on internal endometriosis;  
presence of intrauterine pathology;  
suspicion on fallopian tube pregnancy;  
all answers are correct.

#

35.

Which method of diagnosis is not obligatory for confirmation myoma of the uterus:

2

USG of the organs of lower pelvis;  
pelviography;  
separate diagnostic curettage of the mucous membrane from the uterus & its cervix;  
hysteroscopy;  
laparoscopy.

#

36.

At appearance of acyclic hemorrhagic discharges, the following is conducted:

4

hysterosalpingography;  
determination of LH;  
USG;  
diagnostic curettage;  
all of the above.

#

37.

Choose the most exact method for determination of pathological reason for uterine bleeding in women

2

from 30-40 years:

measurement of the basal temperature of the body;  
diagnostic curettage of the mucous membrane of the uterus;  
hysteroscopy;  
measurement of the concentration of estrogens and progesterone in the blood serum.

#

38.

The most exact method for the diagnosis of pathology in uterine bleeding:

4

colposcopy;  
laparoscopy;  
USG;  
hysteroscopy.

#

39.

The women with dysfunctional uterine bleeding form the risk group:

5

on spontaneous abortion or preterm delivery;  
on development of birth abnormalities;  
on development of the genital tumors;  
on development of the tumors of the mammary glands;

all answers are correct.

#

40.

Diagnostic value of laparoscopy in gynecology is particularly high under all enumerated conditions, except:

2

ectopic pregnancy;  
uterine pregnancy;  
tumors of the ovaries;  
myoma of the uterus;  
all of the above.

#

41.

Which of the following is not used for the diagnosis of reasons of uterine bleeding:

2

colposcopy;  
laparoscopy;  
USG;  
separate curettage of the mucous membrane of the uterus & its cervix;  
hysteroscopy.

#

42.

Methods of the diagnostics of the endometrial cancer are the following, except:

1

laparoscopy;  
separate diagnostic curettage of the mucous membrane from the uterine cervix & its body;  
USG;  
Hysteroscopy.

#

43.

The main method for the diagnosis of the cancer of the uterine body:

1

hystologic study of the endometrium;  
cytological study of the aspirate from the uterine cavity;  
transvaginal echography;  
hysteroscopy;  
radiologically monitored hysterosalpingography.

#

44.

At suspicion on endometrial cancer, hysteroscopy allows to diagnose (define) all enumerated, except:

3

presence of any pathological process;  
superficial spreading of process;  
the depth of invasion;  
result of biopsy.

#

45.

For anovulatory menstrual cycle are characteristic the following features:

2

cyclic changes in organism;  
elongated follicular persistancy;  
prevalence of gestogens in the second phase of the cycle;  
prevalence of gestogens in the first phase of the cycle.

#

46.

Which of the following enumerated reasons are the most probable for dysfunctional uterine bleeding?

1

anovulation;  
organic diseases;  
chronic endometritis;  
malignant diseases of the uterine cervix.

#

47.

Amenorrhoea is the absence of menstruations during:

3

4 months;  
5 months;  
6 months;  
1 year;  
none of the above.

#

48.

Physiological amenorrhoea is the absence of menstruations:

5

in girls of 10-12 years;  
during pregnancy;  
during period of lactation;  
at senile age;  
all of the above.

#

49.

Which amenorrhoea is regarded to be not physiological?

4

before menarchy;  
after menopause;  
during pregnancy;  
at reproductive age;  
during lactation.

#

50.

Amenorrhoea in girls of 16 years can be result of all enumerated conditions, except:

4

closure (atresia) of hymen;  
syndrome of insensitivity to androgens;  
polycystosis of ovaries;  
granulocellular tumor.

#

51.

False amenorrhoea can be caused by:

3

atresia of the uterine tubes;  
atresia of the body of the uterus;  
atresia of the vagina;  
dysgenesis of gonads;  
all of the above.

#

52.

True (pathological) amenorrhoea can result from all specified below diseases, except:

4

hypothyroidism;  
neurogenic anorexia;  
syndrome of testicular feminisation;  
atresia of hymen;  
micro- and makroadenoma of the hypophysis.

#

53.

Physiological amenorrhoea is typical for:

5

- childhood period;
- postmenopause;
- period of lactation;
- to pregnancy;
- all answers are correct.

#

54.

Secondary amenorrhoea can result from:

5

- psychic stress;
- massive blood loss during labour;
- expressed deficiency of the body mass;
- genital tuberculosis;
- all of the above.

#

55.

