MINISTRY OF EDUCATION AND SCIENCE OF THE KYRGYZ REPUBLIC
MINISTRY OF SCIENCE AND HIGHER EDUCATION
RUSSIAN FEDERATION

STATE EDUCATIONAL INSTITUTION OF HIGHER
PROFESSIONAL EDUCATION
KYRGYZ-RUSSIAN SLAVIC UNIVERSITY
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Department of *Therapy № 2, specialty "General Medicine"*

APPROVED BY
Vice-Rector of Academic work
_____ Locev G.V
«__» December 2023

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 2023

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 «_08_» December 2023

Head of the Department of *Therapy № 2. specialty "General Medicine"*

Sabirov I.S. _____
«08» 12 2023

APPROVED BY

Dean of the Medical Faculty

Karaeva R.R. _____
«08» 12 2023

The Head of DOEPIC

Son.N.A. _____
«25» декем бе2 20__г.

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

Record № _4____ from
«_13_» __December_____ 2023

Chairman of the Academic Council of the Medical faculty

Karaeva R.R _____

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.

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.

Content

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
	Medical activity:
PT-1[1]	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.
	Organizational, managerial activities:
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.
	Research activities
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.

[1] 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.

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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)
State exam			
Formation test Of GCC "History of Kyrgyzstan"	GCC-1, GCC-2, GCC-3	Computer testing	36
Tests, questions and practical tasks of the state interdisciplinary exam	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
Total	–	–	108

5. Fund of evaluation funds for conducting SFC

Passport of the fund of appraisal funds

Table 3.

Controlled competencies (code of competence)	***Planned learning outcomes (knows, able to, skilled)***	***Evaluation tools***
GCC-1: ability for abstract thinking, analysis, synthesis	***Knows:*** the main methods, ways and means of obtaining, summarizing and analyzing scientific, reference, statistical and other information	*Computer testing*
	Able to: find, analyze, critically evaluate, select and apply information in professional activities	
	Skilled: 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	

GCC-2. The ability to use the foundations of philosophical knowledge to form a worldview position	***Knows:*** the main directions and problems of modern philosophy	*Computer testing*
	Able to: note the practical value of certain philosophical provisions, and identify the foundations on which the philosophical concept or system is built	
	Skilled: expression skills and substantiation of one's own position regarding modern socio-humanitarian problems and specific philosophical positions	
GCC-3. The ability to analyze the main stages and patterns of the historical development of society in order to form a civic position	***Knows:*** 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	*Computer testing*
	Able to: critically perceive, analyze and evaluate historical information, factors and mechanisms of historical changes	
	Skilled: skills of respectful and careful attitude to the historical heritage and cultural traditions	
GCC-4. Ability to act in non-standard situations, bear social and ethical responsibility for decisions made	***Knows:*** the meaning and measure of social and ethical responsibility that arises in case of making wrong decisions in non-standard professional situations	*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.*
	Able to: make decisions in non-standard situations, observing the principles of social and ethical responsibility	
	Skilled: decision-making skills in non-standard situations, excluding negative consequences of a social and ethical nature	
GCC-5. Readiness for self-development, self-realization, use of creative potential	***Knows:*** strategy, tactics and techniques for actualizing the creative potential of the individual	*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.*
	Able to: 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	
	Skilled: 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	

GCC-6. The ability to use the methods and means of physical culture to ensure a full-fledged social and professional activity	***Knows:*** subject area, system and content of the foundations of a healthy lifestyle, the impact of health-improving systems of physical education on health promotion	*Questions for the state exam.* *Student's answers to additional questions of the commission.*
	Able to: 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	
	Skilled: 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	
GCC-7. **Readiness** to use first aid techniques, methods of protection in emergency situations	***Knows:*** основы профессиональной деятельности для выработки потребности в обеспечении личной безопасности и безопасности среды обитания	*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.*
	Able to: identify risk in various areas of human activity, find non-standard solutions and be ready to work in suddenly changing conditions	
	Skilled: reflexive skills that develop 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	***Knows:*** world practices of effective organization of group work, lines of behavior of individuals, ethical and etiquette aspects of their professional activities	*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.*
	Able to: 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	
	Skilled: methods of team management, including individuals with social, ethnic, confessional and cultural differences, methods of improving the efficiency of the team	
GPC-1. Readiness to solve problems of professional activity using information, bibliographic resources, biomedical terminology, information and communication technologies and	***Knows:*** 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	*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.*
	Able to: 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	
	Skilled: skills in developing specialized programs for solving problems of the	

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	
GPC -2. Readiness to communicate in oral and written forms in Russian and foreign languages to solve the problems of professional activity	***Knows:*** methods for developing long-term programs of language practice, style features, language features, features of the genre implementation of the studied foreign language	*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.*
	Able to: 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	
	Skilled: 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	
GPC-3. Ability to use the basics of economic and legal knowledge in various spheres of life	***Knows:*** essence and components of production costs, sources and methods for optimizing costs and profits, skills of legal thinking and legal analysis	*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.*
	Able to: use the financial and economic information necessary to make informed financial decisions in various areas	
	Skilled: the ability to use methods of economic planning and implementation of basic management functions; the ability to independently make lawful, law-abiding decisions	
GPC-4. Ability and readiness to implement ethical and deontological principles in professional activities	***Knows:*** ethical and deontological aspects of the problems of modern medical practice	*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.*
	Able to: determine the practical value of certain ethical and deontological principles of the work of a medical doctor	
	Skilled: the skills of expressing and substantiating one's own position regarding the ethical and deontological principles of work in pediatrics	
GPC-5. The ability and readiness to analyze the results of their own activities to prevent	***Knows:*** assessment of diagnostic methods, treatment, possible errors and complications	*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.*
	Skilled: skills in assessing methods of diagnosis, treatment and possible complications of diseases	

professional errors		
GPC-6. Readiness to maintain medical records	***Knows:*** regulatory documentation adopted in healthcare, as well as documentation for assessing the quality and efficiency of medical organizations	*Practical tasks for supervision at the patient's bedside. Student's answers to additional questions of the commission.*
	Able to: maintain medical records of various nature in medical organizations	
	Skilled: methods of maintaining medical records of various nature in outpatient and inpatient institutions	
GPC-7. Readiness to use the basic physical, chemical, mathematical and other natural sciences concepts and methods in solving professional problems	***Knows:*** 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	*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.*
	***Able to*:** 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.	
	Skilled: 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	
GPC-8. Readiness for the medical use of drugs and other substances, and their combinations in solving professional problems.	***Knows:*** about the direction and problems of prescribing drugs for various diseases	*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.*
	Able to: prescribe medications for various diseases	
	Skilled: skills in prescribing drugs for various diseases	
GPC-9. The ability to assess	***Knows:*** the main ways of differentiation and formulation of the conclusion based on the results of the assessment of morphofunctional,	*Blank testing. Questions for the state exam, practical tasks*

morphofunctional, physiological conditions and pathological processes in the human body to solve professional problems.	physiological processes and pathological conditions of the patient	*at the curation at the bedside of the patient. Student's answers to additional questions of the commission.*
	Able to: note the practical value of specific morphofunctional, physiological processes and pathological conditions of the human body	
	Skilled: the skills of assessing, differentiating the main morphofunctional, physiological and pathological conditions of the human body and their own justification	
GPC-10. Readiness to ensure the organization of patient care and the provision of primary pre-hospital health care;	***Knows:*** basic methods of organizing patient care and providing primary pre-hospital health care.	*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.*
	Able to: note the practical value of specific methods of organizing patient care and providing primary pre-hospital health care.	
	Skilled: skills in assessing, differentiating the main methods of organizing patient care and providing primary pre-hospital health care.	
GPC-11. Readiness for the use of medical devices provided for by the procedures for the provision of medical care	***Knows:*** use of medical devices provided for by the procedures for providing medical care to patients	*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.*
	Able to: apply medical devices provided for by the procedures for providing medical care to patients	
	Skilled: skills in the use of medical devices provided for by the procedures for providing medical care to patients	
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 harmful effects on	***Knows:*** a set of measures aimed at maintaining and strengthening health, the formation of a healthy lifestyle and factors affecting human health	*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.*
	Able to: eliminate the causes of the occurrence and spread of diseases	
	Skilled: 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.		
PC-2. Ability and readiness to conduct preventive medical examinations, medical examinations and dispensary observation	***Knows:*** methods of prevention and types of clinical examination of dental diseases ***Able to:*** conduct medical examination and prevention of major dental diseases ***Skilled:*** skills of clinical examination and prevention in dental patients	*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.*
PC-3. 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.	***Knows:*** 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 ***Able to:*** 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 ***Skilled:*** 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	*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.*
PC-4. Ability and readiness to apply social and hygienic methods for collecting and medical and statistical analysis of information on population health indicators.	***Knows:*** population health indicators, factors that shape human health and the impact of occupational, climatic, endemic factors on human health. ***Able to:*** assess living conditions, according to hygiene requirements, the ability to collect social and hygienic information and medical and statistical analysis of morbidity ***Skilled:*** 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	*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.*
PC-5. Readiness to collect and analyze the patient's complaints, his medical history,	***Knows:*** indications and contraindications for additional clinical and paraclinical research methods: ***Able to:*** use methods and means of medical examination, diagnostic measures.	*Blank testing.* *Questions for the state exam, solving situational problems, practical tasks at the*

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

various nosological forms on an outpatient basis and in day hospital conditions.	***Able to:*** manage and treat patients on an outpatient and day hospital basis	*bedside of the patient. Student's answers to additional questions of the commission.*
	Skilled: skills in managing and treating patients with various diseases on an outpatient basis and in day hospital conditions	
PC-10. 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	***Knows:*** 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	*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*
	Able to: assess the stage of the disease and prescribe therapy appropriate to the stage of the disease	
	Skilled: 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	
PC-11. Readiness to participate in the provision of emergency medical care in conditions requiring urgent medical intervention	***Knows:*** emergency medical care algorithm; basic medical diagnostic and therapeutic measures to provide first aid in emergency conditions requiring urgent medical intervention	*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.*
	Able to: choose an individual type of care for the treatment of the patient in accordance with the situation: first aid, ambulance, hospitalization	
	Skilled: 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	
PC-12. Readiness to conduct a physiological pregnancy, childbirth	***Knows:*** the main signs of pathological conditions during pregnancy and childbirth; the procedure for providing medical care in obstetrics and gynecology	*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.*
	Able to: under the guidance of a doctor, develop a plan and prognosis of childbirth, draw up a plan for the prevention of complications.	
	Skilled: skills of conducting physiological pregnancy and childbirth.	
PC-13. Readiness to participate in the provision of medical care in emergency	***Knows:*** 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	*Blank testing. Questions for the state exam, practical tasks at the curation at the bedside of the patient.*

situations, including participation in medical evacuation.	***Able to:*** analyze the features of the organization of medical care during mass and sporting events, in emergency situations and disasters in peacetime and wartime	*Student's answers to additional questions of the commission.*
	Skilled: the ability to choose an individual type of care for treating the patient in accordance with the situation: first aid, ambulance, hospitalization	
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	***Knows:*** skills to assess the effectiveness of therapeutic measures at all stages of patient rehabilitation	*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.*
	Able to: 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.	
	Skilled: the skills of prescribing non-drug methods of treating patients of various profiles, correctly assess the tolerability, adequacy and effectiveness of ongoing rehabilitation measures	
PC-15. 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	***Knows:*** population health indicators, factors that shape human health and the impact of occupational and climatic, endemic factors on human health	*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.*
	Able to: 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.)	
	Skilled: 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	
PC-16. Readiness for educational activities to eliminate risk factors and the formation of healthy lifestyle skills	***Knows:*** a set of measures aimed at maintaining and strengthening health, educational activities to form healthy lifestyle skills and eliminate risk factors	*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*
	Able to: eliminate the causes of the emergence and spread of diseases, readiness for educational activities to eliminate risk factors and healthy lifestyle skills	
	Skilled: educational activities on the formation of healthy lifestyle skills, a set of measures aimed at promoting a healthy lifestyle	

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

	work, in working with primary sources and scientific literature	
PC-22. Readiness to participate in the introduction of new methods and techniques aimed at protecting the health of citizens	***Knows:*** various types and methods of generalization and comprehension of data from various medical sciences from general physiological and natural science positions	*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.*
	Able to: use the ability to generalize and comprehend the data of various medical sciences from general physiological and natural science positions	
	Skilled: 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
Section 1. Internal diseases		
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, 17thEdition 3.Graham Douglas&FionaNicol 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.Harrisons'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., Abdyldaeva 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

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

		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
Section 2. Surgical diseases		
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.

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

		2013 y.
11.	Oncology, radiation therapy	1.Gansev Sh.H. Oncology: book M.: OOO " Medical Information Agency ", 2006 2.Chissov V.l. 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.
	Section 3. Obstetrics and gynecology	
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.
	Section 4. Pediatrics	
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
2.	Childhood infections	1.Harrisons's Infectious diseases. Editors Dennis L. Kasper, MD Anthony S. Fauci, MD Copyright © 2018 by The McGraw-Hill Companies, Inc. All rights reserved.

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

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 Facultry _____ Zarifyan A. G.
Head Department of Therapy No. 2, specialty GM _____ Sabirov I.S.

Example of a test task:

Ticket № 1001 - □□□□□□□□□□□□□□□□

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-1antitrypsin 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) β-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 anginosis 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

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.splanchicus 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 intravasal 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) β2-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

7.3 Indicators and criteria for evaluating the results of the state final interdisciplinary exam

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 - **"excellent"** rating	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 Knowing the general (cultural) and special (professional) language of the answer.	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.	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.
Average level - rating **"good"**	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	The answer mostly satisfies the requirements for a score of "5", but at the same time has disadvantages: 1. There are small gaps in the presentation that did not distort the content of the answer; 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; 3. Mistakes or more than two shortcomings were made when covering minor issues that are easily corrected by the examiner's remark.	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.

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	*For 6 months before SE*	Head department, Leading teachers
Preparing questions for the state exam	*For 6 months before SE*	Head department, Leading teachers
Issuing questions on the state exam to graduates	*For 6 months before SE*	Head department
Organization of review lectures and consultations in the field of study	*For 6 months before SE*	Department teachers
Preparation and approval of ticket sets	*For 3 months before SE*	Chairman of the State Examination Commission, Leading Specialist
Approval of the state exam schedule and informing students	*For 1 month before SE*	Leading Specialist
Order on the admission of students to the state exam (one week before the exam)	*For 1 month before SE*	Dean of the Faculty
Conducting a state exam	*According to CTS (calendar-training schedule)*	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 contradictoryly 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**
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	class 4.4 campus 9
Departments of basic medical and preventive institutions of the city of Bishkek.	National Center of Cardiology and Therapy, administrative building, st. T. Moldo 3. National Hospital of the Ministry of Health of the Kyrgyz Republic, surgical building (clinic named after Akhunbaev), st. T. Moldo 1a. City clinical maternity hospital №2, st. Moscowskaya 252
Computer class (classroom) for group and individual consultations, for course design (term papers), organization of independent work, including research, *equipped with study furniture for 14 seats, computers with unlimited access to the Internet, including access to ULO*	

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

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

EXAM QUESTIONS STATE INTERDISCIPLINARY EXAMINATION

(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 policlinic. 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 Sengstekena-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. Striates. 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. Managemenet.
67. Induction of labor.
68. Forceps delivery. Indications. Contraindications. Preparations and techniques of low forceps delivery.
69. Vaccum 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 endometritist. 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, iagnostics and treatment methods.
131. Surgical methods of treatment of CIN: laser vaporization, diatermokoagulation, 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. Trearment.
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^{0}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^{0}C.

On examination: the condition is relatively satisfactory. BMI 32 kg / m^2. Normal color, moist skin. Temperature 38.5^{0}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 38.1ºC, 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^{0}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 μmol/L, direct - 80 μmol/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 - $3.5x10^{12}$/L, WBC - $4.3x10^{9}$/L; bands - 3%, neutrophils - 41%, eosinophils - 2%, lymphosytes - 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 2nd 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 x 10^{12} /l, IC – 0.75, reticulocytes – 1.1%, PLT-225x10^{9}, WBC – 6.7x10^{9}/l, stabs – 2%, segm. – 24%, lymp. – 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 0.85-10^9/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. Staggers 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^{12}/l, Leu – 8.3 x10^9/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 38.3^0 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 $37,5^0$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^2, 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 $39,4^0$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 $38,8^0$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: hyperstenic, 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 warmness 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 - $3.9x10^{12}$ / L, MCV – 70 μm^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 x 10 ^{9}/L, Neutrophils 16.2 x 10 ^{9}/L, Platelets 346 x 10 ^{9}/L; Sodium - 139 mmol/L, Potassium - 4.2 mmol/L, Urea - 8.1 mmol/L, Creatinine - 68 μmol/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 39^0C, 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 - l - $8.7x10^9$ / 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 likes 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 no 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 - $4.3x10^{12}$ / l, C.I. - 0.9, WBC – $10.5x10^{9}$ / l, bands - 6%, segs - 64%, eos - 1%, lymph - 22%, mon - 7%, ESR - 18 mm / hour, platelet count of 481 X 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 μmol/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 murmures. 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 - $13.5x10^{9}$/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 40-41^0 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 pedals 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 / m². 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 apyrexial. 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 apyrexial. 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 apyrexial 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 x 10 ⁹/L, Neutrophils 16.2 x 10 ⁹/L, Platelets 346 x 10 ⁹/L ; Sodium - 139 mmol/L, Potassium - 4.2 mmol/L, Urea - 8.1 mmol/L, Creatinine - 68 μmol/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 apyrexial 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 ten derness. 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 x 10 ⁹/L, Platelets 210 x 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 μmol/L, Urea – 2.5 mmol/L, Creatinine – 80 μmol/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 apyrexial 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 x 10^9/L, Platelets 126 x 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 .mol/L, Albumin - 24 g/L, Urea – 3.8 mmol/L, Creatinine - 92 μmol/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 140/82mmHg. 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. **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 occurred2 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 examin ation 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

1. Erythema Nodosum is an example of
a) **Panniculitis**
b) Vasculitis
c) Serum sickness
d) Erythroderma
e) Type 2 hypersensitivity
2. Which rash is not characteristically found on the hands?
a) secondary syphilis
b) erythema multiforme
c) gonococcus
d) meningococcus
e) **herpes simplex**
3. In what dermatological condition is a Tsanck smear used to aid diagnosis?
a) Skin lesions of meningococcus
b) **Herpes vesicular lesions**
c) Secondary syphilis
d) Urticaria
e) EBV
4. Which is not true of erythema multiforme?
a) less than 30% of the skin must be blistered to make this diagnosis
b) classically there are target lesions, especially on the periphery
c) there tends to be associated fever and arthralgia
d) it settles within 7-10 days if left untreated
e) **steroids orally quicken the recovery**
5. Which drug is not likely to cause toxic epidermal necrolysis?
a) penicillin
b) trimethoprim
c) carbamazepine
d) **cimetidine**
e) piroxicam
6. Which is not a possible cause of a blistered patient?
a) **molluscum contagiosum**
b) hand, foot and mouth disease
c) eczema herpeticum
d) allergic contact dermatitis
e) bites
7. Which is NOT TRUE of staphylococcal scalded skin syndrome?
a) it is most commonly seen in infants
b) it is toxin mediatied

c) **there is no mucosal invovement**
d) it tends to be less severe than toxic epidermal necrolysis
e) the focus for infection may be non cutaneous
8. Which infectious erythema is purely caused by toxin alone and not from the infectious process as well?
a**) toxic shock syndrome**
b) scarlet fever
c) streptococcal toxic shock syndrome
d) staphylococcal scalded skin syndrome
e) all of the above
9. Which rash is not usually itchy?
a) urticaria
b) eczema
c) scabies
d) bites
e**) scarlet fever**
10. Which is not associated with erythema nodosum?
a) sarcoid
b) crohns disease
c) leukemia
d) salmonella
e) **hep B**
11. Which is NOT TRUE of pemphigus and pemphigoid?
a) the prognosis of pemphigoid is better
b) pemphigous lesions are intra dermal where as the lesions in pemphigoid are subdermal
c) mucosa is more often involved in pemhigous
d) **clinically the two can be usually differentiated with a good examination**
e) they are both autoimmune disorders
12. Which medication does not commonly cause photosensitivity eruptions?
a) thiazide diuretics
b) **spironolactone**
c) loop diuretics
d) amioderone
e) sulfonylureas
13. Which is the usual causative organism in toxic shock syndrome?
a) **staph aureus**
b) e coli
c) pneumococcus

d) strep pyogenes
e) meningococcus
14. Which is not true of antiviral medications if given within 72 hours of vesicle formation in herpes zoster?
a) it decreases time to healing
b) it decreases new lesion formation
c**) it decreases recurrence**
d) it possibly decreases pain
e) it possibly decreases duration of post herpetic neuralgia
15. Which is not true of henoch schonlein purpura?
a) it is a vasculitis of unknown cause
b) purpura are classically on the lower limbs
c) abdominal pain and malena are documented
d) renal disease is a potentially serious complication
e) **steroids diminish the likelihood of renal complications**
16. The toxic reaction you would least expect with bupivocaive is
a**) Anaphylaxis**
b) Sense of impending doom
c) Fitting
d) Arrythmia
e) Depressed level of consciousness
17. Which dose not tend to produce palpable purpura?
a) meningococcus
b) vasculitis
c) SLE, rheumatoid arthritis
d) **Clotting disorders**
e) Henoch schonlein purpura
18. Which is not associated with pyoderma gangrenosum?
a) IBD
b) Rheumatoid arthritis
c) Leukemia
d) **salmonella**
e) myeloma
19. Which organs epithelium can be affected by chlamydia ?
A**) The urethra**
B) cervical canal
C) Vagina
D) **Eyes**
E) **Rectum**

20. Labyrinthine deafness is characterized by:

A) a violation of air conduction

B) violation of bone conduction

C) hearing loss

D) tinnitus

E) gait disturbance

21. Clinic of syphilitic pemphigus characterized by:

A) localization of blisters on the palms and soles

B) evolutionary polymorphism rash

C) severe general condition

D) abundance of treponema pallidum in the discharge of blisters

E) localization of bubbles on the trunk

22. Underline the types of secondary syphilitic alopecia :

A) focal

B) total

C) diffuse

D) cicatricial

E) mucinous

23. Herxheimer - Lukashevich `s exacerbation reaction is characterized by:

A) suddenly disappearance of the rash

B) **development after first dosage of antibiotics**

C) **temperature rise**

D) itching

E) **appearing of new rash**

24. Choose the right definition of Benet-Meshchersky sign:

1. **soreness while taking the scale from the lesion**
2. photosensitivity skin reaction
3. polymorphic rash
4. appearance of multiple scales while scraping the lesions
5. molar rash

25. Choose the medicines which are defined as biologic therapy:

1. rituximab

2. ustekinumab

3. levocetirizine
4. sodium thiosulfate
5. vitamin A

26. Atopic dermatitis major criteria given by Hanifen and Rayka includes all, except:

1. Typical morphology and distribution

2. skin pruritis
3. family history
4. chronic relapsing dermatitis
5. Christmas tree distribution of the lesions

27. All mentioned above describe the symptoms of allergic dermatitis, except:
1. sensitization
2. skin lesions are not limited, may spread at other body sites
3. Allergen could get through direct, respiratory, alimentary ways
4. **skin lesions are restricted by area of allergen application**
5. caused by facultative allergens

28. Christmas tree distribution and herald patch would be diagnosed in:
A) pityriasis rosea
B) psoriasis
C) lichen planus
D) eczema
E) lupus erythematosus

29. What disease manifestation does not present with secondary morphological lesions :
A) pemphigus
B) hives
C) lichen planus
D) psoriasis
E) prurigo

30. Choose the right abbreviation of CREST syndrome:
A) crusted, rhinitis, esophagitis, striae, telangiectasia
B) calcinosis, Raynold's phenomenon, esophagitis, sclerodactyly, telangiectasia
C) calcinosis, Ricke's aneamic rim, esophagitis, sclerathrophy, tinea
D) cerebritis, Raynold's phenomenon, eosinophilia, sclerodactyly, tuberculosis
E) calcinosis, Raynold's phenomenon, erythema, sacroiliitis, tremor

31. What proteins are the target in pemphigus vulgaris pathogenesis:
A) desmoplakins
B) desmogleins 1 and 3
C) filaggrin
D) collagen VII
E) elastin

32. What disease may have comorbidity with dermatitis herpetiformis:
A) celiac
B) eczema

C) lichen planus
D) arterial hypertension
E) thyroiditis

33. Choose the right diagnostic test in the dermatitis herpetiformis:

A) Benet-Mesherskiy
B) Jadasson's
C) Koebner's
D) Nikolsky
E) No one from listed above

34. Choose the appropriate drug for the treatment of pemphigus vulgaris:

A) antihistamines
B) vitamins A and E
C) aromatic retinoids
D) anabolic hormones
E) **glucocorticosteroids**

35. Which diagnostic approach is commonly used to suspect the pemphigus vulgaris diagnosis?

A) DIF
B) cultural test
C) **Tzank smear test**
D) Koebner sign
E) Wood's lamp

36. Which pathohystologic symptom underlies the development of blisters in true acantholytic pemphigus ?

A) acanthosis
B) **acantholysis**
C) hyperkeratosis
D) spongiosis

37. The consequence of discoid lupus vulgaris on the scalp is:

A) diffuse alopecia
B) **scarring alopecia**
C) alopecia areata
D) all of the above
E) none of the above

38. Positive Benet – Meshcherskiy sign histologically characterized by:

A**) follicular hyperkeratosis**
B) papillomatosis
C) acantholisys
D) uneven hypergranulosis

39. Wickham striae sign is explained by following pathohistological change:

A) Hyperkeratosis

B) Hypergranulosis

C) Papillomatosis

D) Acanthosis

E) Atrophy

40. Koebner sign is characteristic for:

A) only lichen planus

B) only for eczema

C) for psoriasis and lichen planus

D) for herpes zoster and neurodermatitis

E) for pemphigus

41. Choose the unappropriate clinical form of lichen planus from the list:

A) bullous

B) typical

C) annular

D) **arthropathic**

E) hyperthrophic

42. Severe clinical forms of psoriasis include all except:

A) **seborrheic**

B) all mentioned are right

C) erytroderma

D) pustular

E) arthropathic

43. Isomorphic Kebner symptom characterized by:

A) hypopigmented spots

B) appearance of new lesions on areas of traumatization

C) oozing after skin traumas

D) it does not present is this disease

44. Psoriatic triad is positive:

A**) only at progression stage**

B) only in the regression stage

C) it does not fits psoriasis

D) at any stage of the disease

45. Choose the right pathohistological change for psoriasis:

A) Acantholysis

B) Hypergranulosis

C) Acanthosis

D) Follicular keratosis

E) Sclerosis

46. Psoriasis characterized by all mentioned clinical forms, except:

A) bullous

B) guttate

C) annular

D) arthropathic

E) sebborheic

47. Prurigo should be differentiated from following diseases, except:

A) herpes zoster

B) scabies

C) atopic dermatitis

D) lichen planus

48. Atopic dermatitis typical lesions on the skin are:

A) blisters

B) oozing and scaling

C) papules and lichenification

D) vesiculation and weeping

49. Neurodermatoses include all diseases, except:

A) morphea

B) hives

C) prurigo

D) atopic dermatitis

E) skin pruritis

50. Eczema is characterized by:

A) monomorphic rash

B) evolutionary polymorphism

C) the presence of only secondary elements

D) absence of secondary elements

E) none of the above

51. Typical localization of seborrheic dermatitis is following, except:

A) scalp

B) ears

C) cheeks

D palms

E) chest

52. Choose right type of medicines used in the treatment of eczema:

A) antibiotics

B) acyclovir

C) terbinafin

D) vitamin B

E) antihistamines

53. The following represent clinical types of microbial eczema, except:

A) Mycotic

B) Varicose

C) Paratraumatic

D) Eczema of nipples

E) Zosteriform

54. What is the main pathohistological feature of eczema:

A) hypergranulosis

B) papillomatosis

C) spongiosis

D) acanthosis

E) acantholysis

55. What are the most characteristic features of molluscum contagiousum lesions:

A) polygonal papules with umbilical invagination

B) vesicles with serous exudation;

C) blisters with translucent exudate;

D) smooth yellowish papules with central invagination;

E) pustules

56. . What are the most appropriate features of vulgar warts:

A) rounded hyperkeratotic rough papules. Subjective complains are absent.

B) polygonal papules with umbilical invagination and itching

C) rounded papules with scaling which merge to form plaques;

D) flat lenticular papules with slightly scaling on the top. Itching not intense;

E) intensive itching nodes with erosion in the top

57. Choose the viral infection which might be a sigh of paraneoplastic disease:

A) vulgar warts;

B) relapses of herpes simplex;

C) **relapses of herpes zoster;**

D) molluscum contagiousum

58. Choose the most appropriate local treatment for herpes simplex infection:

A) bethametasone ointment

B) 5% acyclovir ointment;

C) 3% tetracyclin ointment;

D) hydrohychloroquine ointment;

59. Choose the unappropriate symptom for herpes zoster:

A) grouped vesicles;

B) extremely itching;

C) neuralgia;
D) may appear in adults after contact with chickenpox children;
E) disease onset in adults and seniors people.

60. Choose the unappropriated clinical form of viral warts from the list:

A) vulgar;
B) flat;
C) palmoplantar;
D) zosteriform;
E) all the mentioned above is right

61. Underline the disease which is viral by origin:

A) eczema;
B) lupus erythematosus**;**
C) tinea pedis;
D) impetigo;
E) chicken pox.

62. Choose the most serious complication of herpes simplex infection disease in newborn:

A) syphilitic pemphigus;
B) primary herpetic vulvovaginitis
C) folliculitis;
D) **primary herpetic meningitis;**
E) atopic dermatitis.

63. Match the complain of patients which comes as complication in herpes zoster:

A) itching;
B) chicken pox;
C) loss of pain perception;
D) hyperalgesia;
E) trombophlebitis.

64. In microsporia of the scalp the following presents:

A) hair does not break off;
B) hair is not affected;
C) hair break off at the level of 1 - 2 mm;
D) hair breaks off at the level of 5 - 8 mm;

65. The causative agent of erythrasma is:

A) Corinebacterium minutissimum
B) Trichophyton violasseum
C) Candida albicans
D) Trichophyton rubrum
E) Microsporum canis

66. Specify the most characteristic localization of the intertriginous form of epidermophytosis (athlete's foot) :

A) Anterior surface of the legs

B) Interdigital folds of the feet

C) Inguinal fold

D) Underarms

E) Intergluteal folds

67. What material is not used for the KOH test:

A) oral mucosa

B) Scales from the lesion

C) 3.Changed nails

D) skin folds skin

E) Broken hair

68. Outline the drug which is not used as systemic antimycotic:

A) Ketoconazole

B) Fluconazole

C) Itraconazole

D) Amphotericin B

E) Clotrimazole

69. What disease cannot be considered as ringworm infection:

A) Trichophytosis

B) Erythrasma

C) Mycrosporum caused skin infection

D) Epydermophyton caused skin infection

E) tinea corporis

70. Specify the principles of therapy for onychomycosis, besides:

A) Use of systemic antimycotics

B) Surgical removal of affected nails

C) Application of corticosteroid ointments

D) Treatment of vascular diseases of the lower extremities

E) Application of local antimycotic agents

71. List the signs which is not related to onychomycosis (mycosis of nails):

1.Yellowish gray nails color

2. Subungual hyperkeratosis

3. Detachment of the plate from the nail bed

4. caused by Malassezia furfur

5. Stratification of the nail plate

72. **Treatment of scabies patients include:**

A) 20% benzylbensoate ointment

B) UVB light
C) 3% tetracyclin ointment
D) dairy free diet
E) Systemic antibiotics

73. **What is the primary morphological lesion in scabies:**

A) wheal
B) tubercules
C) **papules**
D) macules
E) crusts

74. **Norwegian (crusted) scabies manifested in patients with:**

A) allergic dermatitis
B) diabetes mellitus
C) only in children
D) immune compromised patients
E) poor hygiene persons

75. **What clinical form does not correlate to streptococcal pyoderma:**

A) angular stomatitis
B) bullous impetigo
C) **hydradenitis**
D) paraonychia
E) vulgar impetigo

76. **What is preferable localization in streptococcal ppyoderma**:

1. Attachement to the sweat glands
3. to hair follicles
4**. to the skin folds**
5. to oral mucosa

77. **Choose the appropriate therapeutic options in furuncle treatment?**

A) 1.systemic antimycotics
B) 2. antihistamines
C) 3. 5% acyclovir cream
D) 4. surgical excision
E) 5. bethametasone 0,05% cream

78. **What trigger is meaningful in superficial folliculitis(sykosis) onset:**

A) shaving
B) dryness of skin
C) hyperhydrosis
D) hereditary predisposition
E) none of mentioned above

79. **Choose the most considerable complication if boils (furuncle) is localized on the face:**

A) 1.**meningitis**
B) 2. eczema
C) 3. lymphadenitis
D) 4. delirium
E) 5. Pericarditis

80. **Choose the disease from the list which could be differentiated with syphilis:**

A) sebborheic dermatitis
B) epydemic pemphigus of newborns
C) atopic dermatitis
D) hydradenitis suppurativa
E) herpes zoster

81. The cells of the stratum spinosum are characterized by all mentioned signs, despite one:

A) have a polygonal shape;
B) form from 2 to 10 rows;
C) are interconnected by desmosomes;
D) have the ability to synthesize and accumulate prekeratin;
E) are the outermost layer of the epidermis.

82. Hypergranulosis is a thickening of:

A) epidermis
B) dermis layer
C) granular layer
D) basal layer
E) stratum corneum

83. The dermis has the following structures, except one:

A) stratum granulosum
B) average of skin appendages are in dermis
C) papillar layer
D) reticular layer
E) blood vessels

84. Outline the name of cells which don't belong to epidermis:

A) keratinocytes
B) melanocytes
C) Merkel cells
D) Langerhans cells
E) Fibroblasts

85. The area of the skin is:

A) 1.5 - 2 sq. m

B) 3.5 - 4 sq.m

C) 4.5 - 5 sq.m

D) 6 - 7.5 sq.m

86. The skin develops from the following germ layers:

A) ecto- and mesoderm

B) mesoderm

C) enteroderm

D) ectoderm

E) all mentioned above is right

87. The epidermis consists of following layers, except:

A) stratum basalis

B) stratum spinosum

C) stratum granulosum

D) stratum lucidum

E) stratum papillaries

88. Specify the secondary element of the rash:

A) plaques

B) excoriation

C) urticaria

D) papule

E) vesicle

89. Specify the primary element of the rash:

A) wheal

B) lichenification

C) erosion

D) squama

E) crust

90. Lichenification is characterized by all of the following except:

A) skin seals

B) enhance the skin pattern

C) erosion formation

D) skin thickening

E) pigmentation

91. Specify the mechanism of intraepidermal bulla formation:

A) acantholysis

B) ballooning dystrophy

C) vacuolar degeneration

D) spongiosis
E) exocytosis

92. Erosion is preceded by a primary morphological element:

A) papula
B) urtica
C) tuberculum
D) vesicle
E) nodus

93. Hyperkeratosis is:

A) thickening of the stratum corneum of the epidermis
B) violation of the connection between the cells of the stratum spinosum
C) acute swelling of the papillae of the dermis
D) thickening of the granular layer of the epidermis
E) thickening of the spinous layer of the epidermis

94. Choose the morphological lesion which does not relate to non-cavity primary element:

A) spot
B) papule
C) urtica
D) tuberculum
E) vesicle

95. A urtica(wheal) occurs as a result of:

A) temporary expansion of blood vessels
B) spongiosis
C) acantholysis
D) acute edema of the papillae of the dermis
E) the formation of an infectious granuloma

96. The patient complains of itchy rashes rising above the surrounding skin, pink in color, scattered on the skin of the body. The man is diseased for two days. Rash elements exist for several hours, spontaneously disappear and reappear. What morphological elements are present on the patient's skin?

A) papula
B) urtica
C) nodus
D) tuberculum
E) bulla

97. Primary non-cavity morphological elements include all, except:

A) spots
B) pustule

C) tubercuium
D) nodus
E) Urtica

98. An ulcus is:

A) skin defect within the epidermis
B) skin changes associated with massive infiltration of its papillary layer
C) the result of the growth of the papillary layer of the dermis with a simultaneous
D) thickening of the spinous layer of the epidermis
E) skin defect within the dermis

99. At the site of the former ulcer remains:

A) pigmentation
B) scales
C) scars
D) healthy (unchanged) skin
E) lichenification

100. A patient was admitted to the clinic with complaints of the presence of widespread rashes, in place of which, after resolution, scars remain. The rashes were represented by infiltrative, cavityless elements of yellowish color, soft consistency, hemispherical shape, and rounded outlines, rising above the level of the skin. A biopsy of one of the primary elements was performed. Histologically, the rash was an infectious granuloma. Name the element:

A) papula
B) tuberculum
C) vesicular
D) urtica
E) bulla

ТЕСТЫ ПО ОФТАЛЬМОЛОГИИ для ГИА специальности «Лечебное дело» для иностранных студентов с

1.

The leva

tor palpebrae superioris muscle receives motor innervation from:

2

I Cranial Nerve

III Cranial Nerve

IV Cranial Nerve
VI Cranial Nerve
VIII Cranial Nerve
#
2.
The optic nerve in the canalis opticus passes nearby:
4
pterygopalatine fossa
frontal sinus
temporal fossa
sphenoidal sinus
maxillary sinus
#
3.
The optic nerve from the orbit enters to:
1
middle cranial fossa
pterygopalatine fossa
temporal fossa
anterior cranial fossa
posterior cranial fossa
#
4.
The lacrimal gland is divided into palpebral and orbital parts by:
5
Riolan muscle
Tenon's capsule
Horner's muscle
orbicularis oculi tendon
tendon of the levator palpebrae superioris muscle
#
5.
Sensitive innervation of the structures of the eyeball is carried out:
5
I Cranial Nerve
II Cranial Nerve
III Cranial Nerve
IV Cranial Nerve
V Cranial Nerve

#
6.
Passes through the superior orbital fissure:
2
II Cranial Nerve
VI Cranial Nerve
VII Cranial Nerve
VIII Cranial Nerve
IX Cranial Nerve
#
7.
The choroid is:
2
accommodative apparatus of the eye
retinal energy base
structure that produces intraocular fluid
refractive medium of the eye
structure involved in regulating of light path
#
8.
Pass through the inferior orbital fissure:
4
superior ophthalmic vein and abducens nerve
superior ophthalmic vein and trochlear nerve
ophthalmic artery and optic nerve
inferior ophthalmic vein and inferior orbital nerve
inferior ophthalmic vein and oculomotor nerve
#
9.
The following method is used for examination of color perception:
2
cycloscopy
anomaloscopy
gonioscopy
ophthalmoscopy
retinoscopy
#
10.

In Snellens chart for examination of visual acuity, details of the 10th row´s optotypes are visible from the angle of view:
2
1 min from a distance of 1 m
1 min from a distance of 5 m
2 min from a distance of 1 m
5 min from a distance of 1 m
5 min from a distance of 5 m
#
11.
The patient complains of the defect that has appeared in the visual field through which there is no visual perception. What is this?
1
absolute positive scotoma
absolute physiological scotoma
absolute negative scotoma
relative positive scotoma
relative negative scotoma
#
12.
Patient has severe headache. Examination of the patient's visual fields found right-sided homonymous hemianopsia. What is your preliminary diagnosis?
4
tumor of the right hemisphere of the brain
aneurysm of the internal carotid artery in the area of the sella turcica
pituitary adenoma
tumor of the left hemisphere of the brain
tumor in the occipital region of the brain on the right
#
13.
Visual field examination found bitemporal heteronymous hemianopsia in the patient. What is your preliminary diagnosis?
3
hemorrhage in the occipital region of the brain on the right
hemorrhage in the occipital region of the brain on the left
pituitary adenoma
lesion of the optic tract on the right
left optic tract lesion
#

14.
Visual acuity depends on:
4
the size of the object under consideration
distance to the object in question
optotype sizes
angle of view
angle between the visual and optical axes of the eye
#
15.
What glasses needs a patient with 1.0 D myopia at the age of 40:
1
for distance - 1.0 D
for distance and near - 1.0 D
for near + 1.0 D
for near + 2.0 D
doesn't need glasses
#
16.
The patient's visual field defect is instrumentally detected. Through this defect objective perception is not preserved. What is this defect?
2
positive scotoma
negative scotoma
congenital scotoma
relative scotoma
physiological scotoma
#
17.
Concentric narrowing of the visual field is characteristic of:
3
corneal diseases
lens diseases
diseases of the retina and optic nerve
vitreous diseases
diseases of the choroid
#
18.

Patient with hypermetrope 2.0 D does not use glasses and complains of rapid eye fatigue when reading, heaviness in the brow ridges. What is your diagnosis?
3
binocular vision´s disturbers
anisometropia
accommodative asthenopia
astigmatism
muscular asthenopia
#
19.
Complications of high progressive myopia include:
2
amblyopia, blepharitis
retinal detachment, cataract
optic atrophy, cataract
strabismus, amblyopia
blepharoconjunctivitis, cataracts
#
20.
Visual acuity equal to 6/6:
2
does not exclude the presence of astigmatism
does not exclude the presence of hypermetropia
does not exclude the presence of myopia
excludes the presence of astigmatism
excludes the presence of any ametropia
#
21.
Objective methods for determining refraction are:
4
perimetry, retinoscopy
adaptometry, ophthalmometry
refractometry, ophthalmoscopy
retinoscopy, refractometry
ophthalmometry, visometry
#
22.
Clinical refraction is characterized by:
2

refractive power of the cornea and lens
position of the main focus relative to the retina
refractive power of the eye´s optical system
refractive power of the vitreous body and lens
position of the main plane in the eye´s optical system
#
23.
The combination of different types of refractions or different degrees of one type of refraction in one eye is called:
3
aniseikonia
anisometropia
astigmatism
anisocoria
amblyopia
#
24.
Presbyopia is:
4
cataract
age-related increasing of accommodation
accommodative asthenopia
age-related weakness of accommodation
paresis of accommodation
#
25.
Patient with heterophoria (binocular vision is normal) needs the following treatment:
5
correction with glasses
correction with prismatic lenses
direct occlusion
reverse occlusion
does not need treatment
#
26.
The presence of diplopia indicates:
1
paralytic strabismus

friendly strabismus
accommodative strabismus
imaginary strabismus
non-accommodative strabismus
#
27.
The ability to merge a visual image in the cerebral cortex is called:
3
divergence
heterophoria
fusion
heterotropy
convergence
#
28.
Objects placed befor the fixed object cause:
1
cross ghosting
transient double vision
eponymous doubling
simple ghosting
uneven ghosting
#
29.
Objects located further than the fixed object cause:
5
cross ghosting
complex double vision
transient double vision
uneven ghosting
eponymous doubling
#
30.
The main clinical symptoms of stye:
3
painless local thickening of the eyelid
swelling at the medial part of the eyelids with discharge from the lacrimal punctum
local swelling, redness, pain in the eyelid
painless local swelling of the eyelid

painless thickening of the edges of the eyelids with the formation of scales
#
31.
An unremoved foreign body in the conjunctiva of the upper eyelid is fraught with the development of:
3
conjunctivitis and iridocyclitis
conjunctivitis and cataracts
conjunctivitis and keratitis
conjunctivitis and ptosis
conjunctivitis and blepharitis
#
32.
Five-day-old child has lacrimation and mucous-purulent discharge in the right eye. When you press on the lacrimal sac, pus is released from the lacrimal punctum. What is your diagnosis?
3
acute epidemic conjunctivitis
acute gonococcal conjunctivitis
congenital dacryocystitis
atresia of the lacrimal punctums
acute dacryoadenitis
#
33.
A child suffering from viral mumps was found to have redness of the right eye and swelling in the lateral part of the upper eyelid. During examinition of the right eye we found that the upper eyelid is S-shaped and redness, has sharp pain and infiltration in the lateral half of the eyelid. The pre-auricular glands are enlarged and painful. Your diagnosis:
4
external stye
acute dacryocystitis
upper eyelid cellulitis
dacryoadenitis
orbital cellulitis
#
34.
A 35-year-old patient has had watering in her right eye for 3 years. At the beginning of autumn, 2 days after flu she has chills, fever, severe pain, redness and

swelling at the medial part of the right eyelids, mucopurulent discharge from the right eye. What is your diagnosis?
2
acute canaliculitis
acute dacryocystitis
acute dacryoadenitis
external stye
blepharoconjunctivitis
#
35.
The child was brought to the doctor with severe symptoms of lacrimation, photophobia, and blepharospasm. During examination of the eyes we found on the cornea a yellowish-gray 4 mm diameter nodule with ray-shaped vessels leading to it. What is your diagnosis?
4
corneal ulcer
corneal opacity
fungal keratitis
tuberculosis keratitis
herpetic keratitis
#
36.
Corneal syndrome is:
3
photophobia, lacrimation, precipitates on the cornea
photophobia, lacrimation, corneal vascularization
photophobia, lacrimation, blepharospasm
photophobia, lacrimation, corneal edema
photophobia, hypopyon, corneal infiltrate
#
37.
Diphtheria conjunctivitis is characterized by:
3
redness of the palpebral conjunctiva with symptoms of fever and pharyngitis
redness of the conjunctiva of the eyelids, maceration of the skin in the corners of the palpebral fissure
the presence of difficult-to-remove gray films on the conjunctiva of the eyelids, damage to the pharynx and larynx
petechial hemorrhages on the conjunctiva of the sclera with delicate films

pinpoint hemorrhages in the conjunctiva of the fornix and eyelids, purulent discharge
#
38.
Epidemic keratoconjunctivitis is characterized by:
2
redness of the conjunctiva with the formation of corneal pannus
redness of the conjunctiva with subepithelial coin-shaped infiltrates of the cornea
redness of the conjunctiva with stromal infiltrates in the center of the cornea
redness of the conjunctiva with the development of corneal ulcer
redness of the conjunctiva with stromal infiltrates at the corneal limbus
#
39.
On the 3rd day after birth, the newborn's eyelids became dense, bluish in color, and discharge appeared in the form of ichor. After a few days, the eyelids became soft, doughy, and the discharge was purulent and creamy. What is your suspected diagnosis?
5
pneumococcal conjunctivitis
herpetic conjunctivitis
acute epidemic Koch-Wicks conjunctivitis
adenoviral conjunctivitis
gonococcal conjunctivitis
#
40.
Pneumococcal conjunctivitis is characterized by:
2
severe swelling of the eyelids; redness of the tarsal conjunctiva with the formation of gray films extending to the intramarginal space; there are multiple infiltrates and ulcerations on the cornea.
mild swelling of the eyelids; pinpoint hemorrhages of the bulbar conjunctiva; delicate films of the tarsal conjunctiva; there are small superficial infiltrates on the cornea.
significant swelling of the eyelids; the conjunctiva of the eyeball is hyperemic and edematous with petechial hemorrhages; no films; superficial infiltrates on the cornea.
pronounced bluish-purple swelling of the eyelids; the conjunctiva is sharply hyperemic, swollen and bleeds easily; no films; discharge in the form of meat slop.

the skin at the medial corner of the palpebral fissure is macerated, slightly swollen; the conjunctiva is loosened and hyperemic also in the area of the lateral corner of the palpebral fissure.
#
41.
Exophthalmos and impaired mobility of the eyeball indicate damage of:
2
eyeball
orbit
century
lacrimal organs
paranasal sinuses
#
42.
The clinical features of superior orbital fissure syndrome are:
3
ptosis, miosis, enophthalmos
ptosis, miosis, ophthalmoplegia
ptosis, mydriasis, ophthalmoplegia
ptosis, mydriasis, enophthalmos
ptosis, ophthalmoplegia, enophthalmos
#
43.
The main signs of retrobulbar hemorrhage are:
3
enophthalmos, papilledema
exophthalmos, lagophthalmos, decreased vision
exophthalmos, papilledema
enophthalmos, ophthalmoplegia, lagophthalmos
exophthalmos, lagophthalmos, corneal xerosis
#
44.
Combined damage to the orbital wall and paranasal sinuses is fraught with:
2
introduction of infection into the vitreous body
introduction of infection into the orbit
introduction of infection into the lacrimal sac
separation of the oblique muscles of the eye
panophthalmitis