During treatment of the patient with any form of dysgenesis of gonads, as a rule, what is not recovered:

3

- menstrual function;
- sexual functions;
- reproductive function;
- all of the above;
- none of the above.

#

56.

Associated syndromes with hypergonadotropic amenorrhoea are:

4

- ovary depletion syndrome;
- resistant ovary syndrome;
- Shereshevski-Turner syndrome;
- all of the above.

#

57.

Long and severe uterine bleeding in association with regular cycle is named:

4

- metrorrhagia;
- oligomenorrhoea;
- polymenorrhoea;
- hyperpolymenorrhoea;
- menorrhagia.

#

58.

Causes of primary oligomenorrhoea:

4

- infantilism;
- retrodeviation of uterus;
- high production of prostaglandins;
- all the above factors.

#

59.

Which of the following does not belong to clinics of premenstrual syndrome:

4

- heaviness of lactate glands;

increase in body weight;  
migraine;  
amenorrhoea;  
depression.

#

60.

Which of these is not common for ovarian polycystic syndrome:

3

amenorrhoea;  
hirsutism;  
ovulatory menstrual cycles;  
obesity;  
infertility.

#

61.

Characteristic changes in menstrual cycle during lactation after labour:

2

hyperpolymenorrhoea;  
amenorrhoea due to high prolactin levels;  
amenorrhoea due to decreased estrogens;  
metrorrhagia;  
none of the above.

#

62.

Which is not characteristic for climacteric syndrome:

3

neurovegetative disturbances;  
metabolic-endocrinic disturbances;  
ovarian hyperstimulation syndrome;  
psycho-emotional disturbances;  
extragenital diseases.

#

63.

In climacteric syndrome in women during premenopause the symptoms noticed are:

4

vegetative-vascular;  
metabolic-endocrinic;  
neuro-psychological;  
all the above.  
none of the above.

#

64.

Physiological course of climacteric period is usually characterized by:

2

absence of involution of genitals;  
stopping of menstrual function;  
presence of reproductive function;  
preservation of menstrual function.

#

65.

Which pathological changes of the endometrium can occur in patients with recurrent anovulatory ovarian bleeding:

5

glandular-cystic hyperplasy;  
atypical hyperplasy;  
endometrial polyps;  
adenocarcinoma;

all are correct.

#

66.

Causative agents of nonspecific inflammatory diseases of the female genital organs are:

1

staphylococcus;  
chlamydiae;  
gonococcus;  
gardenella;  
all the above.

#

67.

All the below factors increase risk of inflammatory diseases of genitals except:

3

beginning of sexual activities at the age of 15;  
medical abortion;  
taking oral contraceptives;  
hysterosalpingography;  
use of IUD.

#

68.

Which of the following factors does not increase risk of inflammatory diseases of genitals:

3

beginning of sexual activities at the age of 15;  
medical abortion;  
taking oral contraceptives;  
hysterosalpingography;  
use of IUD.

#

69.

What among the following may be the reason of inflammatory process of the internal genitals:

5

medical abortion;  
dilation of the cervical canal and curretage;  
implantation of IUD;  
hysterosalpingography;  
all the above;  
none of the above.

#

70.

Complaints characteristic for inflammatory diseases of genitals are the following except:

4

pain in the lower part of the abdomen;  
fever;  
stinking-odour secretions from the vagina;  
increased concentration of bilirubin in the blood;  
increased erythrocyte sedimentation rate and increased leucocytosis.

#

71.

Infection with which microorganisms causing colpitis demands the treatment of both partners:

1

trichomonads;  
candidas;  
streptococci;  
staphylococci;  
enterococci;

#

72.

Which of the following methods is better for diagnosis of inflammatory fallopian tubes:

4

increased count of leucocytes;  
gram stain smear of mucous from the cervix;  
colpocentesis;  
laparoscopy;  
USG of small pelvis.

#

73.

All the below methods may help in diagnosis inflammatory diseases of lower pelvis except:

4

laproscopy;  
USG;  
colpocentesis;  
urine analysis by Zimnitski;  
rectal examination.

#

74.

Main complications of inflammatory diseases in the organs of the lower pelvis are all expect:

1

endometriosis;  
ectopic pregnancy;  
scars in the region of the lower pelvis;  
disparaeunia;  
hydrosalphinx.

#

75.

Which factors further candidosis vulvovaginitis:

1

obesity;  
syringing with soda solution;  
diabetes mellitus;  
rare sexual intercourse;  
frequent use of antibacterial drugs;  
all the above are false.

#

76.

The factors which do not predispose to candida vaginosis are:

4

oral contraceptives;  
pregnancy and diabetes mellitus;  
antidepressants;  
hypotensive drugs.

#

77.

Which disease should be kept in mind if vaginal candida infection frequently arises:

2

anemia;  
diabetes mellitus;  
systemic lupus;  
endometriosis of the genitals;  
congenital hyperplasy of adrenal glands.

#

78.

Factors for the resistance of mucous membrane of vagina to infections:

3

high levels of progesterone;  
low levels of estrogens;  
acidic medium;  
absence of "Doderlein's" bacilli;  
high levels of progesterone.

#

79.

For bacterial vaginosis are characteristic all except:

2

increase in pH of vaginal secretion;  
low pH of vaginal secretion;  
presence of leucorrhea in pungent smell;  
presence of "key" cells in smears;  
finding vaginal cocci.

#

80.

Bacterial vaginosis is characterized by all the following except:

3

pH 5.0;  
"key" cells;  
increased inflammatory process;  
positive test with caustic potassium (KOH);  
good effect with metronidazole treatment.

#

81.

Name the main clinical symptom of bacterial vaginosis:

3

itching of external genital;  
dyspareunia;  
great amount of white secretion with unpleasant smell;  
dysuria;  
pelvic pain.

#

82.

In patients with Chlamydia infection (not in pregnancy) better to use the following except:

4

doxycycline;  
erythromycin;  
"Sumamed"  
ampicilline;  
tetracycline;

#

83.

In the development of gardnerellosis the most important is:

5

hypoestrogenia;  
pH of vaginal secretion shifts to basic;  
death of lactobacilli;  
growth of anaerobs;  
all of the above.

#

84.

Etiology of gonorrhoea in the inflammatory process at the region of fallopian tubes may be suggested:

4

in the presence of bilateral salpingoophoritis at a primarily infertile woman;  
in combination of bilateral salpingoophoritis with endocervicitis ( at a woman who did not have partus or abortions);

in combination bilateral salpingoophoritis with urethritis, bartolinitis;  
all the above.

#

85.

What is involved into the process in the ascending gonorrhoea:

2

canal of the cervix of uterus;  
fallopian tubes;  
paraurethral glands;  
urethra.

#

86.

Main way of dissemination (generalization) of gonorrhoea infection is:

5

lymphogenic;  
hematogenic;  
perineural;  
contact;  
intracanalicular.

#

87.

Endometritis is:

5

inflammation of fallopian tube;  
inflammation of muscles of uterus;  
inflammation of peritoneum;  
inflammation of parametrium;  
inflammation of mucous layer of uterus.

#

88.

Parametritis is :

4

inflammation of ovaries;  
inflammation of caecum;  
inflammation of fallopian tube;  
inflammation of surrounding structure of uterus;  
inflammation of omentum.

#

89.

The composition of the solution for hydrotubation usually no includes:

4

antibiotic;  
lidase;  
hydrocortisone;  
vitamins of group B;

#

90.

In tuberculosis of genital tract, which of the following organ is affected in 90-100 %?

1

ovaries;  
uterus;  
fallopian tube;  
cervix uteri;  
vagina.

#

91.

In tuberculosis of genital tract, primary lesion is generally localized in:

1  
lungs;  
bones;  
urinary system;  
lymphatic nodes;  
on peritoneum.

#

92.

Which parts of genital system in a women are generally affected in tuberculosis?

1

fallopian tube;  
ovaries;  
uterus;  
external genital organs;  
vagina.

#

93.

Which of the following are not the causes of tuboovarian abscess:

1

hepatitis;  
endometritis;  
salpingitis;  
cervicitis;

#

94.

Step of pathogenesis of tuboovarian abscess may be:

3

perihepatitis;  
endometritis;  
endosalpingitis;  
cervicitis;  
myometritis.

#

95.

Pleuroperitonitis is:

1

inflammation of peritoneum of small pelvis;  
inflammation of adipose tissue of small pelvis;  
inflammation of serous membrane of uterus;  
all of the above;  
none of the above.

#

96.

The most typical clinical symptoms of peritonitis:

5

vomiting, dry tongue;  
constipation & meteorism;  
abdominal distension & bloating;  
symptom of irritation of peritoneum;  
all of the above;  
none of the above.

#

97.

To a group at high risk to get AIDS pertain:

5

homosexual individuals;  
narcomaniac;

hemophiliacs;  
people having haotic sexual life;  
all the above;  
none of the above.