#
45.
For the treatment of acute iridocyclitis the following are used:
3
antibiotics, steroids, 1% pilocarpine solution
antibiotics, steroids, 0.5% timolol solution
antibiotics, steroids, 1% atropine sulfate solution
antibiotics, steroids, 2% brinzolamide solution
antibiotics, steroids, 0.005% latanoprost solution
#
46.
The patient complains of photopsia and metamorphopsia; examination revealed slight opacification of the posterior layers of the vitreous body. What is your diagnosis?
4
endophthalmitis
retinal detachment
iridocyclitis
chorioretinitis
initial cataract
#
47.
From birth, the child's parents noticed a white formation in the pupillary area of both eyes. At older ages, decreased vision was detected, which improved in the evening. On examination, the eyes are calm, the size of the eyeballs corresponds to the age norm, intraocular pressure is normal. There is no fundus reflex. In conditions of mydriasis, a pink reflex is visible along the periphery of the pupil. Your diagnosis:
1
zonular cataract of both eyes
complete cataracts in both eyes
polar cataract of both eyes
retinopathy of prematurity of both eyes
congenital glaucoma of both eyes
#
48.
Clinical symptoms of lens dislocation into the vitreous body are:
5
shallow anterior chamber, mydriasis, iridodonesis

shallow anterior chamber, mydriasis, decreased vision
shallow anterior chamber, decreased vision, iridodenesis
deep anterior chamber, miosis, iridodenesis
deep anterior chamber, iridodenesis, decreased vision
#
49.
A 42-year-old patient lost vision of the left eye. He has a history of blunt trauma of the left eye. During examination transmitted light, the doctor didn´t detect the reflex from the fundus of the eye. What is your diagnosis?
5
traumatic cataract
retinal detachment
partial hemophthalmos
panophthalmitis
complete hemophthalmos
#
50.
A patient came to the clinic with complaints of floaters in front of both eyes and had a history of choroiditis. Objectively, when examined in transmitted light, the doctor found floating dots-formed opacities of vitreous body. What is your diagnosis?
4
filamentous destruction of the vitreous
vitreous wrinkling
vitreous detachment
granular destruction of the vitreous body
partial hemophthalmos
#
51.
An 82-year-old patient came to the clinic with complaints of floating spots before his eyes and a history of atherosclerosis. During examination in transmitted light, the doctor found floating flocculent opacities in the form of thin white fibers. What is your diagnosis?
5
partial hemophthalmos
granular destruction of the vitreous body
vitreous detachment
vitreous wrinkling
filamentous destruction of the vitreous

#
52.
In the morning, a 50-year-old woman developed pain in her right eye after working while bending over. When examined by an emergency doctor, decreased vision, redness of the eye, swelling of the cornea, dilation of the pupil was detected, and the eye was hard on palpation. Your diagnosis:
2
phacomorphic glaucoma
acute attack of glaucoma
keratitis
acute iridocyclitis
phacotopic glaucoma
#
53.
Provide emergency care for an acute attack of glaucoma:
4
instillation of antiseptics
instillation of antibiotics
instillation of anticholinergics
instillation of cholinomimetics
instillation of steroids
#
54.
Surgical treatment of an acute attack of glaucoma is:
5
laser trabeculoplasty
laser gonioplasty
cataract extraction
laser cyclodestruction
laser iridotomy
#
55.
Causes of development of congenital glaucoma:
2
congenital myopia
anterior chamber angle dysgenesis
lens dislocation
congenital cataract
microphthalmos, microcornea

#
56.
Secondary glaucoma develops due to:
1
acute iridocyclitis
blepharoconjunctivitis
corneal opacities
chorioretinitis
herpetic keratitis
#
57.
Open-angle glaucoma is characterized by the presence of:
1
exfoliation
hypopyon
posterior synechiae
hyphemas
anterior synechiae
#
58.
An acute attack of glaucoma is characterized by the presence of:
3
corneal dystrophy
precipitates on the cornea
corneal edema
corneal vascularization
corneal xerosis
#
59.
The pathogmonic symptom of congenital and juvenile glaucoma is:
5
shallow anterior chamber
exfoliation around the pupil
redness of the eyeball
increased intraocular pressure
increase in eyeball size
#
60.
Typical complaints of patients with open-angle glaucoma:

4
the presence of “rainbow circles” around the light
the appearance of floating opacities before the eyes
feeling of a foreign body in the eye
absence of typical complaints
acute decreasing of visual acuity
#
61.
Typical complaints of patients with angle-closure glaucoma are:
3
presence of metamorphopsia
gradual decreasing of visual acuity
the presence of “rainbow circles” around the light
feeling of a foreign body in the eye
the presence of “flying spots” before the eyes
#
62.
Laser iridotomy is performed for:
3
pigmentary glaucoma
neoplastic glaucoma
angle-closure glaucoma
infantile glaucoma
open angle glaucoma
#
63.
Laser trabeculoplasty is performed for:
1
open angle glaucoma
juvenile glaucoma
neovascular glaucoma
infantile glaucoma
angle-closure glaucoma
#
64.
The initial stage of glaucoma is characterized by:
3
concentric narrowing of visual fields
appearance of peripheral scotomas

blind spot expansion
homonymous hemianopsias
appearance of central scotoma
#
65.
In the absence of compensation of intraocular pressure in open-angle glaucoma is indicated:
3
iridotomy
cyclodestruction
trabeculectomy
goniotomy
iridocycloretraction
#
66.
A 40-year-old patient notes heaviness in the left eye, headaches, periodic blurring before the left eye, especially when tilting the head. Objectively: the left eye is calm, the cornea is transparent, the anterior chamber is shallow than average, the fundus shows a shift of the vascular bundle of the optic nerve head towards the nose, the functions of the eye are not changed. What is your diagnosis?
3
hypertensive angioretinopathy
initial cataract
angle-closure glaucoma
optic atrophy
choroiditis
#
67.
Phacolytic glaucoma develops when:
4
subluxation of the lens
mature cataract
lens luxation
hypermature. cataract
initial cataract
#
68.
Phacomorphic glaucoma develops when:
1

swelling cataract
initial cataract
lens luxation
hypermature. cataract
subluxation of the lens
#
69.
Changes in the fundus of the eye, which characterize glaucoma:
3
papilledema
optic nerve hyperemia
optic nerve cupping
not clear edges of the optic nerve
optic nerve prominence
#
70.
Tonometric intraocular pressure in glaucoma eye, indicating compensation of the process, is equal to:
4
32 mm Hg
28 mm Hg
26 mm Hg.
16 mm Hg
5 mm Hg
#
71.
Metallosis is called:
2
finding a metal foreign body inside the eye
reaction of eye structures to oxidation of a metal intraocular foreign body
long-term presence of a metal foreign body in the deep layers of the cornea
prolonged presence of a metal foreign body in the lens
autoimmune inflammatory reaction of the uninjured eye
#
72.
If it is impossible to remove an intraocular metal foreign body, the following is indicated:
5
vitrectomy

enucleation of the eye
evisceration of the eye
laser photocoagulation around a foreign body
antidote therapy
#
73.
Signs of penetrating corneal injury are:
4
deep anterior chamber, hypotonia, miosis
deep anterior chamber, hypotony, pupil displacement
deep anterior chamber, miosis, corneal edema
shallow anterior chamber, hypotonia, decreased vision
shallow anterior chamber, mydriasis, hypertension
#
74.
Absolute (reliable) signs of penetrating eye injury:
3
hypotension, blood in the anterior chamber
hypotension, pupil displacement
hole in the iris, intraocular foreign body
hypotension, shallow anterior chamber
blood in the anterior chamber, mydriasis
#
75.
Relative signs of penetrating eye injury:
2
blood in the anterior chamber, hole in the iris
shallow anterior chamber, pupil displacement
hypotonia, hole in the iris
deep anterior chamber, foreign body in the eye
blood in the anterior chamber, wound channel in the lens
#
76.
Complications of penetrating eye injury:
1
metallosis, retinal detachment
cataract, strabismus
uveitis, strabismus
cataract, amblyopia

keratitis, strabismus
#
77.
The depth of the intraocular foreign body is determined by:
2
x-ray in direct projection
x-ray in lateral projection
non-skeletal x-ray according to Vocht
ophthalmoscopy
diaphanoscopy
#
78.
The patient complains of acute decreasing of right eye´s visual acuity. The examination revealed impaired color perception, dark adaptation, and a history of a penetrating injury to the left eye. What is your diagnosis?
3
retinal pigmentary dystrophy
inflammation of optic nerve
sympathetic neuroretinitis
acute chorioretinitis
optic nerve atrophy
#
79.
Patient with pigmentary degeneration of the retina notes the following complaint:
2
decreasing visual acuity
decreasing dark adaptation
central scotoma
floating opacities before the eyes
photopsia and metamorphopsia
#
80.
The “amaurotic cat eye” symptom is characteristic of:
4
choroidal melanoma
retinal detachment
congenital cataract
retinoblastoma
retinopathy of prematurity

#
81.
Occlusion of the central retinal vein can lead to the development of:
2
pigmentary glaucoma
neovascular glaucoma
escfoliative glaucoma
neoplastic glaucoma
inflammatory glaucoma
#
82.
The patient complains of a acute decreasing of visual acuity, the appearance of a curtain
below on the right eye´s visual fields. Perimetry revealed loss of the upper half of the visual field of the right eye. What is your diagnosis?
3
tumor of the brain
optic neuritis
retinal detachment
acute glaucoma
chorioretinitis
#
83.
Treatment of the central retinal artery occlusion in the first hours consists of using:
3
corticosteroids
enzymes
vasodilators
antibiotics
antioxidants
#
84.
Treatment of central retinal vein occlusion consists of using:
4
laser trabeculoplasty
laser iridotomy
laser cyclodestruction
laser photocoagulation of the retina
laser stimulation of the retina

#
85.
Symptoms of angiosclerosis include:
5
vasodilation, microaneurysms
plasmorrhagia, hemorrhage
extensive hemorrhages
Gvist's symptom, swelling of the optic disc
“copper and silver wire” symptom
#
86.
Symptoms of neuroretinopathy include:
4
Salus-Hun symptom
“bony corpuscles” symptom
Fuchs spots
swelling of the optic disc
”cherrystone” symptom
#
87.
Symptoms of retinopathy include:
2
“cherrystone” symptom
plasmorrhagic lesions on the retina
lattice retinal degeneration
“bony corpuscles” symptom
swelling of the optic disc
#
88.
Symptoms of retinal angiopathy include:
1
corkscrew tortuosity of small venules in the macula
plasmorrhagic lesions on the retina
extensive hemorrhages on the retina
swelling of the optic disc
“copper and silver wire” symptom
#
89.
Non-proliferative and proliferative forms of neuroretinopathy are characteristic of:

2
hypertension
diabetes mellitus
renal hypertension
anemia
pregnancy
#
90.
The “cherrystone” symptom is typical for:
2
central retinal vein occlusion
central retinal artery occlusion
retinal detachment
retinoblastoma
diabetic retinopathy
#
91.
The “crushed tomato” symptom is typical for:
5
high myopia
central retinal artery occlusion
diabetic retinopathy
retinoblastoma
central retinal vein occlusion
#
92
Complaints, which characterized for pathology of the peripheral part of retina:
5
decreasing of visual acuity
homonymic hemianopsia
scotoma in the visual field
changing of color perception
decreasing of dark vision
#
93.
Complaints, which characterized for pathology of macula:
3
decreasing of dark vision
constriction of the visual field

central positive scotoma
central negative scotoma
homonymic hemianopsia
#
94.
Ttreatment of the initial stages of diabetic retinopathy includes:
2
diathermocoagulation of the retina
laser photocoagulation of the retina
cerclage with filling
cataract extraction
trabeculectomy
#
95.
The patient complains of a gradual decreasing of visual acuity. He has head injury in medical history. The examination revealed an increasing of the blind spot; protrudes forward of the optic nerve head. What is your diagnosis:
3
optic nerve atrophy
neuroretinitis
papilledema
rupture of optic nerve
optic neuritis
#
96.
The patient complains of a gradual decreasing of visual acuity. He received severe brain injury 1.5 years ago. The examination revealed a concentric narrowing of the visual fields. What is your diagnosis?
3
retrobulbar neuritis
traumatic glaucoma
optic atrophy
brain tumor
papillitis
#
97.
The patient complains of acute decreasing of visual acuity during 10 days. Ophthalmoscopic picture: redness and swelling of the optic nerve head. What is your diagnosis?

3
optic nerve hemorrhage
central retinal vein occlusion
optic nerve papillitis
optic nerve atrophy
central retinal artery occlusion
#

TESTS FOR THE STATE ATTESTATION COMMISSION GM

1.What is the characteristic symptom of bulbar paralysis?
2
1)high pharyngeal reflex
2)pharyngeal reflex is absent
3)spontaneous crying
4)symptoms of oral automatism
5)increased tendon reflexes
#
2. It is common for facial nerve damage to develop
3
1)ptosis
2)hypesthesia of half of the face
3)hemiparesis of facial muscles
4)divergent strabismus
5)chewingdisorder
#
3. Pathological reflex of the flexor type is the reflex:
3
1)Babinsky
2)Oppenheim
3)Rossolimo
4)Gordon
5)Schaeffer
#
4. Spastic paralysis is characterized by
3

1)decreased tendon reflexes
2)atrophy of muscles
3)pathological reflexes
4)decreased muscle tone
5)fibrillation, fasciculation
#
5. Bulbar paralysis is caused by defeat of:
4
1)I and II cranial nerves
2)III, IV and VI cranial nerves
3)VI and VII cranial nerves
4)IX, X, XII cranial nerves
5)XI cranial nerve
#
6. Which of the following is a common syndrome of Parkinsonism?
1
1)akinetic-rigid
2)vestibular
3)pyramidal
4)vestibular-cerebellar
5)hypotonic-hyperkinetic
#
7. Which one of the following would be expected in defeat of the trigeminal (V) nerve:
2
1)prosoparesis
2)anesthesia of the face on branch type
3)lacrimation and prosoparesis
4)hearing decrease
5)hyperacusis
#
8. A patient with sensory aphasia
5
1)can not speak and does not understand the addressed speech
2)understandsaddressed speech, but cannot speak
3)can speak, but forgets the names of subjects
4)does not understand the addressed speech, but controls his own speech
5)does not understand the addressed speech and does not control his own speech
#

9. A patient with motor aphasia
1
1)understands addressed speech, but cannot speak
2)does not understand the addressed speech and cannot speak
3)can speak, but does not understand the addressed speech
4)can speak, but the speech is chanted
5)does not understand addressed speech
#
10. To identify constructive apraxia should be offered to the patient to
3
1) raise his hand
2) with the help of the right hand touch the left ear
3) to construct the figure out of matches
4) perform a variety of movements by imitation
5) touch with your index finger the tip of the nose with your eyes closed
#
11. A patient with visual agnosia
4
1) doesn't see the surrounding objects, but learns them
2) see the objects well, but the shape seems distorted
3) can not see objects at the periphery of the visual field
4) sees the objects, but not recognize them
5) poorly sees the surrounding objects, and not recognize them
#
12. To test meningeal Kernig symptom
3
1) bend the patient's head forward
2) press on the area of the pubic symphisis
3) straighten the patient's leg bent at right angles in the knee and hip joints
4) squeeze the quadriceps thigh muscle
5) tap on a zygomatic arc
#
13. Common cerebral symptoms include:
1
1) vomiting, nausea, headache
2) hemiparesis
3) febrile temperature, headache
4) rigidity of the neck muscles
5) Jackson’s seizures

14. Etiological factors of idiopathic epilepsy are
1
1) gene mutation
2) birth injury
3) haemolytic disease of newborns
4) traumatic brain injury
5) violation of electrolyte balance
#
15. Duration of "therapeutic window" in ischemic stroke
4
1) 12 hours
2) 24 hours
3) 5-10 hours
4) 3-6 hours
5) 2 hours
#
16. The patient has a twitching of the left hand with the rapid spread on the whole hand, and then the entire left-hand half of the body. name the type of seizure.
3
1) generalized tonic
2) atonic
3) Jackson
4) absence seizure
5) myoclonic.
#
17. He also started to turn head and eyes to the left, and then tonic strain with loss of consciousness. Name the type of seizure.
3
1) generalized tonic-clonic
2) atonic
3) reversible
4) absence seizure
5) myoclonic.
#
18. The patient periodically had the dreamy look, this time did not respond to others, falls and seizures were not. Name the type of seizure:
4
1) generalized tonic
2) atonic

3) Jackson
4) absence seizure
5) myoclonic.
#
19.The patient has appeared regularly brief seizures with loss of consciousness and sudden fall. Name the type of seizure.
3
1) primary generalized
2) secondary-generalized
3) atonic
4) reversible
5) myoclonic.
#
20.The patient acutely developed central hemiparesis on the left, which recovered in
within 2 weeks. What diagnosis can be assumed?
3
1)transient ischemic attacks
2)subarachnoid hemorrhage
3)minor stroke
4)hemorrhagic stroke
5)ischemic stroke
#
21.The patient acutely developed central paresis of the left leg, which recovered in within 60 minutes. What can we assume:
1
1)transient ischemic attacks
2)subarachnoid hemorrhage
3)hemorrhagic stroke
4)minor stroke
5)ischemic stroke
#
22.A patient with cardiac arrhythmia has frequent transient ischemic attacks.
How long can neurological symptoms persist:
2
1)lasts up to 6 hours
2)lasts up to 24 hours
3)lasts up to 3 weeks
4)goes away in 1 month

5)goes away in 3 months
#
23. Fast paced loss of consciousness, sudden breathing problems, increased blood pressure, bradycardia, purple-cyanotic color of the face, hormmone more typical
5
1) embolic ischemic stroke
2) subarachnoid hemorrhage
3) parenchymal hemorrhage
4) brainabscess
5) ventricular hemorrhage
#
24. Focal symptoms characteristic of thrombosis of the right middle cerebral artery:
2
1) touch aphasia
2) left-sided Central hemiparesis
3) swallowing disorders
4) right hemihypesthesia
5) vomiting
#
25. The "light gap" is typical for:
4
1) subarachnoid hemorrhage
2) intraventricular hemorrhage
3) small-point parenchymal hemorrhage
4) epidural hematoma
5) intracerebral hematoma
#
26. Note the most characteristic signs of neuritis of the facial nerve:
2
1) sharp shooting pain;
2) lagophthalmos, paralysis of facial muscles;
3) amaurosis;
4) hearing loss;
5) analgesia half of the face.
#
27. With trigeminal neuralgia, patients complain
2
1) the constant aching pain, exciting half of the face

2) short paroxysms of intense pain for 1-2 minutes, provoking a light touch to the face
3) attacks of increasing intensity of pain in the eye, jaw, teeth, accompanied by increased tear and salivation
4) prolonged pain in the orbit, the angle of the eye, accompanied by a violation of visual acuity
5) all answers are correct
#
28. The courage of the foot down and inside, gait type "steppazh", the inability to walk on the heels, sensitive disorders on the outer surface of the Shin and the rear of the foot, mild pain syndrome observed in nerve lesions:
2
1) femoral;
2) fiberboard;
3) tibial;
4) the external cutaneous femoral;
5) verno1 and 2.
#
29. The patient has lumbosacral radiculitis, antalgic posture is noted, please indicate
tension symptom
2
1)Lessage's sign
2)Lassegue's sign
3)Horner's sign
4)Brudzinski's sign
5)Schaeffer's sign
#
30. The patient has a history of an incised wound in the lower third of the forearm with damage to the radial
nerve. Specify the symptom of the lesion
2
1)"clawed hand"
2)inability to straighten the wrist
3)inability to abduct the little finger
4)inability to flex the wrist
5)causalgia
#

31.In a patient with generalized myasthenia, in the second half of the day it is determined
symptom:
4
1)muscle atrophy
2)pseudohypertrophy
3)muscle hypertonicity
4)pathological muscle fatigue
5)slower muscle relaxation
#
32.The patient complains of increasing headaches with nausea and vomiting for 3 months, congestive optic discs were detected in the fundus. What can it do with be connected?
3
1)encephalitis
2)meningitis
3)brain tumor
4)multiple sclerosis
5)migraine
#
33.After a road accident, a patient who received a traumatic brain injury developed central
hemiparesis and generalized tonic-clonic seizures. What diagnosis is possible? guess?
2
1)brain concussion
2)brain contusion
3)intracranial hypertension
4)diffuse axonal injury
5)basal skull fracture
#
34.The patient has a traumatic brain injury as a result of a fall from a height, a nasal
and auricular liquorrhea. What diagnosis can be assumed?
2
1)brain concussion.
2)fracture of the base of the skull.
3)calvarial fracture
4)brain contusion

5)diffuse axonal injury
#
35. Diffuse axonal brain injury when traumatic brain injury is characterized by
1
1) prolonged comatose state from the moment of injury
2) the development of the coma after the "bright" period
3) lack of loss of consciousness
4) short-term loss of consciousness
5) sleep disturbance
#
36.Neuroimaging revealed an epidural hematoma in the patient. What clinical
Can symptoms be identified in a patient?
4
1)constriction of the pupil on the side of the hematoma
2)dilation of the pupil on the opposite side of the hematoma
3)hemiparesis on the side of the hematoma
4)dilation of the pupil on the side of the hematoma and hemiparesis on the opposite side
5)dilation of the pupil on the side of the hematoma, hemiparesis on the side of the hematoma
#
37. If, after a craniocerebral trauma, the rigidity of the occipital muscles and photophobia develop in the absence of focal symptoms, then the diagnosis is most likely
2
1) the concussion
2) subarachnoid hemorrhage
3) brain injury
4) intracranial hematoma
5) skull base fracture
#
38. For the syndrome Shereshevsky-Turner is typical:
4
1) Primary amenorrhea
2) Monosomy on X chromosome
3) detection of symptoms from birth
4) Low growth
5) all of the above
#

39.The clinical picture of Huntington's chorea, in addition to choreichyperkinesis, includes
5
1)rigidity
2)cogwheel symptom
3)akinesia
4)hypomimia
5)dementia
#
40. The patient has been diagnosed with Charcot’s triad, what pathology is this typical for?
3
1)Parkinson's disease
2)hepatocerebral dystrophy
3)multiple sclerosis
4)encephalopathy
5)Alzheimer's disease
#
41.When treating myasthenia gravis, pathogenetic therapy is indicated in the form of:
4
1)nephrectomy
2)splenectomy.
3)thyroidectomy.
4)thymectomy.
5)appendectomy.
#
42.In a patient with newly diagnosed generalized myasthenia after positive proserine test should be prescribed:
3
1)heparin
2)acetazolamide (diacarb)
3)pyridostigmine (kalimine)
4)acetylsalicylic acid (aspirin)
5)tolperisone (mydocalm)
#
43. What drug is used during myasthenic crisis?
4
1) lasix

2) Dibazol
3) cordiamine
4) proserin
5) eufillin
#
44. Cholinergic crisis is removed by the introduction of:
3
1) midokalma
2) proserina
3) atropine;
4) adrenaline;
5) of norepinephrine.
#
45. First aid for an epileptic seizure in the prehospital setting is the following
3
1) put the patient on the bed.
2) to intubate the patient.
3) turn your head and torso to one side.
4) indirect heart massage.
5) artificial respiration.
#
46. After a viral infection, a patient develops acute pain along the peripheral nerves, ascending peripheral palsy and protein cell dissociation in the cerebrospinal fluid. What pathology are we talking about?
3
1)purulent meningitis
2)neurorheumatism
3)Guillain-Barre syndrome
4)neurosyphilis
5)multiple sclerosis
#
47Which foods are included in the red list of "food traffic lights" for treatment? phenylketonuria:
3
1)red bell pepper, tomatoes, beets, cabbage.
2)butter, milk, fruit, eggplant
3)nuts, eggs, meat, cottage cheese
4)milk, kefir, rice, potatoes.
5)legumes, milk, sugar, fruits

#
48High activity of creatine phosphokinase is an obligate sign for:
1
1)muscular dystrophies
2)myasthenia gravis
3)spinal amyotrophy
4)myotonia
5)neural amyotrophy
#
49. The patient's cerebrospinal fluid contains: protein 1.2 g/l, cytosis 0.25 x 109/l, lymphocytes - 70%, neutrophils -thirty%. What diagnosis can be assumed?
2
1)meningism
2)serous meningitis
3)purulent meningitis
4)subarachnoid hemorrhage
5)normal indicators
#
50.The patient's cerebrospinal fluid contains: protein 1.2 g/l, cytosis 0.15x109/l, lymphocytes - 70%, neutrophils -30%, leached red blood cells are typical for:
4
1)meningism
2)serous meningitis
3)purulent meningitis
4)subarachnoid hemorrhage
5)normal indicators
#
51.A cholinergic crisis is characterized by:
2
1)provoked by infections,
2)overdose of anticholinesterase drugs
3)taking sedatives
4)taking antibiotics
5)taking diuretics
#
52. To an open head injury refers to trauma
2
1)with a bruised soft tissue wound without damage to the aponeurosis
2)with a fracture of the skull bones, damage to the aponeurosis

3)with a fracture of the calvarial bones without damage to the aponeurosis
4)with a skull base fracture without liquorrhea
5)with a skull fracture
#
53.Penetrating traumatic brain injury is called:
4
1)with a bruised soft tissue wound
2)in case of damage to the aponeurosis
3)with a fracture of the cranial vault
4)with damage to the dura mater
5)with damage to soft tissues and fractures of the skull bones
#
54. Down's disease is characterized by a combination of the following features:
1
1)rounded skull, short fingers, muscle hypotonia
2)dolichocephaly, cleft palate, muscle hypertonicity
3)Craniostenotic skull, cleft lip, presence of 6th digit
4)dolichocephaly, muscle hypotonia, choreoathetosis
5)microcephaly, cleft palate, arachnodactyly
#
55.Diseases for which it is advisable to study sex chromatin:
3
1)Down syndrome
2)Lejeune's syndrome ("cry of the cat")
3)Klinefelter syndrome
4)Marfan syndrome
5)Edwards syndrome
#
56.Parkinson's disease is characterized by:
2
1)hypotension, tremor
2)slowness of movements, tremor
3)hypertonicity, choreichyperkinesis,
4)facial hemispasm, tremor
5)slowness of movement, hemiparesis
#
57. Characteristic clinical signs of galactosemia:
4
1)glucose intolerance, diarrhea, vomiting, dehydration.

2)glucose intolerance, malnutrition, delayed psychomotor development, constipation.
3)milk intolerance, vomiting, constipation and urinary retention.
4)milk intolerance, jaundice, delayed psychomotor development, cataracts.
5)milk intolerance, vomiting, hydrocephalus, delayed psychomotor development
#
58.Treatment of galactosemia:
2
1)Medication
2)Diet therapy.
3)Replacement therapy.
4)Chemotherapy.
5)Radiation therapy.
#
59.Progressive muscular dystrophy of the Duchenne form is characterized by:
3
1)flaccid child pose with hip rotation
2)chest deformities
3)pseudohypertrophy of the gastrocnemius muscles
4)normal mental development
5)autosomal dominant inheritance
#
60.Damage to the abducens nerve (VI) is characterized by:
5
1)hemianopsia
2)amaurosis
3)scotoma
4)exotropia
5)convergent strabismus
#
61.Damage to the oculomotor nerve (III) is characterized by:
4
1)hemianopsia
2)amaurosis
3)scotoma
4)exotropia
5)convergent strabismus
#
62. Peripheral lesions of the hypoglossal nerve (XII) is characterized by:

5
1) violent crying
2) aphasia
3) hemianopsia
4) dysphagia
5) atrophy of the muscles of half the tongue
#
63. In parkinsonism handwriting in patients
2
1) changes by type of macrography
2) changes by type of micrographics
3) does not change
4) patients can't write
5) become zigzag
#
64.Tendon hyperreflexia indicates a lesion:
3
1)peripheral nerve
2)spinal root
3)pyramidal tract
4)sensory neuron.
5)anterior horns of the spinal cord
#
65. The alternating syndromes include:
4
1) Horner's syndrome
2) Brown-Sequard syndrome
3) syndrome of the upper orbital fissure
4) Weber's syndrome
5) Argyle-Robertson syndrome
#
66. Alternating syndromes include:
3
1)Horner's syndrome
2)Brown-Séquard syndrome
3)Jackson syndrome
4)Kayser-Fleischer syndrome
5)Argyll-Robertson syndrome
#

67. For sensitive ataxia characteristic:
1
1) occurs in lesions of the paths Gaulle, Burdah
2) patient controls gait with the help of sight
3) walks, lifting legs high, does not feel the soil under his feet
4) muscular-articulate senseis disturbed
5) all of the above
#
68.Sensory disturbances of the conduction type, central tetraplegia characteristic of spinal cord lesions at the level of:
1
1)upper cervical segments
2)cervical thickening
3)upper thoracic segments
4)lower thoracic segments
5)lumbar enlargement
#
69. The combination of increased muscle tone of the flexors of arms and extensors of legs on the one side is called pose of:
3
1) Kushelevkiy
2) Romberg
3) Wernicke-Mann
4) Wax doll
5) Barre test
#
70.The ciliospinal center is located in the lateral horns of the spinal cord at the level of segments
3
1) S6-S7
2) S7-C8
3) C8-D1
4) D3-D4
5) D5-D6
#
71.In the lesion of the hypothalamus occur:
1
1) vegetative paroxysms
2) segmental vegetative disturbances

3) sensitive disturbances
4) motor disorders
5) sensory, motor and autonomic disorders
#
72. A pathological reflex defined at the upper extremity is:
3
1) Babinsky
2) Oppenheim
3) Rossolimo
4) Schaeffer
5) Gordon
#
73.The pathological flexion reflex is:
5
1)Babinsky
2)Oppenheim
3)Schaeffer
4)Gordon
5)Rossolimo
#
74. Lesion of the abducens nerve results in paralysis of muscles
2
1) upper straight
2) outer straight
3) the bottom straight
4) lower oblique
5) upper oblique
#
75. In case of lesions of cerebellum muscle tone:
2
1) is elevated.
2) is reduced.
3) is not changed.
4) changed by "folding knife" type
5) changed the type of " cogwheel”
#
76. Hyperkinesis in the form of involuntary worm-like movements in the fingers, increases with movement and passing while sleeping is
called:

2
1) chorea;
2) athetosis;
3) torsion dystonia;
4) ticks;
5) all answers are wrong .
#
77. During the lesion of Wernicke's area occurs:
2
1) motor aphasia.
2) sensory aphasia.
3) amnesia.
4) paresthesia.
5) muscular rigidity.
#
78. For the defeat of the spinal cord is characteristic:
2
1) syndrome of Argyle-Robertson
2) violation of sensitivity on conduction type
3) impaired sensation in the distal extremities
4) violation of swallowing
5) all answers are correct
#
79. When the inner capsule is damaged, it is noted:
1
1) Hemiparesis
2) Paraparesis
3) Monoplegia
4) Ataxia
5) Tetraparesis
#
80. Polyneuretic type of sensory dysfunction is characterized by:
2
1) sensitivity disorder in the area of nerve innervation
2) hyposthesia in the distal limbs
3) hemihypesthesia
4) phantom limb pain
5) dissociated type of sensitivity disorder
#

81 . Select a symptom of the tension:
3
1) Lessage symptom
2) Kernig symptom
3) Lassegue symptom
4) Brudzinsky symptom
5) Rossolimo symptom
#
82. With meningeal upper Brudzinski's sign
1
1)bend the patient's head forward
2)press on the area of the pubic symphysis
3)straighten the patient's leg bent at a right angle at the knee and hip
joints
4)compress the quadriceps femoris muscle
5)tap on the zygomatic arch
#
83. With meningeal intermediate Brudzinski's symptom:
2
1)bend the patient's head forward
2)press on the area of the pubic symphysis
3)straighten the patient's leg bent at a right angle at the knee and hip
joints
4)compress the quadriceps femoris muscle
5)tap on the zygomatic arch
#
84. Instability in the posture of Romberg at eye closure is greatly enhanced if there is ataxia
2
1) cerebellar
2) sensitive
3) vestibular
4) cortical
5) psychogenic
#
85. The sensitive pathways include:
2
1) pyramid pathway
2) the spino-thalamic pathway

3) rubrospinalpathway
4) vestibulospinal pathway
5) olivospinalpathway
#
86. Vegetative formations of the spinal cord are located in:
2
1) the anterior horns o
2) the lateral horns
3) the posterior horns
4) the anterior gray soldering
5) the posterior columns
#
87. In case of lesion of the visual tract, hemianopsia occurs
2
1) binaza
2) homonymous
3) bitemporal
4) lower quadrant
5) amaurosis
#
88.The patient has a complete traumatic rupture of the peripheral nerve. Specify symptoms of damage.
3
1)pain when percussing along the nerve below the site of injury
2)paresthesia in the area of innervation of the damaged nerve
3)flaccid paralysis and anesthesia in the area of innervation of the damaged nerve
4)central paralysis and anesthesia in the area of innervation of the damaged nerve
5)no clinical manifestations
#
89. Note the most characteristic signs of facial nerve neuropathy:
2
1)sharp shooting pain, tinnitus;
2)lagophthalmos, paralysis of facial muscles;
3)amaurosis and deafness;
4)hearing loss and hyperesthesia of half the face
5)analgesia of half the face, lacrimation.
#
90. The patient's cerebrospinal fluid contains: protein 2.5 g/l, cytosis 1 x 109, lymphocytes – 30%, neutrophils – 70% characteristic of:

3
1)meningism
2)serous meningitis
3)purulent meningitis
4)subarachnoid hemorrhage
5)normal indicators
#
91. A significant decrease in the level of sugar in cerebrospinal fluid is characteristic of meningitis
4
1)Influenza
2) pneumococcal
3) mumps
4) tuberculosis
5) syphilitic
#
92. The most characteristic syndrome for the acute stage of epidemic encephalitis is:
3
1)ataxic
2)hyperkinetic
3)hypersomnic-ophthalmoplegic
4)convulsive
5)comatose
#
93. To determine the etiology of purulent meningitis pathogen isolated from:
4
1) blood and nasopharynx
2) of the nasopharynx
3) only blood
4) the cerebrospinal fluid
5) in the nasopharynx and feces
#
94. The most common pattern of fundus in ischemic stroke:
3
1)norm
2)retinal hemorrhages
3)hypertensive angiopathy
4)blanching of the temporal halves of the optic discs

5)Foster-Kennedy sign#
95. Aura is typical for
4
1) hemorrhagic stroke
2) meningitis
3) encephalitis
4) epilepsy
5) all of the above
#
96. A patient with rheumatic chorea has:
1
1)hyperkinesis
2)loss of consciousness
3)psychomotor agitation
4)motor aphasia
5)muscle hypertonicity
#
97. Hemorrhage in the brain develops, as a rule:
3
1) at night during sleep
2) in the morning after sleep
3) a day in the period of active work
4) day in alone
5) does not depend on the time of day
#
98. For the lesion of the posterior cerebral artery, presence is characteristic
1
1) homonymous hemianopsia
2) bitemporalhemianopsia
3) binasalhemianopsia
4) concentric narrowing of the fields of vision
5) Ambrose
#
99. Lumbar puncture is carried out between the remaining processes of the vertebrae:
3
1) L1 – L2;
2) L2 – L3;
3) L3 – L4;

4) Th1-L1;
5) all answers are correct.
#
100. Fast paced loss of consciousness, sudden breathing problems, increased blood pressure, bradycardia, purple-cyanotic color of the face, hormmone more typical
5
1) embolic ischemic stroke
2) subarachnoid hemorrhage
3) parenchymal hemorrhage
4)brainabscess
5) ventricular hemorrhage
#
101. According to CT of the brain, the determination of ischemic stroke is difficult:
1
1) the first day after stroke
2) a week after the stroke
3) 1 month after the stroke
4) 6 months after the stroke
5) a year after stroke
#
102. Syndrome characteristic of multiple sclerosis:
1
1) retrobulbar neuritis
2) sympathoadrenal crisis
3) Kozhevnikovskaya epilepsy
4) Jackson epilepsy
5) true 3 and 4
#
103. "Mosaicity" of peripheral paralysis occurs when:
5
1) neurobrucellosis.
2) neurospine.
3) neurosyphilis.
4) multiple sclerosis.
5) polio
#
104. The source of infection in polio are
2
1) only the patient

2) the patient or a virus carrier
3) small rodents that infect food
4) cows, sheep
5) Pets
#
105. The appearance of photopsias in the form of glowing lights, sparks, lines at the beginning of a migraine attack is evidence of the
defeat:
5
1) retina
2) optic nerve
3) the visual tract
4) the optic chiasm
5) the bark of the occipital lobe.
#
106. Children's cerebral palsy is:
4
1) hereditary disease
2) chromosomal pathology
3) as a result of neuroinfections
4) the outcome of perinatal encephalopathy
5) subcortical degeneration
#
107. With increasing subarachnoid space, hydrocephalus is:
2
1) internal
2) outdoor
3) communicating
4) mixed
5) convexital
#
108. With enlarged ventricles, hydrocephalus is:
1
1)internal
2)outdoor
3)communicating
4)mixed
5)convexital
#

109. With a tumor of the right hemisphere, the cerebellum of the patient is rejected when walking:
1
1)in the direction of the hearth
2) in the opposite direction
3) evenly in both sides
4) is not rejected
5) deviates forward, backward
#
110. In what form of fractures of the skull bones there are signs of compression of the brain?
1
1) at animpressionable fracture
2) linear fracture
3)open fracture
4) closed fracture
5) in all the above
#
111. What tumors develop from the roots of the spinal cord ?
1
1) neurinomas
2) angioretikulez
3) astrocytomas
4) meningiomas
5) oligodendria
#
112. Diffuse axonal brain injury when traumatic brain injury is characterized by
1
1) prolonged comatose state from the moment of injury
2) the development of the coma after the "bright" period
3) lack of loss of consciousness
4) short-term loss of consciousness
5) sleepdisturbance
#
113. The most typical location of telangiectasia in Louis-Bar syndrome:
1
1)mucous membrane of the eye.
2)oral mucosa
3)palm skin

4)foot skin
5)skin of the inner thigh
#
114. Characteristic brain damage in tuberous sclerosis:
3
1)cystic degenerations, atrophy and subatrophy of the frontal lobe cortex.
2)hydrocephalus, porencephaly, pachygyria.
3)tubers of the convolutions of the brain, tubers of the ependyma.
4)astrocytomas and neuromas of the V and VIII cranial nerves
5)microcephaly, porencephaly.
#
115. Cordocentesis is:
4
1)Umbilical cord tissue biopsy
2)Method for obtaining amniotic fluid
3)Method for obtaining chord tissue
4)Method for obtaining cord blood from a fetus
5)Fetal skin biopsy
#
116. Epicanthus is:
4
1)fused eyebrows
2)closely spaced palpebral fissures
3)widely spaced palpebral fissures
4)vertical skin fold at the inner corner of the eye
5)narrowing of the palpebral fissure
#
117. Clinical signs of the syndrome Kleinfelter:
2
1) Primary amenorrhea
2) Microorganism
3) Dolichocephaly, arachnodactyly
4) all of the above
5)aplastic anemia
#
118. Craniostenosisis :
1
1) Early closure of the sutures of the skull.
2) Narrowing the ventricular cavity of the brain.

3) Narrowing of the spinal canal.
4) Narrowing of the foramen Magnum.
5)Reducing the size of the skull
#
119. In lateral amyotrophic sclerosis affected:
1
1) motor neurons of the anterior horn of the spinal cord
2)dorsal horn neurons of the spinal cord
3)axons of the dentate nucleus.
4)skeletal muscles.
5)posterior columns of the spinal cord
#
120. Anisocoria occurs in lesions of:
3
1) VI cranial nerve
2) IV cranial nerve
3) III cranial nerve
4) V cranial nerve
5) II cranial nerve
#
121. Parkinsonism is characterized by syndromes:
1
1) akinetic-rigid
2) vestibular
3) tpyramid
4) vestibular-cerebellar
5) hypotonic- hyperkinetic
#
122. The lesion of the right visual tract leads to:
1
1) left-sided homonymous hemianopsia
2) right-sided homonymous hemianopsia
3) blindness in the right eye
4) blindness on the left eye
5) binasalhemianopsia
#
123.Lesions of the frontal lobes are characterised by:
1
1) ataxia

2) astereognosis
3) hemianopsia
4) autotopagnosia
5) sensitive ataxia
#
124. The clinical picture of Claude-Bernard-Horner syndrome includes:
3
1) divergent strabismus, mydriasis, ptosis;
2) convergent strabismus;
3) ptosis, myosis, enophthalmos;
4) rotator nystagmus, anisocoria;
5) vertical gaze paresis, nystagmus.
#
125. The lesion of the striar system is characterized by:
2
1) ataxia
2) the appearance of hyperkinesis
3) hemiparesis
4) Parkinson'ssyndrome
5) seizures
#
126. For neuropathy of the facial nerve typical
3
1) ptosis
2) half face hyperesthesia
3) paresis of mimic muscles of half face
4) divergent strabismus
5) disorders of chewing
#
127. To detect disorders of discriminatory sensitivity should check whether the patient is able to determine
3
1) the place of contact when applying irritation to various parts of the body
2) painted on the skin numbers, letters, simple shapes
3) two at a time caused irritation on nearby areas of the body
4) touch familiar objects
5) the direction of movement of the object on the formation of folds on the skin.
#
128. The sciatic nerve is made up of fibers of roots

2
1)S1-S2
2) L4-S3
3) S2-S3
4) L5-S5
5) L3 - L5
#
129. For the detection of amnesic aphasia should
2
1)check oral score
2) ask the patient to name the surrounding objects
3) ask the patient to read the text
4) to make sure that patient understands the reversed speech
5) conduct a "drawing hours" test
#
130. Athetosis is:
1
1) slow worm-shaped hyperkinesis of the brush
2) throwing hyperkinesis of the extremities
3) torsional hyperkinesis of the body
4) stereotypical contraction of separate muscle groups
5) rigidity, slowness of movements
#
131. A light paresis can be detected with a test of:
4
1) Ashner
2) Queckenstedt.
3) Stukey
4)Barre.
5) Romberg
#
132. Characteristic of the lesion of the posterior horns of the spinal cord is:
2
1) muscular atrophy
2) dissociated loss of pain and temperature sensitivity
3) conductive disorders of sensitivity
4) fibrillationof the muscles.
5) areflexia
#

133. For the treatment of generalized seizures in epilepsy with a first-line drug is:
2
1)carbamazepine
2)valproate (depakine)
3)diazepam
4)sodium hydroxybutyrate
5)phenobarbital
#
134. For the treatment of focal (partial) seizures in epilepsy with the first drug series is:
1
1)carbamazepine
2)valproate (depakine)
3)diazepam
4)sodium hydroxybutyrate
5)phenobarbital
#
135. To relieve status epilepticus, the following is used:
3
1)carbamazepine
2)magnesium sulfate
3)diazepam
4)piracetam
5)Lamotrigine
#
136. To generalized epileptic seizures include
5
1) Jackson
2) vegetative-visceral
3) somatosensory
4) with violation of mental functions
5) absence seizures
#
137.The pathogenesis of secondary encephalitis is based on
5
1) vascular reaction
2) interaction of the virus and neuron
3) regional edema
4) circulatory hypoxia

5) infectious-allergic process
#
138. In the cerebrospinal fluid: protein 3 g/l, cytosis 5 x109, lymphocytes - 10%, neutrophils - 90% characteristic For:
4
1)normal indicators
2)meningism
3)serous meningitis
4)purulent meningitis
5)subarachnoid hemorrhage
#
139. Small chorea is possible:
2
1) with tick-borne encephalitis
2) in case of rheumatism in children
3) in case of epidemic cerebrospinal meningitis
4) when postvaccinal encephalitis
5) in parkinsonism
#
140. Indicate which of the following symptoms are characteristic of the clinical picture of chorea minor:
4
1)frequent sore throats
2)headache
3)Horner's sign
4)hyperkinesis
5)paralysis
#
141. For the chronic form of lethargic encephalitis Economically characteristic:
5
1) blindness;
2) hemiplegia;
3) paraplegia;
4) parkinsonism;
5) convulsive bouts.
#
142. The presence of tetraparesis, crudely expressed in the hands, severe psychoverbal development delay characteristic form of cerebral palsy:

1
1) double hemiplegia
2) spastic diplegia
3) hemiplegic
4) hyperkinetic
5) atonic-astatic
#
143. In the dyskinetic form of cerebral palsy:
3
1)tic hyperkinesis predominates
2)tremor predominates
3)athetosis, torsion dystonia predominates
4)a combination of all of the above types
5)myoclonus predominates
#
144. The presence of tetraparesis, more severely expressed in the legs, dysarthria is characteristic of the formCerebral palsy:
2
1)tetraplegic
2)diplegic
3)hemiplegic
4)dyskinetic
5)ataxic
#
145.The presence of hemiparesis, more severely expressed in the hand, Wernicke-Mann posture is characteristic of forms of cerebral palsy:
3
1)tetraplegic
2)diplegic
3)hemiplegic
4)dyskinetic
5)ataxic
#
146. The presence of torsion dystonia, grimace during conversation and emotions are characteristic of the form Cerebral palsy:
4
1)tetraplegic
2)diplegic
3)hemiplegic

4)dyskinetic
5)ataxic
#
147. What signs are characteristic of hemorrhage in the brain stem:
5
1)convulsions.
2)amaurosis.
3)pseudobulbar syndrome.
4)stiff neck.
5)breathing and heart rhythm disturbances.
#
148. To diagnose vascular malformations of the brain, the following is used:
4
1)X-ray of the skull
2)Doppler ultrasound
3)electroencephalography
4)angiography
5)rheoencephalography
#
149. To confirm the diagnosis of myasthenia gravis it is necessary to conduct:
5
1) EEG
2) EMG
3) R-graphy of the spine
4) Echo – EG
5) Proserin sample
#
150. Gradual build-up of muscle weakness of a certain group of muscles during the day is typical for:
2
1) meningitis
2) myasthenia gravis
3) myotonia
4) amyotrophies
5) myositis
#
151.Paroxysmal pain lasting up to 20 minutes in one half of the face, sometimes with lacrimation, mucus from the nose, salivation, occurs when
4

1)neuritis of the facial nerve
2)trigeminal neuralgia
3)neuralgia of the glossopharyngeal nerve
4)neuralgia of the nasociliary ganglion
5)neuralgia of the auriculotemporal nerve
#
#.
152. The symptom of "wedging" during lumbar puncture in a patient with a volumetric spinal process is characterized
4
1) increased radicular pain with compression of the neck veins
2) reduction of neurological symptoms under pressure on the anterior abdominal wall
3) increased root pain when bending the head to the chest
4) increase in neurological symptoms after a puncture
5) attachment of infectious and toxic shock
#
153. If any pathology of the brain there are changes in the Turkish saddle?
1
1) in tumors of the pituitary gland
2) during hydrocephalus
3) for tumors of the cerebellum
4) in case of concussion
5) tumors of the frontal lobe
#
154. Sibs are:
4
1)all relatives of the proband
2)proband's uncle
3)parents of the proband
4)brothers and sisters of the proband
5)grandparents of the proband
#
155.Where are Kayser-Fleischer rings found in hepatocerebral dystrophy?
2
1)on the oral mucosa.
2)in the cornea of the eye.
3)on the conjunctiva
4)on the fundus.

5)in the liver at autopsy
#
156.Neurofibromas in Recklinghausen disease (neurofibromatosis) can be localized:
4
1)along the peripheral nerves
2)In the spinal canal along the roots
3)intracranial along the cranial nerves
4)in any of the specified areas
5)no exact location
#
157.Clinical signs of ataxia-telangiectasia syndrome (Louis - Bar):
4
1)paraparesis, pelvic disorders, intestinal dyskinesia.
2)vestibular ataxia, telangiectasia, hyperkeratosis.
3)sensitive ataxia, telangiectasia, hyperthyroidism.
4)cerebellar ataxia, telangiectasia, pneumonia
5)sensitive ataxia, lower paraparesis, intestinal dyskinesia
#
158 . Diagnostic criteria for neurofibromatosis:
2
1)congenital heart disease and bone malformation;
2)multiple pigment spots on the skin, tumors along the nerve fibers;
3)seborrheic adenoma on the cheeks, “coffee” spots, cramps;
4)anemia, hepatosplenomegaly, renal malformations
5)hydrocephalus, eczema, mental retardation
#
159. Clinical signs - "the lips of the tapir", "transverse smile" are at:
2
1)progressive Becker myodystraphy.
2)progressive Landouzy-Dejerinemyodystraphy.
3)spinal amyotrophy
4)syringomyelia
5)congenital malformations
#
160. Louis-Bar syndrome is characterized by:
2
1)colitis and gastric ulcer
2)sinusitis and pneumonia

3)cystitis, urethritis.
4)encephalitis and meningitis.
5)cardiomyopathy
#
161. Contents of the hernial sac with meningoradiculocele:
2
1)spinal cord, cerebrospinal fluid, meninges.
2)roots, cerebrospinal fluid, meninges.
3)cerebrospinal fluid, meninges.
4)spinal cord, cerebrospinal fluid.
5)only the roots.
#
162. The lesion of the striar system is characterized by:
2
1) ataxia
2) the appearance of hyperkinesis
3) hemiparesis
4) Parkinson's syndrome
5) seizures
#
163. Reflexes of oral automatism indicate lesion of paths:
2
1) corticospinal;
2) corticonuclear;
3) corticopontocerebellar;
4) rubrospinal;
5) Turkbeam
#
164. Disturbances in the understanding of complex logical-grammatical structures found in aphasia:
4
1) sensory
2) motor
3) amnesic
4) semantic
5) opticomnestic aphasia
#
165. Common cerebral symptoms include:
1

1) vomiting, nausea, headache
2) hemiparesis
3) febrile temperature, headache
4) rigidity of the neck muscles
5) Jackson’s seizures
#
166. General cerebral symptoms include:
1
1)disturbance of consciousness, headache
2)hemiparesis, meningeal symptoms
3)febrile fever, headache
4)stiff neck, Kernig's sign
5)Jacksonian seizures, vomiting
#
167. What is affected by Parkinson's disease:
2
1) Peripheral nerve fibers.
2) the Basal nuclei pallidal system
3) the Basal nuclei of the striate system
4) Reticular formation
#
168. With neurofibromatosis, the following are detected:
3
1)congenital heart defect and radius malformation
2)scoliosis, optic nerve gliomas
3)multiple “coffee” spots on the skin, tumors along the nerve trunks,
4)seborrheic adenoma on the cheeks, mental retardation
5)mental retardation, multiple stigmas of disembryogenesis
#
169. Shereshevsky-Turner syndrome is characterized by:
4
1)athletic build
2)high growth
3)premature puberty
4)wing-shaped folds of skin on the neck
5)microcephaly
#
170. For the syndrome Shereshevsky-Turner is typical:
2

1) Primary amenorrhea
2) Monosomy on X chromosome
3) detection of symptoms from birth
4) Low growth
5) all of the above
#
171. Klinefelter syndrome is characterized by:
1
1)polysomy on the X chromosome
2)monosomy on the X chromosome
3)Identifying symptoms from birth
4)short stature
5)wing-shaped folds on the neck
#
172. The main criteria for discontinuing antibiotics for purulent meningitis are:
2
1)temperature normalization
2)Cerebrospinal fluid sanitation
3)blood normalization
4)disappearance of meningeal syndrome
5)good health of the patient
#
173. In purulent meningitis of unknown etiology are used:
1
1) two broad-spectrum antibiotics
2) one antibiotic and sulfanilamidy
3) number of antibiotics depends on age
4) one antibiotic and gamma globulin
5) glucocorticoids
#
174. The primary lesion of the nervous system in AIDS manifest:
2
1) encephalopathy
2) with myelopathy
3) acute circulatory disorders
4) true 1 and 2
5) all answers are correct
#
175. Secondary damage to the nervous system in AIDS manifests itself:

4
1)reversible encephalopathy
2)vacuolar myelopathy
3)myopathy
4)acute cerebrovascular accident
5)parkinsonism
#
176. Muscular dystrophy is associated with a deficiency of the protein dystrophin, which is found
4
1)in nerve cells
2)in the cells of the anterior horns
3)in the sarcotubular system
4)in the muscle membrane
5)in axons
#
177.Type of inheritance of progressive Duchenne muscular dystrophy:
3
1)autosomal dominant
2)autosomal recessive
3)X-linked recessively
4)dominantly linked to the X chromosome
5)inked to the Y chromosome dominantly
#
178.With neural amyotrophy, Charcot-Marie is affected by:
3
1)central motor neuron
2)anterior horn motor neuron
3)peripheral nerve
4)neuromuscular junction
5)muscles
#
179. In progressive Duchenne myopathy, the following is affected:
5
1)central motor neuron
2)anterior horn motor neuron
3)peripheral nerve
4)neuromuscular junction
5)muscles

#
180. Spinal amyotrophy affects:
2
1)central motor neuron
2)anterior horn motor neuron
3)peripheral nerve
4)neuromuscular junction
5)muscles
#
181. The initial signs of Duchenne muscular dystrophy are:
4
1)weakness in the distal arms
2)weakness in the proximal arms
3)weakness in the proximal and distal legs
4)weakness in the proximal legs
5)weakness in the distal legs
#
182. Developmental delay, short stature, pseudohypertrophy of the calf muscles are typical at:
1
1)progressive muscular dystrophy of Duchenne form
2)Werdnig-Hoffmann spinal amyotrophy
3)Thomsen's myotonia
4)neural amyotrophy Charcot-Marie
5)myasthenia gravis
#
183.High activity of creatine phosphokinase (CPK) is an obligate sign for:
1
1)progressive muscular dystrophies.
2)myasthenia gravis.
3)spinal amyotrophy.
4)myotonia.
5)neural amyotrophy
#
184. Which of the signs is characteristic of ischemic stroke?
2
1) gradual ("blink") symptoms;
2) the prevalence of focal symptoms over the General cerebral;

3) reduction of blood flow through one of the arteries of the brain according to transcranial dopplerography;
4) cardiac arrhythmias.
5) All answers are correct
#
185. Which of the following signs is characteristic of a hemorrhagic stroke?
3
1)"flickering" appearance of symptoms;
2)the predominance of focal symptoms over cerebral ones;
3)the predominance of general cerebral symptoms over focal ones;
4)intact consciousness
5)normal cerebrospinal fluid levels

Tests on the discipline: "Endocrinology"

1.
Type 2 diabetes mellitus is characterized by:
1
Insulin resistance
Production of autoantibodies to insulin.
Late detection of macro- and microangiopathies
Absolute insulin deficiency
Obesity
#
2.
The drugs of choice for the treatment of diabetic nephropathy are:
1
ACE inhibitors
Actovegin
Imidosoline receptor agonists
Calcium agonists
B vitamins
#
3.
Hypoglycemia can lead to the development of hypoglycemia:
2
Saccharasnitelnyh drugs, in particular, group Biguanides
Overdose of insulin
Insufficient insulin administration
Unplanned meals

glucagonoma
#
4.
When glycemia levels are questionable, it is appropriate to use:
3
Urine glucose study
Nighttime glucose study
Oral glucose tolerance test
Glucose study in cerebrospinal fluid
C-peptide study
#
5.
Increased hyperpigmentation of the skin is noted in hypofunction:
4
of the thyroid gland.
Pituitary gland
Sex glands
Adrenal cortex
Kidneys
#
6.
Symptoms of hypoglycemia:
4
Thirst, dry mouth
Sweating, nausea
Hunger, vomiting
Shivering, sweating, hunger.
Dyspnea, cyanosis
#
7.
Hypothyroidism is characterized by the appearance of;
2
Exophthalmos.
Pastosity of the face.
Subfebrile body temperature
Slimming
Clouding of the lens
#
8.

If chronic adrenal insufficiency syndrome is suspected, it is indicated:
1
Determination of cortisol in daily urine.
Determination of calcium levels
Determination of adrenaline level
Determination of melanostimulating hormone
Determination of blood glucose
#
9.
Obesity is a risk factor for:
1
Type 2 diabetes mellitus
Icenko-Cushing's syndrome.
Arthritis
Hyperthyroidism
Pulmonary disease
#
10.
The adrenal cortex is not a part of the adrenal cortex:
4
The tubular zone
Buccal zone
Retinal zone
Brain layer
Follicular cells
#
11.
A goiter is:
4
A well palpable thyroid gland
Disease of the thyroid gland, proceeding with impairment of its function
Thyroid disease complicated by tracheal compression
Increased volume of the thyroid gland more than 18 ml in women and more than 25 ml in men
Palpable nodular formation of the thyroid gland
#
12.
The normal size of each lobe of the thyroid gland does not exceed the size of:
2

thumb
terminal phalanx of the thumb
index finger
terminal phalanx of the index finger
little finger
#
13.
After thyroidectomy, a patient developed seizures, Chvostek's symptom, and Trousseau's symptom. What is the patient's complication?
4
Hypothyroidism.
Thyrotoxic crisis.
Laryngeal nerve trauma.
Hypoparathyroidism.
Residual effects of thyrotoxicosis
#
14.
Treatment of proliferative diabetic retinopathy involves:
2
Compensation of fat metabolism
Laser coagulation
Biguanides
Thyreostatics
Weight loss
#
15.
Postprandial glycemia means:
3
Glycemia after 12 hours of fasting
Daily average glycemic level
Glycemia 2 hours after a meal
Average glycemia level for 1 month
Glycemia after exercise
#
16.
Indicate the value of capillary blood glucose level taken at any time of day at which the diagnosis of diabetes mellitus is not in doubt:
5
Less than 5.6 mmol/L

6.7 mmol/l
9.5 mmol/l
10.1 mmol/l
11.3 mmol/L
#
17.
Neovascularization of the optic disc area is characteristic of:
1
Proliferative retinopathy
Preproliferative retinopathy
Non-proliferative retinopathy
Any stage of retinopathy
Pre-proliferative or non-proliferative stage retinopathy
#
18.
Diabetes mellitus can be detected in the following endocrinopathies:
2
Hypothyroidism
Icenko-Cushing's disease.
Empty saddle syndrome.
Sheehan's syndrome
hyperprolactinemia
#
19.
Gestational diabetes is:
3
Type 1 diabetes mellitus occurring after pregnancy
Type 2 diabetes mellitus that occurs after pregnancy
Diabetes mellitus that first occurs during pregnancy
Type 1 and type 2 diabetes mellitus occurring just before pregnancy
Complicated diabetes mellitus
#
20.
Abdominal obesity is considered to be:
1
Waist circumference in women more than 80 cm, in men more than 94 cm
Women's waist circumference less than 80 cm, men's waist circumference less than 94 cm
Waist circumference in women more than 60 cm, in men more than 70 cm

Women's waist circumference over 100 cm, men's waist circumference over 110 cm
Women's waist circumference over 110cm, men's waist circumference over 120cm
#
21.
What is characteristic of Icenko-Cushing's disease?
2
Weight loss.
Moon-shaped face.
Arterial hypotension.
Hyperprolactinemia.
Hypoglycemia
#
22.
Which change occurs in the respiratory system most commonly in acromegaly?
2
Bronchial obstruction.
Sleep apnea
Narcolepsy
Sleep disturbance
Insomnia.
#
23.
In which disease can arterial hypertension develop?
2
Adisson's disease.
Acromegaly
Non-diabetes mellitus
Hypothyroidism
Secondary adrenal insufficiency
#
24.
Type 1 diabetes mellitus is characterized by the presence of:
4
Insulin resistance
Violation of the first phase of insulin secretion
Early detection of macro-micro-angiopathies.
Absolute insulin deficiency
Obesity

#
25.
Risk factors for diabetic foot syndrome include:
3
Proper foot care
Normal weight level
Hyperkeratosis, calluses, bunions of the big toes
Wide, comfortable shoes
Low blood glucose
#
26.
Serum TTH levels in Graves' disease:
5
High
Normal
Unchanged
No diagnostic value
Low
#
27.
Serum TTH levels in primary hypothyroidism:
1
High
Normal
Unchanged
No diagnostic value
Low
#
28.
A patient came to see an endocrinologist. When calculating BMI was found to be 29.8 kg/m2. Determine the degree of fat metabolism disorder?
1
overweight
II degree obesity
III obesity
obesity I
no fat metabolism disorders - normal body weight
#
29.

If a patient with type 1 diabetes develops an illness accompanied by fever, you should:
5
Discontinue insulin
Use oral sugar-reducing agents
Reduce the daily dose of insulin
Reduce the carbohydrate content of the food
Increase the daily dose of insulin received
#
30.
Complications of insulin therapy include:
2
Diabetic retinopathy
Insulin edema.
Diabetic nephropathy
Hyperglycemia
Diabetic polyneuropathy
#
31.
Diabetic ketoacidosis is characterized by:
4
Tremor of the hands
Hyperhidrosis.
Increased appetite
Irritability
Acetone odor in exhaled air
#
32.
What drug reduces insulin resistance in diabetes mellitus:
3
Glibenclamide
Acarbose
Metformin
Glurenorm
Gliclazide
#
33.
Recommended iodine doses for daily intake in adults:
3

120 mcg/day
250 mcg/day
150 µg/d
90 µg/d
50 mcg/day
#
34.
Subclinical hypothyroidism is characterized by:
3
Presence of goiter
Elevated T3, T4 levels.
Elevated levels of TTH, with normal T3 and T4.
Elevated TTH, T3, T4
Decrease in TTH, T3, T4.
#
35.
The main laboratory diagnostic criteria of thyrotoxicosis syndrome:
4
Decreased T3, increased T4
Elevation of TTH
Decrease in TTH, T3, T4
Decreased TTH, increased T3, T4
Increasing TTH, decreasing T3, T4
#
36.
Cortisol is synthesized by:
3
In the reticular zone of the adrenal cortex
In the tubular zone of the adrenal cortex
In the bundle zone of the adrenal cortex
In the medulla of the adrenal gland
In the liver
#
37.
The main clinical signs of acute adrenal insufficiency:
1
Abdominal pain, diarrhea, hypotension
Arterial hypertension, obesity.
Polyuria, polydipsia

Tremor, seizures
Hyperglycemia, hyperketonemia.
#
38.
Which study should be done first in hyperparathyroidism:
4
General blood count
General urinalysis
Blood glucose
Blood calcium and phosphorus levels
Blood potassium and sodium levels
#
39.
Which of the following clinical signs is characteristic of primary adrenal insufficiency?
1
A tendency to eat salty foods.
Overweight
Dry skin and mucous membranes
Hypertension
Striae
#
40.
State the cause leading to the development of secondary hypothyroidism:
4
Strumectomy
Hereditary defects in the biosynthesis of thyroid hormones
Autoimmune process
Chromophobe pituitary adenoma
Hypoplasia and aplasia of the thyroid gland
#
41.
What accompanies Icenko-Cushing's disease:
1
Hyperfunction of the adrenal cortex
Hypofunction of the adrenal cortex
Catecholamine deficiency
Hyperproduction of catecholamines
Hyperproduction of thyroid hormones

#
42.
The main symptoms of pheochromocytoma are:
1
Arterial hypertension
Hyperpigmentation
Hypoglycemia
Cachexia
Hypertrichosis
#
43.
What hormone deficiency is associated with the development of non-sugar diabetes:
3
ACTH
LH
Vasopressin
Prolactin
TTH
#
44.
What are the most characteristic changes in acromegaly:
3
Shrinkage of hands, feet
Weight gain, obesity
Enlargement of nose, tongue, lower jaw
Decrease in blood glucose
Change in gait
#
45.
The main clinical signs of thyrotoxicosis:
2
dry skin, drowsiness.
weight loss, weakness, tachycardia, hyperhidrosis.
memory loss, hair loss
Hyperpigmentation of the skin, the appearance of striae
seizures, sweating
#
46.

Hypopituitarism is a dysfunction of which organ:
5
Liver
Hypothalamus
Kidney
Cardiovascular system
Pituitary gland
#
47.
What hormones are deposited in the neurohypophysis:
1
Vasopressin, oxytocin.
Prolactin, FSH.
TTH, TSH
LH, FSH
ACTH, testosterone
#
48.
Which of the following symptoms is common to Addison's disease and Icenko-Cushing's disease.
3
Skin striae.
Orthostatic hypotension
Hyperpigmentation of the skin
Amenorrhea
Hypoglycemia
#
49.
Cardiovascular disorders in Graves' disease manifest as:
1
persistent tachycardia, arterial hypertension.
orthostatic hypotension.
cardiac asthma
bradycardia
cardiogenic shock
#
50.
Endemic goiter can present with:
1

hypothyroidism
thyrotoxicosis
hypocorticism
hypogonadism
hypopituitarism
#
51.
Which of the pathologic processes underlies the pathogenesis of Graves' disease:
4
Increased production of thyroid-blocking antibodies
Lymphoid infiltration
Increased TSH
Increased production of thyroid-stimulating antibodies
Increased antibodies to TPO
#
52.
The manifestations of diabetic microangiopathy include
1
retinopathy
lesion of the main vessels of the extremities
cerebral vascular damage
coronary lesions
ischemic heart disease
#
53.
An oral glucose tolerance test yielded fasting whole blood glucose results of 5.0 mmol/L, 2 hours after ingestion of 75 g glucose - 6.1 mmol/L. Your diagnosis:
1
Normal
Glucose tolerance disorder
Impaired fasting glycemia
Diabetes mellitus
Hypoglycemia
#
54.
Which of the following statements is typical of type 1 diabetes mellitus?
1
Young age at the time of clinical manifestation
The majority of patients have an aggravated hereditary anamnesis

Presence of insulin resistance
Chronic complications at the time of manifestation
Asymptomatic course
#
55.
What should be administered if an obese person is diagnosed with type 2 diabetes?
type 2 diabetes?
2
Lifestyle modification
Lifestyle modification + metformin
Lifestyle modification + sulfonylurea drugs
Insulin therapy
Glycosaminoglycans
#
56.
The universal basic way of preventing iodine deficiency diseases at present is:
2
Iodization of bread
Salt iodization
Iodization of oil
Iodization of tea
Water iodization
#
57.
The difference between acromegaly and gigantism is that:
1
In gigantism, there is an increase in linear growth until the growth zones are closed, while in acromegaly there is a change in facial features and distal limbs
No night apnea develops in acromegaly
Only in acromegaly is there an enlargement of internal organs
Hyperglycemia occurs in acromegaly
Gigantism develops in adults
#
58.
In secondary hypothyroidism, the blood is found in the blood:
4
Elevated TTH, decreased T4.
Normal level of TTH, decreased T3
The study of TTH is of no diagnostic importance

Decreased TTH level, decreased T4 and T3
TTH normal, T4 normal
#
59.
The follicular cells of the thyroid gland synthesize:
1
Thyroxine and triiodothyronine
Thyroid hormone
Calcitonin
Glucagon
Cortisol
#
60.
Graves' disease is characterized by:
2
Decreased body temperature.
Weight loss, increased appetite.
Drowsiness.
Bradycardia
Dense swelling of the skin
#
61.
The contrinsular hormone glucagon is produced by:
2
In the beta cells of the islets of Langerhans.
In the alpha cells of the islets of Langerhans.
In pituitary gland
In the adrenal glands
In the liver and kidneys
#
62.
C-peptide is:
3
A marker of compensation for diabetes mellitus
Contrinsular hormone
An indicator of insulin secretion
Marker of type 2 diabetes mellitus
Indicator of inflammatory activity
#

63.
Clinical symptomatology in insufficient vasopressin production includes:
5
edema, hypertension
weight gain
hypotension, hyperpigmentation.
vomiting, diarrhea
polyuria, polydipia
#
64.
The presence of goiter in a significant number of individuals living in the same area is defined as:
1
Endemic goiter
Sporadic goiter
Disseminated goiter
Strumitus de Quervain
Diffuse toxic goiter
#
65.
Stimulants of insulin secretion:
3
STH hypersecretion
Cortisol hypersecretion
Glucose
Adrenaline
Hypersecretion of hypothalamic hormone
#

Tests on the discipline: "Occupational diseases"

1.
Who prepares a hygiene characterization to establish an occupational disease?
5
company administration
workshop manager
safety inspector
chief doctor of the Ministry of Emergency Situations
Sanitary and Epidemiological Service doctor

#
2.
Who should investigate cases of acute occupational intoxication?
5
company administration
shop physician
safety inspector
chief physician of the Ministry of Emergency Situations
Sanitary and Epidemiological Service doctor
#
3.
Who should investigate cases of chronic occupational diseases?
5
company administration
workshop manager
safety inspector
chief physician of the Ministry of Emergency Situations
Sanitary and Epidemiological Service doctor
#
4.
What are the most common forms of occupational diseases?
1
vibration disease
occupational bronchial asthma
chronic berylliosis
musculoskeletal diseases
allergic diseases
#
5.
What are the most common complaints in patients with uncomplicated silicosis?
2
cough with sputum
dry cough
hemoptysis
shortness of breath
fever
#
6.

Which of the following factors contribute to the earlier development and more severe course of pneumoconiosis?
4
increased air humidity
intense noise
low air temperature
physical and chemical properties of dust
low air humidity
#
7.
In what time frame should cases of acute occupational intoxication be investigated?
1
1 day
3 days
1 week
10 days
1 month
#
8.
Within what time frame should cases of chronic occupational intoxication be investigated?
3
1 day
3 days
7 days
10 days
30 days
#
9.
Which complication is most commonly seen in silicosis?
1
tuberculosis
bronchiectasis
lung cancer
spontaneous pneumothorax
pulmonary infarction
#
10.

What radiologic signs are characteristic of pneumoconiosis?
3
"honeycomb lung."
effusion into the pleural cavity
nodular dissemination
focal lung lesions
diffuse emphysema
#
11.
The most common and severe disease among pneumoconioses is:
4
asbestosis
berylliosis
anthracosis
silicosis
siderosis
#
12.
Dust bronchitis most commonly develops with inhalation of which occupational dust particles?
1
coal
aluminum
iron
silicon dioxide
lead
#
13.
What forms of acute lung injury are seen with exposure to irritant substances?
5
pleurisy
granulomatosis
lung infarction
pulmonary emphysema
bronchobronchiolitis
#
14.
What forms of lung lesions are seen in poultry farm workers?
5

pneumoconiosis
lung granulomatosis
lung infarction
lung cancer
bronchial asthma
#
15.
Which syndromes are most characteristic of vibration sickness?
1
autonomic polyneuritis
myasthenic
cerebrocardiac
articular
myalgia
#
16.
What clinical signs are rarely seen in chronic benzene intoxication?
5
marked leukopenia
thrombocytopenia
anemia
COE elevation
leukocytosis
#
17.
Indicate the symbols that characterize the nodular form of pneumoconiosis?
2
"s"
"q"
"t"
"u"
"C"
#
18.
What forms of anemia are seen in chronic benzene intoxication?
5
iron deficiency
hemolytic
posthemorrhagic

$_{B12}$ deficiency
aplastic
#
19.
What syndromes of nervous system damage are observed in chronic benzene intoxication?
4
diencephalic
hyperkinetic
myasthenic
encephalopathy
parkinsonism
#
20.
Lesion of what organs and systems is observed in acute benzene intoxication?
5
Respiratory
digestive
endocrine
cardiovascular
nervous
#
21.
In what organs and systems is lead deposited?
3
lungs
nervous system
liver
spleen
cardiovascular
#
22.
State the pathogenesis of anemia in lead intoxication?
5
blood loss
iron deficiency in the body
inhibition of hematopoiesis
vitamin $_{B12}$ deficiency
porphyrin synthesis disorder

#
23.
Which of the following signs are characteristic of blood system damage in lead intoxication?
1
reticulocytosis
thrombocytopenia
leukocytosis
decreased iron in serum
appearance of Heinz cells in erythrocytes
#
24.
What neurologic syndromes can be observed in lead intoxication?
3
vertebral-basilar insufficiency.
peripheral polyneuropathy
extrapyramidal hyperkinesis
angiospastic
angiodystonic
#
25.
Which of the following medications is most effective in treating patients with lead intoxication?
4
atropine
D-penicillamine
riboxin
calcium tetacin
metronidazole
#
26.
What syndromes are seen in chronic mercury intoxication?
1
encephalopathy
bronchobstructive
arthralgias
urinary
coughing
#

27.
Which statement is false regarding the clinic of chronic mercury intoxication?
5
gingivitis
limb tremor
irritability
presence of mercury in urine and feces
impaired porphyrin synthesis
#
28.
Which of the following drugs belong to the complexons?
4
chloroquine
riboxin
mildronate
pentacin
delagyl
#
29.
Which of the following substances can cause kidney damage?
4
manganese
iron
arsenic
lead
benzene
#
30.
Which system is rarely affected in organochlorine intoxication?
4
respiratory
nervous
cardiovascular
endocrine
digestive
#
31.
What frequency range is dangerous for the development of vibration sickness?
5

1 - 15 Hz
5 - 13 Hz
10 - 15 Hz
10 - 20 Hz
16 - 25 Hz
#
32.
What are the complaints of patients with chronic berylliosis?
4
separation of large amounts of sputum
photophobia
dry mouth
dyspnea
gait disturbance
#
33.
What complications are most characteristic of berylliosis?
3
pneumonia
pulmonary heart
pulmonary tuberculosis
bronchitis
lung atelectasis
#
34.
What therapeutic measures are contraindicated in toxic pulmonary edema?
2
oxygen therapy
therapeutic bronchoscopy
dehydration
intravenous diuretics
antifoaming agents
#
35.
What form of lung disease by clinical and morphologic picture refers to "farmer's lung"?
1
exogenous allergic alveolitis
pneumoconiosis

alveolar proteinosis
idiopathic fibrosing alveolitis
bronchitis
#
36.
Which clinical signs are typical of lead colic?
1
prolonged, untreated constipation
enlarged ulnar lymph nodes
diarrhea
positive Shchetkin-Blumberg's sign
low blood pressure
#
37.
What forms of acute lung damage are observed with exposure to substances that have an irritant effect?
5
pleurisy
granulomatosis
lung infarction
pulmonary emphysema
bronchobronchiolitis
#
38.
Which of the following drugs are antidotes?
1
unitiol
tavegil
chloroquine
indomethacin
glucose
#
39.
Which of the following symptoms are rarely seen in acute chlorine poisoning?
5
tearing in the eyes
lacrimation
dryness and burning in the nose and throat
cough

muscle twitching
#
40.
In which type of pneumoconiosis is the development of bronchiectasis most commonly seen?
3
silicosis
anthracosis
asbestosis
siderosis
berylliosis
#
41.
State the symptoms observed in chronic intoxication with organochlorine (OCP) compounds:
5
memory loss
erythrocytosis
visual hallucinations
gait disturbance
proteinuria
#
42.
Which drugs are indicated for the treatment of intoxication with organomercury pesticides?
1
sodium dimercaptopropanesulfonate
atropine
ephedrine
hexobarbital
lobeline
#
42.
What medications are used to treat patients with uncomplicated silicosis?
4
bronchodilators
antibiotics
expectorants
alkaline inhalation

diuretics
#
43.
Which symptoms are typical of berylliosis?
1
impaired diffusion capacity of the lungs in the early stages of the disease
iridocyclitis
enlargement of cervical and submandibular lymph nodes
hepatomegaly
spelenomegaly, hypersplenism
#
44.
Which symptoms are typical of the clinical picture of "farmer's lung"?
1
impaired diffusion capacity of the lungs in the early stages of the disease.
iridocyclitis
enlargement of cervical and submandibular lymph nodes
violation of external respiratory function by obstructive type
skin pallor
#
45.
Which of the following substances cause the development of occupational bronchial asthma?
2
graphite
chromium
nitrogen oxides
hydrochloric acid
silicon dioxide
#
47.
What complications are most characteristic of asbestosis?
3
pneumonia
pleurisy
lung cancer
lung infarction
tuberculosis
#

48.
What disease develops from grain dust:
3
silicatosis
berylliosis
"Farmer's lung."
"The lung of the pigeon farmer"
"The lung of a grape grower"
#
49.
What type of dust leads to the development of hypersensitivity pneumonitis:
5
quartz-containing
coal-rock
cement
organic
asbestos dust
#
50.
Silicotuberculosis is characterized by:
2
acute onset
high sensitivity to tuberculin tests
recovery
infrequency of bacillus excretion
infrequent hemoptysis
#
51.
Erasmus syndrome is a combination of silicosis and ....:
4
dermatomyositis
systemic lupus erythematosus
rheumatoid arthritis
scleroderma
Good
#
52.
Corticosteroids should be prescribed for which form of pneumoconiosis:
2

silicosis
berylliosis
siderosis
electric welder's pneumoconiosis
anthracosis
#
53.
Mechanisms of pathogenesis of dust bronchitis:
1
bronchial tree dyskinesia
activation of glycolytic dehydrogenases
increased generation of reactive oxygen species
immediate allergic reaction
death of alveolar macrophages
#
54.
In silicotuberculosis, the most common form of tuberculosis is:
4
disseminated
infiltrative
fibrous cavernous
focal
silicotuberculous bronchoadenitis
#
55.
Interstitial form of silicosis radiographically:
1
irregular shape with linear subsequent contractions of 1.5-3 mm.
irregular shape with subsequent changes from 3 to 10 mm in diameter
rounded changes from 1.5 to 3 mm in diameter
round sizes up to 1.5 mm
rounded shape, and then giving clear contours
#
56.
Workers in what profession are exposed to general vibration?
1
tractor drivers
sandpaperers
miners

choppers
grinders
#
57.
What syndrome characterizes the initial manifestations of vibration disease?
2
myasthenic
angiodystonic
diencephalic
polyradiculoneuropathy
vegetomyofasciitis
#
58.
Pneumoconiosis that develops from exposure to toxic-allergenic aerosols includes:
2
anthracosis
berylliosis
asbestosis
siderosis
silicosis
#
59.
Method for determining vibration sensitivity:
4
capillaroscopy
dynamometry
cold test
pallesthesiometry
electromyography
#
60.
Pneumoconiosis that develops from exposure to weakly fibrogenic dust includes:
5
silicosilicosis
silicosiderosis
silicosis
anthracosilicosis
asbestosis
#

61.
Periarthritis of the shoulder joint is characterized by difficulty:
1
putting your hands behind your back
hand movements forward
hand movements backwards
forearm pronation
forearm supination
#
62.
The X-ray picture of epicondylitis of the shoulder includes:
2
bony growths along the edge of the articular surfaces
paraosseous calcifications at the epicondyles
destruction of the tubercle of the humerus
significant thickening of soft tissues
aseptic necrosis of the humerus
#
63.
Pneumoconiosis developing from exposure to highly and moderately fibrogenic dust includes:
1
silicosiderosis
anthracosis
pneumoconiosis of electric welders
asbestosis
farmer's lung
#
64.
What changes in the blood are observed during chronic cyanide intoxication?
1
decrease in hemoglobin content
thrombocytopenia
leukopenia
monocytosis
erythrocytosis
#
65.
What changes in the blood are observed during chronic cyanide intoxication?

5
decrease in hemoglobin content
thrombocytopenia
leukopenia
monocytosis
erythrocytosis
#

Tests on the discipline: "Propaedeutics of internal diseases"

1.
Hemolytic jaundice manifests itself:
5
conjugated bilirubinemia and increased level of ALT, ACT, LDH, alkaline phosphatase
unconjugated bilirubinemia and an increase in ALT, ACT, LDH
elevation of alkaline phosphatase only
conjugated hyperbilirubinemia
increase in total and unconjugated bilirubin, normal conjugated bilirubin
#
2.
State the pathogenesis link of B12 deficiency anemia:
5
decreased plasma volume
increased hemolysis of red blood cells
decrease in hemoglobin oxygen saturation
proportional decrease in the volume of plasma and blood formed elements
impaired erythrocyte formation
#
3.
The phenomenon of "failure" ("leukemic gaping") is:
5
decrease in the number of mature neutrophils
disappearance of eosinophils
decrease in eosinophils
disappearance of basophils
absence of intermediate forms between blast cells and mature neutrophil granulocytes
#
4.

Specify the cause of the development of iron deficiency anemia:
3
poisoning with salts of heavy metals
malaria
chronic blood loss
B12 deficiency
ionizing radiation
#
5.
State the causes of B12 deficiency anemia:
2
malaria
small intestinal diseases
ionizing radiation
acute blood loss
tumor metastasis in the bone marrow
#
6.
In which part of the GI tract is vitamin B12 absorbed:
4
stomach
duodenum and jejunum
small intestine
ileum
colon
large intestine
#
7.
Vitamin B12 deficiency results in the following changes:
1
decreased DNA synthesis
increased DNA synthesis
normal DNA synthesis
increased synthesis of folic acid
increased synthesis of thymidine monophosphate
#
8.
Indicate a variant of the pathogenesis of iron deficiency anemia:
5

decrease in the volume of the plasma part of the blood
increased hemolysis of red blood cells
decrease in hemoglobin oxygen saturation
proportional decrease in the volume of plasma and blood formed elements
disruption of hemoglobin synthesis
#
9.
In the bone marrow in B12 folate-deficiency anemia is observed:
2
increased erythroblast multiplication
decrease in the division and reproduction of erythroblasts
increased erythrocyte maturation
erythroblastic type of hematopoiesis
efficient erythropoiesis
#
10.
Specify the red blood cell changes characteristic of iron deficiency anemia:
3
hyperchromia
macrocytosis
hypochromia
erythrocyte with Jolly's corpuscles
erythrocyte with basophilic granularity
#
11.
Alterations in the nervous system in B12 folate-deficient anemia are due to:
3
impaired cell division
increased cell division
formation of methyl - malonic acid
increased DNA synthesis
disruption of iron synthesis and reduction of ferritin
#
12.
Indicate the changes in hemoglobin in iron deficiency anemia:
3
sharp increase in hemoglobin
slight increase in hemoglobin
hemoglobin decrease

hemoglobin is normal
hemoglobin S is present
#
13.
State the characteristic blood changes in B12-deficiency anemia:
2
erythrocyte count is normal, hemoglobin is normal, color index (CI) is normal
erythrocyte count is decrease, hemoglobin is decreased, CI is increased
erythrocyte count is normal, hemoglobin is low, CI is low
erythrocyte is low, hemoglobin is low, CI is low.
erythrocyte is down, hemoglobin is normal, CI elevated.
#
14.
B12 deficiency anemia is characterized by the appearance of the following cells in the blood:
1
megalocytes
microcytes
myelocytes
reticulocytes
normocytes
#
15.
Iron deficiency anemia is characterized by:
3
hypochromia, microcytosis, sideroblasts are in the sternal puncture.
hypochromia, microcytosis, micronucleated erythrocytes.
hypochromia, microcytosis, increased serum iron-binding capacity
hypochromia, microcytosis, decreased serum iron-binding capacity
hypochromia, microcytosis, positive desferal test
#
16.
B12-deficiency anemia is characterized by the following changes:
5
hypochromia
normochromia
microcytosis
reticulocytosis
erythrocytes with Jolly cells

#
17.
In hemophilia A, there is an inherited deficiency of the following clotting factors:
3
X
IX
VIII
VII
V
#
18.
If acute leukemia is suspected, it should be performed:
2
lymph node biopsy
sternal puncture
spleen puncture
reticulocyte count
serum ferritin level
#
19.
To diagnose B12-deficiency anemia, it is necessary to identify:
4
hyperchromic, hyporegenerative, macrocytic anemia.
hyperchromic, hyporegenerative, macrocytic anemia and atrophic gastritis
hyperchromic, hyporegenerative, macrocytic anemia with detection of Jolly's and Kebot's rings in erythrocytes
hyperchromic, hyporegenerative, macrocytic anemia and megaloblastic type of hematopoiesis
macrocytic anemia
#
20.
In subleukemic myelosis as opposed to chronic myeloleukemia occurs:
2
philadelphia chromosome is in the tumor cells
early development of myelofibrosis
malignant course of the disease
thrombocytosis in peripheral blood
hyperleukemia
#

21.
Clinical III stage of lymphogranulomatosis is characterized by:
3
lesion of lymph nodes of one region
lesion of lymph nodes of two or more areas on the same side of the diaphragm
lesion of lymph nodes of any areas on both sides of the diaphragm
localized lesion of one non-lymphatic organ
diffuse lesion of non-lymphatic organs
#
22.
Characteristic features of peripheral blood in chronic myeloleukemia in the advanced stage of the disease are:
3
increased number of lymphocytes
leukopenia
basophilic-eosinophilic association
appearance of plasmoblast-type cells
thrombocytopenia
#
23.
Lymphogranulomatosis with mediastinal lymph node involvement is most commonly detected:
5
reddening of the skin over the lymph nodes
early onset of general symptoms
unilateral lesion
enlargement of cervico-supraclavicular lymph nodes
symptom of compression of the superior vena cava
#
24.
DIC (disseminated intravascular coagulation) can occur:
5
in generalized infections
in trauma
in severe anemia
multiple hemotransfusions
#
25.
Idiopathic thrombocytopenic purpura is characterized by:

3
vasculitic-purpuric bleeding, microclotting.
hematoma type bleeding, factor VII deficiency
petechial-staining type of bleeding, prolongation of Dukes bleeding time
angiomatous type of bleeding, presence of telangiectasias
mixed type of bleeding, decreased level of antithrombin III
#
26.
In hemophilia B, there is an inherited deficiency of the following clotting factors:
2
X
IX
VIII
VII
V
#
27.
An important method of diagnosing lymphogranulomatosis is:
2
blood tests (hemogram, biochemical study)
microscopic examination of lymphoid tissue
scintigraphy
computer and NMR tomography
ultrasound of the spleen
#
28.
Chronic lympholeukemia is characterized by:
1
Botkin-Gumprecht shadows
reticulocytosis
eosinophilia
leukopenia
plasma cells in the blood
#
29.
Characterization of edema of cardiac origin:
2
appear in the morning on the face
edema of the lower parts of legs and feet at the end of the working day

edema of one lower leg with local cyanosis
unilateral periorbital edema
edema accompanied by itching
#
30.
A "moon-shaped" face is characteristic of:
5
hypothyroid syndrome
acute kidney injury syndrome
bronchobstructive syndrome
heart failure syndrome
hypercorticism syndrome
#
31.
A puffy face with swollen eyelids, narrow eye slits, and pale skin is called:
3
Corvisar's face
Hippocratic mask
nephritic face
wax doll face
mitral face
#
32.
Determine the type of temperature curve if the patient has daily fluctuations in body temperature between 37.0-39.0ºC:
3
febris remittens
febris intermittens
febris hectica
febris reccurens
febris continua
#
33.
The supine position with an elevated headboard is characteristic of:
2
heart failure in the large circulation circle
small-circle heart failure
obstructive respiratory failure
restrictive respiratory failure

alveolar-capillary block
#
34.
What position does the patient assume during a bronchial asthma attack:
1
the patient stands or sits leaning forward with hands resting on the back of a bed or chair
the patient is lying on the back with the head end elevated
the patient lies on his/her side with the legs bent at the knees and brought to the abdomen
the patient staggers in bed
#
35.
Which statement is true about Ludovic's angle:
1
angle of union of the body and the handle of the sternum
angle of contact between the shoulder blades and the rib cage
angle of connection between the clavicle and the sternum
epigastric angle
#
36.
Which fever is called fever of the constant type (febris continua)?
3
temperature fluctuations during the day of more than 20° C, with several rises and falls during the day, accompanied by marked sweating and chills
daily temperature fluctuations of more than 10° C, minimum - above 37.0° C
daily temperature fluctuations within 10 ° C
varied and irregular fluctuations in daily temperature
#
37.
A sign of emphysematous chest:
2
anteroposterior dimension is less than transverse, the course of the ribs is oblique
anteroposterior dimension is equal to transverse, the course of the ribs is close to horizontal.
epigastric angle is straight
anteroposterior dimension is greater than transverse dimension, the course of ribs is oblique

anteroposterior dimension is greater than transverse, the course of the ribs is horizontal.
#
38.
Which of the following pathologic conditions results in an isolated upward displacement of the inferior border of one of the lungs?
2
pulmonary emphysema
obturation atelectasis
severe ascites
severe flatulence
pneumothorax
#
39.
Specify the mechanism of vesicular respiration:
4
turbulent air flows during inhalation and exhalation in the larynx, trachea and large bronchi
turbulent air flows in small bronchi and bronchioles during inhalation and exhalation
laminar air flow in small bronchi and bronchioles during inhalation and exhalation
oscillations of alveolar walls during inhalation and exhalation
expansion and contraction of alveolar walls during inhalation and exhalation
#
40.
Area of best listening for vesicular breathing in a healthy person:
4
in the area of the thyroid cartilage of the larynx
in the subclavian regions of the thorax
in the interscapular space at the level of III-IV thoracic vertebrae
in the axillary regions of the thorax
in the sublobar regions of the thorax
#
41.
In the patient in the right sublobar region there is a breath with prolonged exhalation, having a high-frequency timbre, identical to the breath determined in the area of the thyroid cartilage of the larynx. What type of breathing is heard in the patient?
2

vesicular
pathologic bronchial
rigid
saccadic
Kussmaul's breath
#
42.
The patient in both phases of breathing is heard an incidental respiratory murmur resembling snoring. The noise does not increase when pressing the phonendoscope on the chest, changes after coughing. Determine what kind of noise it is?
3
moist wheezes
dry discant rales
dry bass rales
crepitation
pleural friction murmur
#
43.
Specify the respiratory murmur characteristic of stage I of the lung compaction syndrome:
4
dry discant rales
dry bass rales
moist wheezes
crepitation
pleural friction murmur
#
44.
Indicate the cause of decreased loudness of moist wheezes:
4
increase in sputum viscosity
decrease in sputum viscosity
decrease in airiness of the lung tissue surrounding the bronchus in the affected area
increase in airiness of the lung tissue surrounding the bronchus in the affected area
decrease in wheeze volume is not associated with physical changes in the sputum
#
45.
In which part of the respiratory system does crepitation occur:
4

larynx or trachea
medium and large bronchi
small diameter bronchi and bronchioles
alveoli
pleural cavity
#
46.
How do moist rales differ from pleural friction murmurs:
1
wheezing changes with coughing, but the pleural friction murmur does not change
wheezing does not change when you cough, but the pleural friction murmur does
rales change when pressing the phonendoscope on the chest, and the noise of friction of the pleura - does not change
rales are heard only at the height of inspiration, and pleural friction noise - in both phases of respiration
rales are heard on inhalation and exhalation, and the pleural friction noise - only at the height of inhalation
#
47.
Specify the main component of the formation of the I tone of the heart:
2
increased mobility of semilunar aortic valves
oscillation of atrioventricular valve flaps in the phase of isometric contraction
leaky closure of pulmonary artery valves in the protodiastolic period
oscillations of aortic and pulmonary artery valve flaps in the protodiastolic period
increase in the rate of relaxation of the ventricular myocardium
#
#
48.
By what sign is it possible to identify the I tone of the heart?
1
tone coincides with the apical impulse and pulsation of the carotid arteries
tone does not coincide with the apical impulse and pulsation of the carotid arteries
the tone is heard after a short pause
tone is high-pitched and long
tone is high-pitched and short
#
49.
Select the correct statement defining physiologic splitting of the II heart tone:

3
consistency of this phenomenon
appearance during exhalation
appearance during inhalation
absence of connection with respiration
in norm there is no splitting of the II tone
#
50.
Which heart murmur is classified as functional?
1
murmur resulting from a decrease in blood viscosity or an increase in blood flow velocity
noise resulting from damage to the heart valves and main vessels
pericardial friction murmur
pleuropericardial murmur
murmur resulting from congenital heart defects
#
51.
Which of the pathologies of the blood system are accompanied by the appearance of petechial-spotted (bruise) rash on the skin without inflammatory changes?
2
anemia
platelet pathology (thrombocytopenia or thrombocytopathy)
diffuse inflammation of microvascular and capillary walls (vasculitis)
increased activity of clotting factors
leukopenia
#
52.
The patient has hectic fever, sharp weakness, profuse sweat, headache, dyspnea. Examination: pale skin, single petechial hemorrhages on the skin of hands and feet. Palpation findings: splenomegaly, spleen soft, slightly painful with flat surface, hepatomegaly. GBT: hemoglobin - 89 g/L, erythrocytes - 2.5 million/L, reticulocytes - 0.1%, platelets - 78 thousand/L, leukocytes - 30 thousand/L (myeloblasts - 0%, juvenile myelocytes - 0%, metamyelocytes - 6%, neutrophils - 21%, neutrophils - 57%). Your preliminary diagnosis?
1
leukemia
chronic inflammatory process of bacterial origin
massive destruction of blood cells in blood vessels

hypersplenism
chronic blood loss
#
53.
Indicate the correct statement for the anemia syndrome, regardless of its genesis:
5
decreased blood pressure
significant expansion of the boundaries of the relative bluntness of the heart to the left or left and upward
soft systolic murmur at the apex and base of the heart
systolodiastolic murmur over the pulmonary artery
pallor of the skin, pallor of mucous membranes
#
54.
Specify the GI tract in which iron absorption occurs:
2
stomach
duodenum and jejunum
jejunum
ileum
colon
large intestine
#
55.
Indicate the correct statement for anemia syndrome due to a B12-deficiency state?
1
complaints of numbness in the skin of the lower extremities
perversion of taste and smell
complaints of weakness, dizziness, shortness of breath on physical exertion
false dysphagia
nail brittleness, koilonychiae
pallor of the skin
#
56.
Which of the following anemias can be accompanied by the appearance of jaundice?
4
iron-deficiency anemia
B12-folium-deficiency anemia

aplastic anemia
hemolytic anemia
acute posthemorrhagic anemia
#
57.
Which anemia will develop in an elderly patient with chronic atrophic gastritis, given a satisfactory diet?
2
iron-deficiency anemia
B12-folium-deficiency anemia
aplastic anemia
hemolytic anemia
acute posthemorrhagic anemia
#
58.
The patient complains of sore throat, fever, sweating, sharp weakness. Examination: pallor, petechial bruise rash on the skin of the trunk and at the injection sites. The tonsils are enlarged, edematous, there are foci of necrosis. Lymph nodes are not enlarged. At palpation splenomegaly, consistency - dense. GBT: hemoglobin - 82 g/l, erythrocytes - 2.5*1012 /l, reticulocytes - 0%, platelets - 21*10 /l, leukocytes - 39*109 /l (myeloblasts - 5%, young myelocytes - 12%, metamyelocytes - 26%, neutrophils - 22%, segmented neutrophils - 14%), CR - 56 mm/h. Your preliminary diagnosis?
2
acute myeloleukemia
chronic myeloleukemia
acute lympholeukemia
chronic lympholeukemia
acute posthemorrhagic anemia
#
59.
The method of palpation of the chest is determined by:
1
vocal tremor
bronchophony
bronchial breathing
weakened vesicular breathing
epigastric angle
#

60.
Which statement is correct: blunt sound -....:
3
loud, low, short
quiet, low, long
quiet, short, high
loud, high, short
long, high
#
61.
Percussive tympanic sound in a healthy person is defined over the area:
2
liver
Traube's space
heart
lungs
spleen
#
62.
Indicate the main percussion sounds
1
dull, clear pulmonary, tympanic
dulled, boxy, dulled tympanic
clear pulmonary, dulled, metallic
tympanic, boxy, dulled
tympanic, metallic, boxy
#
63.
Percussion of the lungs determines:
1
clear lung sound in a healthy person
dulling of the percussion sound in the syndrome of increased airiness of lung tissue
dull percussion sound in the syndrome of air accumulation in the pleural cavity
tympanic percussion sound in the syndrome of lung tissue compaction
boxy percussion sound in lung compaction syndrome
#
64.
The lower border of the lung along the right midclavicular line corresponds to the rib:

1
VI
VII
VIII
IX
X
#
65.
The lower border of the lung along the posterior axillary line corresponds to the rib:
4
VI
VII
VIII
IX
X
#
66.
The main respiratory noises at auscultation of the lungs in a healthy person include:
3
pleural friction murmur
amphoric breathing
vesicular breathing
bronchial breathing over the lower lobes of both lungs
crepitation
#
67.
Select the correct statement: the orthopnea position is....
1
a sitting position that relieves shortness of breath
a sitting position that relieves pain
lying position to relieve pain
a standing position that relieves hiccups
standing position, relieves shortness of breath
#
68.
There's a heartbeat:
4

pulsation at the apex of the heart
pulsation in the second intercostal space on the right side of the sternum
pulsation in the second intercostal space on the left side of the sternum
distinct pulsation in the heart area on the left side of the sternum
pulsation in the area of the jugular fossa
#
69.
The middle of the sternum at the level of the 3 rib cartilages is the site of projection:
3
mitral valve
pulmonary valve
aortic valve
tricuspid valve
aortic arch
#
70.
The projection point of the mitral valve of the heart on the anterior chest wall:
4
in the middle of the sternum at the level of the 3 rib cartilages
in the 2nd intercostal space on the left at the edge of the sternum
in the middle of the line connecting the place of attachment of the cartilages of the 3 left and 5 right ribs
site of attachment of the 3rd rib to the sternum on the right side
site of attachment of the 3rd rib to the sternum on the left
#
71.
The statement is true for the II heart tone:
2
there is a short pause between the II and I heart tones.
louder at the base of the heart
coincides with the apical thrust
coincides with the pulse on the carotid arteries
slightly lower and longer than the I tone
#
72.
Palpation of the abdomen begins:
3
from the painful area

from the area symmetrical to the painful
from the painless area
from the epigastric area
from the area most convenient for palpation
#
73.
The bimanual method of deep abdominal palpation is used to palpate the abdomen:
3
sigmoid colon
cecum
transverse colon
ascending colon
rectum
#
74.
The skin fold on deep palpation of the abdomen is formed:
2
parallel to the axis of the palpated organ
perpendicular to the axis of the palpated organ
at an angle of 45° to the axis of the palpated organ
depending on the position of the patient
depending on the position of the doctor
#
75.
Renal edema is characterized by:
2
localization on the legs
pale skin
skin cyanosis
dense to the touch
appear mostly in the evening
#
76.
Sideropenic dysphagia syndrome is seen in:
1
iron deficiency anemia
chronic myeloleukemia
vitamin B12-deficiency anemia
chronic lympholeukemia

acute posthemorrhagic anemia
#
77.
Specify the main mechanism of dyspnea in anemic syndrome
3
ventilatory respiratory failure
ventilatory respiratory and left ventricular heart failure
compensatory intensification of respiration and circulation
right ventricular heart failure
left ventricular heart failure
#
78.
Please indicate which disease is characteristic of splenomegaly
5
acute posthemorrhagic anemia
iron deficiency anaemia
vitamin B12 deficiency anaemia
lympho granulomatosis
chronic myeloid leukemia
#
79.
What a statement for Addison-Birmer anemia
5
skin colour is not changed
color index less than 0.5
neutrophilic leukocytosis
perversion of taste
gunther glossite
#
80.
Indicate the characteristic sign of acute leukemia.
3
increasing hemoglobin
loss of white blood cells
presence of blasting cell elements
presence of all intermediate forms of white blood cell maturation
normal sedimentation rate index
#
81.