#

98.

Which of the following is not related to HIV-infection?

2

HIV-infection increases risk of developing cancer of uterine cervix;  
sexual intercourse is the only way of infection;  
this virus causes condyloma;  
often combines with hepatitis B.

#

99.

The complex preoperative preparation to cavitary gynaecological operation as a rule includes:

3

siphon enema for 3-4 day every night till operation;  
vegetable oil 1 tablespoon 3 times a day before food for 10 days till  
operation;  
cleansing [purgetive] enema the night before operation ;  
all the above.

#

100.

Radical operative intervention of hysteromyoma is:

2

Supravaginal amputation of tumor;  
hysterectomy (complete hysterectomy);  
myomectomy;  
all the above.

#

101.

Composition of surgical pedicle of ovary is:

5

ligamentum ovarii proprium;  
ligamentm infundibulopelvic;  
mesosalpinx;  
fallopian tube;  
all the above;  
all are incorrect.

#

102.

In composition of surgical pedicle of ovary is not included:

5

ligamentm infundibulopelvic;  
ligamentum ovarii proprium;  
mesovarium;  
tube;  
round ligament.

#

103.

For torsion of pedicle of ovarian tumor is characteristic:

4

severe pain underneath the stomach, arising after physical exertion;  
determination of immovable, severely painful tumors on bimanual investigation of small pelvis;  
positive symptom of irritative peritoneum on the side of tumor;  
all the above.

#

104.

Torsion of pedicle of ovarian tumor may be:

1

complete;  
full;  
repeated;  
all the above;  
none of the above.

#

105.

Anatomical pedicle of ovarian tumor consists of:

3

ligamentum ovarii suspensoria;  
loop of intestine and omentum;  
ligamentm infundibulopelvic;  
fallopian tube;  
none of the above.

#

106.

What should be done during the operation on the torsion of pedicle of dermoid ovarian cyst:

4

overwound pedicle of ovarian tumor should be unwound to clear up the anatomy; make hysterectomy with appendages;  
removal of both ovaries;  
none of the above.

#

107.

Clinical symptoms of torsion of pedicle of ovarian cystoma:

2

sharp pain in upper region of abdomen;  
positive Blumberg's symptom;  
anemia;  
temperature rise;  
enlargement of uterus.

#

108.

Operation of hysterectomy (total hysterectomy) differs from supravaginal amputation of uterus (subtotal hysterectomy) by removing:

2

upper third of vagina;  
cervix uteri;  
parametral tissues;  
iliac lymphatic nodes;  
greater omentum.

#

109.

Complications of medical abortion is not:

2

infertility;  
disturbance of ovarian function;  
endometritis;  
uterine perforation;  
cystitis.

#

110.

Risk factors for ectopic pregnancy:

3

uterine hypoplasia;  
oral contraception  
deferred inflammatory diseases of the genitals;  
history of Caesarean section;

#

111.

Which method of diagnosing ectopic pregnancy is most accurate?

3

culdocentesis;  
endometrial biopsy;  
laparoscopy;  
serial determination of CHG;  
USG of pelvic organs.

#

112.

The main clinical manifestations of progressive ectopic pregnancy:

5

paroxysmal pain at the lower regions of abdomen;  
smearing discharges of blood from the vagina;  
weakly positive symptoms of irritation of peritoneum;  
all of the above;  
none of the above symptoms.

#

113.

In progressive tubular pregnancy is indicated to do:

2

curettage of the uterus;  
emergency surgery;  
conservative treatment;  
hysteroscopy;  
all listed above.

#

114.

Not informative features for the differentiation of uterine pregnancy and tube pregnancy are:

4

USG of pelvic organs;  
the level of chorionic gonadotropin in the blood;  
bimanual examination of small pelvis organs;  
smears for colpocytology;  
uterine curettage.

#

115.

Ectopic pregnancy can be located in all the following organs except:

5

cervix;  
rudimentary horn of uterus;  
ovary;  
abdominal cavity;  
vagina.

#

116.

What is the most frequent place of implantation of fetal egg in ectopic pregnancy?

2

on the peritoneum;  
in ampullary part of fallopian tube;  
the ovary;  
in isthmus part of fallopian tube;

in interstitial part of fallopian tube.

#

117.

In damaged ectopic pregnancy with marked anemia the patient is done the section:

3

transverse suprapubic anchor;  
according to Pfannenshtil;  
vertical incision from loin to navel;  
all listed above.