Which disease is characterized by lymph node enlargement.
4
chronic myelogenous leukemia
disseminated intravascular coagulation
iron deficiency anaemia
lymphogenulomatosis
B12 folic deficiency anaemia
#
82.
Multiple systemic lesions of lymph nodes occur in the next disease.
2
early stage of chronic myeloleukaemia
chronic lymphocytic leukemia
stomach cancer metastases
iron deficiency anaemia
vitamin B12 deficient anaemia
#
83.
Anemia in the jugular veins is subject to specific noise.
1
noise «top»
flint noise
Rivero-Corvalo noise
Graham-Still noise
Vinogradov-Durosier noise
#
84.
Gastritis with the presence of shiny mirror sites of plaque-like atrophy and a decrease in acidity is observed at…
5
metaplastic anemia
acute posthemorrhagic anemia
chronic myeloid leukemia
hemolytic anemia
vitamin B12 deficiency anaemia
#
85.
Splenomegaly is rare when:
1

iron deficiency anaemia
hemolytic anemia
chronic myeloid leukemia
vitamin B12 deficient anaemia
portal cirrhosis of the liver
#
86.
Haemorrhagic, ulcerative, necrotic, anemic, septic and mixed clinical options of what disease start?
2
chronic myeloid leukemia
acute leukemia
chronic lymphocytic leukemia
vitamin B12-deficient anaemia
hemolytic anemia
#
87.
In the case of vitamin B12 deficiency anaemia:
1
funicular myelosis
erythrocyte regulation
erythrocyte hypochromia
leukocyte formula shift to the right
poicylocytosis, anisocytosis
#
88.
Serum iron reduction is typical for:
3
hemolytic anemia
vitamin B12 deficient anaemia
early chlorosis
erythremia
folic deficiency anaemia
#
89.
Febrile fever, sore throat, pale skin with petechiae. GBC - hyperleukocytosis, undifferentiated cells, leukemic failure. Your preliminary diagnosis.
2
chronic myeloid leukemia

acute leukemia
chronic lymphocytic leukemia
vitamin B12-deficiency anaemia
iron deficiency anaemia
#
90.
The presence of splenomegaly is typical for:
3
post-hemorrhagic anemia
acute myelogenous leukemia
chronic myeloid leukemia
iron deficiency anaemia
vitamin B12-deficiency anaemia
#
91.
What is the main factor in the occurrence of peptic ulcer?
1
hydrochloric acid hypersecretion
pancreatic disease
gall bladder disease
bicarbonate hypersecretion
liver disease
#
92.
Specify the most common cause for the development of pancreatic external deficiency syndrome:
1
alcohol abuse
overweight
hyperlipidemia
excessive salt intake
physical inactivity
#
93.
A 50-year-old patient has come to the clinic complaining of pain in the epigastric area, the last two days have joined: general weakness, tinnitus, black stool. The condition is relatively satisfactory. Skin integuments of pale color. Heart rate - 100 per/m. BP - 100/60 mm.Hg. Abdomen in palpation is tense, painful in the

epigastric area. Which of the following signs is most likely to be found in the analysis of stool?
2
high white blood cell count
high red blood cell count
presence of large amounts of muscle fibers
presence of lumps of undigested food
presence of large amounts of bacteria and fungi
#
94.
The man is 40 years old, long suffers from peptic ulcer syndrome, recently notes the disappearance of the cyclic pain, the pain became constant, girdle character. Objective: medium-sized condition. Abdomen is moderately distended, pain is determined in the epigastric area and in the Shoffar area. Which of the following states most likely arose?
2
perforation of the ulcer
penetration of ulcer
malignization of ulcer
gatekeeper stenosis
aggravation of stomach ulcer
#
95.
The 40-year-old patient has applied to the general practitioner with complaints of pains in the epigastric region, constant heartburn, the pain became constant, shingles. From the anamnesis, the patient eats irregularly. Sick about three years. Not examined, not treated. T body 36.6°C. HR - 74 per/min. BP - 124/80 mm.Hg. Abdomen in palpation is soft, painful in the epigastric area, no abdominal muscle strain, 12-rib negative sign of bruising. What test method will help to verify the diagnosis?
1
Esophagogastroduodenoscopy
Ultrasound
X-rays with contrast of stomach
Whole body CT
Colonoscopy
#
96.

A 55-year-old patient complained to the clinic about difficulty in swallowing solid and liquid food, pain at the moment of swallowing, food or liquid ingress into the nose, loss of body weight, lack of appetite. Condition of medium severity, low nutrition. Skin integument pale color. BP -102/74 mm.Hg., heart rate 86 per min. GBT - hypochrome anemia. Which of the following tests should be performed?
3
Ultrasound
Fibrocolonoscopy
Esophagogastroduodenoscopy
Gastrointestinal x-ray
X-rays of the chest organs
#
97.
A 43-year-old woman complained of persistent whining pains in the right part of abdomen, exacerbated by heavy, oily foods and alcohol. The pains irradiate the area of 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 carry out studies:
5
Colonoscopy
X-ray
Duodenal probing with microscopy and bile seeding
Esophagogastroduodenoscopy
Ultrasound examination of the abdominal organs
#
98.
What is the nature of the pain when localizing an ulcer in the 12-person colon?
4
dull, depressing pain in epigastrium, increasing during meals
contractive aching pains in the right abdomen with irradiation in the right shoulder when taking fatty food
constant dull pain unrelated to eating
epigastric pains occurring on an empty stomach and 2-3 hours after meals
pain 30 minutes after meals
#
99.
Which of these factors contributes to bile congestion:
1
power failure

insolation
intense exercise
hypothermia
hard intellectual work
#
100.
Select the characteristic of cholestase biochemical syndrome:
2
increased activity of transaminase, LDG, alkaline phosphatase
boosting bilirubin, cholesterol, alkaline phosphotase
reduction of albumin and blood clotting factors
residues and positive sediment samples
hypotrophybinemia, hypoalbumemia
#
101.
What are the signs of portal hypertension in cirrhosis of the liver?
3
korvisar's face
subcutaneous nodules
varicose veins of the esophagus, stomach
varicose veins of the lower extremities
haemorrhagic diasis
#
102.
Diarrhea can be caused by:
5
rectum
duodenum
liver
spleen
pancreatic
#
103.
The laboratory indicator in the diagnosis of external pancreatic insufficiency syndrome is:
3
leucocytosis
blood aminotransferase level
blood amylase and elastasis-1 level in stool

blood alkaline phosphatase level
hypoglycemia
#
104.
For diagnosis of malabsorption syndrome in chronic diarrhoea is more informative:
3
stool examination
rectoromanoscopy
blood chemistry test
radiology study
gastric secretion research
#
105.
What is "melena"?
2
"fat," shiny, poorly washed feces
black liquid feces
discoloured feces (grey)
feces with pieces of undigested food
black feces
#
106.
What does the sickness in the Shoffar area indicate?
5
gastric body lesions
lesions of pyloric part of stomach
duodenum lesion
lesion of the duodenum and pyloric part of the stomach
lesions of the pyloric part of the stomach, the duodenum and the head of the pancreas
#
107.
What values are characteristic of cytolysis syndrome?
1
ACT 50 ME/l, ALT 74 ME/l, LDG 400 ED/l
Alkaline phosphatase 200 ED/l
PTI 50%, INR 0.9
total bilirubin 15 mmol/l, line 4 μmol/l, indirect 16 μmol/l
cumbs test is positive

#
108.
For the suprahepatic jaundice is characteristic:
1
raising indirect bilirubin and increasing stercobilin in stool and urine
raising only indirect bilirubin
enhancement only of direct bilirubin
increase of direct bilirubin and increase of stercobilin in stool and urine
raising general bilirubin, without increasing direct and indirect bilirubin
#
109.
Explain the term «dysphagia»:
1
eating disorder along the esophagus
digestive disorder in stomach and duodenum
impaired absorption in the large intestine
impaired wall digestion and absorption in the small intestine
digestion disorder
#
110.
The patient complains of severe weakness, dizziness, sweating, heartbeat, nausea. 30 minutes ago noted vomiting dark contents in a volume of up to 200 ml. During inspection: skin is pale, wet. Heart rate = 110 per min. min, BP=90/60 mm Hg. The tongue is too dry, it is covered with gray shade. The belly is not distended, peristalsis is listened to, palpation shows some pain in the epigastric region. The symptom of Shchetkin - Blumberg is negative. Which of these states can you think of?
3
acute abdominal syndrome
malabsorption syndrome
gastrointestinal upper section bleeding
gastrointestinal lower section hemorrhage
cachexia syndrome
#
111.
Name the cause of skin itching in a jaundiced patient:
4
direct bilirubin enhancement
raising indirect bilirubin

increased urobilin
elevation of bile acids
ALT, AST increased
#
112.
Specify the mechanism for the development of peripheral edema in patients with liver diseases:
3
jointing of secondary heart failure
increased vascular penetration
hypoalbuminemia
increased blood androgen and estrogen levels
sodium and water retention
#
113.
Dysphagia during liquid intake is characteristic of:
2
esophageal cancer
functional dysphagia
achalasia of cardia
esophageal stricture
esophagitis
#
114.
The most typical complaint of esophageal pathology is:
1
dysphagia
burp
epigastric pain
hypersalivation
vomiting
#
115.
The bitterness in the mouth in the morning is due to:
4
peripheral gland hypersecretion
supplemental gland hypersecretion
duodeno-gastric reflux
duodeno-gastro and gastro-esophageal reflux

achalasia of cardia
#
116.
Shadows are a sign of defeat:
5
duodenum
small intestine
caecum
transverse colon
rectum
#
117.
Flatulence is abdominal enlargement caused by:
1
gas accumulation in the intestine
gaseous build-up in the abdomen
the accumulation of transudate in the abdomen
bowel overflow of stool
overfilling the stomach with food
#
118.
In diseases of the hepatobiliary system, the pain is most often irradiated:
4
left shoulder
in the lower abdomen, in the thigh
up, left, backward
up, right, backward
left scapula
#
119.
Hemorrhagic syndrome in liver diseases is a consequence of:
2
hyperbilirubinemia
liver cell deficiency syndrome
hyperestrogenemia
hypoalbuminemia
hyperenzyme
#
120.

The cause of hemorrhagic syndrome in liver diseases is:
4
protein metabolic disorder
fat exchange disorder
hydrocarbon exchange problem
decreased synthetic liver function
impairment of detoxification function of the liver
#
121.
The hepatic palms are:
1
hyperemia in the tenor and hypotenor regions
yellow palm
haemorrhagic rash on the palms
tenor hyperkeratosis
palm hyperpigmentation
#
122.
Jaundice with a lemon shade is characteristic of:
1
malaria
hepatitis B
cirrhosis of the liver
pancreatic cancer
liver tumor
#
123.
The founders of the modern technique of deep palpation of the abdominal organs are:
3
K. Galen; Glenar
F. G. Yanovsky; V. H. Vasilenko
B. P. Obraztsov; N. D. Stradesco
M.Y. Mudrov; G.A. Zakharyin
S.P. Botkin; G.F. Lang
#
124.
When carrying out abdominal palpation, it should begin:
3

from the aching part
from a site symmetrical painful
painless part
epigastric
with the most convenient for palpation area
#
125.
The palpation characteristics of normal sigmoid gut are:
3
smooth, painful, shiftable
tuberous, painless, unspoiled
smooth, painless, displaced
smooth, painless, with rumbling
smooth, painless, doesn’t purr
#
126.
Bimanual deep abdominal palpation method is used for palpating:
4
sigmoid colon
caecum
transverse colon
ascending colon
rectum
#
127.
In deep palpation of the abdomen, the skin folding is formed:
2
parallel to the axis of the palpated organ
perpendicular to the axis of the palpated organ
at an angle of 45° to the axis of the body being palpated
depending on the patient’s position
depending on the doctor’s position
#
128.
The pain of hitting the ulna of the palm along the rib arch in the gallbladder projection area is a positive symptom of:
1
Ortner
Vasilenko

Zakharyin
Murphy
Mussi
#
129.
Unrelated bilirubin is:
2
non-toxic, water soluble
toxic, insoluble in water
filtered by the kidneys, dyes the urine into a dark color («color of beer»)
colours the feces to brown
is absorbed into the small intestine and returned to the liver through the veins of the portal vein system
#
130.
Bradycardia in mechanical jaundice causes:
3
direct bilirubin
indirect bilirubin
bile acids
cholesterol
hemosiderin
#
131.
The most effective way to determine the large volume of free fluid in the abdomen is:
2
inspection and indicative palpation
abdominal percussion in different positions of the patient
fluctuation detection method
pinching palpation
auscultation of the abdomen
#
132.
The study of the digestive system begins with:
3
identifying main complaints
identification of complaints typical of gastrointestinal tract
oral and pharynx examination

abdominal examination in different patient positions
indicative abdominal palpation
#
133.
Divergence of the rectus muscles of the abdomen can always be determined by:
3
only inspection
inspection and pinching palpation
examination and superficial sliding palpation in case of strained abdominal rectus muscles
surface sliding palpation with relaxed abdominal rectus muscles
deep abdominal palpation
#
134.
The sequence of the surface indicative abdominal palpation is determined by:
3
abdominal size
in accordance with established procedure
complaints of pain in any abdominal area
testing frequency of different sections of the colon
patient's wish
#
135.
The patient complains of abdominal severity, which is significantly enlarged, the belly button protruded, the abdominal wall is elastic, no palpation is possible, and in all areas of percussion tympany is determined. The situation is as follows:
5
significant increase in liver and spleen
pronounced general obesity
giant abdominal cysts
ascites
flatulence
#
136.
The greater curvature of the stomach can be estimated by:
3
surface indicative palpation
surface sliding palpation
auscultatic percussion

bimanual palpation
deep palpation
#
137.
Auscultation of the stomach is carried out:
3
after examination, indicative abdominal palpation and deep sliding palpation of the intestine and stomach
after complete examination of the abdominal organs by palpation and percussion
independently of the examination of other organs of the abdominal cavity, but up to deep sliding palpation
necessarily after deep abdominal palpation, but before percussion
after examination, superficial and deep palpation of the stomach, but before percussion
#
138.
The Mayo-Robson point is located:
5
at the intersection of the outer edge of the rectus abdominal muscle on the left and the horizontal navel line
at the intersection of the outer edge of the rectus abdomen on the left and the horizontal line through the midpoint of the distance between the navel and the xiphoid process
at the intersection of the outer edge of the rectus abdomen and the edge of the left rib arch
6 cm above the navel in the line between the navel and the left armpit
on the middle and upper 1/3 line connecting the navel to the middle rib arch on the left
#
139.
Hepatic encephalopathy syndrome is:
1
reversible central nervous system disorder due to accumulation of endogenous toxins
irreversible central nervous system disorder due to cerebral thrombosis
reversible cerebral circulation disorder
reversible central nervous system disorder due to the accumulation of exogenous toxins

irreversible central nervous system disorder due to accumulation of endogenous toxins
#
140.
Portal hypertension syndrome is characterized by:
1
expansion of natural porto-caval anastomoses, ascitis, splenomegaly
hepatomegaly, hepatocyte cytolysis, cholestasis
oliguria, blood creatinine enhancement, metabolic acidosis
diarrhea, dehydration, systemic hypertension
memory disorders, disorientation, mental disorders
#
141.
For second-degree elevated blood pressure values:
2
140/90 mm Hg.
150/100 mm Hg.
160/110 mm Hg.
179/112 mm Hg.
180/110 mm Hg.
#
142.
A passer-by on the street suddenly felt pain behind the sternum, shortness of breath and nausea, after which he lost consciousness. After the ambulance arrived, the ECG was immediately made, and different size and shape undifferentiated waves were detected. What do they say?
2
atrial fibrillation
ventricular fibrillation
ventricular flutter
asystole
ventricular tachycardia
#
143.
The cardiologist was visited by a 27-year-old patient complaining of fever up to 39C, petechial rashes on the toes, erythematous rashes on the palms. Which of the following methods of examination is informative in confirming the diagnosis of this patient?
4

blood panel
skin biopsy
electrocardiography
echocardiography
sputum seeding
#
144.
The patient complained of weakness, fatigue, constant long-term pain in the heart area, which decrease in the vertical position and are exacerbated by cough. What characteristic auscultistic trait can be identified in a given patient?
1
pericardial friction noise
muffled heart sounds
galop beat
pericardial click
different tones
#
145.
The cardiologist was approached by a patient with a typical clinic of ventricular extrasystole, and after examination he was referred to an ECG to confirm the diagnosis. What characteristic trait does the doctor expect to see on an electrocardiogram?
3
change in the shape of the P wave
delta wave
full compensatory pause
QRS width less than 0.12 sec
ST segment elevation
#
146.
In palpation, the base of the heart shows systolic tremor, which coincides with the pulsation on the carotid artery. Which heart defect is this characteristic?
3
mitral stenosis
mitral failure
aortic stenosis
aortic failure
pulmonary stenosis
#

147.
In a patient during examination, the upper border of the heart is determined in the I intercostal space. Which heart defect has the most significant enlargement of the left atrium?
3
pulmonary stenosis
open aortic duct
mitral stenosis
aortic stenosis
pulmonary stenosis
#
148.
In which leads on the ECG is a typical manifestation of changes in coronary insufficiency syndrome of the lower wall of the left ventricle: may be better to write in case of myocardial infarction.
2
I, II, aVL
II, III, aVF
I, V5-V6
aVL, V1-V4
V1-V4 , aVF
#
149.
After registering the patient's electrocardiogram, the doctor suspected the presence of a myocardial infarction. What's the most characteristic ECG she found?
4
ST segment elevation
ST segment depression
decrease of amplitude R wave
pathological wave Q
concordant changes with ST
#
150.
The doctor measured the blood pressure of the patients. Which one of these patients is considered normal?
1
125/80 mm.Hg.
139/90 mm.Hg.
140/85 mm.Hg.

160/95 mm.Hg.
185/90 mm Hg.
#
151.
When analyzing the ECG of the patient, the doctor drew attention to the shortening of the interval R-R, HR - 140 p.m., the alternation of the P wave and complex QRS is preserved. What is the state of these changes?
1
sinus tachycardia
atrial flutter
ventricular flutter
atrial fibrillation
ventricular fibrillation
#
152.
When examining the patient, the doctor drew attention to the changes in the ECG, where the ECG was marked with 50 per/min, unaltered QRS complexes and elongation of the R-R interval. What condition are these changes characteristic for?
3
sinus arrhythmia
blockades of the legs of the Giza bundle
sinus bradycardia
idioventricular rhythm
atrial fibrillation
#
153.
In the patient, the following changes were removed on the removed ECG: the electric axis of the heart is deviated to the right, R/S>1 in V1, RV1 + SV5 > 10.5 mm, negative T wave in V1-V2. What changes are specific to these criteria?
4
left atrial hypertrophy
right atrial hypertrophy
left ventricular hypertrophy
right ventricular hypertrophy
hypertrophy of both ventricles
#
154.
Which of the patients with the following risk factor will have the highest risk of developing cardiovascular complications?

4
glycohemoglobin 6.2%
BP 130/80 mm Hg.
total cholesterol 5.2 mmol/l
he has a father aged 45
heart rate 75 in min.
#
155.
Patient with complaints of weakness, fatigue, dizziness on the ECG is registered: interval PQ 0.22 seconds with the fall out of every third QRS complex. What signs of conductivity are there?
5
atrioventricular blockade of Stage II Mobitz I
full atrioventricular blockade
sinus node weakness syndrome
atrioventricular blockade of the 1st degree
third degree Mobitz II atrioventricular blockade
#
156.
The patient is 25 years old, complains of shortness of breath, heartbeat during exercise, pain in the precardial area, cough. Objectively, acrocyanosis and cyanotic blush. Radiologically: pulmonary artery stem swelling and left atrium ear enlargement, right ventricle enlargement, esophagus deflects in the I oblique position along a small radius. What kind of heart defect can you think of?
1
stenosis of the left AV-hole
mitral valve failure
aortic stenosis
aortic valve failure
ventricular septal defect
#
157.
The cardiologist at the examination of the patient made a preliminary diagnosis: deficiency of the mitral valve. What kind of auscultative picture should a patient have?
3
systolic noise at the top with the I sound preserved
rough systolic noise in the xiphoid process
systolic noise at the top combined with a weakened I sound

protodiastolic noise in the xiphoid process
2nd sound accent over pulmonary artery
#
158.
A patient complained to the polyclinic about fever with subfebrile fever, chills, sweating, weight loss. Objective: Lukin spots, Osler nodules. What is the pathognomonic EhoCG pattern in this pathology?
2
hypokinesis of the LV wall
valve vegetation
mitral regurgitation
emission reduction
flap fibrosis
#
159.
Which of the following clinical signs is characteristic of the development of the heart tamponade?
4
heart area pain
pronounced dyspnea
pulse deficit
parodoxal pulse
pericardial friction noise
#
160.
During the auscultation of the patient, the doctor heard a soft, blowing protodastolic noise over the aorta, a double tone of Traube and a noise of Durosier on the vessels, a rapid and high pulse. What is the characteristic defect of these clinical signs?
3
septum defect
mitral valve failure
aortic valve failure
aortic wall
port wall of AV-hole
#
161.
The apical impulse is due to:
3

increasing the volume of the left ventricle during its diastol
right ventricular contraction
left ventricular anterior wall impact on chest wall
impact of the right ventricle on the front thoracic wall at its contraction
distension of the aortic mouth when blood from the left ventricle is ejected
#
162.
The mitral configuration of the heart means:
3
enlargement of the left heart by the left ventricle
waist size reduction of the heart
enlargement of the left heart due to the left atrium
widening of the vascular bundle
expansion of the right heart by the right ventricle
#
163.
The apical impulse is normally located:
2
at 1.0 cm outside from medial-clavicular line in V intercostal space
1.0 - 1.5 cm inside from the left median-clavicular line in the V intercostal space
in the V intercostal space by sternal line
1.0 - 1.5 cm inside from the left median-clavicular line in the IV intercostal space
in the III and IV intercostals to the left of the sternum
#
164.
Absolute cardiac dullness is determined by percussion :
4
vascular bundle width
projection of the heart onto the frontal plane
projection of the heart onto the chest wall
the part of the heart not covered by the lungs to the left of the sternum
transverse heart size
#
165.
The normal diameter of relative cardiac dullness is:
3
7-8 cm
9-10 cm
11-13cm

13-15 cm
14-16 cm
#
166.
Heart sounds are produced:
3
at the moment of slamming of the heart valves
when the valves open
when the heart structures oscillate after the valves close
at the moment of contraction of the ventricles of the heart
when the left ventricle fills with blood
#
167.
The second heart sound is normally louder than the first heart sound:
3
at the top of the heart
in the IV intercostal space at the left edge of the sternum
in the second intercostal space at the left edge of the sternum
at the base of the xiphoid process
in the 5th intercostal space 1.5 cm medially from the midclavicular line
#
168.
The difference between functional noise and organic noise is that it:
4
constant
long lasting
loud
not accompanied by other signs of heart damage
has a large holding area
#
169.
When measuring blood pressure using the Korotkoff method, the stethoscope head is positioned:
2
in the projection of the ulnar artery
in the projection of the brachial artery
in the projection of the radial artery
in the projection of the jugular vein
in the cubital fossa lateral to the biceps tendon

#
170.
Arterial hypertension can be suspected by the following clinical signs and manifestations:
4
short-term episodes of loss of consciousness;
heart rhythm and conduction disorders;
the presence of peripheral edema;
pain in the parietal and occipital regions;
breathing rhythm disturbance.
#
171.
The normal duration of the p wave is:
2
0.04-0.12 s
no more than 0.1 s
0.1-0.2 s
0.12-0.18 s
0.15 – 0.25
#
172.
To diagnose pericardial disease, the patient should be referred to:
3
bicycle ergometry
FKG
echocardiography
coronary angiography
Holter monitoring
#
173.
Angle α alpha = 60°. Electric axis:
1
normal
horizontal
vertical
deviated to the left
deviated to the right
#
174.

In case of compaction syndrome of lung tissue with preserved bronchial lumen, percussion determines:
3
clear lung sound
metallic shade of percussion sound
dull sound
tympanic sound
box sound
Not
#
175.
The obstructive type of dysfunction of external respiration develops when:
2
pneumosclerosis
bronchial asthma
pulmonary edema
cavities in the lungs
pneumothorax
#
176.
With the syndrome of increased airiness of the lungs, percussion sound:
2
clear pulmonary
boxed
dull
blunt
tympanic
#
177.
What diseases cause broncho-obstructive syndrome:
3
pneumonia
exudative pleurisy
bronchial asthma
lung cancer
tuberculosis
#
178.

What adverse respiratory sounds are heard during the syndrome of air accumulation in the pleural cavity without damage to the chest:
5
moist rales of various sizes
dry wheezing
crepitus
pleural friction rub
no breath sounds
#
179.
In case of compaction syndrome of lung tissue due to atelectasis due to obstruction of the bronchus, percussion over the affected lobe is determined:
4
pulmonary sound with box tone
tympanic sound
clear lung sound
dull sound
metallic shade of percussion sound
#
180.
For pulmonary hemorrhage:
2
blood is dark scarlet or the color of “coffee grounds”, clotted, acidic
blood is scarlet, foamy, alkaline
blood is dark red in color, with a sour odor
blood is released when spitting, visible on the back wall of the pharynx when examining the cavity
mouth
blood is dark red, secreted by spitting, alkaline reaction
#
181.
The restrictive type of dysfunction of external respiration develops when:
4
external compression of the airways
expiratory bronchial collapse
spasm of bronchial smooth muscles
pneumosclerosis
bronchitis
#

182.
With the syndrome of increased airiness of the lungs, auscultation is determined by:
4
vesicular respiration
bronchial breathing
harsh vesicular breathing
weakened vesicular breathing
amphoric breathing
#
183.
The most informative method for diagnosing respiratory failure is:
2
chest x-ray
spirography
general sputum analysis
breathing rate counting
bacteriological examination of sputum
#
184.
restrictive disorders of external respiration function:
3
VC, FVC and forced expiratory volume in 1 second are reduced
VC and FVC are normal. Forced expiratory volume in 1 second, peak flow exhalation – reduced
VC and FVC are reduced. Forced expiratory volume in 1 second, peak flow exhalation - normal
VC and FVC are increased. Forced expiratory volume in 1 second, peak flow exhalation - normal
VC and FVC are reduced. Forced expiratory volume in 1 second, peak flow exhalation – increased
#
185.
Specify symptoms characteristic of bronchial obstruction:
2
VC, FVC and forced expiratory volume in 1 second are reduced
VC, FVC – normal. Forced expiratory volume in 1 second and peak flow exhalation – reduced
VC and FVC are reduced. Forced expiratory volume in 1 second and peak flow

exhalation - normal
VC, FVC and forced expiratory volume in 1 second are normal
VC and FVC are reduced. Forced expiratory volume in 1 second, peak flow exhalation – increased
#
186.
What is a shortened, sharply widened, barrel-shaped chest with horizontal ribs and high-raised shoulders called?
2
paralytic
emphysematous
kyphoscoliotic
rachitic
scaphoid
#
187.
One of the tasks of palpation of the chest itself is:
2
definition of symmetry
definition of elasticity
determination of breathing parameters
determination of her respiratory mobility
determination of breathing type
#
188.
Tympanic percussion sound is determined by:
1
above the cavity communicating with the bronchus
above the lobar condensation of the lung
with increased airiness of the lungs
with hydrothorax
with bronchial obstruction syndrome
#
189.
What sound is determined by comparative percussion over the lungs of a healthy person:
3
blunt
tympanic

clear pulmonary
boxed
blunted pulmonary
#
190.
Specify the most characteristic changes in the chest during obstructive atelectasis:
1
reduction of half of the chest, its retraction and lag in breathing
lag in breathing, enlargement of half the chest and smoothing of the intercostal spaces
only lag in breathing of half of the chest
hypersthenic chest
an increase in the anterior -posterior and transverse dimensions of the chest, retraction of the intercostal spaces in the inferolateral sections on both sides.
#
191.
When the chest is compressed in the anteroposterior and lateral directions, the following is determined:
5
soreness
elasticity
symmetry
voice tremors
resistance
#
192.
The task of comparative lung percussion:
2
determine the boundaries of the lungs
determine the nature of percussion sound
determine the boundaries of the pathological focus
identify superficial lesions
determine the respiratory mobility of the lower edge of the lungs
#
193.
The greatest respiratory mobility of the lower edge of the lung in the absence of pathology is determined by:
3
along the midclavicular line

along the anterior axillary line
along the midaxillary line
along the posterior axillary line
along the scapular line
#
194.
The nature of percussion sound during hydrothorax in the projection of fluid:
1
blunt
dull
dull-tympanic
boxed
clear pulmonary
#
195.
Specify the most characteristic changes in the chest during inflammatory compaction of the lung lobe:
3
reduction of half of the chest, its retraction and lag in breathing
lag in breathing, enlargement of half the chest and smoothing of the intercostal spaces
only lag in breathing of half of the chest
hypersthenic chest
an increase in the anterior -posterior and transverse dimensions of the chest, retraction of the intercostal spaces in the inferolateral sections on both sides.
#
196.
The nature of the percussion sound during hydropneumothorax in the air projection:
1
tympanic
boxed
clear pulmonary
blunt
dull-tympanic
#
197.
Sign by which you can distinguish pleural friction noise:
3

heard at the height of inspiration
heard only with deep exhalation
heard on both inspiration and expiration
heard only with deep inspiration
heard only when coughing
#
198.
Crepitation occurs when there is exudate in:
5
trachea
large bronchi
pleural cavity
cavities in the lung
alveoli
#
199.
In healthy people, bronchial breathing is heard:
3
in the subclavian areas
in the axillary areas
in the interscapular region at the level of III – IV thoracic vertebrae
at the angles of the shoulder blades
in the supraclavicular fossa
#
200.
Fine bubble moist rales occur in:
2
trachea
small bronchi
alveoli
middle bronchi
large bronchi
#
201.
Weakening of bronchophony is observed with:
3
closed pneumothorax
lobar compaction of the lung with preserved bronchial patency
increased airiness of the lungs

above the cavity in the lung
with accumulation of fluid in the pleural cavity
#
202.
An adverse respiratory sound that occurs only at the height of a deep inspiration and does not change after coughing is called:
4
pleural friction rub
bass rattles
wet wheezing
crepitus
dry wheezing
#
203.
Adverse breath sounds with closed pneumothorax:
5
moist fine bubbling rales
pleural friction rub
moist medium bubbling rales
dry high-pitched wheezing
are not listened to
#
204.
What is bronchophony :
3
palpation determination of voice conduction to the chest
determination of the nature of the main respiratory noise
determination of voice transmission to the chest by auscultation
identification of adverse breath sounds
auscultatory detection of adverse breath sounds
#
205.
What instrumental research method is preferable and informative for diagnosing bronchiectasis ?
2
X-ray of the chest organs
High resolution computed tomography of the lungs
Diagnostic bronchoscopy
Contrast bronchography

Pulmonary function test
#
206.
The discharge of sputum “full of mouth” is observed when:
3
bronchial obstruction syndrome
compacted lung syndrome
syndrome of pathological dilation of the bronchi
chronic pulmonary heart syndrome
respiratory distress syndrome
#
207.
The nature of sputum in broncho-obstructive syndrome:
1
vitreous
mucopurulent or “rusty”
mucous membrane
purulent
no phlegm
#
208.
Bronchial obstruction is detected using:
1
spirography
bronchoscopy
pulse oximetry
angiography
elastography
#
209.
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
pale skin will appear
severe acrocyanosis will appear
pronounced diffuse cyanosis will appear
a cyanotic blush will appear on the cheeks

#
210.
Specify the irreversible components of bronchial obstruction:
4
bronchospasm
inflammatory swelling of the bronchial mucosa
dysfunction of the bronchial mucociliary apparatus
stenosis and obliteration of the bronchial lumen
development of the infectious process
#
211.
In chronic pulmonary heart disease, the following is noted:
4
hypertrophy of the left and right ventricles
dilatation of the right ventricle and left atrium
thickening of the interventricular septum
hypertrophy and dilatation of the right heart
isolated right atrial hypertrophy
#
212.
An objective examination of the patient revealed diffuse cyanosis, percussion - pulmonary sound with a box-like tint, harsh breathing, prolonged exhalation, and dry wheezing. Which examination method will help you assess the severity of the patient's condition?
4
Detailed blood test
Fluorography of the chest organs
General sputum analysis
Spirometry
ECG
#
213.
What causes acute cor pulmonale?
1
pulmonary embolism
angina pectoris
arterial hypertension
emphysema
ascites

#
214.
In chronic compensated pulmonary heart disease, the following is detected:
3
ECG signs of left atrial hypertrophy
ECG signs of left ventricular hypertrophy
Echocardiography signs of right ventricular hypertrophy
Echocardiographic signs of left ventricular dilatation
X-ray signs of aortic bulge
#
215.
What percentage increase in FEV1 is sufficient to evaluate the bronchodilation test as positive:
1
>12%
>13%
>14%
>15%
>16%
#
216.
The irreversible component of bronchial obstruction syndrome is characterized by changes in ventilation parameters:
3
FEV1 - 68% of the expected value, increase in FEV1 during the bronchodilation test - 20%
FEV1 - 90% of the expected value, increase in FEV1 during a bronchodilation test - 15%
FEV1 - 66% of the expected value, increase in FEV1 with a bronchodilation test of 8%
FEV1 - 78% of the expected value, increase in FEV1 during the bronchodilation test - 30%
FEV1 - 80% of the expected value, increase in FEV1 during the bronchodilation test - 35%
#
217.
The development of nocturnal asthma attacks is associated with:
2
smoking

feather pillow
plant pollen
physical activity
taking salbutamol
#
218.
What is the main radiological sign of compacted pulmonary tissue syndrome?
1
darkening corresponding to a lobe or segment
heavy pulmonary pattern
increased transparency of lung tissue
diffuse decrease in transparency
rounded shadow with clear, even contours
#
219.
Chronic pulmonary heart disease in the compensation phase is characterized by:
3
increase in the borders of the heart to the left
increasing the boundaries of the heart upward
precordial and epigastric pulsation
symptoms of right ventricular failure
swelling of the legs and feet
#
220.
Specify the complaint that occurs with dry pleurisy:
3
chest pain when walking quickly
asthma attack at night
chest pain that gets worse with breathing and coughing
shortness of breath when inhaling cold air
hacking cough with sputum
#
221.
What sign is characteristic of dry pleurisy:
4
asymmetry of chest movement
weakening of vocal tremors and bronchophony on the affected side
dullness of pulmonary sound on the affected side
pleural friction rub on the affected side

breathing is not carried out on the affected side
#
222.
What is characteristic of chronic pulmonary heart disease:
1
“S-type” hypertrophy of the right ventricle of the heart on the ECG
left ventricular hypertrophy on ECG
left atrial hypertrophy on ECG
left ventricular hypertrophy on echocardiography
hypertrophy of the interventricular septum on echocardiography
#
223.
The following processes are competent in the development of chronic pulmonary heart disease:
2
normal levels of a1-antitrypsin
alveolar hypoxia and development of arterial hypoxemia
decreased calcium content in the blood vessels of the lungs
increased blood pressure
hypertrophy and dilatation of the left ventricle
#
224.
Paradoxical pulse is:
2
alternation of pulse waves of large and small filling
decrease or disappearance of pulse waves during inspiration
discrepancy between the number of pulse waves and the number of heart contractions
unequal intervals between pulse waves
different amounts of pulse filling with each heartbeat
#
225.
Apex beat in aortic valve insufficiency:
3
small, weakened, limited
small, reinforced, limited
high, reinforced, spilled
small
limited

#
226.
“Cat purring” syndrome is defined by:
1
aortic stenosis
mitral valve insufficiency
atrial septal defect
tricuspid valve insufficiency
after physical activity in healthy people
#
227.
The glomerular filtration rate of a healthy person is
Approximately
2
60-70 ml/min
90-120 ml/min
200-250 ml/min
160-170 ml/min
120-125ml/min
#
228.
The renal threshold for glucose reabsorption is
2
3-5 mmol/l
8-12 mmol/l
22-25 mmol/l
35-40 mmol/l
40-45 mmol/l
#
229.
Acute nephritic syndrome is characterized by:
3
edema, hypo- and dysproteinemia , hypercholesterolemia
arterial hypertension, hypercholesterolemia
arterial hypertension, proteinuria, hematuria
proteinuria, edema, hypo- and dysproteinemia
arterial hypertension, azotemia, anemia
#
230.

What is frequent urination called?
1
pollakiuria
strangury
ishuria
anuria
polyuria
#
231.
What is painful urination called?
2
pollakiuria
strangury
ishuria
anuria
polyuria
#
232.
What is an increase in daily urine output called?
5
pollakiuria
strangury
ishuria
anuria
polyuria
#
233.
What is the complete cessation of urine output called?
4
pollakiuria
strangury
ishuria
anuria
polyuria
#

234.
What is the inability to empty the bladder (urinary retention) called?
3

pollakiuria
strangury
ishuria
anuria
polyuria
#
235.
Select the value corresponding to the normal daily urine output:
3
400 ml
200 ml
1300 ml
2500 ml
2800 ml
#
236.
Bladder full:
4
its upper border may be above the navel
its volume does not change after urine removal
tympanitis is determined above it
it can move laterally along with the abdominal wall
between it and the womb a strip of tympanitis is determined
#
237
Cloudy urine can be caused by:
1
high salt content
leukocyte content less than 4000 per 1 ml
high creatinine
high glucose
protein concentration 0.033 g/l
#
238.
Which cylinders may normally be present in urinary sediment:
4
grainy
fatty
waxy

hyaline
erythrocyte
#
239.
Which method evaluates kidney function?
3
general urine analysis
urine culture
Zimnitsky's test
Nechiporenko's sample
LHC urine culture
#
240.
Evaluate the Nechiporenko sample : erythrocytes 500 in 1 ml, leukocytes 1000 in 1 ml:
4
microhematuria
gross hematuria
leukocyturia
norm
isosthenuria #
241.
How many portions of urine are collected during the Zimnitsky test ?
1
8
5
2
1
10
#
242.
Evaluate the Zimnitsky sample : fluctuations in specific gravity 1003 – 1010, daytime diuresis 1750 ml, nighttime diuresis 950, total diuresis 2700 ml. per day the patient drank 1600 ml:
5
polyuria
hyposthenuria
nocturia , polyuria
isosthenuria

hypersthenuria , polyuri
#
243.
What method is used to count leukocytes and erythrocytes?
3
Zimnitsky's test
Rehberg's test
Nechiporenko's sample
CT scan
kidney biopsy
#
244.
By what indicator can one judge the concentration function of the kidneys:
2
daily diuresis
relative density of urine
protein content in urine
number of red blood cells in 1 ml of urine
Urine pH
#
245.
The term " nocturia " means:
1
increase in nocturnal diuresis, its predominance over daytime
increased amount of urine produced
decrease in the amount of urine excreted
frequent painful urination
frequent urination
#
246.
The straw-yellow color of urine is due to the content of:
5
squirrel
bilirubin
ketone bodies
hemoglobin
urochromes
#
247.

Normal urine pH is:
4
3.5-6.0
3.0-4.5
9.0-11.0
5.0-7.0
7.35-7.45
#
248.
What method is used to quantify the degree of bacteriuria?
1
urine culture
Zimnitsky's test
bacterioscopic examination of urine sediment
excretory urography
Rehberg's test
#
249.
Zimnitsky test is used to diagnose disorders of the following renal functions:
5
filtration
nitrogen excretory
acid-secreting
endocrine
concentration
250.
Evaluate Nechiporenko’s sample : erythrocytes 2500 in 1 ml, leukocytes 3000 in 1 ml:
3
leukocyturia
isosthenuria
hematuria
norm
nocturia
#
251.
What method can be used to detect urolithiasis?
4
Zimnitsky's test

radioisotope renography
Rehberg's test
Kidney ultrasound
determination of blood creatinine
#
252.
Evaluate the Zimnitsky test : fluctuations in specific gravity 1005-1020, daytime diuresis 700 ml, nighttime diuresis 300 ml, total diuresis 1000 ml. During the day the patient drank 1200 ml:
5
norm
polyuria
nocturia
hypersthenuria , oliguria
isosthenuria
#
253.
Which of the following methods allows you to determine the glomerular filtration rate?
1
Rehberg's test
CT scan
angiography of the renal arteries
Kidney ultrasound
intravenous urography
#
254.
Nephrotic syndrome occurs when:
3
chronic pyelonephritis
inflammatory process of the urinary tract
chronic glomerulonephritis
urolithiasis
bronchial asthma
#
255.
Macrohematuria is typical for:
5
chronic pyelonephitis

nephrotic syndrome
chronic cystitis
acute pyelonephritis
urolithiasis
#
256.
Proteinuria more than 3 g/ day . May be when:
4
acute pyelonephritis
chronic cystitis
chronic pyelonephritis
chronic glomerulonephritis
acute cystitis
#
257.
Acute renal failure is characterized by:
1
oliguria
reduction in kidney size
increase in total blood protein
decreased blood urea
decrease in total blood protein #
258.
A reliable sign of chronic renal failure is:
3
oliguria
nocturia
decreased glomerular filtration rate
arterial hypertension
anemia
#
259.
The cause of acute paroxysmal pain in one of the lumbar regions with irradiation to the groin area is:
5
acute glomerulonephritis
chronic pyelonephritis
acute cystitis
nephroptosis

urolithiasis disease
#
260.
What is the main factor in the formation of edema in nephrotic syndrome:
4
decreased vascular permeability
sodium retention in the body
acute urinary retention
proteinuria more than 3.5 g/day
increased aldosterone synthesis
#
261.
Ishuria is characteristic of:
5
acute glomerulonephritis
renovascular hypertension
chronic pyelonephritis
chronic glomerulonephritis
adenoma and prostate cancer
#
262.
Hematuria is typical for:
1
chronic glomerulonephritis
chronic pyelonephitis
diabetic nephropathy
acute pyelonephritis
chronic cystitis
#
263.
Leukocyturia is most often detected when:
2
chronic glomerulonephritis with isolated urinary syndrome
chronic pyelonephritis
chronic glomerulonephritis, mixed variant
urolithiasis
acute glomerulonephritis
#
264.

An attack of renal colic is typical for:
2
shock
urolithiasis
chronic glomerulonephritis
chronic pyelonephritis
acute glomerulonephritis
#
265.
The main factors in the pathogenesis of chronic renal failure syndrome are:
5
tubular disorders
inflammation of the kidney parenchyma
swelling of the renal parenchyma
bacterial inflammation in the pelvis area
decrease in the number of functioning nephrons
#
266.
Early symptoms of chronic renal failure include:
4
oliguria and hypersthenuria
pollakiuria
uremic coma
nocturia and polyuria
hyperkalemia
#
267.
Renal edema is characterized by:
4
localization on one hand only
localization on both legs, more in the evening
localization in the lumbar region
localization on the face, more in the morning
localization on one leg only #
268.
Excretion of more than 2000 ml of urine per day is:
3
oliguria;
strangury ;

polyuria;
nocturia ;
pollakiuria
#
269.
Polyuria is typical for:
2
Nephritic syndrome
diabetes mellitus;
acute renal failure
nephrotic syndrome;
edematous syndrome #
270.
Excretion of less than 500 ml of urine per day is:
1
oliguria;
polyuria;
incontinence ;
nocturia ;
strangury .
#
271.
Urine the color of “meat slop” is typical for:
2
acute pyelonephritis;
acute glomerulonephritis;
kidney amyloidosis;
nephrotic syndrome;
chronic pyelonephritis.
#
272.
The patient's presence of acute unilateral pain in the lumbar region with irradiation to the groin area after a bumpy ride is typical for:
4
paranephritis;
acute pyelonephritis;
acute glomerulonephritis;
urolithiasis;
chronic glomerulonephritis.