#

118.

These symptoms are associated with disturbance of tubal pregnancy except:

3

unilateral pain in lower abdomen;  
vaginal bleeding or smearing discharge;  
rectal bleeding;  
pain in the subscapular area.

#

119.

With progressive ectopic pregnancy is used:

2

conservative anti-inflammatory treatment;  
operation;  
hemotransfusion;  
all of the above;  
none of the above.

#

120.

In the tube abortion it is possible to observe:

5

the formation of retrouterinal hematoma;  
the formation of peritubar hematoma;  
the formation of hematosalpinx;  
massive hemorrhage into the abdominal cavity;  
all mentioned above;  
none of the above mentioned.

#

121.

The operations predominantly performed in the tube ectopic pregnancy:

1

salpingectomy  
salpingoovarioectomy;  
longitudinal salpingostomy;  
the resection of the segment of fallopian tube which contains fertile egg, plastics.

#

122.

The operation recommended in ectopic pregnancy, besides:

2

salpingoectomy;  
salpingoovariectomy;  
longitudinal salpingostomy;  
the resection of the segment of tube, which contains fertile egg, plastic.

#

123.

Apoplexy of ovary more frequently begins:

1

in the period of ovulation;

in the stage of the vascularization of the corpus luteum;  
in the period of maturation of Graafian follicle;  
in the period of atresia of follicles.

#

124.

For apoplexy of ovary is characteristic everything, except:

4

pain below abdomen;  
internal hemorrhage;  
negative biological reactions to the pregnancy;  
increased leukocytosis;  
the symptoms of the irritation of peritoneum.

#

125.

In case of the significant hemorrhage into the abdominal cavity in patient with apoplexy of ovary, it is indicated;

1

abdominal incision, the resection of ovary;  
abdominal incision, the removal of ovary;  
the observation of on-duty doctor for the dynamics of symptoms, by indication - blood transfusion;  
the conservative therapy: rest, cold to the bottom of abdomen, fortifying therapy.

#

126.

Basic clinical symptoms of the hemorrhagic shock:

5

arterial pressure; (high or low?)  
oliguria and anuria;  
frequent thready pulse;  
acrocyanosis;  
all symptoms mentioned above.

#

127.

Predisposing factors for development of endometriosis of genitalia, except:

4

multiply labours and abortions  
scar on the uterus after cesarean section or myomectomy;  
retrodeviation of uterus  
contraception by progestins;  
frequent catarrhal diseases.

#

128.

“Infertility marriage” means:

2

absence of capability for bearing in the woman ;  
absence of capability for conception during 1 year in the husbands;  
the absence of the pregnancy of 0,5 years;  
none of the above mentioned.

#

129.

Marriage is infertile if pregnancy does not begin even with the sexual life without the application of contraceptives for:

2

0,5 years;  
1 year;  
2,5 years;  
3 years;  
5 years.

#

130.

Marriage is considered to be infertile if pregnancy does not begin even with the presence of regular sexual life without the application of contraceptives during:

2

0,5 years;

1 year;

2,5 years;

5 years.

#

131.

Reasons of the infertility of married women are:

5

the inflammatory diseases of sex organs;

infantilism and the hypoplasia of sex organs;

the general wasting diseases and intoxications;

all reasons are false;

all reasons are true.

#

132.

The most frequent reasons for tubal infertility are:

1

the unspecific recurrent inflammatory diseases of the appendages of womb;

the specific inflammatory diseases of the appendages of womb;

the endometriosis of uterine tubes;

anomalies of the development of uterine tubes;

all mentioned reasons.

#

133.

The most frequent reason of female infertility:

3

ovarian cyst;

uterus myoma;

fallopian tube obstruction;

anovulatory cycles.

#

134.

What is the most authentic for specification of the reason of culdocentesis;

3

colposcopy;

hysterosalpingography;

hysteroscopy;

USG.

#

135.

Oral contraceptives can be applied to the cancer prophylaxis of:

3

vagina;

fallopian tube;

endometrium;

uterine cervix;

colon.

#

136.

Juvenile uterine bleedings are caused more often:

1

impairment of rhythmic production of hormones from the ovaries;

organic diseases of the reproductive system;  
disease of various systems of an organism;  
all listed;  
none of the listed.

#

137.

Treatment of dysfunctional uterine bleedings at youthful age includes:

5

physiotherapeutic treatment;  
vitamins;  
contractive preparations;  
hemostatics;  
all listed.

#

138.