#
273.
Specify the most common complication of acute renal failure:
3
Arterial hypertension
Hypokalemia
Acute bacterial infections
Congestive heart failure
Secondary hyperparathyroidism
#
274.
Nocturia is observed with:
3
Heart failure
chronic cystitis;
chronic pyelonephritis;
nephrotic syndrome
urinary tract inflammation
#
275.
The appearance of a patient with nephrotic syndrome is characterized by:
4
skin color “cafe with milk”;
bronze skin tone;
cyanosis of lips, earlobes, fingers;
severe swelling of the face;
severe bluish swelling of the lower extremities.
#
276.
The leading mechanism of edema in nephrotic syndrome is:
2
increasing the permeability of the capillary wall;
decrease in oncotic pressure of blood plasma;
retention of sodium in the blood and tissues;
acute retention of urine excretion by the kidneys;
increase in hydrostatic pressure in capillaries.
#
277.
Macrohematuria is typical for:

4
Kidney cyst
chronic glomerulonephritis
nephrotic syndrome
kidney injuries;
chronic pyelonephritis.
#
278.
What parameters are used to evaluate the rhythm of pain?
3
according to pain intensity
by duration of pain
by the time of pain onset during the day
by location of pain
in connection with certain provoking factors #
279.
Resistive pain is:
1
pain that occurs when trying to move through resistance
pain that occurs throughout the entire movement of the joint
pain that gets worse at extreme points of movement in the joint
pain that occurs when palpating the joint
joint pain that gets worse in the evening after prolonged exercise
#
280.
The mechanical rhythm of joint pain is pain that occurs:
2
when trying to move through resistance
in the evening after stress on the affected joint
when studying active movements
when studying passive movements
in the morning, followed by a decrease in pain intensity in the evening
#
281.
Deformation of the joints of the hands, detected during examination in patients with osteoarthritis, is due to:
1
Heberden's and Bouchard's nodes
synovial fluid effusion

narrowing of the periarticular space
swelling of the tissues surrounding the joint
for joint injuries
#
282.
When examining the hands, symmetrical changes are observed in the form of deformation and swelling of the wrist joints, ii , iii metacarpophalangeal joints. These changes are typical for:
4
osteoarthritis
acute rheumatic fever
gout
rheumatoid arthritis
arthritis
#
283.
Course of rheumatoid arthritis:
1
chronic, progressive
complete reversible course of articular syndrome and restoration of joint function
episodic course of arthritis with complete restoration of joint function between attacks of arthritis
long-term monoarthritis
chronic arthritis without progression
#
284.
The most typical localization of arthritis in gout at the onset of the disease:
1
first metatarsophalangeal joint of the foot
elbow and shoulder joints
knee joints
metacarpophalangeal joints
hip joint
#
285.
A high titer of antistreptococcal antibodies is characteristic of:
2
rheumatoid arthritis
acute rheumatic fever

deforming osteoarthritis
gout
scleroderma
#
286.
Tophi are:
3
bone growths in the area of the distal interphalangeal joints
deposits of urate crystals in the periarticular tissues and auricle
deformity of the first metatarsophalangeal joint of the foot due to gout
nodules in rheumatoid arthritis
swollen lymph nodes in rheumatoid arthritis
#
287.
The patient complained of acute severe pain in the first PFJ of the left foot. The joint is swollen, hot, hyperemic, painful, movements in it cause pain. These changes are typical for:
3
osteoarthritis
acute rheumatic fever
gout
rheumatoid arthritis
scleroderma
#
288.
What is morning stiffness?
4
effusion in small and medium joints
joint stiffness as determined by your doctor
limitation of joint movements as determined by a doctor
subjective feeling of obstruction of movement in the joints
joint pain in the morning
#
289.
Joint deformity is:
2
change in the shape of the joint due to swelling of the periarticular tissues
permanent change in the configuration of the affected joint
effusion into the joint cavity

disruption of the configuration of the affected joint due to synovitis
knee tumors
#
290.
A mixed rhythm of pain is pain in the joints:
1
worsening both in the morning after getting out of bed and in the evening after exercise
occurring at the beginning of movements after rest, regardless of the time of day
accompanied by joint pain on palpation
arising during the study of passive movements
arising during the study of active movements
#
291.
Enthesopathy is:
3
degenerative change of cartilage
permanent change in joint shape
pain where the tendon attaches to the bone
pain that occurs when trying to move through resistance
swelling of the periarticular bursa
#
292.
The patient complains of pain in the joints of the hands, more in the morning, accompanied by morning stiffness. Rhythm of pain:
1
inflammatory
mechanical
mechanical and inflammatory
starting
mechanical and starting
#
293.
Heberden's nodes are characteristic of:
1
osteoarthritis
acute rheumatic fever
gout
rheumatoid arthritis

scleroderma
#
294.
The most common location of affected joints in rheumatoid arthritis at the onset of the disease:
4
knee and ankle joints
hip joints
first metatarsophalangeal joint
II and III metacarpophalangeal and proximal interphalangeal joints of the hands
distal interphalangeal joints of the hands
#
295.
What is the provoking factor in the development of a gout attack:
2
intense exercise
heavy fatty meat foods and alcohol intake
hypothermia
mental stress
dehydration
#
296.
Joint syndrome in acute rheumatic fever includes:
2
damage to small joints of the hands
reversible arthritis of medium and large joints
progressive arthritis of medium and large joints
episodic exacerbation of arthritis of the first metatarsophalangeal joint
deformation of the knee joints
#
297.
The “tight glove” symptom is most typical for:
4
gout
rheumatoid arthritis
osteoarthritis
rheumatoid arthritis
scleroderma
#

298.
The concept of “ seropositive rheumatoid arthritis” includes:
4
detection of LE cells in the patient’s blood
of seromucoid in the patient’s blood
detection of a large number of neutrophils in the synovial fluid
detection of rheumatoid factor in the patient’s blood
ESR in the patient’s blood
#
299.
The minimum diagnostic titer of rheumatoid factor in blood serum (latex test) is:
2
1:10 _
1:20 _
1:32 _
1:64 _
1 : 128
#
300.
The minimum diagnostic titer of rheumatoid factor in the Waaler -Rose reaction is:
2
1:20 _
1:32 _
1:64 _
1 : 128
1 : 256
#
301.
The diagnostic criterion for rheumatoid arthritis is morning stiffness lasting at least:
2
20 minutes
1 hour
3 hours
1 day
2 days
#
302.
Signs of stage 1 rheumatoid arthritis during x-ray examination are:

1
periarticular osteoporosis
joint space narrowing
single marginal patterns of periarticular bone surfaces
multiple marginal patterns of periarticular bone surfaces
subluxations
bone ankylosis
#
303.
The symptom of morning stiffness is a consequence of:
2
reactive myositis
disturbances in the circadian rhythm of glucocorticosteroid production by the adrenal glands
muscle swelling due to hyperaldosteronism
inflammatory swelling of the joints
inflammatory swelling of muscles
#
304.
“Duck gait” is noted when the following is affected:
2
knee joints
hip joints
foot joints
all joints
small joints
#
305.
Nephrotic syndrome is a symptom complex that does not include:
1
arterial hypertension
proteinuria
hypoproteinemia
hyperlipidemia
swelling
#
306.
Renal failure syndrome does not manifest itself:
4

increased concentration of urea in the blood
increased concentration of creatinine in the blood
increased concentration of indican in the blood
hyperalbuminemia
hypoisosthenuria
#
307.
The patient complains of hand stiffness and dysphagia.
4
achalasia cardia
gastroesophageal reflux disease
esophageal carcinoma
systemic scleroderma
dermatomyositis
#
308.
Typical signs of rheumatic fever exclude
1
erythema nodosum
"flying" arthritis
rheumatic carditis
minor chorea
pleurisy
#
309.
X-ray changes in rheumatoid arthritis are first detected in:
3
elbow joints
shoulder joints
proximal interphalangeal or metacarpophalangeal joints
knee joints
ankle joints
#
310.
In elderly people it is predominantly common:
1
giant cell arteritis
hemorrhagic vasculitis
periarteritis nodosa

Buerger's disease
microscopic polyangiitis
#
311.
The most common hand deformities associated with rheumatoid arthritis are:
2
shortening of the fingers as a result of the osteolytic process
ulnar deviation
in the form of a "swan neck"
in the form of a boutonniere
hammer finger" shaped
#
312.
Of the laboratory tests listed below, the most important to identify the cause of monoarthritis is:
4
mucin clot test
determination of glucose in synovial fluid
determination of complement in synovial fluid
microscopic examination of synovial fluid
clinical blood test
#
313.
Bouchard's nodes appear when:
3
gout
rheumatoid arthritis
osteoarthritis
scleroderma
periarteritis nodosa
#
314.
In osteoarthritis, the most disabling localization of the pathological process is:
1
hip joints
knee joints
distal interphalangeal joints of the hands
shoulder joints
ankle joints

#
315.
The development of acute rheumatic fever is associated with infection:
3
virus
staphylococcus
beta-hemolytic streptococcus group A
alpha-hemolytic streptococcus group A
salmonella
#
316.
In systemic scleroderma, the following blood vessels are predominantly affected:
1
arterioles and capillaries
medium caliber vessels
vessels of any diameter
large vessels
venous vessels
#
317.
After exposure to the sun, a young woman developed malaise, low-grade fever, swelling and pain in the metacarpophalangeal and proximal interphalangeal joints of the hands. Most likely diagnosis:
2
rheumatoid arthritis
systemic lupus erythematosus
reactive arthritis
rheumatism
systemic scleroderma
#
318.
A 57-year-old patient a month ago developed pain in the hip joint when walking. Evidence in favor of primary coxarthrosis is:
2
palpation pain in the trochanter area
limitation of hip rotation on the affected side
shortening of the right leg 4 cm
positive Lassegue's sign on the right
positive Kushelevsky's sign

#
319.
Damage to the spine in ankylosing spondylitis and ankylosing spondylitis often begins with:
2
cervical spine
lumbar region
sacroiliac joints
thoracic
involvement of all parts of the spine in the process
#
320.
The distal interphalangeal joints are usually affected by:
3
hemophilic arthropathy
pseudogout
psoriatic arthritis
rheumatoid arthritis
rheumatism
#
321.
Specify a sign characteristic of infectious arthritis:
2
Crunching joints
leukocytosis in the blood, neutrophil shift to the left
impaired joint mobility
polyarthritis
X-ray picture – narrowing of the joint space
#
322.
Specify the most typical localization of gouty tophi :
2
in the sacral area
extensor surface of the elbow joint
in the area of the knee joints
nasal cartilage
Auricle
#
323.

Select the laboratory test that is most informative to confirm the diagnosis of polio
:
5
ESR
antinuclear factor
rheumatoid factor
antibodies to muscle antigens
increased blood levels of creatine kinase
#
324.
Which laboratory indicator is the most reliable criterion for the diagnosis of rheumatoid arthritis:
3
Increased α2-globulin levels
Presence of CRP in blood serum
Presence of rheumatoid factor in blood serum
Increasing ESR
Leukocytosis
#
325.
X-ray changes in rheumatoid arthritis are the earliest detected
3
In the elbow joints
In the shoulder joints
At the proximal interphalangeal or metacarpophalangeal joints
In the knee joints
In the ankle joints
#

1
What is the purpose of the examination?
5
To identify changes that have occurred with diseases of the maxillofacial;
To identify the subjective sensations of the patient;
To determine the condition of the dentition;

To determine the condition of the lip mucosa ;
To determine the condition of the mucous membrane of the cheeks, tongue.
#
2
What tools are used to examine the oral cavity?
3
Spatula, excavator, mirror ;
Mirror, excavator ;
Mirror, probe, tweezers ;
Mirror, sickle hook ;
Mirror, probe, excavator.
#
3
What information does the doctor receive from percussion?
5
The condition of the periodontium ;
The condition of the pulp ;
The depth of the gingival pockets ;
The presence of a carious process;
The presence of an inflammatory process in the jaw.
#
4
What is the sequence of the examination of the oral cavity?
2
The examination of the vestibule of the mouth ;
The examination of the mucous membrane of the gums and the oral cavity;
The examination of the tonsils ;
The examination of teeth;
The examination of the tongue.
#
5
What does the presence of dental deposit lead to?
4
The formation of pulpitis and periodontitis ;

The formation of caries and periodontal diseases ;
The formation of dentofacial anomalies ;
Diseases of the mucous membrane.
#
6
Fluorosis is a disease associated with:
3
A lack of fluoride;
Diseases of the internal organs;
Excess fluoride ;
Improper development of teeth and dentition ;
Incorrect filling.
#
7
Permissible concentration of fluorine in water:
2
up to 0.5 mg / l;
up to 1.5 mg / l;
up to 3.0 mg / l;
up to 6.0 mg / l;
up to 9.0 mg / l.
#
8
What is the definition of caries?
3
Caries is a common disease of the body leading to softening of the hard tissues of the tooth.
Caries is a putrefactive process.
Caries is a pathological process in which demineralization of the hard tissues of the tooth occurs, followed by the formation of a cavity.
Caries is an oral disease.
Caries is characterized by the formation of defects in the teeth.
#

9
What local factors predispose to the development of caries?
3
Carbohydrates, soft, refined foods;
Tartar;
Dental deposit, changes of the composition and properties of the oral fluid, carbohydrates;
Putrifactive microorganism of the oral cavity;
The effect of alkalis on the hard tissues of the tooth.
#
10
What common factors predispose to the development of caries?
4
Defective mineralization;
Poisoning by strong acids and alkalis:
Long-term antibiotic treatment;
Changes in the functional state of organs and systems of the body, inadequate food and bad drinking water, and extreme factors.
#
11
What are the patient’s complaints with caries in the spot stage?
2
Pain from temperature stimuli;
Aesthesia of drawing of the mouth from chemical stimuli (sour, sweet);
Pain when biting;
Paroxysmal short-term pain ;
Constant aching pain.
#
12
What are the patient’s complaints with superficial caries?
4
Short-term pain from mechanical stimuli;
Long-lasting aching pain; Short-term spontaneous pain;

Short-term pain from temperature, chemical stimuli;
Short-term pain from stimuli.
#
13
Which of the following substances are the most active to enhance the processes of enamel remineralization of teeth with caries?
5
Selenium, copper;
Vitamins;
Fluorine, calcium;
Preparations containing dextanase;
Man-made carbohydrates
#
14
What can cause the occurrence of night pain with pulpitis?
3
The death of odontoblasts;
The fluxion to the pulp in the horizontal position of a person; The prevalence of night activity of the parasympathetic nervous system and a
slowdown in the rhythm of cardiac activity;
The formation of dentin in the tooth cavity;
The vasodilation in the inflammatory process.
#
15
What are the methods of treatment for pulpitis?
3
Diathermocoagulation of the tooth pulp ;
Medical activity of the pulp, the method of removing the pulp;
The method of preserving the vital activity of the pulp;
The pulp removal method, tooth extraction;
The root tip reaction method, hemisection.
#
16

What are the goals and objectives in the treatment of periodontitis?
1
To relieve pain, stimulate the regeneration of bone tissue and periodontal tissues, restore tooth function;
To prepare the carious cavity;
To open the cavity of the tooth and apply a temporary dressing;
To prepare the carious cavity and apply medical paste of calcium, calcemin.
#
17
What methods are the most accurate in the differential diagnostics of chronic apical periodontitis and chronic pulpitis?
2
Percussion, palpation, culture on microflora;
Radiography, electrometry;
Thermometry, cytology,
Cytology, biology;
Sounding, percussion, biology.
#
18
What is characteristic of aggravated periodontitis?
1
Constant aching pain when biting, the transitional fold in the area of the causative tooth is hyperemic, swollen, painful on palpation;
Acute attacks of pain manifested as a result of irritation of the "trigger zone", pain mainly in the daytime;
Deep carious cavity;
Night pain, radiating to the branches of the trigeminal nerve EDI -25 Ma;
Pain from temperature stimuli.
#
19
What are the main signs of malignancy in the oral mucosa?
4
Bleeding;
Compaction at the base of erosion, keratosis, vegetation;

The duration and failure of treatment, atypical cells in cell smears;
1 + 2 + 3
The presence of ulcers with uneven, creeping edges.
#
20
What does the concept of "periodontal pocket" mean?
4
A pocket that is located within the gums;
A pocket with gingival fluid;
A pocket in which periodontal tissues are partially destroyed
A pocket that is located within the gingival groove;
A pocket in which the periodontal tissue size decrease
#
21
What are the main clinical signs of periodontal disease?
2
The presence of pathological gingival pockets;
Atrophy of the alveolar bone and periodontal soft tissue, tooth mobility, and
displacement ;
The absence of gingival inflammation, tooth stability, uniform atrophy of the
alveolar process, hyperesthesia of the neck of the teeth and their exposure;
Itching, bleeding gums;
Pathological gingival pockets.
#
22
What are the main clinical signs of gingivitis?
1
Itching, pain, swelling and hyperemia of the gingival papillae;
The presence of pathological gingival pockets ;
Destructive processes in the alveolar bone, detected by X-ray;
Hyperesthesia of the neck of a tooth;
Mobility, exposure of the neck of the teeth due to atrophy of the
#

23
What is the complex therapy of periodontal diseases?
2
Treatment of the underlying disease, restorative, stimulating, and desensitizing therapy, a diet, personal hygiene;
A diet, medical, surgical, and orthopedic treatment, physiotherapy;
Medical, surgical,and orthopedic treatment;
Surgical treatment;
Local therapeutic treatment.
#
24
What are the preventive measures for periodontal disease?
1
Oral sanitation, prevention and treatment of diseases of internal organs and systems, immune system reinforcement and tempering of the body, personal hygiene;
Prevention and treatment of diseases of internal organs;
Sanitation of the oral cavity;
Conducting orthopedic, surgical, and physiotherapy methods of treatment.
#
25
What solutions are used to neutralize the mucous membrane with alkali burns?
2
1% solution of ammonia, soapy water;
0.5% solution of citric and acetic acids, 0.1% solution;
Ethyl alcohol;
Formalin.
#
26
What solutions are used to neutralize the mucous membrane with acid burns?
1
0.1% solution of ammonia, soapy water, 1% non-lime water;
0.5% solution of citric and acetic acids, 0.1% solution of hydrochloric acid;

Ethyl alcohol;
Formalin.
#
27
What are the ways of candidiasis?
4
Airborne;
Hematogenous;
Placental;
The transition of conditionally pathogenic fungi to pathogenic.
#
28
What is the causative agent of acute herpetic stomatitis?
3
Fusospirochetes;
Coxsackie virus;
Herpes simplex virus;
Chickenpox virus.
#

Family Medicine MCQs for State Exam

1

Baby 4 months old is not able to breastfeed and chest indrawing is present. This can be classified (according to the strategy of the Integrated Management of Childhood Illness) as:

2

pneumonia

severe pneumonia

common cold

dehydration

unconsciousness

#

2

Which of the following signs is «general danger sign» (according to the strategy of the Integrated Management of Childhood Illness) in a sick child who is 11 months old?
2
axillary temperature ≥ 39.0°C
lethargy
history of vomiting related to this illness
blood in the stool
stridor
#
3
Which of the following signs is «general danger sign» (according to the strategy of the Integrated Management of Childhood Illness) to be checked in any child 2 months up to 5 years brought to the health facility?
5
irritability
axillary temperature ≥ 39.0°C
severe wheezing
pus draining from the ear
convulsions
#
4
What is "fast breathing" in a 3-month-old child with cough?
4
20 breaths per minute or more
30 breaths per minute or more
40 breaths per minute or more
50 breaths per minute or more
60 breaths per minute or more
#
5
You can classify that a child aged 2 years with cough has «fast breathing» (according to the strategy of the Integrated Management of Childhood Illness) if he has a respiratory rate of
3
60 bpm or more
50 bpm or more
40 bpm or more
30 bpm or more

20 bpm or more
#
6
If the child aged 8 months has wheezing and either fast breathing or chest indrawing present, the family doctor should (according to the Integrated Management of Childhood Illness strategy):
2
Refer urgently to hospital
Give a trial acting inhaled bronchodilator for up to 3 times
Assess vital signs, possible general danger signs
Give Vitamin A and oral rehidratation
Give the first trial dose of antibiotic
#
7
Which of the following signs would make you classify a 9-month-old child with difficult breathing as «severe pneumonia» according to the Integrated Management of Childhood Illness strategy:
5
fast breathing
axillary temperature ≥ 39.0°C
audible wheeze
respiratory rate of 45 breaths per minute
stridor when calm
#
8
Which of the following signs would make you classify a 5-month-old child with difficult breathing as «severe pneumonia» according to the Integrated Management of Childhood Illness strategy?
1
chest indrawing
irritability
stridor when agitated
respiratory rate of 52 breaths per minute
restlessness
#
9
Which of the following signs in a 5-month-old child with cough are an indication for urgent referral (according to the Integrated Management of Childhood Illness strategy)?

4
respiratory rate of 60 breaths per minute
cough more than 30 days
stridor when agitated
chest indrawing
axillary temperature ≥ 39.0°C
#
10
Which of the following signs is required to classify a one-year-old child with diarrhoea as «Severe dehydration» (according to the Integrated Management of Childhood Illness strategy)?
3
skin pinch goes back slowly
restless
lethargic
drinks eagerly, thirsty
vomiting
#
11
Which of the following children with diarrhoea are classified as having «Some dehydration» (according to the Integrated Management of Childhood Illness strategy)?
1
drinks eagerly and skin pinch goes back slowly
has had convulsions during this illness and drinks eagerly
has blood in the stool and is irritable
is restless and has had vomit during this illness
has sunken eyes and drinks normally
#
12
A child aged 2 years 1 month for 8 days has a loose stool with signs of irritability and severe thirst. Determine the most likely tactics of child management according to the Integrated Management of Childhood Illness strategy:
1
oral rehydration therapy
rational antibiotic therapy
dietary change
hospitalization in a hospital
dynamic observation

#
13
Which of the following is consistent with a classification of «Persistent diarrhoea» (according to the strategy of the Integrated Management of Childhood Illness)?
5
diarrhoea lasting for more than 3 days
diarrhoea lasting for more than 7 days
diarrhoea lasting for more than 10 days
diarrhoea lasting for more than 12 days
diarrhoea lasting for more than 14 days
#
14
A 6-month-old unimmunized female infant is brought with a 6-hour history of fever, vomiting, and watery, foul-smelling nonbloody diarrhea. On physical examination, her temperature is 39°C with a heart rate of 130 beats/min, respiratory rate of 54 breaths/min, and a blood pressure of 75/50 mm Hg. She appears severely dehydrated, with dry mucous membranes and a capillary refill time of about 3 seconds. Stool examination is negative for occult blood. Of the following, the most likely pathogen causing this infant's illness is:
4
Giardia lamblia
Influenza
Shigella dysenteriae
Rotavirus
Salmonella typhi
#
15
How do you classify (according to the strategy of the Integrated Management of Childhood Illness) a 14-month-old child who has had diarrhoea for 15 days, has sunken eyes and has no other signs?
5
severe dehydration
some dehydration
no dehydration
severe persistent diarrhoea
persistent diarrhoea
#
16

A characteristic feature of the diarrheal syndrome with shigellosis is the presence of:
1
scanty, foul-smelling stools mixed with cloudy mucus and blood
copious loose stools with a lot of greenery and mucus
copious offensive stools mixed with mucus
loose, frothy, undigested stools
copious, jelly-like, crimson stools
#
17
A child aged 6 weeks has had loose stools for the last 3 days. On examination, the child is inhibited, the reactions are sluggish, the eyes are sunken. The skin fold on the abdomen straightens very slowly. According to the mother, there was no blood in the stool. What is the doctor's tactics (according to the strategy of the Integrated Management of Childhood Illness):
5
rehydration therapy
rational antibiotic therapy
dietary change
dynamic observation
hospitalization in a hospital
#
18
How do you classify (according to the strategy of the Integrated Management of Childhood Illness) a 4-month-old child who has been having diarrhoea for 16 days, is not breast-fed, has no general danger signs, is alert, has no sunken eyes, drinks eagerly and in whom the skin pinch goes back immediately?
5
severe dehydration
some dehydration
no dehydration
severe persistent diarrhoea
persistent diarrhoea
#
19
How do you classify (according to the strategy of the Integrated Management of Childhood Illness) a 23-month-old child who has been having diarrhoea for 20 days, has no general danger signs, is alert, has sunken eyes, drinks eagerly and in whom the skin pinch goes back immediately?

4
severe dehydration
some dehydration
no dehydration
severe persistent diarrhoea
persistent diarrhoea
#
20
How do you classify (according to the strategy of the Integrated Management of Childhood Illness) a 19-month-old child who has been having diarrhoea for 7 days, has no general danger signs, is irritable, has no sunken eyes, drinks normally and in whom the skin pinch goes back immediately?
3
severe dehydration
some dehydration
no dehydration
severe persistent diarrhoea
persistent diarrhoea
#
21
A child should be assessed for the «Main symptom» of fever (according to the strategy of the Integrated Management of Childhood Illness) if the child:
4
has a history of fever
has a history of vomiting
has axillary temperature of 37.0°C or above
has axillary temperature of 37.5°C or above
has rectal temperature of 37.5°C or above
#
22
A child aged 2 years 8 months has a constant rise in temperature up to 39.2 ° C for 10 days. Determine the most likely tactics for managing the child (according to the strategy of «Integrated Management of Childhood Illness»):
5
rational antibiotic therapy
oral rehydration therapy
antipyretic therapy
dynamic observation
hospitalization in a hospital

#
23
Which of the following signs would make you classify (according to the strategy of «Integrated Management of Childhood Illness») as «Very severe febrile disease» a 2-year-old child, who arrived from a no malaria risk area five days ago and has had fever for the last three days (he lives in a no malaria risk area)?
3
restless
fine erythematous rash
stiff neck
vomit during the illness
blood in stool
#
24
Which of the following signs must a child have to be classified as having «Mastoiditis» (according to the strategy of «Integrated Management of Childhood Illness»)?
2
redness behind the ear
tender swelling behind the ear
pus draining from one of the ears
no pus draining from both ears
axillary temperature of 37.5°C or above
#
25
How do you classify (according to the strategy of «Integrated Management of Childhood Illness») a two-year-old child with an axillary temperature of 37.5°C, pus seen coming from the ear and no tender swelling behind the ear whose mother says that pus has been coming for 5 days?
2
mastoiditis
acute ear infection
chronic ear infection
very severe febrile disease
possible bacterial infection
#
26
A baby at the age of 4 months has become restless over the last 7 days, sleeps worse day and night, screams “for no reason” after feeding and in between.

According to the mother, hypogalactia is noted. What is the doctor's tactics (according to the strategy of the Integrated Management of Childhood Illness):
4
rehydration therapy
dynamic observation
transfer to artificial feeding
supplementary feeding
introduction of complementary foods
#
27
How do you classify (according to the strategy of the Integrated Management of Childhood Illness) a 25-month-old child who has oedema of both feet and is not low weight for age?
1
severe malnutrition
low weight
severe febrile disease
possible bacterial infection
not low weight
#
28
How do you classify (according to the strategy of the Integrated Management of Childhood Illness) a 9-month-old boy weighing 5 kg who has severe palmar pallor and no other signs?
1
severe malnutrition
low weight
severe febrile disease
possible bacterial infection
not low weight
#
29
A child under 5 years of age needs at least four vaccinations against each of the following infections except one. What vaccine is not required for a child under 5 years of age?
5
pneumococcal vaccine
combination vaccine against diphtheria, tetanus and pertussis
Hemophilus influenzae type B vaccine

inactivated polio vaccine
chickenpox vaccine
#
30
Select the symptom that is most likely to be a sign of a bacterial infection in an infant between 2 weeks and 2 months of age (according to the Integrated Management of Childhood Illness strategy):
4
breathing at a rate of 57 per minute
cough for 38 days
stridor
chest retraction
rectal temperature 37.5 ° C
#
31
The sudden appearance of cyanosis in a newborn in a horizontal position and its disappearance in an upright position most likely indicates:
3
congenital heart disease
hyaline membrane disease
diaphragmatic hernia
aspiration syndrome
respiratory distress syndrome
#
32
What combined condition can mask the phenomenon of cyanosis in the development of acute respiratory failure?
4
erythrocytosis
hypovolemia
hypotension
anemia
hyperthermia
#
33
Which of the following disturbances may be the common reason of the low effect from oxygen therapy:
3
oxygen diffusion through the alveolar-capillary membrane

ventilation of the lungs
lung perfusion
central regulation of respiration
dissociation of oxyhemoglobin
#
34
How do pulse oximetry changes in case of carbon monoxide poisoning?
5
do not change
are fluctuating
are significantly reduced
are cyclical
overestimate increases
#
35
At what partial pressure of oxygen in the blood (mm Hg), is respiratory failure clinically determined?
1
less than 75
less than 80
less than 85
less than 90
less than 95
#
36
At what level of reduced hemoglobin in the blood (g / l) is cyanosis clinically detected?
5
more than 10
more than 20
over 30
more than 40
more than 50
#
37
With spirography of a 58-year-old patient, the revealed changes (VC 50% of the proper value, FEV1 - 40% of the proper value, Tiffno's index - 50%) correspond to:
3

restrictive type of ventilation disorder
obstructive ventilation disorder
mixed ventilation failure
variant of the norm
changes are not associated with the pathology of the respiratory system
#
38
A 60-year-old man is diagnosed with moderately severe COPD. He admits to a long history of cigarette smoking and is still currently smoking. In counseling him about the benefits of smoking cessation, which of the following statements is most accurate?
2
By quitting, his pulmonary function will significantly improve.
By quitting, his current pulmonary function will be unchanged, but the rate of pulmonary function decline will slow.
By quitting, his current pulmonary function and the rate of decline are unchanged, but there are cardiovascular benefits.
By quitting, his pulmonary function will approach that of a nonsmoker of the same age.
By quitting, his current pulmonary and cardiovascular function are unchanged
#
39
A 38-year-old woman presents with progressively worsening dyspnea and cough. She has never smoked cigarettes, has no known passive smoke exposure, and does not have any occupational exposure to chemicals. Pulmonary function testing shows obstructive lung disease that does not respond to bronchodilators. Which of the following is the most likely etiology?
3
Radon exposure at home
COPD
a1-Antitrypsin deficiency
Asthma
Pneumonia
#
40
A 59-year-old man with a known history of COPD presents with worsening dyspnea. On examination, he is afebrile. His breath sounds are decreased bilaterally. He is noted to have jugular venous distension and 2+ pitting edema of

the lower extremities. Which of the following is the most likely cause of his increasing dyspnea?
4
COPD exacerbation
Pneumonia
a1-Antitrypsin deficiency
Cor pulmonale
Pneumothorax
#
41
A patient with a hoarse voice and periodic aphonia has difficulty breathing with attacks of suffocation. What is the most likely cause of this difficulty breathing?
1
fixed foreign body of the larynx
foreign body of the main bronchus
tracheal foreign body
segmental bronchus foreign body
obturation of the lobar bronchus of the middle lobe of the right lung
#
42
Which of the following physical examination findings is most suggestive of obstructive sleep apnea?
2
Smoking
Obesity
Acanthosis nigricans
Peripheral edema
Elevated blood pressure
#
43
For which pathogen is the interstitial type of inflammation of the lung tissue most typical?
4
chlamydia
staphylococcus
pneumococcus
cytomegalovirus
klebsiella
#

44
Which of the following drugs is most suitable for the treatment of mycoplasma pneumonia?
5
Tetracycline
Cefuroxime
Ampicillin
Bicillin
Erythromycin
#
45
Which of the following drugs is contraindicated for the treatment of pneumonia in pregnant women?
2
Penicillin
Levofloxacin
Rovamycin
Ceftriaxone
Erythromycin
#
46
Pneumonia that developed during an influenza epidemic, and proceeds with rapidly progressive destruction of lung tissue, is usually caused by:
3
pneumococcus
Friedlander's wand
staphylococcus
mycoplasma
cytomegaly virus
#
47
Which of the following criteria is more likely to indicate a severe course of pneumonia:
2
bradycardia with heart rate ≤ 60 per minute
tachycardia with a heart rate of ≥120 per minute
arterial hypertension with diastolic blood pressure> 100 mm Hg
with systolic blood pressure of 100 mm Hg.
ventricular premature beats in the amount of 150-190 complexes per day

#
48
Which of the following drugs is most suitable for the treatment of pneumonia in a pregnant woman in the 1st trimester?
5
Ciprofloxacin
Tetracycline
Levomycetin
Doxycycline
Amoxicillin
#
49
A 7-year-old child presented with complaints of wet cough, fever and general malaise. A detailed examination did not reveal any other symptoms. All vaccinations received. X-ray examination showed that the child had lobar pneumonia. Which of the following is most appropriate for this patient?
2
Ibuprofen
Ampicillin
Ceftriaxone
Chloramphenicol
Interferon
#
50
Which of the following drugs is most suitable for the treatment of vasospastic angina?
3
histamine receptor blockers
β-adrenergic receptor blockers
slow calcium channel blockers
blockers of α-adrenergic receptors
serotonin reuptake blockers
#
51
Which of the following drugs is most suitable for the treatment of stable exertional angina in patients with concomitant bronchial asthma?
3
nitrates
sinus node If-channel inhibitors

benzothiazepine calcium antagonists
dihydropyridine calcium antagonists
cyclooxygenase inhibitors
#
52
A 42-year-old lawyer came to you about chest pain about 1 week after his 52-year-old colleague suffered a myocardial infarction. Your patient is experiencing intermittent, mild pain that is unrelated to exertion and is more likely to occur while sitting and watching television in the evenings. The resting electrocardiogram and treadmill ECG stress test showed no abnormalities. And after the results of the examination were announced, the patient said that all his symptoms had disappeared. Which condition is the most consistent with the presented clinical situation?
4
depressive disorder
hypochondriacal disorder
somatisation disorder
anxiety disorder
bipolar disorder
#
53
Which of the following drugs is most suitable for lowering blood pressure in a woman during lactation?
1
drotaverine
magnesium sulfate
nifedipine
clonidine
propranolol
#
54
Which of the following drugs are contraindicated in the treatment of hypertension in a woman during pregnancy?
4
alpha adrenergic agonists
calcium channel blockers
beta blockers
ACE inhibitors
potassium-sparing diuretics

#
55
The absolute contraindication for the appointment of thiazide diuretics in patients with arterial hypertension is:
3
atrial fibrillation
atrioventricular block
gout
chronic heart failure
diabetes
#
56
Which of the following conditions is characterized by an earlier appearance of ascites in comparison with peripheral edema?
4
mitral stenosis
decompensated chronic cor pulmonale
dilated cardiomyopathy
cirrhosis of the liver
thrombophlebitis of the femoral veins
#
57
The simplest clinical indicator of the effectiveness of diuretic therapy in patients with chronic heart failure is:
3
decrease in end-diastolic pressure in the right ventricle
decreased heart rate
weight loss
decrease in liver size
decreased serum potassium concentration
#
58
A 35-year-old man came to your appointment. A month ago, I had a sore throat, after 2 weeks after which there were swelling under the eyes, weakness, fatigue. And after another 2 weeks, swelling of the legs joined. In the analysis of urine: specific gravity - 1022, protein - 4.0 g / l, erythrocytes - 20-25 in the field of view, hyaline cylinders in the preparation. Which of the following is the most likely diagnosis?
4

renal amyloidosis
acute pyelonephritis
exacerbation of chronic glomerulonephritis
acute glomerulonephritis
acute cystitis
#
59
What is the most characteristic localization of the so-called. "cardiac" edema in infants?
4
feet and shins
occiput area
shoulder girdle area
face, pubis and genitals
sacrum area
#
60
A 7-year-old girl came to the clinic with complaints of generalized edema, back pain, decreased urination, and weight gain. It is known from the anamnesis that the child suffered acute tonsillitis 2 weeks ago. What is the most likely diagnosis?
5
acute pyelonephritis
acute myocarditis
urolithiasis disease
hemorrhagic vasculitis
acute glomerulonephritis
#
61
A 42-year-old overweight but otherwise healthy woman presents with sudden onset of right-upper abdominal colicky pain 45 minutes after a meal of fried chicken. The pain is associated with nausea and vomiting, and any attempt to eat since has caused increased pain. Which of the following is the most likely cause?
2
Gastric ulcer
Cholelithiasis
Duodenal ulcer
Acute hepatitis
Acute pancreatitis
#

62
Which of the following drugs is the first-line H. pylori eradication therapy:
4
Levofloxacin
Tetracycline
Ciprofloxacin
Amoxicillin
Sulfasalazine
#
63
Which of the following drugs is the is most suitable for the treatment of candida esophagitis:
5
Albendazole
Ranitidine
Omeprazole
Metronidazole
Fluconazole
#
64
A patient presents with “night” abdominal pain that occurs 2.5–4 hours after eating and disappear after the next meal. Which of the following is the most likely cause?
2
ulcer of the fundus of the stomach
duodenal ulcer
nonspecific ulcerative colitis
chronic pancreatitis
ulcer of the lower esophagus
#
65
The typical pain pattern in duodenal ulcer occurs?
4
15 minutes to 1 hour after a meal
30 minutes to 2 hour after a meal
60 minutes to 3 hour after a meal
90 minutes to 3 hour after a meal
3 hour to 12 hour after a meal
#
66

What is the most characteristic manifestation of infectious esophagitis?
3
heartburn
hiccups
odynophagia
belching air
vomiting bile
#
67
Steatorrhea is defined as an increase in stool fat excretion of how much of dietary fat intake?
4
1%
2%
4%
6%
7%
#
68
In a western-type diet, diarrhea as a sign is a quantitative increase in stool water or weight of?
2
more than 100 - 200 gram / day
more than 200 - 225 gram / day
more than 300 - 425 gram / day
more than 400 - 500 gram / day
more than 600 - 800 gram / day
#
69
Which of the following diarrhea would undoubtedly cease during a prolonged fast?
1
Primary lactase deficiency
Enterotoxin-induced traveler’s diarrhea
VIPoma
Cholera
Brainerd diarrhea
#
70
Small ileal dysfunction leads to?

2
Fatty acid diarrhea
Bile acid diarrhea
Chloride diarrhea
Protein diarrhea
Carbohydrate diarrhea
#
71
Large ileal dysfunction leads to?
1
Fatty acid diarrhea
Bile acid diarrhea
Chloride diarrhea
Protein diarrhea
Carbohydrate diarrhea
#
72
Which of the following is considered as “safe grains” (gluten-free)?
4
Wheat
Rye
Oats
Rice
Barley
#
73
What value of stool pH is consistent with carbohydrate malabsorption?
2
less than 4.2
less than 5.6
less than 6.6
less than 7.6
less than 8.6
#
74
After how many months of a strict gluten free diet, celiac disease is termed refractory?
5
1 month

3 months
6 months
9 months
12 months
#
75
In celiac disease, the lowest amount of daily gluten that causes damage to celiac intestinal mucosa over time (gluten threshold) is?
2
1 to 5 mg per day
10 to 50 mg per day
100 to 300 mg per day
500 to 1000 mg per day
2000 to 4000 mg per day
#
76
For frequent recurrences of bacterial overgrowth syndrome, which of the following treatment strategies is most effective?
4
Antibiotics for 1 time per week
Antibiotics for 3-4 weeks
Antibiotics until symptoms remit
Antibiotics for 1 week per month
Antibiotics continuously
#
77
With Sulfasalazine therapy, which of the following should be supplemented?
3
Zinc
Iron
Folic acid
Vitamin B12
Pyridoxine
#
78
A 34-year-old white woman is treated for Urinary tract infections with amoxicillin. Initially she improves, but 5 days after beginning treatment she develops recurrent fever, abdominal bloating, and diarrhea with six to eight loose stools per day. On examination, she appears hypovolemic and moderately ill. Temperature is 38°C

and the abdomen is moderately tender without guarding. What is the best diagnostic test to confirm your diagnosis?
1
identification of Clostridium difficile toxin in the stool
isolation of C difficile in stool culture
stool for white blood cells (fecal lactoferrin)
detection of IgG antibodies against C difficile in the serum
visualization of gram-positive rods on microscopic examination of stool
#
79
A 23-year-old girl with constipation-predominant irritable bowel syndrome was referred to clinic with ongoing anal pain. She described excruciating pain on defecation with hard stools. On rectal examination her GP had identified an anal fissure. Treatment with warm baths, stool softeners, and topical anesthetic gels had failed to provide relief. What would be the next most appropriate treatment?
3
Botulinum toxin injections
Lateral sphincterotomy
Topical diltiazem
Topical glyceryl trinitrate
Topical hydrocortisone
#
80
A 33-year-old woman complained of constipation for the last 8 months. She was treated with movicol and sodium docusate at the maximum doses; this did not improve her symptoms. Which is the most appropriate next drug to try?
5
Sodium phosphate enemas
Poloxamer drops
Lactulose
Glycerol suppositories
Prucalopride
#
81
Which of the following drugs cause constipation as a side effect?
1
Diuretics
Lincosamide antibiotics
Magnesium hydroxide

Quinidine
Digoxin
#
82
Which of the following are lifestyle causes of constipation?
3
Lack of sleep
Excessive walking
Lack of exercise
Smoking
Chronic alcohol intake
#
83
Which of the following are diet causes of constipation?
2
Lack of meat
Lack of fibre
Lack of fats
Lack of grains
Lack of fish
#
84
Which of the following diseases has constipation as its common clinical feature?
1
Irritable bowel syndrome
Chronic pancreatitis
Celiac disease
Tropical sprue
Hyperthyroidism
#
85
A 25-year-old man presents with 3 days of scleral icterus but has been otherwise feeling well. His laboratory results are AST 45 U/L, ALT 48 U/L, alkaline phosphatase 100 U/L, total bilirubin 3.2 mg/dL, direct bilirubin 0.2 mg/dL, and albumin 3.5 g/dL. Complete blood count and lactate dehydrogenase (LDH) are normal. Which of the following is the most likely diagnosis?
3
Hemolysis
Alcoholic hepatitis

Gilbert disease
Acute pancreatitis
Gallstones
#
86
What quantity of alcohol consumption per day is associated with an increased rate of alcoholic liver disease in men ?
2
10 to 25 grams
25 to 33 grams
33 to 45 grams
45 to 62 grams
62 to 80 grams
#
87
Which of the following is often the first indication of worsening fibrosis in liver cirrhosis?
4
mild elevations of bilirubin
prolongation of prothrombin time
slight decreases in serum albumin
mild thrombocytopenia
bile salts skin itching
#
88
In isolated unconjugated hyperbilirubinemia, of the total bilirubin, the direct bilirubin is?
1
less than 15 %
less than 20 %
less than 25 %
less than 30 %
less than 35 %
#
89
Bilibubin levels of physiologic neonatal jaundice return to normal adult concentrations within?
2
1 week

2 weeks
3 weeks
4 weeks
5 weeks
#
90
“Breast milk jaundice” in neonates is due to presence of what in breast milk ?
3
immunoglobulins
proteins
fatty acids
carbohydrates
hormones
#
91
A 7-year-old girl came to the clinic with complaints of generalized edema. What is the most likely diagnosis?
5
acute pyelonephritis
acute myocarditis
urolithiasis disease
hemorrhagic vasculitis
acute glomerulonephritis
#
92
You are following a 54-year-old patient with hypertension and diabetes in your office. Despite good blood pressure and glycemic control, his glomerular filtration rate (GFR) has started to decrease. His GFR measurement was 74 mL/min/1.73 m2 3 months ago. At this visit, his GFR is 55 mL/min/1.73 m2. His creatinine is within normal limits, and his serum potassium is 5.2 mmol/L. The patient denies any changes in urination or other problems. Which of the following is most appropriate at this stage?
4
see the patient more frequently, at least monthly
increase his angiotensin-converting enzyme (ACE)-inhibitor
add diuretic therapy
refer to a nephrologist
refer to a vascular surgeon for fistula placement
#

93
Which one of the following is the definition of microalbuminuria?
2
urinary albumin/creatinine ratio of 30–300 mg/g
urinary albumin of 30–300 mg/L
urinary albumin/serum albumin ratio of 30–300 mg/g
albumin blood/urea ratio of 30–300 mg/g
creatinine blood/urea ratio of 30–300 mg/g
#
94
Proteinuria in excess of 3.5 g per day is a typical feature of:
1
renal amyloidosis
cardiac failure
polycystic renal disease
chronic pyelonephritis
acute glomerulonephritis
#
95
An 20-year-old marathon runner has been training during the summer. He is brought to the emergency room disoriented after collapsing on the track. His temperature is 38.9C°. A Foley catheter is placed and reveals reddish urine with 3+ blood on dipstick and no cells seen microscopically. Which of the following is the most likely explanation for his urine?
4
glomerulonephritis
prerenal azotemia
underlying renal disease
myoglobinuria
heart failure
#
96
A 24-year-old man complains of acute hemoptysis over the past week. He denies smoking or pulmonary disease. His blood pressure is 130/70 mm Hg, and his physical examination is normal. His urinalysis also shows microscopic hematuria and red blood cell casts. Which of the following is the most likely etiology?
3
Metastatic renal cell carcinoma to the lungs
Acute tuberculosis of the kidneys and lungs

Goodpasture disease
Systemic lupus erythematosus
Aplastic anemia
#
97
A 19-year-old man was seen at the university student health clinic a week ago complaining of pharyngitis, and now returns because he has noted discoloration of his urine. He is noted to have elevated blood pressure (178/ 110 mm Hg), and urinalysis reveals red blood cell casts, dysmorphic RBCs, and 1+ proteinuria. Which of the following is the most likely diagnosis?
2
systemic lupus erythematosus
poststreptococcal glomerulonephritis
renal amyloidosis
HIV nephropathy
diabetic nephropathy
#
98
A 37-year-old woman with multiple medical problems has been noted to have progressively worsening renal insufficiency. Which of the following measures is most important in the prevention of end-stage renal disease?
5
tobacco cessation
triglyceride control
weight control
dietary sodium measurement
glycemic control
#
99
A 47-year-old woman with type 2 diabetes presents with decreased vision in the left eye for 1 year, "1+" proteinuria, a baseline creatinine of 1.6 mg/dL (141,5 mmol/L), an low-density lipoprotein of 135 mg/dL (3.5mmol/L), blood pressure of 145/92 mm Hg, and occasional chest pain for the past 2 months. Which of the following is the best medication to start the patient on at this time?
1
ACE inhibitor
b-Blocker
Oral nitrate
Thiazide diuretic

Aspirin
#
100
A 69-year-old man with a history of end-stage renal disease presents with chest pain. On examination, a pericardial friction rub is noted. His ECG shows diffuse ST-segment elevation. Which of the following is the best definitive treatment?
4
NSAIDs
Steroids
Oral nitrate
Dialysis
Oxygen
#
101
Which of the following laboratory findings is most consistent with poststreptococcal glomerulonephritis?
3
elevated serum complement levels
positive antinuclear antibody titers
elevated antistreptolysin O titers
positive blood cultures
positive cryoglobulin titers
#
102
Which of the following is the best screening test for early diabetic nephropathy?
2
dipstick urinalysis
urine microalbuminuria
renal biopsy
fasting blood glucose
twenty-four-hour urine collection for creatinine clearance
#
103
Which one of the following laboratory results is indicative of a prerenal injury rather than an intrinsic renal injury?
4
presence of blood cell casts in urine microscopy
urine sodium > 20 mmol/L
urine specific gravity < 0.010

fractional excretion of sodium < 1%
urinary albumin/creatinine ratio of 30–300 mg/g
#
104
A 64-year-old woman presented with symptoms of tiredness, lethargy, aching joints, poor appetite and nausea of 7 weeks' duration. Physical examination was unremarkable except pallor and a BP of 160/100 mmHg. Routine blood tests revealed: haemoglobin 10 g/dL, blood urea 26 mmol/L and serum creatinine 386 μmol/L. Further examination revealed purpuric spots in both legs and +++ blood and +++ protein on urinalysis. What is the likely diagnosis?
1
acute glomerulonephritis
minimal change nephropathy
acute pyelonephritis
diabetic nephropathy
hypertensive nephrosclerosis
#
105
The most common uropathogen responsible for urinary tract infection is:
2
Staphylococcus saprophyticus
Escherichia coli
Klebsiella pneumoniae
Proteus mirabilis
Mycoplasma hominis
#
106
Which one of the following antibiotics is recommended in the treatment of UTI in a patient with acute prostatitis?
5
Co-amoxiclav
Maxipime
Amoxicillin
Cefalexin
Ciprofloxacin
#
107
In which of the following situations would you consider treating an asymptomatic patient identified to have more than 10^5 E.coli/mL urine?

2
healthy 14 year old girl
32 year old pregnant woman
24 year old woman, normal ultrasound and flexible cystoscopy in the past
67 year old man with a urethral catheter in situ
78 year old woman with a ureteric stent in place for retroperitoneal fibrosis
#
108
A 68-year-old female presents with a two-day history of haematuria, dysuria, frequency and foul-smelling urine. On examination she has a temperature of 37.1°C and she has tenderness in the suprapubic region of her abdomen. What is the likely diagnosis?
3
pyelonephritis
renal calculus
cystitis
acute interstitial nephritis
acute urethritis
#
109
You are seeing a 34-year-old man with urinary symptoms. He reports frequency, urgency, and moderate back pain. He is febrile and acutely ill. He has no penile discharge. His urinalysis shows marked pyuria. He has never had an episode like this before, and has no known urinary tract abnormalities. Which of the following is the most likely diagnosis?
1
acute prostatitis
gonococcal urethritis
nongonococcal urethritis
acute bacterial cystitis
pyelonephritis
#
110
Pyuria in the absence of bacteriuria (sterile pyuria) indicates infection with?
4
Escherichia coli
Streptococcal species
Klebsiella
Chlamydia trachomatis

Pseudomonas aeruginosa
#
111
Which of the following is most suitable for the "acute urethral syndrome"?
2
hematuria
dysuria
leukocyte casts in urine
renal angle tenderness
polyuria
#
112
According to WHO, anemia is defined as a hemoglobin level of?
5
less than 15 g/dL in men & less than 14 g/dL in women
less than 14 g/dL in men & less than 13 g/dL in women
less than 12 g/dL in men & less than 11 g/dL in women
less than 11 g/dL in men & less than 10 g/dL in women
less than 13 g/dL in men & less than 12 g/dL in women
#
113
Iron requirement is determined from the equation:
1
2.3 × wt (kg) x Hb deficit (g/dl) + 500
3.3 × wt. (kg) x Rb deficit (g/dl) + 1000
4 × wt. (kg) x Hb deficit (g/dl) + 1000
4.3 × wt. (kg) x Hb deficit (g/dl) + 1500
5 × wt. (kg) x Hb deficit (g/dl) + 1500
#
114
Which of the following is earliest recognizable change in RBC morphology in case of iron deficiency?
3
hypochromia
target cells
anisocytosis
poikilocytosis
helmet cells
#

115
The earliest neurological sign of megaloblastic anemia is:
2
loss of vibration sense
numbness and paresthesia in extremities
motor weakness
Romberg's sign positive
sphincter disturbances
#
116
Which of the following maybe associated with Pernicious anemia?
5
diabetes mellitus
rheumatoid arthritis
acute bleeding
kidney failure
peptic ulcer
#
117
Normally, minimum daily requirement of folic acid is about?
1
100 μg
200 μg
300 μg
400 μg
500 μg
#
118
Intravascular hemolysis with release of free hemoglobin may be associated with?
3
acute pain in lower limbs
acute pain in upper limbs
acute back pain
acute headache
acute toothache
#
119
If palmar creases are lighter in color than surrounding skin, hemoglobin level is usually?