Characteristic features of the development of the secondary sex signs at girls in comparison with boys is all listed, except:

2

development of subcutaneous fat;  
changes between pelvic and humeral belts towards relative increase in a circle of the last.

#

139.

The sign of Shereshevsky-Terner's syndrome is:

5

female phenotype;  
primary amenorrhea;  
underdevelopment of uterus;  
aplasia or hypoplasia of gonads;  
all listed is true.

#

140.

Atresia is:

4

secondarily occurred underdevelopment of organs, caused by prenatal or postnatal inflammatory process;  
absence of a part of organ;  
absence of organ;  
obliteration in places of anatomic narrowing of a sexual tract.

#

141.

Agnesia is:

3

secondarily occurred underdevelopment of organs, caused by prenatal or postnatal inflammatory process;  
absence of a part of organ;  
absence of organ;  
obliteration in places of anatomic narrowing of a sexual tract.

#

142.

Aplasia is:

2

secondarily occurred underdevelopment of organs, caused by prenatal or postnatal inflammatory process;  
absence of a part of organ;  
absence of organ;  
obliteration in places of anatomic narrowing of a sexual tract.

#

143.

Atresia of hymen is:

1

continuous hymen, not having an orifice;  
continuous hymen with a small orifice;  
entirely absence of hymen.

#

144.

Agnesia of vagina is:

3

primary absence of a part of vagina;  
full or partial obliteration of vagina due to inflammatory process at  
ante- and postnatal period;  
primary full absence of vagina;  
full septum in vagina.

#

145.

Aplasia of vagina is:

1

primary absence of a part of vagina;  
full or partial obliteration of vagina due to inflammatory process at ante- and postnatal period;  
primary full absence of vagina;  
full septum in vagina.

#

146.

Atresia of vagina is:

2

primary absence of a part of vagina;  
full or partial obliteration of vagina due to inflammatory process at ante- and postnatal period;  
primary full absence of vagina;  
full septum in vagina.

#

147.

Deficiency of body weight is one of the reason for:

4

delay in menarche;  
long formation of menstrual functions;  
development or aggravation of impairment of menstrual functions;  
all listed;  
none.

#

148.

Name the most frequent sign characteristic for uterus myoma:

1

hyperpolymenorrhea;  
infertility;  
impairment of function of a bladder and rectum;  
pain in the lower part of the abdomen.

#

149.

Which symptom is typical for myoma of the uterus, corresponding to the size of the uterus at a term of pregnancy 6-7 weeks:

5

acute spastic pain;  
frequent micturation;  
constipation;  
arrest in micturation;  
all the above.

#

150.

Submucous myomas can be accompanied by all listed symptoms, except:

4

pathological bleedings;  
anemia;  
infertility;  
impairment in micturation;  
spasmodic pains in the bottom of the abdomen.

#

151.

Uterine bleedings caused by myoma, are characterised by:

5

gradual strengthening of bleedings;  
considerable lengthening of menstrual bleedings;  
profound bleeding at normal duration of menstruation;  
development of anemia;  
irregularity of menstrual cycle with hypermenorrhea.

#

152.

Myoma of the uterus is accompanied by clinical conditions mentioned below except:

4

anemia;  
polyuria;  
impairment of defecation;  
amenorrhea;  
pains at the lower part of abdomen.

#

153.

The presence of submucous uterine mioma may be proved by the examinations enumerated below except:

5

transvaginal echography;  
X-ray hysterosaphingography;  
hysteroscopy;  
probing (sondage) of the uterine cavity;  
laparoscopy.

#

154.

Which of the following is not used for diagnostics of uterine myoma?

3

abdominal palpation;  
bimanual investigation;  
X-ray investigation of the thorax;  
USG of organs of the lower pelvis;  
laparoscopy.

#

155.

Which method of investigations is not necessary for confirmation of the diagnosis of uterine mioma?

2

USG examination of organs of the lower pelvis;  
pelviography;  
separate diagnostic curettage of mucous of the uretus & its cervix;  
hysteroscopy;  
laparoscopy.

#

156.

Most informative method for the diagnostics of the nascent myomatic node is:

2

transvaginal echography;  
investigation of the uterine cervix with mirror and bimanual checkup;  
X-ray hysterosalpingography;  
hysteroscopy;  
laparoscopy.

#

157.

Most informative method for the diagnosis of submucous myomatous node is:

3

checkup of the uterine cervix with mirror and subsequent bimanual investigation;  
laparoscopy;  
hysteroscopy;  
colposcopy;  
X-ray pelviography.