4
less than 2 g/dL
less than 4 g/dL
less than 6 g/dL
less than 8 g/dL
less than 10 g/dL
#
120
Hemolysis is most likely cause if reticulocyte production index is more than?
1
2.5
3.5
4.5
5.5
6.5
#
121
Typical features suggesting intravascular haemolysis include:
2
proteinuria
hemosiderinuria
bilirubinuria
increased serum haptoglobin concentration
decrease plasma haemoglobin concentration
#
122
You are evaluating a 36-year-old obese woman who complains of fatigue. She denies polydipsia, polyuria, polyphagia, or weight loss. Which of the following laboratory reports confirms the diagnosis of diabetes?
3
a random glucose reading of 12.3 mmol/L
a random glucose reading of 12.3 mmol/L, and another, on a later date, of 11.6 mmol/L
a fasting glucose measurement of 7.1 mmol/L
a glucose reading, taken 2 hours after a 75-g glucose load, of 9.1 mg/dL
a hemoglobin A1C of 6.3%
#
123

An 18-year-old morbidly obese patient in your office is found to have a fasting glucose of 17.4 mmol/L. Which of the following test results would indicate that he is a type 1 diabetic?
1
low levels of C-peptide
markedly elevated levels of C-peptide
elevated levels of microalbumin in the urine
a markedly elevated hemoglobin A1C
the presence of parietal cell antibodies
#
124
After 2 hours of 75-gram oral glucose load, impaired glucose tolerance is defined when plasma glucose levels are between?
3
5.6 & 10.0 mmol/L
7.0 & 10.0 mmol/L
7.8 & 11.1 mmol/L
8.9 & 11.1 mmol/L
11.1 & 13.3 mmol/L
#
125
After 2 hours of 75-gram oral glucose load, impaired fasting glucose is defined when fasting plasma glucose level are between?
2
80 & 6.9 mmol/L
5.6 & 6.9 mmol/L
6.9 & 10.0 mmol/L
6.9 & 11.1 mmol/L
11.1 & 13.3 mmol/L
#
126
For every 100 mg/dL (5.6 mmol/L) rise in serum glucose, serum sodium is reduced by?
4
1.0 meq/L
1.2 meq/L
1.4 meq/L
1.6 meq/L
1.8 meq/L

#
127
For which of the following patients is a BMI measurement most likely to be an accurate assessment of obesity?
4
A bodybuilder with a BMI of 38
A pregnant woman with a BMI of31 in her 37th week of gestation
A man with congestive heart failure, pitting edema, and a BMI of 30
A hypertensive woman with a BMI of 32
A man with chronic renal failure on hemodialysis with a BMI of 33
#
128
You are discussing weight management with a 28-year-old Caucasian man. He does not exercise in any form, and has a strong family history of obesity. His height and weight make his BMI 27.8 kg/m2. use the following answer key:
2
normal weight
overweight
obesity Class I
obesity Class II
obesity Class III
#
129
You are caring for a 56-year-old woman with diabetes and hyperlipidemia. Her BMI is 35.8 kg/m2. use the following answer key:
4
normal weight
overweight
obesity Class I
obesity Class II
obesity Class III
#
130
A 52-year-old secretary presents to her general practitioner because of fatigue and aches for the past 12 months and menorrhagia. On examination, her BMI has increased up to 32 kg/m2, her voice has become hoarse and her skin is dry. Which one of the following is the most likely diagnosis?
4
Addison disease

Thyrotoxicosis
Acromegaly
Primary hypothyroidism
Cushing disease
#
131
You are caring for a 26-year-old man with dyslipidemia and a family history of early coronary arterial disease. Laboratory analysis reveals a low HDL. Which of the following interventions, if adopted by the patient, would raise his HDL levels to the greatest extent?
3
eat oat bran
lose weight
start exercising
quit smoking
reduce life stress
#
132
You have been caring for a 36-year-old man, and identified that he meets criteria for therapeutic lifestyle changes to improve his lipid profile. After 4 months of adhering to your recommendations, his LDL is still higher than goal. Which of the following drug classes should be initiated?
1
a statin
a fibrate
nicotinic acid
a bile acid sequestrant
a cholesterol absorption inhibitor
#
133
You are discussing weight management with an overweight 33-year-old woman. She has tried for years to lose weight, but despite multiple attempts, remains overweight. Which of the following is indicated in the workup of her weight concerns?
1
history and physical alone
complete blood count
thyroid-stimulating hormone
serum electrolytes

luteinizing hormone/follicle stimulating hormone ratio
#
134
Which of the following is most likely to predispose to the development of pneumonia in elderly and senile people?
5
physical overwork
overheating
psycho-emotional stress
chronic sleep disturbance
prolonged bed rest
#
135
Among all the extrapulmonary manifestations of pneumonia in elderly patients, the following is most often noted:
3
severe tachycardia
minor jaundice
confusion
myalgia and ossalgia
oliguria and proteinuria
#
136
An 82-year-old woman complained for several months of headaches, fatigue, anorexia, and dry skin. Physical examination was normal apart from dry skin. Her corrected serum calcium was 2.9 mmol/L.
What is the most likely diagnosis?
1
hypervitaminosis A
hypervitaminosis B3
hypervitaminosis B6
hypervitaminosis C
hypervitaminosis E
#
137
The prevalence of cardiovascular disease increases with age, and disease symptoms and signs may be affected by the effects of normal ageing. Which of the following is a feature of normal cardiovascular ageing?
4

decreased peripheral vascular resistance
decreased pulse-wave velocity
increased cardiac output
increased P–R interval
increased resting heart rate
#
138
An 83-year-old man was becoming increasingly frail and losing physical function. In which hierarchial order is he most likely to lose physical function?
1
bathing, dressing, toileting, transferring, feeding
bathing, dressing, transferring, toileting, feeding
dressing, bathing, toileting, transferring, feeding
toileting, bathing, dressing, transferring, feeding
transferring, toileting, dressing, bathing, feeding
#
139
A 76-year-old resident of a care home, with metastatic breast cancer, developed offensive diarrhoea after a recent bout of constipation. She was being treated with paracetamol, a non-steroidal anti-inflammatory drug (NSAID) and a transdermal opiate for bone pain and intermittent pamidronate infusions for hypercalcaemia. What is the most likely cause of her diarrhoea?
5
clostridium difficile
diverticulitis
drug-induced colitis
laxative abuse
overflow diarrhea
#
140
A 73-year-old woman complained of loss of taste and that her hair was coming out in clumps when she brushed it. Because of concern over ‘mad-cow’ disease she had become a vegan 10 years earlier. Her skin was noted to be dry and scaly with several poorly healing wounds where she had been scratched by her cats. Aged 62 years she had been diagnosed with osteoporosis and treated for 10 years with hormone replacement therapy (HRT). A deficiency of which micronutrient is most likely to explain the physical signs?
5
Iron

Thiamine
Vitamin A
Vitamin C
Zinc
#
141
An 89-year-old female care home resident developed pneumonia and was treated with antibiotics in the care home, as her preferred place of care. During this period of ill health, she became bed-bound, had urinary incontinence, and developed a grade 2 sacral pressure sore. What is the most appropriate management of her incontinence?
5
fluid restriction
pads and pants
regular laxatives
ring pessary
urinary catheter
#
142
Which of the following cardiovascular changes is not associated with ageing?
4
decreased maximal heart rate attained during exercise
decreased responsiveness to β-adrenergic receptor stimulation
diastolic dysfunction
increased postural heart rate variability
impaired nitric oxide-mediated blood vessel relaxation
#
143
A 72-year-old man with hypertension controlled with 2.5mg bendroflumethiazide had a 6-month history of dyspnoea on walking his dog and when gardening. His echocardiogram showed mild concentric hypertrophy of the left ventricle and a left ventricular ejection fraction (LVEF) of 45%. Which of the following drugs would be most likely to improve his life expectancy?
5
Aldosterone
Amiodarone
Digoxin
Furosemide
Ramipril

#
144
A 67-year-old man had severe deforming psoriatic arthropathy affecting both hands. He used adaptive cutlery and elbow crutches to walk. He also had osteoarthritis of both hips, which made rising from a chair difficult. Which of the following would be of greatest help to him for toileting?
4
Bedside commode
Conveen
Grab rails by the toilet
Raised toilet seat
Pads and pants
#
145
Which of the following changes in respiratory function best explains the decline in the partial pressure of arterial oxygen (arterial pO2) with ageing?
2
absence of change in total lung capacity
decreased elastic recoil of the lungs
decreased closing volume of the airways
increased diffusion capacity of carbon monoxide
reduced maximum oxygen consumption
#
146
A 69-year-old woman complained that her cheeks and all the fingers of both hands became white when she was emotionally stressed. This would last a few minutes or several hours, and ended with the skin becoming flushed and tingly. She was being treated with regular gold injections and a NSAID for deforming rheumatoid arthritis. Examination revealed pitting scars at the tips of several fingers. What is the most appropriate treatment to recommend?
2
beta-blocker
calcium channel blocker
prostaglandin
biofeedback relaxation
topical nitrates
#
147

You are medically treating an 85-year-old woman with stable angina, and choose to use nitrates. Which of the following is the most important consideration when using this medication?
5
headache as a side effect
fatigue as a side effect
interactions with β-blockers
interactions with calcium channel blockers
development of tolerance
#
148
You are treating a 48-year-old woman with arthritis in her knees. The pain keeps her from exercising, and she is becoming concerned about the limitations in her activity. Of the following, which would be the most appropriate first-line agent for her pain control?
1
Ibuprofen, 600 mg tid
Celecoxib, 200 mg daily
Tramadol, 50 mg q4-6h
Amitriptyline, 50 mg at night
Gabapentin, 300 mg tid
#
149
Peripheral arthritis that develops in Inflammatory bowel disease patients involves which of the following joints?
2
small joints of upper and lower extremities
large joints of upper and lower extremities
small joints of upper extremity
small joints of lower extremity
lumbar spine joints
#
150
You are evaluating a 56-year-old patient with a painful, swollen knee. Joint aspirate reveals clear fluid with a WBC count of 5000/mm3, 20% of which are polymorphonuclear leukocytes. Which of the following is the most likely diagnosis?
4
a. gout

b. pseudogout
c. infectious arthritis
d. ostearthritis
e. rheumatoid arthritis
#
151
You are caring for a 42-year-old woman who was diagnosed with rheumatoid arthritis 8 years ago. You are concerned about potential extra-articular manifestations of her disease. Which of the following signs or symptoms, if present, would signal extra-articular manifestations of rheumatoid arthritis?
1
chronic cough
congestive heart failure
gastrointestinal distress
peripheral neuropathy
renal failure
#
152
Your patient reports low back pain for 4 weeks. Which of the following characteristics, if present, would suggest the need for early imaging in a patient with acute low back pain?
3
Radicular pain down the right leg
a 20-pound weight gain over the last 6 months
recurrent fevers
pain that worsens with physical activity and improves with rest
numbness in his left great toe
#
153
You are treating a 46-year-old man with chronic back pain without neurologic symptoms. He is participating in a multimodal treatment plan including physical therapy and rehabilitation. He is using nonsteroidal anti-inflammatory agents, but they are not enough to manage his pain at certain times. He is looking for occasional pain relief. Choose the best option for chronic pain management using the following key:
1
opioids
anticonvulsants
antidepressants

muscle relaxants
steroids
#
154
Which one of the following is the first line of treatment of lower back pain?
1
Acetaminophen
Prednisolone
Tramadol
Mydocalm
Pregabalin
#
155
You are caring for a 48-year-old construction manager with a history of chronic back pain due to osteoarthritis of the lumbar spine. His symptoms have been controlled on NSAIDs for several years, but they are no longer as effective as they once were. Imaging studies have not changed and his laboratory work is normal. You are considering adjusting his pain control regimen. Of the following, which would be the best option?
3
add a muscle relaxant to his NSAID
add an opioid to his NSAID
add a tricyclic antidepressant to his NSAID
add an SSRI to his NSAID
schedule him for facet joint corticosteroid injections
#
156
Drug-induced headache occurs due to abuse of:
2
antibiotics
analgesics
antioxidants
vitamins of group "B"
diuretics
#
157
The sudden onset of headache in combination with symptoms such as loss of consciousness, facial flushing, stridor breathing, bradycardia, arterial hypertension, hemiplegia, gaze paralysis are most typical for:

3
cerebral embolism
subarachnoid hemorrhage
cerebral hemorrhage
meningoencephalitis
brain abscess
#
158
A sudden onset of headache, a sharp increase in blood pressure, tachycardia, and after an attack - polyuria, are characteristic of:
4
Cushing's syndrome
climacteric syndrome
Conn's syndrome
pheochromocytomas
Addison's disease
#
159
A combination of fever, headache, soreness in the ileocecal region, a roseolous rash, and hepatomegaly indicates:
5
measles
dysentery
amoebiasis
pseudomembranous colitis
typhoid fever
#
160
Which of the following drugs is most effective in the treatment of chronic paroxysmal hemicrania?
4
amitriptyline
carbamazepine
anaprilin
indomethacin
sumatriptan
#
161

You are caring for a 32-year-old woman with chronic headaches and fibromyalgia. She reports that her symptoms are interfering with her desire to engage in her usual leisure activities, and she is feeling desperate for some relief. Choose the best option for chronic pain management using the following key:
3
opioids
anticonvulsants
antidepressants
muscle relaxants
steroids
#
162
You are treating a 55-year-old obese diabetic for his neuropathy. It's extremely painful and not responsive to NSAID therapy. Of the following, which is the best option for pain control?
3
Celecoxib, 200 mg daily
Tramadol, 50 mg q4-6h
Amitriptyline, 50 mg at night
Oxycodone 15-30 mg q4-6h
Fentanyl patch, 25 µg/q72h
#
163
You are treating a patient for chronic pain. She is taking NSAIDs, anticonvulsants, and a fairly high dose of long-acting opioid, but her pain is becoming increasingly hard to control. Although you don't have any concern for aberrant behavior, you are reluctant to increase her dose of narcotic, and she is already on maximal doses of her other therapies. Which of the following options is most appropriate?
3
discontinue the opioids
increase the opioids
change to a lower dose of a different opioid
add a second anticonvulsant
add an antidepressant
#

#
1

Explain the origin of the decrease in skin turgor revealed during a general examination:
2
hemorrhagic syndrome
exicosis syndrome
hyperestrogenemia
sideropenic syndrome
violation of the synthetic function of the liver.
#
2
The child is 2 years old; during a general examination, the doctor revealed that the apical impulse in this child was located in the 5th intercostal space, 1 cm outward from the left midclavicular line. Evaluate the location of the apex beat, what does this indicate?
4
displacement of the apical impulse to the left, right ventricular hypertrophy
displacement of the apical impulse to the left and down, left ventricular hypertrophy, dilatation of the left ventricle
the apical impulse is shifted to the left, left ventricular hypertrophy
the location of the apex beat corresponds to the age norm
the apical impulse is shifted to the left, dilatation of the left ventricle
#
3
Верхушечный толчок обусловлен:
1
левым желудочком
правым предсердием
дугой аорты
левым предсердием
правым желудочком.
#
4
Upon examination, the heart rate of the child 5 days of life was 100 per minute. What is the change in heart rate in a newborn?
2
tachycardia
bradycardia
arrhythmia

normal
extrasystole
#
5
Upon examination, the respiratory rate of the child, 7 days old, was 20 per minute. What is the change in breathing in a newborn?
1
bradypnea
tachypnea
apnea
normal
dyspnea
#
6
Glomerular filtration rate (GFR and Reberg-Tareev test) 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 by:
4
superior vena cava
inferior vena cava
right ventricle
right atrium
pulmonary artery.
#
8
Pulmonary valve auscultation area:
3
apical impulse
base of the xiphoid process
2nd intercostal space to the left of the sternal border

II intercostal space to the right of the edge of the sternum
IV intercostal space to the left of the edge of the sternum.
#
9
Specify the type of shortness of breath characteristic of spasm of the muscles of the small bronchi?
2
stridor breathing
expiratory dyspnea
Kussmaul's breath
Cheyne-Stokes breathing
inspiratory dyspnea
#
10
The purpose of using an additional technique of lung auscultation is forced expiration:
2
to distinguish pleural friction noise from crepitus and rales
to identify hidden bronchial obstruction
to distinguish dry rales from wet ones
to distinguish dry rales from pleural friction noise;
to improve the listening of pathological bronchial breathing.
#
11
The mechanism for the appearance of hard breathing is:
3
decreased elasticity of the alveoli in the syndrome of increased airiness of the lung tissue
change in the timbre of laryngo-tracheal breathing in pulmonary tissue compaction syndrome
narrowing of the lumen of medium and small bronchi of various origins
the presence of a small focus of compaction of the lung tissue, surrounded by unchanged alveoli
increased vibrations of the walls of the alveoli during forced breathing.
#
12
What percussion sound is detected over the zone of inflammatory compaction of the lung tissue within the lobe?

1
absolutely dullness (femoral)
clear lung sound
tympanic sound
dullness with tympanic tinge
boxed sound.
#
13
What percussion sound appears at the initial stage of inflammatory compaction of the lung tissue within the lobe?
4
absolutely dullness (femoral)
clear lung sound
tympanic sound
dullness with tympanic tinge
boxed sound.
#
14
What respiratory sound is heard in the initial stage of lobar inflammatory compaction of the lung tissue?
1
weakened vesicular breathing
amphoric breathing
bronchial breathing
breathing
mixed bronchovesicular breathing
#
15
For what purpose is an additional technique used during auscultation of the lungs - repeated auscultation after coughing?
4
to distinguish pleural friction noise from crepitus and rales
To identify hidden bronchial obstruction
to distinguish dry rales from wet rales
to distinguish wheezing from crepitus or pleural friction rub
for better listening to pathological bronchial breathing
#
16

What percussion sound appears with pulmonary emphysema?
5
absolutely dullness (femoral)
clear lung sound
tympanic sound
dullness with tympanic tinge
boxed sound.
#
17
What respiratory sound is heard in the presence of a cavity in the lung tissue with a diameter of more than 5 cm, connecting to the bronchus?
2
weakened vesicular breathing
амфорическое дыхание amphoric breathing
bronchial breathing
hard breathing
mixed bronchovesicular breathing
#
18
What type of shortness of breath is characteristic of pleural effusion syndrome?
2
stridor breathing
frequent shallow breathing
Kussmaul's breath
Cheyne-Stokes breathing
breathing with prolonged exhalation, accompanied by wheezing.
#
19
What breath sounds are heard during interstitial pulmonary edema?
1
weakened vesicular breathing
amphoric breathing
bronchial breathing
hard breathing
mixed bronchovesicular breathing.
#
20
Select the most correct interpretation of palpation data (adolescent 13 years old) -

concentrated, 2 cm wide, enhanced apical impulse in the 5th intercostal space at the level of the midclavicular line:
1
left ventricular hypertrophy without pronounced dilatation
hypertrophy and dilatation of the left ventricle
hypertrophy and dilatation of the right ventricle
fusion (adhesion) of the pericardial layers
aneurysm (post-infarction) of the anterior wall of the left ventricle.
#
21
Pulse deficiency (pulsus dificiens) is:
4
a sharp weakening or absence of pulsation in one radial artery compared to the other
a sharp decrease in the pulse value in the symmetrical radial arteries
the number of pulse waves on the radial artery is greater than the number of heartbeats
the number of pulse waves on the radial artery is less than the number of heartbeats
increased pulsation of one radial artery.
#
22
Specify the normal limits of relative cardiac dullness in children under 1 year of age:
1
upper – II rib, left – IV m/r 1-2 cm outward from the midclavicular line, right – parasternal line
upper – II m/r, left – V m/r 1-2 cm outward from the midclavicular line, right – medially from the parasternal line
upper – III rib, left – V m/r along the midclavicular line, right – closer to the right edge of the sternum
upper – upper edge of the third rib, left – V m/r 1-2 cm medially from the midclavicular line, right – 1 cm medially from the edge of the sternum
upper – III rib, left – V m/r along the axillary line, right – along the right edge of the sternum.
#
23

The average head circumference (in cm) of a full-term baby at birth is:
3
30-32
32-34
34-36
36-38
38-40
#
24
Specify the normal boundaries of relative cardiac dullness in children from 7 to 12 years of age:
3
upper – II rib, left – IV m/r 1-2 cm outward from the midclavicular line, right – parasternal line
upper – II m/r, left – V m/r 1-2 cm outward from the midclavicular line, right – medially from the parasternal line
upper – III rib, left – V m/r along the midclavicular line, right – closer to the right edge of the sternum
upper – upper edge of the third rib, left – V m/r 1-2 cm medially from the midclavicular line, right – 1 cm medially from the edge of the sternum
upper – III rib, left – V m/r along the axillary line, right – along the right edge of the sternum
#
25
In which cardiac lesion do the left boundaries of absolute and relative cardiac dullness coincide?
3
aortic stenosis
aortic insufficiency
mitral stenosis
mitral regurgitation
acute myocardial infarction.
#
26
The patient has severe mitral stenosis; upon palpation of the arterial pulse, the doctor discovered a pathological characteristic. What change in arterial pulse would you expect in this condition?
3

pulsus dificiens
pulsus filiformis
pulsus differens
pulsus plenus
pulsus durus.
#
27
A diffuse (4 cm wide), lifting (dome-shaped) apical impulse in the VI intercostal space 2 cm outward from the midclavicular line in a 13-year-old child indicates:
2
left ventricular hypertrophy without pronounced dilatation
hypertrophy and dilatation of the left ventricle
hypertrophy and dilatation of the right ventricle
transposition of the great vessels with hypertrophy of the right atrium
fusion (adhesion) of the pericardial layers (adhesive pericarditis)
#
28
A negative apical impulse (systolic retraction) indicates:
5
right atrial hypertrophy
left ventricular hypertrophy without pronounced dilatation
hypertrophy and dilatation of the left ventricle;
hypertrophy and dilatation of the right ventricle;
fusion (adhesion) of the pericardial layers (adhesive pericarditis)
#
29
The fetus receives the most oxygenated blood:
1
liver
intestines
heart
lungs
kidneys
#
30
If you suspect the presence of exudate in the pericardial cavity, first of all you should:
5

pericardial puncture
measurement of central venous pressure
chest x-ray
phonocardiography
Ultrasound examination (EchoCG) of the heart.
#
31
Gastric dyspepsia syndrome is:
5
normal intestinal motility
sharply increased intestinal motility
constipation
lack of intestinal peristalsis (“deafening silence”)
nausea, vomiting.
#
32
The complete absence of hydrochloric acid and pepsin in gastric juice is called:
3
hyperchlorhydria
hypochlorhydria
ahilia
achlorhydria
achalasia
#
33
The occurrence of pain 2-3 hours after eating is typical for an ulcer with localization:
4
in the esophagus
cardia of the stomach
pyloric stomach
duodenal ulcers
anastomotic ulcers
#
34
A direct sign of an ulcer in the stomach during X-ray examination is:
3

cicatricial deformity of the stomach
divergence of folds of the gastric mucosa
“niche” symptom on the contour of the stomach
hypersecretion in the gastric cavity and pyloric dyskinesia
slowing down the rate of evacuation of barium contents from the stomach.
#
35
Rumbling on palpation of the ascending and transverse colon suggests:
5
normal phenomenon
presence of free fluid in the abdominal cavity
presence of pyloric stenosis
accumulation of a large amount of gases in the large intestine (flatulence in a patient with colitis)
excess liquid contents and gases in the large intestine (for example, in a patient with acute enteritis).
#
36
Malabsorption syndrome is manifested by all symptoms:
4
portal hypertension
jaundice
constipation
weight loss
cyanosis
#
37
Anemia with malabsorption syndrome is caused by:
4
deficiency of vitamins A and E
vitamin D deficiency
deficiency of vitamins B1, B6
deficiency of iron, vitamins B12 and folic acid
deficiency of nicotinic acid.
#
38
The cause of functional constipation is:
5

megacolon (pathological enlargement of the intestine)
dolichosigma (pathologically elongated sigmoid colon)
diverticulosis (pathological protrusion of parts of the wall) of the large intestine
hyperthyroidism
eating easily digestible food.
#
39
Severe gastric bleeding is accompanied by:
3
always - pain syndrome
bloody vomiting
vomiting dark brown contents ("coffee grounds")
tarry stools
motor restlessness.
#
40
Weight loss and muscle atrophy observed in liver diseases indicate:
3
presence of duodeno-gastric reflux
an increase in bile acids in the blood against the background of severe cholestasis
violation of the synthetic (protein-forming) function of the liver
heart failure caused by myocardial dystrophy
decreased detoxification function of the liver.
#
41
“Liver” odor from the mouth in liver diseases indicates:
5
presence of duodeno-gastric reflux
an increase in bile acids in the blood against the background of severe cholestasis
violation of the synthetic (protein-forming) function of the liver
heart failure caused by myocardial dystrophy
destruction and disintegration of liver cells.
#
42
The cause of skin itching in liver diseases is:
2
duodeno-gastric reflux

cholestasis with increased bile acids in the blood
violation of the synthetic (protein-forming) function of the liver
heart failure caused by myocardial dystrophy
destruction and breakdown of liver cells.
#
43
Insufficient destruction of estrogen in chronic liver disease is manifested by:
2
"pallor" of the palms
"liver" palms
skin rash
gynecomastia
"geographical" language.
#
44
"Liver" palms are:
4
intradermal deposits of cholesterol in the form of plaques
pinpoint hemorrhages in the skin
petechial rash
symmetrical redness of Thenar and Hypothenar
accumulation of bile acids in the skin.
#
45
Courvoisier's sign is:
1
enlarged, painful, elastic and mobile gallbladder in a patient with obstructive jaundice
enlarged, painless, elastic gallbladder, no jaundice
obstructive jaundice, the gallbladder is not enlarged, pain is detected in the Choffard-Rivet area
enlarged and painful liver with jaundice symptoms
enlarged and painless spleen without jaundice.
#
46
During duodenal intubation, the detection of signs of inflammation in portion “B” indicates:
1

inflammation of the gallbladder
peptic ulcer
inflammation of the duodenum 12
inflammation of the pancreas
dyskinesia of the gallbladder.
#
47
Specify the main clinical sign of portal hypertension syndrome:
1
ascites
jaundice
spider veins
gynecomastia
"liver" palms.
#
48
Ascites, dilatation of the saphenous veins of the anterior abdominal wall, enlarged spleen, varicose veins of the esophagus in patients with liver diseases is indicated by the syndrome:
4
astheno-vegetative
dyspeptic
hemorrhagic
hypertension
hepato-lienal.
#
49
Dilated and tortuous veins of the anterior abdominal wall are a sign:
2
liver cell failure syndrome
portal hypertension syndrome
hepato-splenomegaly syndrome
obstructive jaundice syndrome
intestinal obstruction syndrome
#
50
Girdle pain in the upper abdomen is observed with pathology:
3

stomach
liver
pancrea
cecum
sigmoid colon.
#
51
Abundant, mushy, fatty feces are observed with:
4
gastric hypersecretion
gastric hyposecretion
intrasecretory pancreatic insufficiency
exocrine pancreatic insufficiency
enterocolitis..
#
52
Soreness at the Desjardins, Kutch and Mayo-Robson points is characteristic of an inflammatory lesion:
4
stomach
duodenum
kidney
pancreas
spleen.
#
53
Exocrine pancreatic insufficiency is characterized by:
5
jaundice
cyanosis
weight gain
anasarca
steato- 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
An increase in the daily amount of urine twice as compared to the age norm is:
5
pollakiuria
strangury
ishuria
anuria
polyuria.
#
57
Daily diuresis in a volume of 1/15 (or 5%) of the age norm and below is:
4
pollakiuria
strangury
ishuria
anuria
polyuria.
#
58
Nephrotic syndrome manifests itself:
2
hyperalbuminemia
proteinuria above 3 g/day

hyperprothrombinemia
hypercalciuria
arterial hypertension
#
59
Renal failure syndrome manifests itself:
3
hypoglycemia
hyperglycemia
hyperazotemia
hyperalbuminemia
normosthenuria
#
60
A decrease in the concentration function of the kidneys manifests itself:
2
azotemia
hypoisosthenuria
ishuria
anuria
proteinuria
#
61
Chronic renal failure manifests itself:
3
hyperalbuminemia
hypokalemia
hypercreatininemia
urobilinuria
hyperbilirubinemia
#
62
The main symptom of nephrotic syndrome is:
2
leukocyturia
hyperproteinuria
hematuria

cylindruria
bacteriuria.
#
63
THE PREMIUMENCE OF NEUTROPHILS IN THE URINARY SEDIMENT (OVER 90%) INDICATES
2
tubulointerstitial nephritis
pyelonephritis
glomerulonephritis
hereditary nephritis
allergic nephritis
#
64
KIDNEY CONCENTRATION FUNCTION IS ASSESSED BY TEST
3
Sulkowicz
Nechiporenko
Zimnitsky
Reberg–Tareeva
Addis-Kakovsky
#
65
FUNCTIONAL SYSTOLIC murmur
3
increases in vertical position
heard during systole
decreases with physical activity
carried out on the vessels of the neck
heard at all points of auscultation
#
66
THE T WAVE ON THE ELECTROCARDIOGRAM IS CORRECT
1
ventricular repolarization
atrial depolarization
atrial repolarization
depolarization of the atria and ventricles

late ventricular depolarization
#
67
INDICATORS OF CPD (UP TO) CHILDREN AT 1 YEAR - 1 YEAR 3 MONTHS INCLUDE
3
stepping over obstacles in alternating steps
ability to walk on a surface 15-20 cm wide at a height of 15-20 cm from the floor
walking for a long time, changing position (squats, bends)
stepping over obstacles 10–15 cm high or 35 cm long in alternating steps
walks down stairs on his own
#
68
FOR THE PURPOSE OF DETERMINING THE HYDROPHILICITY OF TISSUES, IT IS USED
4
Addis–Kakovsky analysis
Sulkowicz test
Zimnitsky's test
McClure–Aldrich test
Duque's test
#
69
A CHILD TURNES HIS HEAD TOWARDS THE SOUND
2
1 mon
2 mon
3 mon
4 mon
5 mon
#
70
FORMULA FOR CALCULATING THE NUMBER OF MILK TEETH IN A CHILD UNDER 1 YEAR OF AGE
2
n + 4
n – 4
4n – 20

20 – 2n
4n + 20
#
71
ОБЪЯСНЯЕТСЯ THE RELATIVE RARENESS OF NOSEBLEEDING IN A CHILD IN THE FIRST YEAR OF LIFE IS EXPLAINED
2
dry mucous membrane
underdevelopment of the cavernous part of the submucosal tissue
absence of the lower nasal passage
weak vascularization
blood thickening
#
72
THE LARYNX OF YOUNG CHILDREN HAS A SHAPE
3
barrel-shaped
elongated
funnel-shaped
cylindrical
fusiform
#
73
THE FREQUENCY OF RESPIRATORY MOVEMENTS PER MINUTE IN A NEWBORN CHILD IS
3
20-40
20-30
40-60
60-80
80-90
#
74
WHAT STRUCTURE PROVIDES COMMUNICATION BETWEEN THE LARGE AND SMALL CIRCULATORY OF THE FETUS?
2
Arantsev channel
botal duct

umbilical vein
portal vein
inferior vena cava
#
75
IN A NEWBORN CHILD, THE UPPER LIMIT OF THE HEART OF RELATIVE CARDIAC DULLNESS IS DETERMINED AT THE LEVEL
3
I intercostal space
II intercostal space
II ribs
III intercostal space
III ribs
#
76
A DISPLACEMENT OF THE APICAL PUSH IS NOTED WHEN
1
left ventricular hypertrophy
right ventricular hypertrophy
peritonitis
flatulence
ascites
#
77
THE BOTHAL DUCT CONNECTS
4
pulmonary artery with umbilical vein
umbilical vein with inferior vena cava
umbilical artery with aorta
pulmonary artery with aorta
umbilical vein with portal vein
#
78
IN A NEWBORN CHILD, THE RIGHT BORDER OF THE HEART IS DETERMINED WITH RELATIVE CARDIAC DULLNESS
3
along the right midclavicular line
2 cm outward from the right parasternal line

along the right parasternal line
2 cm outward from the right midclavicular line
1 cm outward from the right midclavicular line
#
79
A NEWBORN CHILD'S PULSE RATE PER MINUTE IS
4
60-80
80-100
100-120
140-160
160-180
#
80
TO CALCULATE THE SYSTOLIC BLOOD PRESSURE OF A CHILD OVER 1 YEAR OF AGE USING THE FORMULA
4
60+n
80+(n-2)
80+(n-5)
90+2n
100+2n
#
81
TO DETECT HIDDEN EDEMA, IT IS NECESSARY TO CARRY OUT A TEST
4
Nechiporenko
Zimnitsky
Addis-Kakovsky
McClure
Pasternatsky
#
82
BRICK COLOR URINE IN A NEWBORN MAY INDICATOR DEVELOPMENT
1
uric acid renal infarction

pyelonephritis
glomerulonephritis
cystitis
urethritis
#
83
CLEARANCE OF ENDOGENOUS CREATININE CHARACTERIZES
3
secretion
reabsorption
glomerular filtration
diuresis
urinary tract infection
#
84
RETURNING IN YOUNG CHILDREN IS DUE TO UNDERDEVELOPMENT
1
cardia of the stomach
fundus of the stomach
pyloric stomach
body of the stomach
gastric folds
#
85
THE POSSIBILITY OF RAPID DEVELOPMENT OF EDEMA OF THE VOCAL CORDS IN CHILDREN IS DUE TO
3
narrowness of the glottis
condition of the vocal cords
the presence of a submucosa and a high degree of vascularization
features of the muscular apparatus of the larynx
structural features of the larynx
#
86
THE CENTRAL ORGANS OF THE LYMPHATIC SYSTEM INCLUDE
4
Peyer's patches
spleen and bone marrow

pineal gland and pituitary gland
thymus and bone marrow
Peckett's tank
#
87
ACTIVE FORMATION OF ALVEOLI IN utero OCCURS DURING THE MONTH OF GESTATION
3
3-4
5
6-7
8-9
10-11
#
88
FOCUSES OF BLOOD PHOISIS IN THE LIVER DISAPPEAR TO
3
3 weeks of intrauterine life
3 months of intrauterine life
neonatal period
6 months after birth
12 months after birth
#
89
WITH SIGNIFICANT PROTEINURIA, DEFEAT IS LIKELY
1
glomeruli
loops of Henle
distal tubules
collecting ducts
90
USING THE SPIROMETRY METHOD YOU CAN MEASURE
4
aerodynamic resistance of the respiratory tract
functional residual capacity
intrathoracic gas volume
vital capacity
gas composition of inhaled air

#
91
PHYSICAL DEVELOPMENT IS UNDERSTANDED
3
the achieved level of maturation of individual organs, systems and functions of the child’s body
compliance of the child’s physiological and functional indicators with age standards
a set of morphological and functional properties of an organism that characterize its growth and development at each age stage
a complex of morphological properties of an organism that characterize its growth and development at each age stage
complex of morphophysiological properties of the body at various age stages
#
92
"FRENIKUS" - THE SYMPTOM SHOULD BE IDENTIFIED
4
3 cm above the middle of the collarbone
musculus sternocleidomastoideus in the angle formed by the clavicle and the outer edge of the musculus sternocleidomastoideus
in the area of the jugular notch of the sternum
between the legs of the musculus strenocleidomastoideus dextrum
at the intersection of the clavicle and midclavicular line
#
93
PUERIL BREATHING IN CHILDREN IS HEARD AT AGE
2
from birth to 4 years
from 6 months to 5-7 years
from 6 months to 12 years
from 1 year to 8 years
from 5 years to 16 years
#
94
HEMOGLOBIN LEVEL (G/L) IN CHILDREN OVER 1 YEAR OF AGE IS
3
100-110
110-120

120-140
140-160
160-180
#
95
SEBABY GLANDS BEGIN TO FUNCTION IN CHILDREN
1
even before birth
from birth
from 3 months of age
from 1-3 years
from 3-5 years
#
96
THE PRESENCE OF HEMORRHAGIES ON THE SKIN INDICATES PATHOLOGY OF THE _____ SYSTEM
1
coagulation
immune
respiratory
digestive
cardiovascular
#
97
NEWBORN HAS _____ SKIN FUNCTION BETTER THAN OTHERS
3
bactericidal
thermoregulatory
resorptive
excretory
protective
#
98
ROUNDED BODY SHAPES IN INFANTS EXPLAINED
1
large specific gravity of subcutaneous tissue in relation to body weight
large size of fat cells, thinner skin and low motor activity of the child
thinner skin

low motor activity of the child
presence of brown fat
#
99
A REDUCTION IN TISSUE TURGOR IS NOTED WHEN
2
rickets
exicosis
anemia
hypothyroidism
diabetes mellitus
#
100
LATE CLOSURE OF THE MAJOR FENTANELLA IS A SIGN
1
rickets
anemia
exicosis
nutritional insanity
protein-energy malnutrition
#
101
MUSCULAR HYPOTONIA IS CHARACTERISTIC FOR
3
epilepsy
meningitis
rickets
anemia
cerebral palsy
#
102
WHAT REFLEX IS OBSERVED IN A CHILD LYING ON THE BACK WHEN BENDING ONE LEG AT THE HIP AND KNEE JOINTS AND THEN STRAIGHTENING AT THE KNEE?
2
Upper Landau
Kernig
Brudzinski average

Galanta
Babinsky
#
103
IN INFANTS THE STOMACH IS A WEAKLY DEVELOPED SECTION
1
cardiac
body
pyloric
antral
fundus of the stomach
#
104
THE NUMBER OF PLATELETS IN A HEALTHY CHILD IS _____ X103
3
50-100
100-150
150-300
400-500
500-600
#
105
THE 2ND “CROSSING” OF NEUTROPHILS AND LYMPHOCYTES OCCURS AT THE AGE OF _____ YEARS
3
1-2
2-3
4-5
6-7
8-9
#
106
THE NUMBER OF BLAST CELLS IN A HEALTHY CHILD’S MYELOGRAM IS _____%
1
1-5
10
15

20
25
#
107
THE MAIN ORGAN FOR LYMPHOCYTE SYNTHESIS IN THE FETUS IS
1
thymus
spleen
Bone marrow
renal epithelium
liver
#
108
PROVIDES PROTECTION FOR MUCOUS MEANS
3
IgG
IgM
IgA
IgD
IgE
#
109
THE ANTERIOR LOBE OF THE PITITUITARY IS PRODUCED
4
oxytocin
T3
T4
TSH
ADH
#
110
ALDOSTERONE IS SYNTHESIS
1
zona glomerulosa of the adrenal glands
posterior pituitary gland
thyroid gland
anterior pituitary gland

adrenal cortex
#
111
THE PARAGRAPHY SINUSES ARE UNSUFFICIENTLY DEVELOPED IN CHILDREN
1
early age
older
preschoolers
schoolchildren
teenagers
#
112
THE CONTENT OF HEMOGLOBIN IN THE BLOOD IMMEDIATELY AFTER THE BIRTH OF A CHILD IS ON AVERAGE
4
100 – 130 г/л
120 – 140 г/л
130 – 160 г/л
180 – 240 г/л
240 – 280 г/л
#
113
THE MAXIMUM CONTENT OF THE NUMBER OF NEUTROPHILS IS USUALLY AFTER
1
1 – 4 days after birth
5 – 7 days after birth
7 – 9 days after birth
9 – 11 days after birth
11 – 12 days after birth
#
114
THE CONTENT OF RED CYTES IN THE BLOOD OF A CHILD IMMEDIATELY AFTER BIRTH IS ON AVERAGE
3
3,5 – 4,5 x 10^{12}/л
4,5 – 5,0 x 10^{12}/л

5,0 – 6,5 x 10^{12}/л
6,5 – 7,0 x 10^{12}/л
7,0– 7,5 x 10^{12}/л
#
115
USUALLY THE NUMBER OF LEUKOCYTES EXCEEDS 18-20X109/L OF A NEWBORN
1
1 – 5 days of life
5 – 10 days of life
10 – 14 days of life
15–20 days of life
21 – 25 days of life
#
116
THE FIRST “CROSS-OFF” IN THE NUMBER OF NEUTROPHILS AND LYMPHOCYTES IN PERIPHERAL BLOOD OCCURS WITH AGE
2
1-3 days of life
4-5 days of life
7-9 days of life
10-12 days of life
14 – 18 days of life
#
117
BLEEDING TIME IN HEALTHY CHILDREN VARIES WITHIN
1
2-4min
5-7 min
8-9 min
10-12min
12 -15 min
#
#
118
The course of rickets, according to the classification, is characterized as
4

chronic, continuously relapsing
subacute
recurrent
acute, subacute, recurrent
acute, chronic, abortive острое, хроническое, абортивное
#
119
With rickets there are the following periods:
1
advanced
acute
excitement
recurrent
remission
#
120
The most physiological method of preventing rickets is to prescribe
2
at a dose of 400-500 IU every other day all year round
at a dose of 400-500 IU daily, from October to May (i.e., excluding sunny months)
at a dose of 1000 IU daily, all year round
at a dose of 2000 IU daily, for one month three times during the 1st year of life
vitamin D and ultraviolet radiation for the 1st week every month
#
121
Symptoms of hypervitaminosis D in children are:
2
Increased body temperature, anuria, convulsive syndrome, loose stools
vomiting, weight loss, hypophosphatemia, positive Sulkowicz test
increased appetite, obesity, hyperphosphatemia, negative Sulkowicz test
craniotabes, osteomalacia, rachitic rosary, positive Sulkowicz test
hypotension, flatulence, hepatomegaly, splenomegaly, negative Sulkowicz test
#
122
Specify the clinical form characteristic of spasmophilia:
5

hemolytic form
broncho-obstructive form
edematous form
anemic form
eclamptic form
#
123
For severe chronic malnutrition, the following is prescribed:
1
the principle of “rejuvenating” food
antibiotics
cardiac glycosides
glucocorticoids
diuretics
#
124
A 3-month-old child developed baldness on the back of the head, restless sleep, and excessive sweating. What pathological condition can you think of?
3
anemia
spasmophilia
rickets
phosphate diabetes
chondrodystrophy
#
125
Examination results characteristic of neuro-arthritic diathesis:
2
alkalosis, dyslipidemia
acidosis, hyperuricemia, uraturia
decreased levels of hemoglobin and red blood cells
hyperlipidemia, hypoproteinemia,
increase in C-reactive protein, DPA and sialic test
#
126
The initial period of rickets is characterized by:
2

temperature increase
sweating
bone deformities
bloating
increasing pallor
#
127
For rickets during the height of the period, it is prescribed
4
antispasmodics
citrate mixture 1 tsp. 2 times a day, vitamin D oil solution 1000-2000 IU daily
multivitamins
citrate mixture 1 tsp. 3 times a day, vitamin D oil solution 500-1000 IU daily
vitamin D 2000-5000 IU (depending on the severity of rickets) daily for 30-40 days, then vitamin prophylaxis
#
128
Characteristic clinical manifestations of obvious spasmophilia:
3
vomiting, headache, decreased body temperature
increased body temperature, anxiety
laryngospasm, carpopedal spasm, eclampsia
diarrhea, dehydration, breast refusal
craniotabes, lower limb deformity
#
129
Severe chronic eating disorders are characterized by:
1
persistent anorexia, sharp inhibition of gastrointestinal secretion
incomplete disappearance of PFA, pink skin, positive Chulitskaya index
elasticity and turgor are normal
good thermoregulation and immune condition
maintaining previously acquired skills
#

130
A possible outcome of neuro-arthritic diathesis is:
2
stomach ulcer
gout, metabolic arthritis
cognitive impairment
respiratory failure
chronic adrenal insufficiency
#
131
The child is 6 months old. Against the background of a mild ARVI, repeated clonic convulsions appeared. Upon examination, signs of rickets of moderate severity were diagnosed. Blood calcium – 1.2 mmol/l. There is no evidence of perinatal CNS damage. The cerebrospinal fluid values are normal. Artificial feeding. What is the condition most likely?
5
neurotoxicosis
meningitis
encephalitis
encephalitic reaction
spasmophilia
#
132
What symptom is typical for latent spasmophilia?
1
Chvostek's facial phenomenon
carpopedal spasm
eclampsia
stiff neck
Lessage's sign
#
133
The mother of a 3-month-old boy complains of restless sleep in the child and loss of appetite. On examination: flattening of the back of the head, softening of the edges of the large fontanel; in the blood test - hypocalcemia, Hb - 110 g/l, ESR - 8 mm/hour. What a conclusion

right?...
5
moderate anemia
epilepsy
spasmophilia
phosphate diabetes
rickets, acute course
#
134
Specify the characteristic skin manifestations of exudative diathesis:
3
ecchyma
enanthema
milk scab
vesiculopapular rash
hemorrhagic rashes
#
135
Which of the following signs is characteristic of lymphatic-hypoplastic diathesis?
2
hyperplasia of the aortic arch, “spherical” heart
enlargement of the thymus gland and peripheral lymph nodes
peripheral edema
gneiss
“chicken” chest, “square” head, “X”- and “O”-shaped lower limbs
#
136
Prescribe treatment for a 3-month-old child who has been diagnosed with the initial stage of rickets (I stage).
4
vitamin D3 200.IU 3 times a day for 30 days
vitamin D3 500 IU every other day in combination with a 10-day massage course
vitamin D3 500 IU daily all year round, without a break for the summer
massage, gymnastics, vitamin D3 2 thousand IU daily, 30 days, then preventive doses
vitamin D3 4 thousand IU daily, 30 days, against the background of a course of

ultraviolet radiation every other day
#
137
In the treatment of mild (grade I) chronic forms of hypervitaminosis D, the following are used:
3
Ca drugs
dairy diet, cottage cheese
vitamins “A” and “E”, almagel, Trilon B, enrich the diet with plant foods and cereals
intensive detoxification therapy,
glucocorticosteroids (medium, high doses), course – 1 month
#
138
In the treatment of severe acute intoxication with hypervitaminosis D, the following are used:
5
dairy diet
broad-spectrum antibiotics parenterally
Ca preparations in combination with vitamin D 500 IU daily
diuretics
detoxification therapy, glucocorticosteroids, vitamins “A” and “E”
#
139
What pathology is diagnosed by a clinical sign such as carpopedal spasm?
3
for iron deficiency
for hypophosphatemia
for hypocalcemia
for febrile seizures
for episyndrome
#
140
Are there moderate chronic malnutrition?
3
weight deficit 5%-10%
weight deficit 10%-20%

weight deficit 20%-30%
weight deficit 30%-40%
weight deficit 40%-45%
#
141
Allergic diathesis is clinically manifested
2
asthenic syndrome
skin syndrome
adrenal insufficiency
neurotic syndrome
immunodeficiency state
#
142
What diathesis is characterized by impaired purine metabolism and increased synthesis of uric acid?
5
atopic
allergic
lymphatic-hypoplastic
neuro-arthritic
exudative catarrhal
#
143
In the presence of what clinical manifestations would you suspect hypovitaminosis B12 (cyanocobalamin)?
4
bleeding gums, loosening and loss of teeth, hemorrhagic skin rash
dermatitis, diarrhea, dementia, dilated cardiomyopathy, insomnia, weakness
glossitis, stomatitis, gingivitis, cheilosis, necrotizing tonsillitis, ulcerative gastritis and enteritis
megaloblastic anemia, atrophic gastritis, lag in psychomotor development
chronic polyneuritis, paresthesia, flaccid paralysis and paresis of the hands and feet
#
144
What clinical manifestations can be used to suspect hypovitaminosis B1

(thiamine) in a patient?
5
sweating, nervousness, signs of osteoid hyperplasia
diarrhea, dementia, photodermatoses, dermatitis
hemorrhages, tooth loss, cheilitis, stomatitis
megaloblastic anemia, atrophic gastritis.
polyneuritis, paresthesia, hoarseness, muscle weakness
#
145
What clinical manifestations help to suspect hypovitaminosis K (phylloquinone) in a patient:
5
scurvy, mourn
dermatitis, diarrhea, dementia
sprue-glossitis, stomatitis, gingivitis, cheilosis.
night blindness, keratomalacia, pustules, hypoacid gastritis, etc.
bleeding of the vascular-platelet type
#
146
Name a vitamin whose deficiency leads to polyneuritis, loss of sensitivity, ataxia, burning sensation in the toes and feet.
3
Vit. C
Folic acid
Vit. B1
Vit K
Vit A
#
147
Name the vitamins whose deficiency leads to megaloblastic anemia:
2
Vit C, Vit B6
Folic acid, Vit B12
Vit A, Vit B1
Vit K
Nicotinic acid
#

148
What foods should be included in the diet of patients with a deficiency of vitamins B1, B2, B6?
1
cereals, yeast, egg yolk, leafy vegetables, liver.
mainly meat products
mainly products of plant origin
kefir, biolact, yogurt
mostly citrus fruits
#
149
A deficiency of which 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 products of plant origin (green vegetables, citrus fruits, berries, rose hips, currants, etc.)
mainly dairy products
fish and seafood, various types of vegetable oils, eggs
#
150
Which foods are low in vitamin and provitamin A?
2
liver, eggs
yeast, bread, green vegetable leaves, beets
rose hips, carrots, peas
cheese, milk
fish fat
#
151
The criterion for depletion of tissue iron reserves is:
2
decrease in the level of total iron-binding capacity (TIBC) less than 45 μmol/l
decrease in serum ferritin level below 10-12 μg/l, decrease in % saturation of transferrin with iron below 25%
decrease in the number of red blood cells and hemoglobin
reduction in red blood cell size (microcytosis)

increased disferal siderouria
#
152
At what laboratory parameters are you entitled to make a diagnosis of severe iron deficiency anemia?
3
decrease in hemoglobin level below 90 g/l, hyperchromia, poikilocytosis
decrease in hemoglobin level below 110 g/l, microspherocytosis,
decrease in hemoglobin level below 70 g/l, hypochromia, anisocytosis, poikilocytosis, reticulocytosis
decrease in hemoglobin level below 100 g/l, hypochromia
Decrease in hemoglobin level below 130 g/l, color index below 1.0
#
153
Think about what diagnosis can be made based on the following laboratory parameters: an increase in CVS (above 63 μmol/l), a decrease in the % saturation of transferrin with iron less than 20%, a decrease in iron content in the blood serum below 12-14 μmol/l
1
Iron-deficiency anemia
B12 deficiency anemia
microspherocytic anemia
thalassemia
aplastic anemia
#
154
The presence of what clinical signs suggests that the patient has iron deficiency anemia?
2
“alabaster” skin, maybe "Gothic" palate, petechial rash
pale skin; dull hair, brittle nails with striations, glossitis
pale skin with mild or severe jaundice, ecchymosis
large belly due to hepatosplenomegaly, hemarthrosis.
skin with a lemon tint, pronounced hepatomegaly.
#
155
The basis of celiac disease is intolerance
4

carbohydrates cereals
animal proteins
cow's milk proteins
cereal proteins
animal fats
#
156
Secondary lactase deficiency manifests itself
1
any age
in the second half of life
at puberty
in preschool age
at a younger age
#
157
The child is 8 months old. The mother complained of periodic trembling of the chin, which intensified during anxiety and shuddering in sleep. On examination: positive symptoms of Maslov, Lyust, Khvostek. What is your diagnosis?
4
hypervitaminosis D
epilepsy
perinatal pathology of the central nervous system
spasmophilia
rickets, acute course
#
158
For how long would you prescribe a therapeutic diet for a patient with celiac disease?
1
for life
for 1-2 months
for 6 months
before puberty
for 1 year
#
159
Specific prevention of vitamin D deficiency rickets in healthy full-term infants

is carried out with vitamin D preparations in a daily dose equal to _____ months
1
400 – 500
500 – 1000
1000 - 1500
2000 – 4000
5000
#
160
The iron reserve in the body determines the indicator
3
hemoglobin
transferrin
ferritin
hematocrit
appoferritin
#
161
The duration of treatment for mild iron deficiency anemia is ____ months.
2
2 mon
3 mon
5 mon
6 mon
1 year
#
162
In what dosage is an iron supplement given for supplementation in full-term infants from 6 months of age?
5
6 mg elemental iron
8.5 mg elemental iron
9 mg elemental iron
11 mg elemental iron
12.5 mg elemental iron
#

163
Signs of iron deficiency anemia include increase of…
2
serum iron levels
iron binding capacity of blood serum
transferrin saturation coefficient
ferritin levels in the blood
hemoglobin
#
164
What protein transports iron from the blood to the bone marrow?
3
hemosiderin
ferritin
transferrin
myoglobin
protoporphyrin
#
165
An example of non-heme iron in the body is…
2
hemoglobin
ferritin
hemosiderin
myoglobin
apoferritin
#
166
The criterion for the development of iron deficiency anemia in children from 6 months to 5 years according to WHO standards (based on venous blood) is a decrease in hemoglobin of less than ___ g/l
3
90
100
110
120
130

#
167
Severe anemia is characterized by a decrease in hemoglobin below ___ g/l
1
70
90
100
110
120
#
168
To diagnose iron deficiency anemia, it is necessary to determine
4
iron binding capacity of serum and total bilirubin
serum iron, ferritin and total bilirubin
serum iron, transferrin and total bilirubin
serum iron, serum iron binding capacity and ferritin
hemoglobin, red blood cells, ESR
#
169
For iron deficiency anemia in peripheral blood it is noted
1
hypochromia, microcytosis
hyperchromia, macrocytosis
reticulocytosis, hyperchromia
macrocytosis, reticulocytopenia
macrocytosis, reticulocytosis
#
170
What changes in peripheral blood are interpreted as anemia?
3
decreased hemoglobin and reticulocyte levels
decrease in hemoglobin level and color index
decrease in the level of hemoglobin and red blood cells, color index
decrease in the number of red blood cells and reticulocytes
decrease in hemoglobin and platelet levels
#

171
INCLUDED IN AGLUTEN FREE CEREAS
4
barley
semolina
oatmeal
buckwheat
pearl barley
#
172
DURATION OF FERROTHERAPY IN MAINTENANCE DOSAGE IS DETERMINED
3
rate of increase in hemoglobin
risk factors for anemia
degree of anemia
family economic factors
region of residence
#
173
PREVENTION OF IRON DEFICIENCY IN A HEALTHY 1-YEAR CHILD LIFE IS THE TIMELY INTRODUCTION OF COMPLEMENTARY FEEDINGS
2
milk porridge
meat products
vegetable purees
fruit juices
cereals
#
174
FOR THE PREVENTION OF ANEMIA IN A CHILD IN THE FIRST YEAR OF LIFE CAN BE ASSIGNED
3
Vitrum baby
multitabs
ferrum-lek

picovit
oceanis-baby
#
175
TO THE INITIAL SYMPTOMS OF CHRONIC DISORDER NUTRITION REFERENCES
1
pallor of the skin, loss of body weight, decrease in thickness
subcutaneous fat layer
increased body temperature, pale skin, weight loss
weight loss, reduction in the thickness of the subcutaneous fat layer,
increase in body temperature
#
176
LATENT TETANIA IS CHARACTERISTIC FOR
3
rickets
hypervitaminosis D
spasmophilia
protein-energy malnutrition
paratrophy
#
177
NORMAL SERUM CALCIUM LEVELS IN CHILDREN INFANT AGE IS _____ mmol/L
4
1,2 – 2,55
1,25 – 1,35
1,29 – 2,26
2,2 – 2,7
2,7-3,3
#
178
NORMAL PHOSPHORUS LEVEL IN CHILDREN'S SERUM INFANT AGE IS _____ mmol/L
2
0,2 – 0,7
1,1 – 1,4

2,2 – 2,7
3,0 – 3,3
3,5-4,5
#
179
WHAT IS A CHARACTERISTIC SYMPTOM OF VITAMIN A AVITAMINOSIS?
2
keratinization and cyanotic tint of the skin of the buttocks
twilight vision impairment
painful cracks in the corners of the mouth
increased brittleness of nails, hair loss
red dermographism
#
180
What disease can you think about if the patient has a combination of bleeding gums, loosening and loss of teeth, hemorrhagic skin rash?
2
rickets
scurvy
beriberi disease
pellagra
"night blindness"
#
181
Calculate the dosage of an iron supplement (in mg of elemental iron) for a 6-month-old child a child with moderate iron deficiency anemia. Child weight 8200 g.
2
5,5
16,4
20,4
28,2
40,2
#
182
Calculate the dosage of an iron supplement (in mg of elemental iron) for a 12-month-old child

a child with severe iron deficiency anemia. The child's weight is 11.0 kg.
3
10 мг
22 мг
33 мг
44 мг
55 мг
#
183
During intramuscular administration of the DPT vaccine in a 5-month-old child. suddenly phenomena of laryngospasm, pale skin, cyanosis of the lips, “cock crow” appeared, cessation of breathing, tension of the whole body with the head thrown back. The child has no allergy history. Examined before vaccination family doctor, there were no signs of an infectious disease. What is the most likely diagnosis in this situation?
2
anaphylactic shock
spasmophilia (rachitogenic tetany)
epilepsy
acute rickets
hypervitaminosis D
#
184
In an 8-month-old child, after introducing wheat, oatmeal and semolina porridge there are symptoms of maldigestion and malabsorption, which last for a month. Born weighing 3200 grams, he gained weight steadily, was in the “green zone” according to WHO charts, but over the past month in weight I only added 100 grams. Evaluate the available data, what diagnosis can you think about?
2
congenital disaccharidase deficiency
celiac disease – gluten enteropathy
transient lactase deficiency
acute gastroenterocolitis

cow's milk protein intolerance
#
185
In a 2-year-old boy, after suffering an acute respiratory infection, the appetite, vomiting and low-grade fever. Malnutrition boy lethargic, not interested in others, does not want to walk. Objectively: expressed muscle hypotonia, skeletal deformities (X-shaped lower limbs). Systolic murmur and tachycardia are heard. In the blood: anemia, hypoglycemia, hypokalemia, hypophosphatemia, increased alkaline activity phosphatases. In urine: polyuria, glucosuria, hyperaminoaciduria. Evaluate the available data? What disease can you think of?
3
acute rickets peak period
subacute rickets peak period
Debreu-de Toni-Fanconi syndrome
period of residual effects of rickets
spasmophilia (rachitogenic tetany)
#
186
The child is 10 months old. During the month of May, there is increased excitability, restless sleep. Artificial feeding and did not receive vitamin D. On examination: increased nutrition, psychomotor development corresponds to age. Signs of rickets are expressed. Positive symptoms of Trousseau, Maslova, Lyusta. Serum calcium level is 1.7 mmol/l. Evaluate the available data? What disease can you think of?
4
spasmophilia, obvious form
acute rickets, peak period
period of residual effects of rickets
spasmophilia, latent form.
subacute rickets, peak period
#
187
On examination of a 2-month-old child, the pediatrician discovered craniotabes, softening of the edges of a large fontanelle, the dimensions of which are 3.5 * 3.5 cm, and a deployed lower aperture

chest, Harrison's groove, pectus excavatum cells, flat stomach, marked sweating with a sour the smell of sweat, the child continuously rubs his head on the pillow. Doesn't get vitamin D Due to the coronavirus pandemic, self-isolated at home, outside They rarely come out for 10-15 minutes once every three days. What disease can you talk about? think based on the symptoms described.
2
spasmophilia, obvious form
acute rickets, peak period
period of residual effects of rickets
spasmophilia, latent form.
subacute rickets, peak period
#
188
A 2-month-old child was born at term with a weight of 3500 g. He was mixed-fed. Currently weighs 4900 g. Give an estimate of the child's body weight.
5
moderate chronic malnutrition
We are at risk for chronic malnutrition
severe chronic malnutrition
protein-energy malnutrition
body weight corresponds to age
#
189
A 30-day-old child was born prematurely with a body weight of 2300 g. The mother hypogalactia, in the first month the child gained 300 g. Rate What assumption of the family doctor will be optimal in this situation?
4
Supplementation with cow's milk
Supplementation with 5% semolina porridge
Transfer to artificial feeding with cow's milk
Supplementary feeding with adapted formulas + restoration of lactation in the mother
Dynamic observation
#

190
A 2-year-old boy was hospitalized due to weight loss, unstable stool, and anorexia, which appeared after the introduction of semolina porridge into the diet (from 5 months). The child is adynamic, lethargic, pale, dry skin, subcutaneous fat absent. The abdomen is swollen, tense, with percussion in the upper abdomen Tympanitis and burst noise are determined. The stools are foamy, light-colored, smelly. In the coprogram: neutral fat in large quantities. Evaluate the data presented. What is the most likely cause of malnutrition? The child has?
3
congenital lactase deficiency
acquired lactase deficiency
celiac disease (gluten enteropathy)
intestinal dysbiosis
transient lactase deficiency
#
191
A 2-year-old boy was hospitalized due to loss of body weight, unstable stool, anorexia, which appeared after the introduction of semolina porridge into the diet (from 5 months). The child is adynamic, lethargic, the skin is pale, dry, subcutaneous fat is absent. The abdomen is swollen, tense, with percussion the upper abdomen is determined by tympanitis, a splash noise. Foamy stools light, smelly. In the coprogram: neutral fat in large quantities. What is the “gold standard” of diagnosis in this case?
2
colonoscopy
biopsy of the small intestinal wall
elastase-1 test in stool
breath test for H.pylory
Ultrasound of the intestine
#
192
Which of the following laboratory indicators are characteristic of iron deficiency anemia
1
sideropenia, anisocytosis, poikilocytosis, hypochromia

leukocytopenia
thrombocytopenia
appearance of blasts in peripheral blood
lymphopenia
#
193
Name the changes in the cardiovascular system in children with severe iron deficiency anemia:
4
bradycardia
diastolic murmur over the apex, muffled heart sounds
displacement of the boundaries of relative cardiac dullness in all directions
systolic murmur over the apex, muffled heart sounds
development of pericarditis
#
194
Iron supplements may cause the following side effects:
2
dizziness
dyspeptic disorders
heartbeat
temperature increase
shortness of breath, tachycardia
#
195
Iron depots in the body include:
1
bone marrow, liver, spleen
The lymph nodes
thymus
intestines
kidneys
#
196
What data from the obstetric history of a mother with an Rh “-” factor can indicate the possibility of tension-type headache in a newborn:
2

rly gestosis
llbirth, medical abortion, miscarriage
abetes
lpitis
e gestosis
7
To assess the stage of appearance of jaundice, the following is used:
3
Silverman scale
Downs scale
Cramer scale
Apgar score
Ballard scale
#
198
The cause of the development of physiological jaundice in newborns is:
1
increased destruction of red blood cells
abnormal structure of red blood cells
abnormality of hemoglobin structure
incompatibility of mother and child by blood groups
incompatibility of mother and child by Rh factor
#
199
The first symptom of bilirubin intoxication in newborns is:
1
the appearance of symptoms of depression
sudden excitement
increased muscle tone
stiff neck
convulsions
#
200
The main method of treating indirect hyperbilirubinemia:
5
intensive therapy

electrophoresis
immunotherapy
phytotherapy
phototherapy
#
201
If you have symptoms of sepsis, what combination of antibiotics should you start treatment with:
5
Merpenem and Metrid
ceftriaxone and amikacin
cefotaxime and amikacin
vancomycin and metrid
ampicillin and gentamicin
#
202
A live born baby must have the following symptoms:
3
body weight more than 2500 grams
gestation period 38-41 weeks
spontaneous breathing, heartbeat, umbilical cord pulsation
well-formed physique
well-developed subcutaneous fat layer
#
203
On the 7th day, the child developed an enlargement of the mammary glands without inflammatory phenomena and persisted for 3 weeks. What condition are we talking about?
3
mastitis
chest phlegmon
sexual crisis
local edema
abscess
#
204
The baby is 5 days old. Current weight - 3600 g, weight at birth - 3800 g, from term birth, height 52 cm, OG - 36 cm, OGK - 34 cm. Weight loss in 5

days - 200 g. Tactics for managing a newborn?
1
no treatment is required, because physiological weight loss
fluid therapy required
additional nutrition is required
screening for diseases is required
oral rehydration should be performed
#
205
Vaccination of a newborn against hepatitis B in a maternity hospital should be carried out:
1
in the first 12 hours of life
on day 2 of life
on day 3 of life
on the 4th day of life
upon discharge from the maternity hospital
#
206
To assess the severity of asphyxia, a scale is used:
1
Apgar
Ballard
Silverman
Dubovich
Downs
#
207
In what case can hemolytic disease of the newborn develop due to the Rh factor if:
3
mother has Rh (+); the child has Rh(-)
mother has Rh (+); the child has Rh(+)
mother has Rh (-); the child has Rh(+)
mother has Rh (-); the child has Rh(-)
mother has Rh (+); father's Rh(-)
#

208
The clinical picture of hemolytic disease of the newborn icteric form is characterized by:
4
jaundice on the 2nd day, satisfactory, good condition
jaundice for 2-3 days, hepatomegaly, hemorrhagic syndrome
the appearance of jaundice by the end of the 1st week, dark urine, acholic stools
jaundice on the 1st day, hepatosplenomegaly, lethargy
jaundice on the 5th day, hepatomegaly, pustular rashes
#
209
The diagnosis of intrauterine infection can be reliably confirmed by:
2
IgA
IgM
IgE
IgG
JgD
#
210
For etiotropic therapy of congenital herpetic infection the following is used:
4
ampicillin
azithromycin
amphotericin
acyclovir
misoprostol
#
211
The class of immunoglobulins contained in breast milk, which provide local intestinal immunity in newborns, is:
2
IgM
IgA
IgG
IgE
IgD

#
212
For chlamydial infection in newborns, the most effective are:
3
semisynthetic penicillins
aminoglycosides
macrolides
cephalosporins
carbapenems
#
213
By gestational age, babies born before __ weeks are considered premature:
1
37
38
39
40
41
#
214
The World Health Organization recommends the duration of breastfeeding:
5
first 3 months
3–6 months
6-9 months
9–11 months
12–24 months
#
215
The arterial (botal) duct connects:
1
pulmonary artery and aorta
umbilical and inferior vena cava
pulmonary and right subclavian arteries
aorta and left subclavian artery
superior and inferior vena cava
#

#
216
The source of ergocalciferol in the body:
2
Meat products
Products of plant origin
Breast milk
Egg yolk
Exposure to sunlight
#
217
The source of cholecalciferol entering the body is:
4
Rice cereal
Buckwheat
Mango juice
Breast milk or adapted milk formulas
Bakery products
#
218
The first hydroxylation of provitamin D3 occurs:
3
In liver cells
In the interstitial tissue of the lungs
In the cells of the gastric mucosa
In tubular epithelium
In lymphoid tissue
#
219
The second hydroxylation of vitamin D3 metabolites occurs:
4
In brain cells
In the interstitial tissue of the lungs
In the cells of the gastric mucosa
In the tubular epithelium of the kidneys
In lymphoid tissue

#
220
The action of dihydrocholecalciferol is:
3
In inhibition of IgA production
In accelerating bone maturation
In promoting calcium absorption in the intestine
In accelerating sexual development
In accelerating the absorption of iron in the intestines
#
221
A prerequisite for the development of vitamin D deficiency rickets is:
1
Increased production of parathyroid hormone
Increased cortisol production
Decreased alkaline phosphatase production
Loss of phosphorus salts by the body
Decreased production of parathyroid hormone
#
222
Vitamin D-dependent forms of rickets are characterized by:
2
Dominant inheritance
Recessive inheritance
Polygenic conditioning
Occurs only under the influence of environmental factors
The presence of external signs of rickets already at birth
#
223
The leading role in the occurrence of vitamin D-resistant forms of rickets is played by:
5
Nutritional factor
Malabsorption
Treatment of deficiency rickets with insufficient doses of vitamin D
Poor social conditions
Tubulopathy
#

224
To diagnose deficiency rickets, the following must be determined:
3
Serum magnesium level
Serum sodium content
Alkaline phosphatase activity
Alanine foreign ferase activity
Activity of aspartate foreign ferase
#
225
Therapy with therapeutic doses of vitamin D requires monitoring:
1
Calciuria
Phosphaturia
Blood pressure
ECG
Body temperatures
#
226
What two essential fatty acids does a baby get in breast milk?
2
Palmitic and stearic
Linoleic and alpha-linolenic
Nylon and gamma oil
Linoleic and stearic
Palmitic and nylon
#
227
Which of the following conditions of a newborn baby is a contraindication to early attachment to the mother's breast?
3
low birth weight
short frenulum of the tongue
asphyxia
low-grade fever
rhinitis
#
228

Contraindications to natural feeding on the part of the child are:
4
hypolactasia
pronounced manifestations of allergic diathesis
celiac disease
phenylketonuria
cystic fibrosis
#
229
Myelination of nerve tracts is basically completed:
3
by 1 year
by 2-3 years
by 3-5 years
by 5-7 years
by 7-10 years

230.
By squeezing the skin, subcutaneous tissue and muscles on the inside of the shoulder or thigh with two fingers, determine:
3
elasticity
skin moisture
tissue turgor
fragility of blood vessels
sensitivity#
231
A decrease in tissue turgor indicates:
2
acute rickets
chronic malnutrition
exudative-catarrhal diathesis
iron deficiency anemia
sclerederma#
232
When palpating the subcutaneous fatty tissue, it is determined:
5
skin elasticity

skin moisture
fragility of blood vessels
sensitivity
presence of edema#
233
Intensive blood supply to bone tissue in children may contribute to:
3
development of osteoporosis
development of osteosclerosis
development of osteomyelitis
development of bone deformities
development of osteomalacia
#
234
Microscopy of red blood cells in iron deficiency anemia reveals:
2
schizocytosis
anisocytosis with a tendency towards microcytosis
spherocytosis
macrocytosis
target red blood cells
#
235
The basis of hereditary microspherocytosis is a defect:
1
protein part of red blood cell membranes
lipid part of erythrocyte membranes
hemoglobin molecules
iron absorption
hemoglobin recycling
#
236
Signs of hemolysis are:
2
anemia + reticulopenia
reticulocytosis + increased indirect bilirubin
increased direct bilirubin levels + hemorrhages
hyperemia of the skin + splenomegaly
abdominal pain+pitechiae#

237
For “red,” “pink,” “warm,” or “benign” fever, the skin:
1
moderately hyperemic, the skin may be moist due to increased sweating;
the skin is pale with a “marble” pattern, the extremities are cold;
characteristic rashes are located throughout the body,
the appearance of a maculopapular rash is characteristic;
exanthema appears;
#
238
For “white”, “pale”, “cold” or “malignant” skin fever:
2
moderately hyperemic, may be damp due to increased sweating;
the skin is pale with a “marble” pattern, the extremities are cold;
characteristic rashes are located throughout the body;
the appearance of a maculopapular rash is characteristic;
exanthema appears;
#
239
Aspirin in pediatric practice can cause complications such as:
1
Reye's syndrome
withdrawal syndrome
due to the risk of developing agranulocytosis
frequent development of acute allergic reactions
Cushing's syndrome
#
240
The bone sign of rickets is:
2
polyarthritis
damage to the metaepiphyseal zones
synovitis
arthrosis
spondyloarthropathy
#
241
It is typical for an asthenic physique:
2

correspondence of body weight to body length
body weight deficiency by length
excess body weight along body length
high rates of physical development
low indicators of physical development
#
242
Allergic diseases in children with exudative-catarrhal constitutional anomaly develop:
3
in 3% of cases
in 5% of cases
in 25% of cases
in 70% of cases
in 90% of cases
#
243
In the neonatal period, children with exudative-catarrhal constitutional anomaly are characterized by the presence:
1
diaper rash
underdevelopment of skin appendages
septic condition
hemolytic disease
adrenal underdevelopment
#
244
In children with lymphatic-hypoplastic anomaly of the constitution in the first year of life it is typical to identify:
5
cystic fibrosis
peptic ulcer
rheumatism
lymphoproliferative diseases
thymomegaly
#
245
Medicines in pediatrics are dosed depending on:
1

age and body weight of the child
cost of the drug
manufacturer
in fractions of the adult dose
There are no specific drug dosing features
#
246
The choice of drug when it is necessary to treat a nursing woman is determined:
3
the patient's wishes
cost of the drug
penetration of the drug into breast milk
number of feedings per day
medications are not prescribed during breastfeeding
#
247
The formation of congenital heart anomalies is caused by exposure to teratogenic factors at the next stage of intrauterine development.:
1
up to 10 weeks
20–25 weeks
25–30 weeks
30–35 weeks
35–40 weeks
#
248
A sharp increase in pulse pressure is one of the symptoms:
3
arterial hypertension
arterial hypotension
aortic valve insufficiency
aortic valve stenosis
coarctation of the aorta
#
249
With a ventricular septal defect, organic heart murmur is most pronounced:
3
at the top of the heart
in the second intercostal space on the right at the sternum

in the third-fourth intercostal space on the left at the sternum
on large vessels of the neck
in the epigastric region
#
250
With an atrial septal defect, the systolic murmur is caused by:
4
shunting of blood through an atrial septal defect
relative mitral valve insufficiency
relative tricuspid valve insufficiency
relative pulmonary stenosis
relative stenosis of the aortic mouth
#
251
The Eisenmenger complex includes:
4
atrial septal defect
pulmonary stenosis
left ventricular hypertrophy
pulmonary hypertension
arterial hypotension
#
252
With isolated coarctation of the aorta in a typical location, one of the child's complaints is:
5
chest pain when taking a deep breath
pain in the area of the left shoulder blade, radiating to the left upper limb
stomach pain after eating
lower back pain when bending over
pain and weakness in the legs when walking
#
253
In what phase of the course of congenital heart disease is planned surgical treatment indicated?:
2
during the primary adaptation phase
in the phase of relative compensation
in the decompensation phase

at the Eisenmenger complex
immediately upon detection of a congenital heart defect
#
254
The most serious complication of congenital heart defects with a hemodynamically significant enrichment of the pulmonary circulation is:
3
heart rhythm disorder
arterial hypertension
pulmonary hypertension
stroke
myocardial ischemia
#
255
The severity of clinical symptoms in tetralogy of Fallot largely depends on:
5
area of the ventricular septal defect
area of atrial septal defect
degree of right ventricular hypertrophy
degree of aortic dextraposition
degree of pulmonary artery stenosis
#
256
The cause of atrioventricular heart block is most often:
2
sympathicotonia
previous carditis
patent foramen ovale
arterial hypertension
sinus bradycardia
#
257
A complication of rheumatic fever is often the following acquired heart defect:
1
aortic valve insufficiency
pulmonary valve insufficiency
tricuspid valve insufficiency
ventricular septal defect
atrial septal defect

#
258
The drug of choice for increasing myocardial contractility in congestive heart failure in children is:
2
korglykon
digoxin
strophanthin
furosemide
riboxin
#
259
The drug of choice for increasing myocardial contractility in acute heart failure in children is:
3
nitroglycerine
hydralazine
dobutamine
captopril
solcoseryl
#
260
Nephrotic syndrome is an absolute indication for use:
2
non-steroidal anti-inflammatory drugs
glucocorticoids
hypoazotemic agents such as lespenefril
antihypertensive drugs such as raunatin
antibiotics from the aminoglycoid group
#
261
Of these conditions, children are at greatest risk of developing CKD:
4
acute cystitis
acute non-obstructive pyelonephritis
acute glomerulonephritis with nephritic syndrome
partial renal hypoplasia
acute pyelitis
#

262
The most common urinary tract infection occurs
3
hematogenously
lymphogenous route
ascending (urinogenic) route
sexually
by airborne droplets
#
263
Dysuria in diseases of the kidneys and urinary tract is a sign:
5
glomerulonephritis
pyelitis
pyelonephritis
interstitial nephritis
cystitis
#
264
The diagnostic criterion for pyelonephritis caused by Escherichia coli is bacteriuria (the number of microbial bodies per ml):
5
1.000
10.000
30.000
50.000
100.000
#
265
A general urine test for acute pyelonephritis includes:
3
protein 5.0 g/l
red blood cells in large quantities
leukocytes (neutrophils) in large numbers
leukocytes (lymphocytes) in large numbers
red blood cell casts
#
266

Urinalysis according to Nechiporenko for acute pyelonephritis in a 5-year-old boy is characterized by:
4
leukocyturia 500
leukocyturia 1.000
leukocyturia 1.500
leukocyturia 5,000
erythrocyturia entirely
#
267
The Addis-Kakovsky urine test for acute glomerulonephritis with nephritic syndrome includes:
5
protein 5.8 g/day
protein 3.0 g/day
leukocytes 1.0 million
red blood cells 0.5 million
red blood cells entirely
#
268
The Addis-Kakovsky urine test for acute glomerulonephritis with nephrotic syndrome includes:
2
protein 1.0 g/day
protein 5.0 g/day
leukocytes 2.5 million
red blood cells entirely
solid cylinders
#
269
The main method of treating pyelonephritis in the active stage is:
1
antibiotic therapy
uroseptic therapy
drinking mineral waters
physical therapy
phytotherapy
#
270

The history of a 2-year-old child included premature birth with a fetal weight of less than 3 kg, the presence of large placentas, signs of intrauterine asphyxia, a high level of hemoglobin, a saddle nose, and the early onset of edema syndrome. This disease may occur in this case?
1
congenital nephrotic syndrome
secondary nephritic syndrome
Nephronophthisis Fanconi
oligomeganephronia
Alport syndrome
#
271
An 8-year-old child, after severe hypothermia, complains of general weakness, severe swelling, and a decrease in the amount of urine. Blood test: total protein 49 g/l, ESR 64 mm/h; cholesterol 8.5 mmol/l; in the urine sample according to Addis-Kakovsky, protein is 3.5 g/day. Your suspected diagnosis?
4
congenital nephrotic syndrome
acute glomerulonephritis with isolated urinary syndrome
acute glomerulonephritis with nephritic syndrome
acute glomerulonephritis with nephrotic syndrome
acute post-infectious nephritic syndrome
#
272
In a 5-year-old child, during examination for admission to kindergarten, blood parameters revealed ESR 10 mm/h, total protein 70 g/l, cholesterol 4.5 mmol/l, urea 5.5 mmol/l, creatinine 86 mmol/l. In urine analysis: protein 0.095 g/day, red blood cells up to 25, white blood cells 2-4 in the field of view. Your suspected diagnosis?
2
congenital nephrotic syndrome
acute glomerulonephritis with isolated urinary syndrome
acute glomerulonephritis with nephritic syndrome
acute glomerulonephritis with nephrotic syndrome
acute post-infectious nephritic syndrome
#
273
An 11-year-old child has a change in urine color in the form of “meat slop,” weakness, fatigue, and headache. From the anamnesis: two weeks ago the child

suffered from a sore throat with fever. Blood test: anemia, ESR 25 mm/h. Urinalysis: protein 0.8 g/l, leukocytes 4, erythrocytes 50 in the field of view. Your suspected diagnosis?
3
congenital nephrotic syndrome
acute glomerulonephritis with isolated urinary syndrome
acute glomerulonephritis with nephritic syndrome
acute glomerulonephritis with nephrotic syndrome
acute post-infectious nephritic syndrome
#
274
A 5-year-old boy has pale skin, swelling of the face, anterior abdominal wall, legs and feet. Blood pressure 100/65 mm Hg. Art. Oliguria. Urinalysis: protein 5.0 g/l, single leukocytes in the field of view, 0 red blood cells in the field of view. What disease can we think about in this case?
4
rapidly progressive glomerulonephritis
acute glomerulonephritis with isolated urinary syndrome
acute glomerulonephritis with nephritic syndrome
acute glomerulonephritis with nephrotic syndrome
acute kidney injury
#
275
During a preventive examination, a 10-year-old girl showed changes in her urine: proteinuria - 0.4 g/day, 20-25 red blood cells in the field of view. The general condition is satisfactory, the skin and mucous membranes are clean, there is no swelling. Malocclusion, high palate, brachydactyly. No pathology was detected from the internal organs. Blood pressure – 100/60 mm Hg. Art. The child's maternal grandfather suffered from kidney disease and died of kidney failure. What is the preliminary diagnosis?
3
rapidly progressive glomerulonephritis
congenital nephrotic syndrome
hereditary nephritis
Henoch-Schönlein jade
acute poststreptococcal glomerulonephritis
#
276

An 8-year-old child was admitted to the department with complaints of weakness, increased fatigue, decreased appetite, headache, and pink urine. A week before the present illness, he suffered from acute tonsillitis. On examination, the skin is pale, the face is pasty, blood pressure is 130/90 mm. rt. Art. In the general blood test: hemoglobin 105 g/l, erythrocytes 3.2 million, leukocytes 10.5 thousand, ESR 30 mm/h. In general urine analysis: specific gravity 1025, protein 0.99 g/l, leukocytes 10, erythrocytes 50, hyaline casts 7-8 in the field of view. What therapy is indicated for the child?
2
diuretic
hypotensive
infusion
steroid
cytostatic
#
277
On the fourth day of illness, a 10-year-old child was admitted to the hospital with complaints of headache, fatigue, and swelling of the face. In general urine analysis - erythrocyturia 100. Blood pressure 160/100 mm Hg. Art. What drug should you start therapy with?
5
bisoprolol
prednisone
cyclosporine
cyclophosphamide
enalapril
#
278
A 3-year-old child, previously considered healthy, developed swelling on the face, torso, legs and feet without any visible provoking factors. The general condition is slightly disturbed. Blood pressure – 90/60 mm Hg. The examination revealed proteinuria up to 4 g/day, hypoproteinemia, and hypercholesterolemia. What therapy is indicated for this child?
5
antibacterial
hypotensive
detoxification
cytostatic
steroid

#
279
An 8-year-old girl has a headache, adynamia, pain in the abdomen and lumbar region on the left, frequent and painful urination. The disease was preceded by swimming in cold water. Upon admission, the patient was in moderate condition, pallor, slight pastiness of the eyelids, temperature 39.5°C, palpation of the left kidney was painful. Urine is cloudy. What disease can be suspected in this case?
3
urolithiasis disease
acute glomerulonephritis
acute pyelonephritis
acute urethritis
acute cystitis
#
280
Colostrum is released within (times):
2
1st month of pregnancy
at the end of pregnancy
first 7 days after birth
first 2 weeks after birth
first month after birth
#
281
Human milk becomes mature:
3
at the end of pregnancy
in the first 4-5 days after birth
after 2 weeks after birth
from 2 months after birth
immediately after birth
#
282
Baby's first breastfeeding after birth:
1
immediately after birth
2 hours after birth
6 hours after birth
in 12 hours

the next day
#
283
To establish lactation and prevent hypogalactia, it is necessary:
2
feed the baby by the hour
feed the baby according to his “demand”
alternate breasts every feeding
take a night break
supplement with formula
#
284
Good maternal lactation depends on:
3
breast size and nipple shape
mother's health status
breastfeeding frequency
compliance with breastfeeding techniques
breast hygiene
#
285
What are citrus fruits rich in (lemons, oranges, tangerines), tomatoes, bell peppers?
2
B vitamins
vitamin C
folic acid
fiber
iron
#
286
Anemias are classified
1
by erythrocyte morphology
by patient age
by patient gender
by time of occurrence
by the number of leukocytes
#
287

Anemias are hyporegenerative
2
hemolytic anemia
B12-deficient
autoimmune hemolytic anemia
acute posthemorrhagic
physiological anemia in children under one year of age
#
288
Hypochromia is characteristic of
2
aplastic anemia
iron deficiency anemia
megalocytic anemias
acute posthemorrhagic anemia
acquired hemolytic anemia
#
289
The cause of megalocytic anemia is:
1
vitamin B12 deficiency
vitamin B5 deficiency
vitamin C deficiency
iron deficiency
vitamin A deficiency
#
290
Vitamin B12 deficiency anemia is characterized by
5
normocytic type of hematopoiesis
microcytic type of hematopoiesis
normal cell maturation
hypochromia
megalocytic type of hematopoiesis
#
291
Vitamin B12 deficiency anemia is characterized by
3
normochromia

hypochromia
hyperchromia
normocytes
microcytes
#
292
With hemolytic anemia occurs
2
increased destruction of leukocytes
increased destruction of red blood cells
increased platelet destruction
increased destruction of agranulocytes
increased destruction of granulocytes
#
293
Hemolytic anemia is characterized by
2
normal serum iron levels
reticulocytosis
reticulocytopenia
decreased serum iron levels
normal bilirubin level
#
294
Hemolytic anemia is characterized by
2
pale skin
yellowness of the skin and sclera
earthy skin tone
the spleen is not palpable
enlarged peripheral lymph nodes
#
295
Aplastic anemia is characterized by
2
hematopoietic function of the bone marrow is not impaired
the hematopoietic function of the bone marrow of all three or one or two hematopoietic germs is completely suppressed.

the hematopoietic function of the bone marrow of all three or one or two hematopoietic germs is partially suppressed.
increased hemolysis of red blood cells
prolonged fever
#
296
Aplastic anemia is characterized by
2
hypochromia of erythrocytes
normochromic red blood cells
red blood cell hyperchromia
microcytes
normocytes
#
297
Aplastic anemia is characterized by
5
reducing the amount of hemoglobin only
decrease in the number of red blood cells only
decrease in the number of leukocytes only
decrease in ESR
pancytopenia
#
298
Aplastic anemia is characterized by
3
enlarged lymph nodes
enlarged spleen
pronounced pallor of the skin and mucous membranes
liver enlargement
swelling
#
299
The most common form of hemophilia in children is due to a deficiency:
1
coagulation factor VIII;
coagulation factor IX;
Coagulation factor XI;
Coagulation factor XII.

Coagulation factor V.
#
300
In a patient with immune thrombocytopenia:
4
the duration of bleeding is sharply increased, the clotting time is changed little;
the clotting time is sharply increased, the duration of bleeding changes little;
both are increased to the same extent;
both are within normal limits.
The duration of bleeding is normal
#
301
Bleeding duration of 30 minutes or more is typical:
1
for hemophilia;
hemorrhagic vasculitis;
Vitamin B12 deficiency anemia
thrombocytopathy.
aplastic anemia
#
302
An increase in blood clotting time up to 20 minutes or more is typical:
1
for hemophilia;
thrombocytopenia;
anemia;
hemorrhagic vasculitis.
aplastic anemia
#
303
Hemophilia corresponds to a type of bleeding:
3
angiomatous;
mixed;
hematoma;
petechial-spotted.
vasculitic
#
304

In hemorrhagic vasculitis, the manifestations of hemorrhagic syndrome are associated with:
3
thrombocytopenia;
deficiency of coagulation factors;
pathology of the vascular wall;
lack of iron in the blood.
thrombocytopathy
#
305
The pathogenesis of bleeding in thrombocytopenia is due to:
3
pathology of the spleen;
deficiency of plasma coagulation factors;
disorders in the vascular-platelet hemostasis;
vitamin K deficiency.
decreased platelet quality
#
306
The infectious-toxic phase of infective endocarditis is characterized by noise:
1
"blowing" character
"rumbling" character
"buzzing" character
"machine" character
"encircling" character
#
307
The main symptom of short PQ interval syndrome is:
2
headache
attacks of tachycardia
enuresis
episodes of bradycardia
stomach ache
#
308
One of the main causes of myocardial heart failure in newborns is:
2

aortic stenosis
asphyxia during childbirth
triatrial heart
coarctation of the aorta
aortopulmonary junction
#
309
The ratio of whey proteins to casein in breast milk is:
5
20:80
40:60
50:50
60:40
80:20.
#
310
The main component of human milk fat is:
4
Cholesterol
Phospholipids
Free fatty acids
Triglycerides
Saturated fatty acids
#
311
Expressed milk should be:
2
store in a thermostat at 37 degrees C for no more than 3 hours
store in the refrigerator at a temperature no higher than 4 degrees C for no more than 3-6 hours
store at room temperature for no more than 1-2 hours
store in the refrigerator at a temperature not exceeding 10 degrees C for no more than 5 hours
store in a thermostat at 37 degrees C for no more than 1 hour
#
312
The amount of nutrition that a child aged 1 month and having a body weight of 4000 g should receive per day, when calculated by the “volume” method, is:
2

400 мл
800 мл
600 мл
500 мл
300 мл
#
313
A contraindication to natural feeding on the part of the child is:
4
hypolactasia
pronounced manifestations of allergic diathesis
celiac disease
phenylketonuria
cystic fibrosis;
#
314
Under what conditions on the mother's side is breastfeeding possible?
3
open form of tuberculosis with bacilli excretion
HIV infection
inoculation of Staphylococcus aureus from breast milk
malignant neoplasms
acute mental illness.
#
315
If it is necessary to transfer infants with a burdened allergic history to artificial feeding, it is advisable to prescribe:
4
mixtures based on soy protein isolates
mixtures with a high degree of protein hydrolysis
adapted fermented milk mixtures
mixtures with a low degree of protein hydrolysis
goat milk
#
316
What feeding is most adequate for a child in the 1st year of life?
3
artificial
mixed

natural
mixed closer to natural
mixed closer to artificial
#
317
True croup is observed when:
1
diphtheria of the larynx
acute respiratory viral diseases
bronchitis
pneumonia
pleurisy
#
318
For instrumental verification of celiac disease:
1
morphological examination of a biopsy specimen of the small intestinal mucosa
X-ray examination of the stomach and duodenum
irrigography
colonoscopy and colon biopsy
pancreas scintigraphy
#
319
A 7-month-old child weighing 8 kg was diagnosed with moderate anemia. In what dose should he be prescribed an iron supplement in terms of elemental iron:
1
16 mg 1 time per day for 3 months
24 mg 1 time per day for 3 months
45 mg 2 times a day for 3 months
50 mg 1 time per day for 1 month
50 mg 2 times a day for 3 months
#
320
If symptoms of breast refusal appear, you should
1
apply to the breast more often;
introduce supplementary feeding with milk formulas;
give the child a drink;
start bottle feeding immediately

express breast milk
#
321
The principles of organizing breastfeeding in the early stages of lactation include
1
training a nursing mother in feeding and breast care skills
mandatory additional soldering
nipple application
putting the baby to the breast 2 hours after birth
strictly regulated feeding regimen from the first day of a child’s life
#
322
The carbohydrates in breast milk are predominantly sugar in the form of
3
sucrose
maltose
beta lactose
galactose
glucose
#
323
What daily amount of food does a child aged 5.5 months need?
3
1/5 body weight
1/6 body weight
1/7 body weight
1/8 body weight
1/9 body weight
#
324
The daily amount of nutrition for a child from 2 to 4 months is
4
1/3 of body weight
1/4 of body weight
1/5 of body weight
1/6 of body weight
1/7 of body weight
#
325

The Protein:Fat:Carbohydrate ratio in a child's diet before the introduction of complementary foods should be:
5
1:1:4
1:0,7:3,7
1:2:4
1:2:3
1:3:6

Tests OSTA state final certification for the 23-24 school year.
1
Posterior wall of the axilla
2
the scapular muscle is the widest muscle of the back
the supraspinatus and subcostalis muscles
the large round muscle
the anterior superior dentate muscle
#
2
Branches of the axillary artery in the thoracic triangle
2
deep artery of the shoulder
lateral thoracic artery
Medial thoracic artery
lower thoracic artery
highest thoracic artery
#
3
Which part of the shoulder joint capsule is the least strengthened
1
Posterior
superior lateral
anterior
inferior medial
external
#
4
Ligatures are applied to the axillary artery slightly above the level of discharge of a. subscapularis

1
below the level of withdrawal of a. subscapularis
at any level
at the level of the lower edge of the pectoralis minor muscle
at the level of the first rib
#
5
In the purulent-inflammatory process of the armpit, the swelling does not spread to
the deltoid region
to the scapular region
the anterior bed of the shoulder
to the posterior bed of the shoulder
to the subclavian region
#
6
Which vein does the medial subcutaneous vein of the arm flow into
3
axillary vein
subclavian vein
brachial vein
external jugular vein
internal jugular vein
#
7
Which nerve on the anterior surface of the lower third of the forearm can be mistaken for a tendon
2
ulnar nerve
median nerve
superficial branch of the radial nerve
deep branch of the radial nerve
interosseous nerve
#
8
Name the muscles that are not involved in strengthening the shoulder joint
5
deltoid muscle
supraspinatus muscle

subcostal muscle
large round muscle
subcapular muscle
#
9
Which bags do not communicate with the shoulder joint cavity
1
bursa subdeltoidea и bursa subacromialis
subcoracoidea и bursa subacromialis
bursa m. subscapularis
bursa subhumeralis
bursa submentalis
#
10
The four-sided hole is limited
2
small round muscle, scapula, biceps, triceps tendon
of the large round, small round, neck of the humerus, tendon of the long head of the triceps muscle
scapula, biceps, triceps and latissimus dorsi
long head of the triceps muscle, subcostal, supraspinatus and humerus
surgical neck of the humerus, biceps, triceps and latissimus dorsi
#
11
Which nerve is damaged by dislocation of the shoulder joint
2
n. radialis
n. axillaris
n. ulnaris
n. brachialis
n. musculocutaneus
#
12
What elements pass through the canalis spiralis
4
brachial artery and median nerve
radial artery and superficial branch of the radial nerve
ulnar artery and ulnar nerve
deep brachial artery and radial nerve

superior collateral ulnar artery and radial nerve
#
13
"Hanging hand" is observed in case of damage
to the 3rd
ulnar nerve
axillary nerve
radial nerve
median nerve
anterior interosseous nerve
#
14
Indicate the syntopia of the median nerve relative to the brachial artery in the middle third of the shoulder
3
the nerve lies laterally and posteriorly wraps around the artery
the nerve lies medially and posteriorly wraps around the artery
the nerve lies in front of the artery, go to the medial side
the nerve lies behind the artery, go to the lateral side
the nerve lies behind the artery, go to the medial side
#
15
When the median nerve is damaged, it is observed
2
"the hand of the obstetrician"
"tunnel syndrome"
"clawed paw"
"hanging hand"
"monkey paw"
#
16
"Clawed paw" is observed with damage
to the 1st
ulnar nerve
of the radial nerve
of the median nerve
of the superficial branch of the ulnar nerve
of the deep branch of the radial nerve
#

17
"Monkey's brush" is observed with damage
to the 3rd
radial nerve
of the ulnar nerve
of the median nerve
of the brachial nerve of the musculoskeletal nerve
#
18
Where pus accumulates in tendovaginitis
3
under the fibrous vagina tendons
between the fibrous and synovial sheaths
between the parietal and visceral sheets of the synovial vagina
between the synovial vagina and tendon
in the mesentery tendon
#
19
A deep palm arch is formed
2
radial artery, deep branch of the ulnar artery
deep branch of the radial artery and ulnar artery
posterior interosseous artery, ulnar artery
deep branch of the ulnar artery, deep branch of the radial artery
ulnar artery, radial artery
#
20
With which muscles in the same channel of the wrist region passes ramus profundus n. radialis
3
m. extensor carpi radialis longus et brevis
m. abductor pollicis longus and m. extensor pollicis brevis
m. extensor indicis and m. extensor digitorum
m. extensor digiti minimi
m. extensor carpi ulnaris
#
21
On which surface of the forearm are incisions made with phlegmon of the cellular space of Pirogov

5
on the front
on the back
on the lateral
on the medial
on the lateral surfaces of the forearm
#
22
Through which muscle does the median nerve enter from the ulnar region to the forearm
3
radial flexor
of the hand shoulder muscle
round pronator
elbow flexor of the hand
radial flexor of the hand
#
23
Which part of the capsule of the elbow joint is most accessible for research and intervention
4
Rear Outer Section
Rear Upper section
Rear Inner section
Front section
Rear Lower section
#
24
Pus from the middle cellular space of the palm spreads
3
into the subcutaneous tissue of the heads of the metacarpal bones
on the back surface of 3,4,5 fingers
in the cellular space of Pirogov-Paron
in the medial cellular space of the palm
lateral cellular space of the palm
#
25
What is U-shaped phlegmon
1

purulent tendobursitis of the 1st and 5th fingers
purulent tendovaginitis of the 2nd and 4th fingers
purulent tendovaginitis of the 2nd and 3rd fingers
purulent lesion of the intermuscular spaces of the elevation of the 1st and 5th fingers
the possibility of upward spread through the cellular spaces of the upper limb
#
26
On which surface of the median and main phalanges of 2-4 fingers is the incision performed for tendovaginitis
2
on the palm surface
on the side, closer to the back surface
on the back surface
on the side, closer to the palm surface
does not matter
#
27
At the first intersection, the topography of the uterine artery and ureter is as follows:
ureter behind, artery in front
ureter in front, artery medially
ureter behind, artery from below
ureter in front, artery behind
ureter from below, artery in front
#
28
At the second intersection, the topography of the uterine artery and ureter is as follows
3
ureter in front, artery laterally
ureter in front, artery medially
ureter behind, artery in front
ureter in front, artery behind
ureter from below, artery in front
#
29
In the carpal tunnel passes
3

radial nerve and ulnar vessels
ulnar nerve and radial vessels
median nerve and long extensor of the thumb
anterior interosseous nerve and long palmar muscle
posterior interosseous nerve and interosseous artery
#
30
Contents of anatomical snuff box
2
a. ulnaris
a. radialis
n. ulnaris
n. radialis
ramus superficialis n. radialis
#
31
Indicate the projection point used for blockade and surgical exposure of the sciatic nerve
1
1,5-2 cm downward and inward from the middle of the acetabular tuberosity line
1-1,5 cm downwards and outwards from the point lying on the border of the upper and middle third of the spinous tuberosity line
1-1.5 cm downward and outward from the point lying on the border of the inner and middle thirds of the spinocarpopharyngeal line
2-4 cm to the inside and to the inside of the middle of the spinocervical line
at the lateral edge of the sciatic tubercle or 0.5-1 cm to the outside of it.
#
32
What are the boundaries of the femoral triangle?
1
the inguinal ligament, the tailor muscle and the long adductor muscle of the thigh
the large and long adductor muscles of the thigh and the inguinal ligament.
crest and tailor muscles, inguinal ligament
tailor muscle, large adductor and crest muscles
long adductor muscle, crest and tailor muscle.
#
33
What passes through the genitourinary diaphragm in the male
4

dorsal penile vein
posterior scrotal veins
perineal artery
membranous part of the urethra
spongy part of the urethra
#

34
The walls of the femoral canal are
1
superficial and deep sheets of f. lata and the vagina of the femoral vein
femoral vein vagina, lacunar ligament and f. lata
vagina of the femoral vein, scallop fascia and deep lamina f. lata
inguinal ligament, femoral vein sheath and scalloped fascia
long adductor muscle, tailor muscle and femoral fascia proper
#
35
The walls of the fallopian canal are
2
large adductor muscle, long adductor muscle and fibrous plate
the large adductor muscle, the medial broad muscle of the thigh and the fibrous plate
fibrous lamina, tailor muscle and long adductor muscle
tailor muscle, long and short adductor muscles
medial broad muscle of the thigh, tailor muscle and fibrous plate
#
36
Femoral artery projection
2
from midway between the pubic tubercle and symphysis to the medial epicondyle of the femur.
from the center of the distance between the superior anterior iliac spine and the symphysis to the tubercle of the adductor muscles.
from the middle of the inguinal ligament to the lateral epicondyle of the femur
from the middle of the inguinal ligament to the middle of the hamstring fossa
from the inner third of the inguinal ligament to the middle of the patella.
#
37
Sciatic nerve projection