#

158.

Conservative myomectomy is conducted usually:

5

at patients of young age;  
in subperitoneal location of the myomatous node on the pedicle;  
for preservation of the menstrual function;  
for preservation of generative functions;  
all of the above.

#

159.

The indication for extirpation of uterus in myoma:

2

low localization of nodes;  
precancerous diseases of the uterus;  
secondary changes to submucous myomatous node;  
combination of myoma with ovarian cyst.

#

160.

Displasia of vulva is characterized by all enumerated, except :

4

atypia in all layers of multilaminated flat epithelium, except the superficial layer;  
impairment of layering of the epithelium;  
preservation of the basal membrane;  
destruction of the cells.

#

161.

Vulval cancer is mostly found in woman at:

3

reproductive age;  
premenopause;  
postmenopause;  
regardless of age.

#

162.

Symptoms of vulval cancer:

5

presence of tumor;  
bleeding of tissues;  
purulent discharges from ulcerous surface;  
itching;  
all of the above.

#

163.

What is not a method for treatment of vulval cancer:

2

normal vulvectomy;  
removal of tumor;  
radiological treatment;  
chemiotherapy;  
combine therapy.

#

164.

The most frequent localisation of malignant process of female genitals is:

1

cervix of uterus;  
ovary;  
miometrium;  
vulva;  
fallopian tube.

#

165.

Precancer diseases and cancer of uterine cervix mostly often develop:

4

in the cervical canal;  
on the frontal labia of the uterine cervix;  
on the border with vaginal arch;  
on the transitive zone on the border of multilayer squamous and cylindrical epithelium.

#

166.

Severe dyplasia of cervical epithelium is:

2

beginning (initial) form of cancer;  
precancer;  
background process;  
dys hormonal hyperplasia;  
all answers are correct.

#

167.

Severe dysplasia of the uterine cervix is characterized by morphological changes in epithelium in:

4

all layer;  
only on superficial layer;  
only in separate cells;  
in all layers except for superficial.

#

168.

Prophylaxis of cancer of the uterine cervix consist of:

5

prophylactic medical examinations of patients with application  
cytologic and colpocytological methods of diagnostics;  
regular routine inspections of women with cytologic examination of smear;  
improvement of work of examination rooms;  
to constant study of the staff;  
all answers are correct.

#

169.

Find the precancer changes on vaginal part of the uterine cervix:

3

recidivous polyps of cervical canal;  
true erosion;  
dysplasia;  
ectropion;  
endometriosis.

#

170.

The most informative screening test for the early diagnosis of cervical cancer of uterus:

3

simple colposcopy;  
bimanual and rectal examination;  
cytological examination of smear from the canal of uterine cervix and surface of uterine cervix;  
vacuum-currettage of cervical canal.

#

171.

Diagnosis of cervical cancer is made with the help of:

5

gynecological examination;  
cytological examination of scrape from the uiterine cervix and cervical canal;  
colposcopy;  
hystological examination of a piece of the uterine cervix;  
all answers are correct.

#

172.

Risk factors of precancer of endometrium are the following, excluding:

3

anovulatory menstruation cycle;  
obesity;  
ovular menstruation cycle;  
diabetes mellitus.

#

173.

Risk factor for the appearance of hyperplastic processes and cancer of the endometrium:

4

the disorder of lipid metabolism;  
stress situations;  
the disorder of menstrual cycle;  
all mentioned above.

#

174.

Hyperplastic processes and cancer of endometrium are developed most frequently during:

5

anovulation;  
obesity;  
diabetes mellitus;  
arterial hypertension;  
all mentioned above.

#

175.

The factors of the risk for the development of precancerous diseases and cancer of endometrium include:

5

steady anovulation;  
obesity and arterial hypertension;  
prolonged use of intrauterine contraceptives;  
the sterility of endocrine origin;  
all mentioned above are correct.

#

176.

What states of endometrium are considered to be precancerous:

4

glandular and cystic hyperplasia;  
glandular polyp of endometrium;  
atrophy of endometrium;  
atypical hyperplasia;  
all mentioned above are true.

#

177.

Major method for diagnosis of cancer of the uterine body:

1

histological study of the scrape of endometrium;  
cytological study;  
trans-vaginal echography;  
hystero-graphy;  
X-ray and television hysterosalpingography.

#

178.

Major clinical symptom of cancer of the uterine body:

3

chronic pelvic pain;  
contact hemorrhages;  
acyclic hemorrhages;  
disturbance of the function of adjacent organs;  
sterility.

#

179.

Major way of metastastic propagation of cancer of the endometrium:

2

hematogenic;  
lymphogenic;  
implantation;  
contact;  
all mentioned above.

#

180.

The first stage of cancer of the endometrium is divided into versions (A, B, C) depending on:

2

degree of the propagation of tumor beyond the limits of uterus;  
degree of the invasion of tumor into the myometrium;  
size of the lumen of uterus;  
dimensions of uterus.

#

181.

Wertheim's operation differs from the simple extirpation of uterus in terms of the removal:

4

parametric adipose tissue;  
iliac lymph nodes;  
upper third of vagina and entire lymphatic collector, which surrounds  
all mentioned above.

#

182.

Trophoblastic disease is:

4

the sarcoma of uterus;  
myoma of uterus;

the cystoma of ovary;  
chorionepithelioma;  
cancer of the body of uterus.

#

183.

Chorio-carcinoma is most frequently developed after:

4

extra-uterine pregnancy;  
labour;  
the artificial termination of pregnancy;  
vesicular drift;  
the late induced abortion.

#

184.

Most frequently chorionepithelioma appears after:

3

abortions;  
normal labour;  
vesicular drift;  
premature labour;  
all mentioned above.

#

185.

The most often cancer of ovaries is found out at a stage of :

3

1 stage;  
2 stage;  
3 stage;  
4 stage.

#

186.

What kind of cancer of ovaries does not occur:

1

the mixed;  
the secondary;  
the metastatic;  
the primary.

#

187.

What percent occupies a primary cancer of ovaries among all cancer diseases of ovaries?

4

40 %;  
20 %;  
60 %  
5 %;  
80 %.

#

188.

Benign tumours of the ovaries do not concern:

3

serous cystadenoma;  
mucinous cystadenoma;  
light-cell tumour;  
endometrioid cystadenoma.

#

189.

To tumourous processes in ovaries concern:

4

follicular cyst;  
cysts of corpus luteum;  
endometriosis;  
all listed;  
none from the listed.

#

190.

What cysts are more often subject to remission without operative treatment?

3

the serous;  
benign teratoma;  
cysts of corpus luteum;  
mucinous;  
endometrioid.

#

191.

Treatment of paraovarian cysts in young women.

1

removal of cysts;  
removal of ovary with cysts;  
puncture of cysts;  
taking of sex hormones;  
taking gestogens.

#

192.

What from listed is not a risk factor of the development of cancer of the ovaries?

4

absence of deliveries in the anamnesis;  
abortions or a significant amount of pregnancies in the anamnesis;  
cancer of ovaries in close relatives;  
chronic pyelonephritis;  
endocrine diseases in the anamnesis.

#

193.

For diagnosis of tumours of ovaries, the following diagnostic methods are used:

5

the cytologic;  
the endoscopic;  
the ultrasonic;  
the histologic;  
all listed methods.

#

194.

The age period at which it is most often found out ovarian carcinoma:

1

45 – 55 years;  
7 – 17 years;  
30 – 40 years;  
60 – 70 years.

#

195.

What volume of operative intervention it is necessary to consider as the radical for the cancer of ovaries at 2 and 3 stages?

2

expanded extirpation of the uterus (Wertheim's operation);

extirpation of the uterus with appendages and with simultaneous resection or extirpation of the omentum major;  
supravaginal amputation of the uterus and appendages;  
any of the listed above volumes of operative intervention.

#

196.

Metastatic affection of the ovary is possible in:

5

mammary gland cancer;  
carcinoma of the body of uterus;  
malignant affection of one of the ovaries;  
cancer of the GIT;  
in all cases listed above.

#

197.

Krukenberg's tumour:

4

is a metastasis of a cancer of the GIT;  
is a rule, affects both the ovaries;  
has a solid structure;  
all answers are true;  
all answers are wrong.

#

198.

What of the ovarian tumours is most often exposed to malignancy?

3

fibroma;  
mucinous cystadenoma;  
serous cystadenoma;  
tekoma;  
teratoma.

#

199.

Cancer of the ovary concerns:

4

all the malignant tumours of the ovaries;  
only germinogenous tumours;  
only stromal tumours;  
only tumours of epithelial origin.

#

200.

The basic method for the treatment of follicular cyst of ovaries:

1

surgical removal of the cysts;  
hormonal therapy;  
antibacterial therapy;  
surgical removal of the cysts with the ovary;  
chemotherapy.