5
from the outer third of the distance between the sciatic tubercle and the greater acetabulum to the middle of the hamstring.
from the greater acetabulum to the middle of the hamstring.
from the sciatic tubercle to the hamstring
from the inner third of the line connecting the sciatic tubercle and the greater trochanter to the middle of the hamstring
from the middle of the distance between the sciatic tubercle and the greater trochanter to the middle of the hamstring

38
Under which muscle is the exit opening of the glenoid canal located?
3
m. sartorius
m. gracilis
m. pectineus
m. abductor longus
m. abductor brevis
#
39
Specify the projection point of exit from the pelvis of the superior gluteal artery
2
1,5-2 cm below and to the inside from the middle of the acetabular tuberosity line
1-1.5 cm downward and outward from the point lying on the border of the upper and middle thirds of the spinous tuberosity line
1-1.5 cm downward and outward from the point lying on the border of the inner and middle thirds of the spinocarpopharyngeal line
2-4 cm to the inside and to the inside of the middle of the spinocervical line
at the lateral edge of the sciatic tubercle or 0.5-1 cm to the outside of it.
#
40
The iliac fossa is the access
4
for puncture of the knee joint
to access the femoral nerve.
to determine the position of the superior medial artery of the knee joint
to access the medial hamstring artery
to access the Gruber's canal
#

41
Which nerve can be injured during dissection of the posterolateral foramen of the knee joint
3
sciatic nerve
cutaneous nerve of the thigh
common peroneal nerve
tibial nerve
femoral nerve
#
42
The muscle lacuna is formed by
4
inguinal ligament, scalloped fascia, lacunar ligament.
iliac bone, inguinal ligament, lacunar ligament.
scallop ligament, inguinal ligament, iliac crest.
inguinal ligament, iliac crest, scalloped fascia.
lacunar ligament, inguinal ligament, iliac crest.
#
43
What the muscle lacuna contains
2
m. iliopsoas, m. pectineus, n. genitofemoralis
m. iliopsoas, n. femoralis, n. cutaneus femoris lateralis
m. pectineus, m. obturatorius externa, n. femoralis
m. psoas, n. genitofemoralis, a.femoralis
m. obturatorius externa, n. femoralis, n. cutaneus femoris lateralis.
#
44
When wounding the gluteal region should be ligated
3
the superior gluteal artery
lower gluteal artery
internal iliac artery
internal iliac artery
common iliac artery
#
45
How the projection line of the sciatic nerve is drawn

4
from the sciatic tubercle to the medial epicondyle of the femur
from the greater trochanter to the lateral epicondyle of the femur
from the midpoint of the distance between the sciatic tubercle and the greater acetabulum to the medial epicondyle
from the midpoint of the distance between the sciatic tubercle and the greater trochanter to the middle of the hamstring.
from the sciatic tubercle to the middle of the distance between the femoral epicondyles
#
46
Projection line of the posterior tibial artery
1
from the middle of the hamstring to the middle of the distance between the Achilles tendon and the medial ankle.
from the middle of the hamstring to the middle of the distance between the Achilles tendon and the lateral ankle.
from the middle of the hamstring to the Achilles tendon
from the middle of the hamstring to the lateral ankle
from the middle of the hamstring to the medial ankle.
#
47
What anatomical entities pass through the vascular lacuna
3
hock artery, hock vein, femoral nerve
femoral artery, femoral vein, femoral nerve
femoral artery, femoral vein, femoral branch of the femoral-pelvic nerve
upper supracostal vessels, femoral nerve
inferior supracostal vessels, femoral nerve.
#
48
Where does the hock artery branch off when it forms the "crown of death"?
from the femoral artery
2
from the inferior iliac artery.
from the internal iliac artery
from the external iliac artery.
from the superior iliac artery
from the femoral artery

#
49
The floor of the hamstring fossa is formed by the
5
semitendinosus muscle
semitendinous muscle
hamstring
posterior part of the knee joint bag with ligaments
hamstring muscle
#
50
Describe the position of the foot when the deep branch of the peroneal nerve is injured
2
"heel foot."
"horse foot."
varus position
outward rotation
the foot does not change its normal position
#
51
What passes through the anterior orifice of the ankle-pelvic canal
2
n. tibialis anterior
a. tibialis anterior
n. peroneus anterior
a. peronea
a. tibialis posterior
#
52
What does the superior musculotibial canal contain
3
n. peroneus profundus
n. peroneus superficialis
n. peroneus communis
n. saphenus
n. suralis
#
53

What is the lower musculotibial canal formed by
4
The fibula and the deep layer of the intrinsic fascia
fibula and intermuscular septum
posterior tibialis muscle and tibial tubercle
fibula and long flexor of the thumb
fibula and long flexor of the thumb
#
54
What does the inferior musculotibial canal contain
3
n. peroneus profundus
n. peroneus superficialis
a. peronea
a. tibialis posterior
a. collateralis tibialis
#
55
Interposition of vessels and nerves in the hamstring vascular-nerve bundle
1
superficial-n. tibialis, deeper and medial-v. poplitea, deeper and medial-a. poplitea
superficial-a. poplitea, posterior-v. poplitea, deeper-n. tibialis
superficial-v. poplitea, deeper to the bone-a. poplitea, between them n. tibialis.
superficial-n. tibialis, deeper-a. poplitea, closer to the bone- v. poplitea
superficial-a. poplitea, behind it - n. tibialis, closer to the bone - v. poplitea.
#
56
With the tendon of which muscle passes to the rear of the foot vascular-nerve bundle of the anterior bed of the tibia.
3
m. tibialis anterior
m. flexor digitorum longus
m. extensor hallucis longus
m. flexor hallucis longus
m. extensor digitorum longus
#
57
Projection line to the skin of a. dorsalis pedis
4

from the medial ankle to the 1st toe
from the lateral ankle to the 5th toe
from the medial ankle to the 1st interfemoral space
from the middle of the distance between the ankles to 1 toe gap
from the lateral ankle to 1 toe gap
#
58.
The canalis calcaneus is formed by
3
m. flexor digitorum longus and the talus bone
m. abductor hallucis brevis and heel bone
m. abductor hallucis longus and heel bone
m. adductor hallucis longus and heel bone
tendon of m. tibialis posterior and talus bone
#
59.
On which muscle does the sacral plexus lie
4
m. coccygeus
m. levator ani
m. gemellus inferior
m. periformis
m. obturatorius interna
#
60.
Closer to which part of the bladder it is preferable to perform a cystotomy
1
apex
body
fundus
neck
ureteral orifices
#
61.
Which cranial nerve is not connected to the cavernous sinus
2
n. oculomotorius
n. facialis
n. trochlearis

n. abducens
n. ophthalmicus
#
62.
Indicate which sheath is not captured in the suture when suturing a bladder wall wound because of the risk of urinary salt deposition
5
serous membrane
subserosal sheath
muscular sheath
submucosa
mucous membrane
#
63.
Through which opening in the cranial cavity does the facial nerve exit?
2
oval
stylosceles
laceration
blind
round
#
64.
Which method is used for definitive stopping of bleeding in a wound of the vessels of the subcutaneous fatty tissue of the head?
3
clamping
diathermocoagulation
ligature application with stitching
wax rubbing with paraffin paste
wound tamponading
#
65.
What special instrument is used to dislodge the periosteum during bone-plastic skull trepanation?
1
Farabef's raspator
Dahlgren craniotome
Polenov guide

Gigli wire saw
spokeshave with a set of cutters
#
66
Where the trunk of the middle circumflex artery projects on the Cranlein diagram
5
at the intersection of the upper horizontal and posterior vertical lines
at the intersection of the upper horizontal and anterior vertical lines
at the intersection of the upper horizontal and middle vertical lines
at the intersection of the lower horizontal and the middle vertical line
at the intersection of the bottom horizontal line and the front vertical line
#
67.
The source of the a. meningea media is.
3
a. ophthalmica
a. carotis externa
a. maxillaris
a. carotis interna
a. temporalis profunda
#
68.
Which entities do not pass through the porus acusticus internus
2
a. labyrinthi
a. basilaris
n. intermedius
n. statoacusticus
n. facialis
69.
Where the posterior branch of the middle circumflex artery projects on the Cranlein diagram
3
at the intersection of the upper horizontal and anterior vertical lines
at the intersection of the upper horizontal and middle vertical lines
at the intersection of the upper horizontal and posterior vertical lines
at the intersection of the lower horizontal line and the middle vertical line
at the intersection of the bottom horizontal line and the back vertical line
#

70.
In which region of the head should skull trepanation be performed to ligate the middle circumflex artery
2
in the Schipo triangle
temporal region
frontal region
parietal region
occipital region
#
71.
What fascia separates the pharyngeal space from the oropharyngeal space?
3
f. stylopharyngeus
f. pharyngobasilaris
f. pharyngoprevertebralis lateralis
f. pharyngoprevertebralis media
f. prevertebralis
#
72.
Name the sinus of the dura mater that is most commonly injured in trauma to the cerebral vault of the head
2
inferior sagittal
upper sagittal
rectal
transverse
cavernous
#
73.
How is a subcutaneous hematoma of the skull vault characterized?
2
bump-shaped
spreads within one bone
is spillable and moves freely within the frontal-parietal-occipital region
spreads freely to the subcutaneous tissue of the face
It is difficult to characterize clearly
#
74.

Which layer is damaged most in a skull fracture of the cranial vault bones
3
all layers
outer lamina
vitreous lamina
spongy substance
no pattern
75.
Explain why bleeding from the dura mater sinuses of the brain does not tend to spontaneously ambulate
2
due to decreased clotting
because of the triangular shape of the sinus
due to increased liquor pressure
due to high venous pressure
due to high arterial pressure
#
76.
Name the largest cistern of the subarachnoid space
5
cisterna chiasmatis
cisterna corporis callosi
cisterna interpeduncularis
cisterna pontis
cisterna cerebellomedularis
#
77.
Ligation of which dura mater sinus will be fatal
3
superior sagittal sinus
inferior sagittal sinus
sinus drain
superior stony sinus
sigmoid sinus
#
78.
Name the nerve located in the tracheoesophageal sulcus
4
nervus vagus sinistra

nervus phrenicus sinistra
nervus splanchicus major
nervus laringeus recurens sinistra
nervus hypoglossus
#
79.
In relation to which anatomical entity the upper, middle and lower tracheostomy is distinguished
4
in relation to the ring cartilage
in relation to the thyroid cartilage
in relation to the hyoid bone
in relation to the isthmus of the thyroid gland
in relation to the upper, middle and lower tracheal rings
#
80.
How are the elements of the main neurovascular bundle of the neck located?
1
carotid artery from outside, jugular vein from inside, vagus nerve between them
jugular vein from outside, carotid artery from inside, vagus nerve from behind and between them
vagus nerve from outside, carotid artery from inside, jugular vein between them.
vagus nerve from inside, carotid artery from outside, jugular vein between them.
vagus nerve in front, artery in back, jugular vein between them.
#
81.
Which artery the stellate node is in contact with
5
common carotid artery
external carotid artery
internal carotid artery
subclavian artery
vertebral artery
#
82.
Indicate the site where the "phrenicus symptom" is determined
3
between the clavicle and the sternoclavicular mastoid muscle.
in the area of the jugular notch of the sternum

between the legs of the sternoclavicular mastoid muscle
3 cm above the middle of the clavicle
midway along the posterior edge of the nodus muscle
#
83
At what level does the pharynx pass into the esophagus?
3
at the level of the fourth cervical vertebra
at the level of the fifth cervical vertebra
at the level of the sixth cervical vertebra
at the level of the seventh cervical vertebrae
at the level of the first rib
#
84
Which error does not restore breathing after insertion of a tracheostomy cannula?
3
esophageal injury
vocal cord injury
unopened tracheal mucosa
low tracheostomy placement
recurrent nerve injury
#
85
Indicate where the needle is injected when performing cervical vagosympathetic blockade according to A.I. Vishnevsky
4
between the legs of the sternoclavicular-papillary muscle
in the corner formed by the clavicle and the outer edge of the sternoclavicular-mastoid muscle
in the area of the jugular notch of the sternum
intersection of the posterior edge of the sternoclavicular-papillary muscle with the external jugular vein.
3 centimeters above the middle of the clavicle
#
86
Indicate which parts of the thyroid gland are preserved in subtotal subfascial resection
1
posterolateral

anterolateral
isthmus
upper pole
lower pole
#
87
Between which cartilages an emergency laryngotomy is performed
3
between the ring cartilage and the trachea
cone cartilage and scoop cartilage
thyroid and pterygium
scoop-shaped horns
between the hyoid bone and the thyroid cartilage
#
88
What incision is used in Nikolayev thyroid resection?
2
de Quervain incision
Kocher incision
Kütner incision
median incision
Dollinger incision
#
89
At what level in relation to the posterior edge of the sternoclavicular-mastoid muscle is projected the place of exit of the branches of the cervical plexus into the subcutaneous tissue?
4
lower third
upper third
anterior third
middle third
posterior third
#
90
Between which fascia of the neck is the pharyngeal (retropharyngeal) abscess localized?
4
I-II

II-III
III- and parietal lamina IV
IV visceral and V
V and vertebral
#
91
Which vessel at the level of the trachea is adjacent to the jugular notch
4
aortic arch
aortic isthmus
common carotid
arterybrachial trunk
subclavian artery
#
92
In which direction it is advisable to make incisions to open intramammary abscesses
1
Radial
Semicircular
Oblique
Vertical
direction does not matter
#
93
The main outflow of lymph from the mammary gland is carried out by
1
to axillary lymph nodes
to perineal lymph nodes
subclavian lymph nodes
to subdiaphragmatic lymph nodes
subhepatic lymph nodes
#
94
The pleural cavity is punctured along the upper edge of the rib
to facilitate anesthesia
3
Because of damage to the intercostal muscles
because of damage to the intercostal neurovascular bundle

due to the possibility of pneumothorax
due to the structure of the periosteum
#
95
Indicate the location of Zorghius' lymph node
2
along the course of the internal thoracic artery
under the outer edge of the pectoralis major muscle at the level of the third rib
between the pectoralis major and pectoralis minor muscles
on the IV denticle of the anterior dentate muscle
above the clavicle behind the sternoclavicular-papillary muscle
#
96
Topography of the main elements in the root of the right lung from top to bottom
1
bronchus, pulmonary artery, pulmonary vein
pulmonary vein, bronchus, pulmonary artery
pulmonary artery, bronchus, pulmonary vein
pulmonary artery, pulmonary vein, bronchus
bronchus, pulmonary vein, pulmonary artery
#
97
Topography of major elements in the root of the left lung from top to bottom
3
pulmonary artery, pulmonary vein, bronchus
bronchus, pulmonary artery, pulmonary vein
pulmonary artery, bronchus, pulmonary vein
bronchus, pulmonary vein, pulmonary artery.
pulmonary vein, pulmonary artery, bronchus
#
98
To which layer of the anterior abdominal wall is the bladder catheter fixed during cystotomy?
1
skin
intrinsic fascia
muscles
intra-abdominal fascia
peritoneum

#
99
What is the landmark for mediastinal pleural dissection during open ductus arteriosus surgery
2
III intercostal nerve
space between the vagus and diaphragmatic nerves
gap between the vagus and recurrent nerves
great innominate nerve
gap between the vagus nerve and the sympathetic trunk
#
100
Skeletotopy of the lung root is defined
4
Th 3 - Th 5
Th 4 - Th 6
Th 5 - Th 6
Th 5 - Th 7
Th 6 - Th 7
101
What are the vessels that enter the left atrium of the heart
2
inferior vena cava
pulmonary veins
pulmonary arteries
superior vena cava
pulmonary trunk
#
102
In which type of pneumothorax are the most severe disorders observed?
3
open
closed
valve
spontaneous
combined
#
103
The pulmonary arteries are branches of

3
descending aorta
ascending aorta
pulmonary trunk
intercostal arteries
bronchial arteries
#
104
The posterior interventricular branch branches off the
1
left coronary artery of the heart
right coronary artery of the heart
ascending aorta
pulmonary trunk
left pulmonary artery
#
105
Formation of the ductus toracicus occurs in
4
in the abdominal cavity
in the posterior mediastinum
in the anterior mediastinum
retroperitoneum
in the neck, in the area of Pirogov's venous angle.
106
Indicate the location of Bartels' lymph node
3
between the pectoralis major and minor muscles
in Morenheim's fossa
on the IV denticle of the anterior serrated muscle
1.5 cm up from the clavicular pedicle of the sternoclavicular-papillary muscle
at the anterior edge of the axillary fossa hairline
#
107
Indicate the location of Rotter's lymph node
4
in Morenheim's fossa
on the III denticle of the anterior serrated muscle
1.5 cm up from the clavicular pedicle of the sternoclavicular-papillary muscle

between the large and small pectoral muscles
in the projection of the sternal notch
#
108
Indicate the location of Troisier's lymph node
1
1.5 cm up from the clavicular pedicle of the sternoclavicular-papillary muscle
between the pectoralis major and pectoralis minor muscles
along the course of the internal thoracic artery
on the V prong of the anterior dentate muscle
fossa Morenheim
#
109
Topography of the main elements in the lung roots from front to back
2
pulmonary artery, pulmonary vein, bronchus
pulmonary vein, pulmonary artery, bronchus
pulmonary artery, bronchus, pulmonary vein
bronchus, pulmonary vein, pulmonary artery.
bronchus, pulmonary artery, pulmonary vein
#
110
In which position of the patient is the pleural cavity puncture performed?
2
the position of the patient does not matter
sitting with the torso bent
lying on the opposite side
lying on the stomach
semi-recumbent
#
111
On which edge of the rib is the needle punctured during pleural puncture?
2
on the lower edge of the rib
upper edge of the rib
The choice of the point depends on the puncture
in the middle of the intercostal space
all answers are correct
#

112
Halstead-Maher mastectomy suggests
4
removal of half of the breast, axilla, with preservation of pectoral muscles
removal of the breast, axilla with preservation of pectoral muscles
removal of the breast, axilla and small pectoral muscle
removal of the breast, axilla, large and small pectoral muscles
removal of the breast, pectoralis major and minor muscles, supra-shoulder and parasternal lymph nodes.
#
113
On the surface of which ligament is the ovary fixed
2
round
posterior surface of the broad
on its own ligament
on the ligament suspending the ovary
pubo-pubic
#
114
Amputation retractor used
3
to resaw bones
for suturing muscles after amputation
to pull back and protect soft tissue during bone resawing
to stop bleeding at the amputation site
for fixing bone fragments
#
115
The largest and deepest pleural sinus:
2
rib-mediastinal anterior
rib-diaphragmatic
diaphragmatic-mediastinal
rib-mediastinal posterior
antero-posterior
#
116
Surgical intervention most commonly performed for lung cancer:

2
lobectomy
pulmonectomy
combined lung resection
segmentectomy
sequestrectomy
#
117
When suturing a heart wound, consider the following point
2
course of muscle fibers
The course of the coronary vessels in relation to the wound
in which part of the heart the wound is located.
The sole purpose is to stop the bleeding.
Doesn't matter.
#
118
The thoracic lymphatic duct drains into the chest.
3
into the inferior vena cava
into the superior vena cava
left venous angle
subclavian vein
into the right atrium
#
119
Location of the unclogged arterial (Botall's) duct
1
Between aorta and pulmonary trunk
between the aorta and the superior vena cava
between the pulmonary trunk and the descending part of the aorta
between the inferior vena cava and the ascending part of the aorta
between the pulmonary trunk and the pulmonary veins.
#
120
The size and shape of the inferior interpleural field depends on
1
body type
subcutaneous tissue thickness

type of breathing
physical activity
height
#
121
In the medial fold of the peritoneum are located
3
obliterated umbilical arteries
obliterated umbilical veins
obliterated urethra
upper iliac vessels
lower iliac vessels
#
122
In the lateral folds of the peritoneum are located
5
obliterated umbilical arteries
obliterated umbilical veins
obliterated urethra
upper iliac vessels
lower iliac vessels
#
123
Deschanne's ligature needle refers to instruments for
3
tissue separation
tissue fusion
bleeding stoppage
layer-by-layer tissue dissection
nerve ligation
#
124
Direct inguinal hernia exit site
2
lateral inguinal fossa
medial inguinal fossa
supravesical fossa
umbilical ring
external opening of the inguinal canal

#
125
Entry site of oblique inguinal hernia
3
medial inguinal fossa
suprapubic fossa
lateral inguinal fossa
umbilical ring
external opening of the inguinal canal
#
126
The posterior wall of the vagina of the rectus abdominis below the umbilicus is formed by the
5
aponeurosis of the external oblique abdominal muscle
superficial sheet of the aponeurosis of the internal oblique abdominal muscle
deep sheet of the aponeurosis of the internal abdominal muscle
aponeurosis of the transverse abdominal muscle
transverse fascia
#
127
The abdominal cavity is divided into floors
2
transverse colon
mesentery of the transverse colon
small omentum
small intestine mesentery
large omentum
#
128
Which of the following abdominal sacs is located more deeply in the abdomen
4
hepatic
pre-gastric
gastric
omental
renal
#
129

Indicate which of the following bags is an isolated bag
2
pre-gastric
omental
hepatic
hepatic
antepancreatic space
#
130
Through which formation is the communication between the hepatic and prehepatic pouch and the pre-gastric pouch?
4
right lateral canal
omental opening
left lateral canal
presalvicular space
tracheal ligament
#
131
Liver ligament containing only arterial and venous vessels
5
hepatic-duodenal
sickle
hepatic-renal
venous
hepatic-glandular
#
132
The posterior wall of the pre-gastric pouch is formed by the
5
diaphragm
left lobe of the liver
small omentum
anterior abdominal wall
anterior surface of the stomach with its ligaments
#
133
What is the hernia sac in congenital inguinal hernia
3

visceral peritoneum
transverse fascia
vaginal outgrowth of peritoneum
parietal process of peritoneum
internal fascia of the abdomen
#
134
Specify the skeletotopy of the extraperitoneal field of the liver
3
10 rib posterior axillary line-12 rib posterior axillary line
10 rib scapular line-12 rib paravertebral line
9 rib posterior axillary line-11 rib scapular line
9 rib scapular line-11 rib paravertebral line
8 rib scapular line-10 rib paravertebral line.
#
135
Pathologic fluids spread from the upper abdomen to the lower abdomen through the
3
right mesenteric sinus
left lateral canal
hepatic pouch into the right lateral canal
omental pouch
pancreatic pouch
#
136
The bottom of the gallbladder projects onto the anterior abdominal wall
2
lower edge of the V rib along the right nipple line
intersection of the outer edge of the rectus abdominis muscle with the rib arch
at the edge of the rib arch at the level of the nipple line
middle of the distance between the navel and the processus medius
intersection of the transverse abdominal muscle and the pectoralis major
#
137
In which ligament do the short gastric vessels run
1
gastric-spleenic
splenic-diaphragmatic

splenic-renal
gastric-diaphragmatic
pancreatic-spleenic
#
138
Skeletotopy of the head of the pancreas
5
Th10-Th11
Th11-Th12
Th12-L3
L2-L3
L1-L2
#
139
The lower border of the right lobe of the liver corresponds to
1
horizontal line connecting the lower points of the X ribs
2 cm below the edge of the right rib sulcus
level of the XII thoracic vertebra
VII intercostal space on the right midclavicular line
VIII intercostal space on the right anterior axillary line
#
140
Skeletotopia of the spleen
1
IX-XI rib on the left
X-XII rib on the left
IX-XII rib on the left
VIII-X left rib
X-XI rib on the left
#
141
Holotopia of the cecum
3
umbilical region
left iliac-femoral region
right iliac-femoral region
at the level of the iliac crest
right subcostal region

#
142
Which section of the intestine that does not have a mesentery is located intraperitoneally?
2
small intestine
cecum
ascending colon
transverse colon
sigmoid colon
#
143
The Kocher probe is used for
3
layer-by-layer tissue separation
probing of the fistulous passage
ligature placement
isolation of the neurovascular bundle from the fascial sheath
blunt separation of muscle fibres
#
144
To stop bleeding from the vessels of subcutaneous adipose tissue use
2
Bilroth clamp
Mosquito clamp
vascular clamps
Kocher clamp
Peanut clamp
#
145
The ligament that limits the communication of the left lateral canal to the upper abdominal floor:
3
diaphragmatic-gastric
gastric-colon
diaphragmatic-colon
diaphragmatic-spleenic
hepatic-gastric ligament
#

146
A method of intestinal suturing that ensures wide contact between the serosal surfaces was first proposed:
4
Pirogov
Schmiden
Albert
Lambert
Kocher
#
147
A method of gastric resection in which the natural passage of food is preserved
1
Bilroth-I.
Bilroth-II.
Hoffmeister-Finsterer
Reichel-Polia
Roux
#
148
Brown's inter-intestinal anastomosis is placed with a
2
to create a diverting loop
to avoid a vicious circle
Creation of the anterior lips of the anastomosis
Creation of the posterior lips of the anastomosis
driving loop
#
149
The gastric phase of digestion is absent in gastric resection with the method
4
Bilroth 1
Bilroth 2
Hoffmeister-Finsterer method
Reichel-Polia
Witzel
#
150
Where is the projection of the renal gate on the posterior wall of the abdomen?

1
the angle between the outer edge of the trunk extensor and the 12th rib
outer edge of the 12th rib
centre of the distance between the 12th rib and the crest of the iliac crest
midway along the width of the trunk extensor
at the junction of the 12th rib and the spine
#
151
Where is the projection of the renal gate on the anterior wall of the abdomen?
2
Kerr's point
Angle between the outer edge of the rectus abdominis muscle and the rib arch
Intersection of the internal oblique abdominal muscle with the rectus abdominis muscle
Intersection of the trunk extensor muscle with the external oblique abdominal muscle
Intersection of the 10th rib with the external oblique abdominal muscle
#
152
In Kuznetsov-Pensky suture, the ligatures are placed in relation to the vessels:
2
obliquely
transversely
longitudinally
crosswise
diagonally
#
153
Indicate the skeletotopia of the hepatic flexure of the transverse colon
1
cartilage of rib IX
cartilage of rib VII
cartilage of rib VI
cartilage of X rib
cartilage of rib VIII
#
154
Indicate the skeletotopy of the splenic flexure of the transverse colon
2

cartilage of the VII rib
cartilage of rib VIII
cartilage of X rib
cartilage of rib IX
rib cartilage VI
#
155
The venous outflow from the liver is
2
to the portal vein of the liver
inferior vena cava
superior mesenteric vein
into the coronary vein of the stomach
in the inferior mesenteric vein
#
156
The common bile duct is formed at the confluence of the
3
hepatic ducts
vesicular and venous ducts
vesicular and common hepatic ducts
common hepatic duct with the Virsung duct
hepatic duct with the Santorini duct
#
157
Indicate the direction of incision of the impingement ring in cases of femoral hernia impingement
3
internally
outside
anteriorly
behind
upwards
#
158
Which fascia forms the tendinous arch of the pelvic fascia
2
f. endoabdominalis
f. pelvis parietal leaflet

f. pelvis visceral leaflet
f. transversa
f. iliopsoas
#
159
Pathways of pus spread from the posterior rectal space
3
pararectal space
prevesical space
retroperitoneal space
pelvic wall spaces
abdominal cavity
#
160
Access to the utero-rectal recess
3
through the anterior abdominal wall
through the anterior vaginal arch
through the posterior vaginal arch
through the bladder
perineum
#
161
Throughout, the ureter in relation to the peritoneum can be
3
endoperitoneally
mesoperitoneally
retroperitoneally
intraperitoneally
relationship to the peritoneum varies, depending on topography
#
162
Location of the branch of the internal iliac artery from the common iliac artery
3
at the level of the promontory
at the level of the iliac crest
at the level of the sacroiliac joint
at the level of the posterior superior iliac spine
symphysis level

#
163
Which organ is located in all floors of the pelvis
3
prostate gland
bladder
rectum
uterus
ureter
#
164
First crossing of the uterine artery and ureter
2
Above the pelvic terminalis anterior to the sacroiliac junction
below the pelvicis terminalis line anterior to the sacroiliac articulation
at the base of the broad ligament of the uterus
at the level of the external pharynx of the uterus
at the level of the uterine vesicle
#
165
Second crossing of the uterine artery and ureter
3
at the entrance to the pelvis
at the level of the utero-rectal recess
at the base of the broad uterine ligament
at the level of the external pharynx
at the level of the uterine vesical recess
#

Medical rehabilitation
1
Physiotherapy method used in rehabilitation:

Electrotherapy

apitherapy
kumysotherapy
heat therapy
Light
#
2
Preformed physical factors include:

UV exposure
mineral waters
fresh water
laser irradiation
Mud therapy
#
3
What is the name of the galvanization machine?
Amplipuls
Stream 1
Iskra 1
"Chamomile "
Electrosleep
#

4
For what disease do you prescribe intracavitary electrophoresis?

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?

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?

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?

Bergonier half mask
Collar Shcherbak
According to Vermel
Orbital-mastoid
Frontal-mastoid
#
8
How to increase the amount of injected medication during electrophoresis:

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?

ELOZ-1
"Stream-1"
Iskra-1
"Chamomile"
"Jav-1"
#
10
Ultratonotherapy, in contrast to darsonvalization, has:

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:
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:
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:

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:

"Volna-2M"
Luch-2
Iskra-2
"Electrosleep"
"IKV-4"
#
15
The therapeutic effect of EHF-therapy is achieved due to:

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?

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?

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?

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?

darsonvalization
ultratonotherapy
inductothermy
UHF therapy
SW therapy
#
20
Patients after cholecystectomy recommended UHF therapy. In what concomitant disease is UHF therapy contraindicated?

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?

coniferous baths
mudgalvanophoresis
inductothermy
UST
SW-therapy
#

22
For a patient in the acute stage of pneumonia, what physiotherapy procedure is indicated?

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?

UHF
SWT
SMC
EHF
UST
#
24
The local bactericidal effect of darsonvalization is due to:

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:

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:

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:

pain reliever
anti-inflammatory
antispastic
trophic
vasodilator
#
28
UHF therapy has a pronounced anti-inflammatory effect due to:

production of melanin and vitamin D in the skin
changes in ionic ratio in tissues

accumulation of H + 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?

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:

bradycardia
tachycardias
increase blood pressure
increase in blood sugar
lowering the temperature
#
31
What is the name of the device for electrosonic therapy?

"Amplipulse"
"Iskra"
"Stream-1"
"Chamomile"
"Electrosleep-4"
#
32
What is the therapeutic effect of diadynamic therapy?

thermal
bactericidal
desensitizing
pain reliever

vitamin-forming
#
33
What apparatus generates diadynamic currents?

"Pole-1"
Iskra-1
SNIM-1
"IKV-4"
"Amplipulse-4"
#
34
What is the indication for the use of amplipulse therapy:

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?

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?

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?

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?

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?

electrosleep
darsonvalization
ultratonotherapy
amplipulse therapy
magnetotherapy
#
40
For what pathology is amplipulse therapy indicated by the "Amplipulse-4" apparatus indicated?

thrombophlebitis
cholelithiasis
urolithiasis disease
bone fractures before consolidation

coronary heart disease
#
41
What is the purpose of using electrosleep to treat gout?

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:

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:

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:

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:

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?

galvanization
impulse currents
inductothermy
UHF therapy
ultrasound
#
47
In order to obtain what effect is ultrasound used in the treatment of adhesive disease?

anti-inflammatory
fibrinolytic
myostimulating
pain reliever
antienzyme
#
48
Which device is used for ultrasound therapy:

Luch-2
"Amplipulse-5"
"Stream-1"
"UST-102"
"UHF-66"
#
49
What agent is used for phonophoresis?

glycerin ointment
hydrocortisone ointment
mud solution
Vaseline oil
olive oil
#
50
The patient, 32 years old, has adhesions between the pleural layers against the background of the transferred pleurisy. What fibrinolytic method can be used?

Ultrasound therapy
Decimeter wave therapy
Centimeter wave therapy
Amplipulse therapy
Diadynamotearpy
#
51
Determine in which case of the following pathologies is the use of contact methods of ultrasound therapy indicated?

neuritis
cholelithiasis
malignant tumors
bone fractures after consolidation
bleeding
#
52
The mechanical action of ultrasound is expressed as:

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?

acute pneumonia
Thyrotoxicosis
rheumatoid arthritis
lumbosacral sciatica
chronic rhinitis
#
54
In which disease is the use of infrared irradiation contraindicated?

rheumatoid arthritis
respiratory failure
facial neuritis
adhesions
chronic bronchitis
#
55
Determine which condition shows visible blue light exposure?

neonatal jaundice
respiratory failure
malignancies
cardiovascular failure
bleeding
#
56
For which diseases is UV exposure contraindicated?

acute pneumonia
Thyrotoxicosis
facial neuritis
mandibular fracture
horny inflammation
#
57
Infrared radiation:

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:

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:

oxygen
conifers
iodine-bromine
radon
hydrogen sulfide
#
60
What water procedures have a calming, anti-inflammatory effect in a patient with hypertension?

hot
cold
warm
indifferent
cool
#
61
An obese patient may be prescribed an intestinal shower, in the absence of any concomitant disease:

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?

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?

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?

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:

oxygen bath
nitrogen bath
mustard bath
radon bath
fresh bath
#
66
Choose a Physiotherapy Treatment for Obesity?

sodium chloride baths
circular shower
Charcot shower
rising shower
radon baths
#
67
The biological effect of mud is due to the content in it:

sand particles
microflora
hormone-like substances
volatile matter
small seashells
#
68
Determine when rectal mud swabs should not be prescribed?

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?

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:

sand particles
microflora
trace elements
volatile matter
small seashells
#
71
What microorganism is part of the healing mud?

coli bacteria
gonococci
epidermal staphylococcus
tetanus sticks
Staphylococcus aureus
#
72
What is the mechanical effect of mud?

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:

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:

mountain
mountain-marine
desert and semi-desert climate
nautical
forest-steppe
#

76
Determine what is a contraindication for referral to a spa treatment?

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?

chronic bronchitis, non-obstructive
chronic obstructive bronchitis
chronic bronchitis mild to moderate
bronchial asthma, mild and moderate
decompensated cor pulmonale
#
78
Thalassotherapy is:

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?

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:

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?

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?

For tomatoes
For honey
Citrus
Eggs
For nuts
#

83
Determine from the following, what is the indication for acupuncture?

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?

active games
apitherapy
art therapy
acupuncture
stone therapy
#
85
Determine which inhalation drugs are used to relieve allergic edema of the bronchial mucosa:

antispasmodics
bronchodilators
glucocarticoids
antibiotics
muscle relaxants
#
86
What refers to forms of exercise therapy?

breathing exercises
contrast hardening
terrenkur
massage
manual therapy
#
87
Exercise therapy means include:

run
doing sports
swimming
exercise and massage
relaxation sessions
#
88
Determine what is a contraindication to the appointment of exercise in water:

obesity
osteochondrosis
Chronical bronchitis
hypertension I degree
acute meningoencephalitis
#

89
Determine what are contraindications to the appointment of exercise in water:

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:

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:

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?

swimming
fencing
acrobatics
weightlifting
struggle
#
93
Idiomotor exercise involves:

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:

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?

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:

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:

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?

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?

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?

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
#

General questions PT 2023-2024

1.
When preparing a diet for a patient with diabetes type 2, it is recommended to:
4
limit salt
limit fluid
limit proteins
limit carbohydrates
limit fiber
#

2.
The optimal break between enteral meals during exacerbation of chronic gastritis in the daytime should be:
3
each hour
every 2 hours
every 3 hours
every 6 hours

every 8 hours
#
3.
With prolonged bed rest in an elderly patient, it is necessary to:
4
enhanced nutrition
antibacterial therapy
intense therapeutic physical activity
prevention of bedsores and congestive pneumonia
prevention of thromboembolism
#
4.
When planning a diet, elderly and senile people need to pay great attention to:
5
proteins
fats
carbohydrates
vitamins
fiber
#
5.
Elderly age is defined as:
3
over 90 years old
75-90 years old
60-75 years old
44-60 years old
25- 44 years old
#
6.
Methods for specific prevention of acute respiratory diseases are:
2
frequent greetings
flu vaccination
use of a mask
hand washing
isolation of the patient
#
7.

What disease causes the amount of protein in the diet recommended to be reduced to 20-40 grams per day:
3
arterial hypertension
pneumonia
nephritis
stomach ulcer
cholecystitis
#
8.
An elderly man living in a hotel equipped with air conditioners had chills, sweating, decreased appetite, a cough with sputum, hemorrhage, chest pain when breathing, and myalgia. Which of the following research methods will help establish a diagnosis?
2
Gastroscopy
Chest X-ray
Ultrasound examination
Spirometry
Electrocardiography
#
9.
A 65-year-old woman with signs of chronic heart failure FC III (NYHA). Which dietary recommendations patient need follow?
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
#
10.
A 20-year-old student, came to a physician at the clinic, complaining of pain in the epigastric region when fasting and 2-3 hours after having meal, heartburn, and nausea. Got sick 2 months ago. He takes food irregularly. What are the basic nutrition recommendations?
1
A diet that spares the stomach as much as possible: steamed food
A 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, and vegetables, increased amount of protein in the diet.
#
11.
A healthy woman of 75 years, leading a moderately active lifestyle, with a preventive examination, total cholesterol - 4 mmol/L and HDL - 1.2 mmol/L. ECG without pathology. Which of the listed dietary recommendations is most acceptable?
5
Reduced cholesterol intake
Reduced intake of saturated fats
Reduced intake of simple carbohydrates
Increasing fiber intake
No changes in diet
#
12.
A woman of 35 years old, complained of blunt pain in her right undergrowth, nausea, and 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, in any cooking process.
#
13.
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 spironaloctone
a combination with ACE inhibitor
intermittent use of the diuretic
#
14. What is the antiischemic drug of choice for a 66-year-old patient, suffering from angina on exertion and having bronchial asthma?

1
amlodipine
ranolazine
propranolol
metoprolol
candesartan

Pulmonology PT 2023-2024
1.
What is the main preventive measure for COVID-19?
3
use of antiviral drugs
observing personal hygiene rules, wearing PPE
immunization in the pre-epidemic period
use of immunomodulatory drugs
treatment of patients
#
2.
Which method of drug administration is preferred in the treatment of COPD?
3
intravenous administration
intramuscular injection
inhalation administration
subcutaneous administration
per os
#
3.
The modified British Research Council (mMRC) questionnaire is used to assess
5
sputum
sleeping
chest pain
cough
shortness of breath
#
4.
Catarrhal symptom predominantly occurring with influenza:
2
rhinitis

pharyngitis
tracheitis
laryngitis
bronchitis
#
5
List the indications for hospitalization for influenza:
2
patients aged from 1 year to 60 years
respiratory failure (SpO2 <90)
tachycardia up to 100 per minute.
moderate severity of influenza
2 - 3 catarrhal manifestations
#
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
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
#
9
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
#
10
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. What is the most likely diagnosis?
1
Influenza, moderate to severe
Flu, severe
Flu, mild
Parainfluenza, moderate to severe course
adenovirus infection
#
11.
What the doctor should do first of all in a patient with risk factors of pulmonary embolism?
1
echocardiography
electrocardiography
chest x-ray
fluorography
spirometry
#
12
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 1-55%. CBC: WBC - 8.3 x 109 / 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
#
13.
A 35-years old patient, came to the clinic with complaints of sudden onset of chills, fever of 38 °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 - 13×109 /l, neutrophils- 7%, radiological signs - infiltration of the lung tissue. What is the estimated time duration for antibacterial therapy?
4
until the temperature normalizes
until complete resorption of the infiltrate in the lung
till ESR normalization
up to 4 - 5 days of persistently normal body temperature
until the cough disappears
#
14.
A 22-year-old patient came to the clinic with complaints of chills, paroxysmal dry cough in the morning, chest pain, a temperature of 38.6 °C, soreness behind the sternum, and headaches. He got sick 2 days ago. 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
#
15.

A 54-year-old patient came to the clinic with complaints of coughing with a small amount of mucous sputum. t -36.5 °C. From the anamnesis: 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 x 10^9 / l. On the chest X ray: strengthening of the pulmonary pattern due to the bronchial component. What is the main etiological factor in this case?
1
smoking
viruse
bacteria
fungi
frequent ARVI
#
16
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
#
17
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. Photofluorography revealed basal darkening in the lungs. The doctor must first exclude:
4
bronchiectasis
peripheral lung cancer
focal pneumonia
central lung cancer
cirrhosis of the lungs
#

18
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
insufficient dose of salbutamol
insufficient dose of beclomethasone
#
19
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 ≥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
#
20
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 ≥35 mmHg, the right ventricular cavity 3.0 cm, the anterior wall of the right ventricle is 5 mm. Determine markers of severity of this clinical condition:
1
NT-proBNP
Ferritin
Alpha-1-antitripsin
FeNO
ANF
#

21
A 54-year-old patient came to the clinic with complaints of cough with sputum production, shortness of breath with light physical activity, 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 ≥35 mmHg, the right ventricular cavity 3.0 cm, the anterior wall of the right ventricle is 5 mm. Select the most pulmonary arterial hypertension-specific effective combination for therapy:
1
bosentan, riociguat
amlodipine, ramipril
amlodipine, bosentan
bosentan, spironolactone
amlodipine, riociguat
#
22.
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 x 109 / l. FEV1 (out) - 56% after inhalation of salbutamol FEV1 (n / e samples) 59%. What is the characteristic sign of the diagnosis of COPD?
5
expiratory dyspnea
cough with sputum
lung sound with box tone
dry distant rales
irreversible bronchial obstruction
#
23
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 °C. From anamnesis: smokes 1 pack of cigarettes a day for 15 years. Exacerbations 2 times in the past year. CBC: WBC - 11.3 x 10^9 / l, neutrophils - 8%. On the chest X-ray: 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
amoxicillin
#
24
A 54-year-old patient came to the clinic with complaints of cough with a small amount of mucous sputum, and 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 x 109 / 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
#
25
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 °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. Which examination method is necessary to clarify the diagnosis?
5
electrocardiography
echocardiography
photofluorography
bronchoscopy
chest X-ray
#
26
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
β - blockers
calcium antagonists
bronchodilators
#
27
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. 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 his mouth with water after inhaling drugs
take prophylactic breaks in treatment with these drugs
rinse his mouth with nitrofurazone after inhalation of drugs
#
28
The patient, 67 years old, came to the clinic with complaints of chills, t-39 ° C, chest pain when coughing, headache, dry cough, and 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 - 19.2×10^9 /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
#
29
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
inhaled corticosteroids
β-2 short acting agonists
β-2 long acting agonists
oral corticosteroids
anticholinergic drugs
#
30
In the clinic, a 54-year-old patient complains of a cough with purulent sputum, and shortness of breath. Body temperature -37.5 °C. Smokes 2 packs of cigarettes a day for 20 years. Exacerbations 2 times in the past year. CBC: WBC - 14.3 x 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
ipratropium bromide, formoterol, amoxicillin with clavulanic acid, acetylcysteine
ipratropium bromide, sodium chloride, interferon, ambroxol
fluticasone, interferon, amoxicillin, ambroxol
fluticasone, ibuprofen, interferon, ambroxol
salbutamol, erythromycin, ibuprofen, interferon
#
31
A 35 years old patient, 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
PEF-70%, variability 20-30%
PEF-49%, variability > 30%
PEF-88%, variability < 10%
PEF-56%, variability-15%
PEF-62%, variability-20%
#
32

A 35-year-old patient, complains of a feeling of tightness in the chest, difficulty breathing, especially exhalation, and excruciating cough with the release of viscous mucous sputum. He stopped taking prednisolone. 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
formoterol, tiotropium bromide
salmeterol, fluticasone
ipratropium bromide, theophylline
fluticasone, amoxicillin
ambroxol, furosemide
#
33
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, and 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 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, and breathing is not audible. Make a plan for examining the patient.
1
chest X-ray
ECG
spirometry
CT scan
pulse oximetry
#
34
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 management of 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
#
35
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 chest tomography
bronchoscopy with biopsy of the bronchial wall
bronchography
spirometry + bronchodilation test
thoracentesis
#
36
Which diagnostic method is most informative for diagnosing patients with chronic obstructive pulmonary disease ?
5
fluorography
X-ray of the lungs
ECG
general sputum analysis
spirometry
#
37
A 35-years old patient, complains of a feeling of tightness in the chest, difficulty breathing, especially exhalation, and 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 controller
vehicle driver
work at height
conveyor work
physician

#
38
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 fluticasone+formoterol as needed. Regarding coronary heart disease, she 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
echocardiography
#
39
A 21-year-old patient came to the clinic with complaints of headache in the frontal region, pain in the eyeballs, photophobia, chills, lacrimation, burning eyes, severe runny nose, and sore throat when swallowing. Body temperature - 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
#
40
A 21-year-old patient came to the clinic with complaints of headache in the frontal region, pain in the eyeballs, photophobia, chills, lacrimation, burning eyes, severe runny nose, and sore throat when swallowing. Ob-no: temperature -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
#
41
A 41-year-old patient went to the clinic with complaints of increased body temperature 38.5°C, weakness, and sore throat when swallowing. When examining the oropharynx, there is hyperemia, swelling of the pharyngeal tonsils (more on the right), and 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
amoxacillin + clavulonic acid
amantadine
miramistin
#
42
A 41-year-old patient came to the clinic with complaints of t-38.5°C, weakness, and sore throat when swallowing. When examining the oropharynx, there is hyperemia, swelling of the pharyngeal tonsils (more on the right), and multiple purulent follicles. Submandibular lymph nodes are enlarged on both sides up to 1.5 cm, dense, and moderately painful. Select the drug as a symptomatic treatment in addition to the pathogenetic one:
5
cefoperazone
clarithromycin
amoxacillin
amantadine
miramistin
#
43
A 41-year-old patient to the clinic with complaints of t-38.5°C, weakness, and sore throat when swallowing. When examining the oropharynx, there is hyperemia, swelling of the pharyngeal tonsils (more on the right), and multiple purulent follicles. Haven't been sick before. Submandibular lymph nodes are enlarged on both sides up to 1.5 cm, dense, and moderately painful. Decide which of the laboratory methods of examination is diagnostically necessary:
1

bacteriology of a throat swab
bacterioscopy of a throat swab
complete blood count
C-reactive protein
antistreptolysin - O
#
44
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 acute respiratory viral infection. Against this background, attacks of shortness of breath, suffocation, and coughing 5-6 times a day. Objectively: the chest is emphysematous, percussion-box sound. Breathing is weakened, in some parts it is difficult to determine. Respiratory rate - 26 per minute. Pulse rate - 120 beats/min. What is the first management of the patient?
3
aminophylline 2.4% - 10 ml intravenously
acetylcysteine 600 mg per os
ipratropium bromide 2 doses inhalation
beclomethasone 500 mcg inhalation
theophylline 400 mg per day
#

Endocrinology PT 2023-2024
1
What is the target HbA1c value in a 55-year-old patient with diabetes type 2 without cardiovascular diseases?
4
< 8.5 %
< 8.0 %
< 7.5 %
< 7.0 %
< 6.5 %
#
2
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, and 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
#
3
A 17-year-old patient lost consciousness. According to his relatives, he complained of severe weakness, fatigue, and drowsiness, and drank a lot of liquids. He did not visit the doctor. 3 weeks before 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 (576 mg/dl). What is the most likely diagnosis?
1
Type I diabetes mellitus
Type II diabetes mellitus
Impaired glucose tolerance
Post-infectious complication
Hyperglycemia
#
4
The most informative method for detecting thyroid cancer is:
5
Thyroid scintigraphy
Palpation examination
Ultrasound examination of the thyroid gland
Computed tomography of the thyroid gland
Fine needle aspiration biopsy of the thyroid gland

5
A 36-year-old patient consulted a general practitioner complaining of weakness, fatigue, hair loss, memory impairment, facial swelling, constipation, and 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. Biochemical analysis: thyroperoxidase antibodies - 250

U / ml (0-30 U / ml). Thyroid ultrasound: increased echogenicity. The structure is diffusely heterogeneous. What is the most likely diagnosis in a patient?
2
Nodular goiter
Autoimmune thyroiditis
Hypothyroidism
Infectious thyroiditis
Primary amenorrhea
#
6
A 19-year-old patient, consulted a doctor with complaints of severe pain and muscle weakness, drowsiness, poor appetite, dry mouth, severe thirst (drinks up to 6 liters per day), frequent urination
launch, weight loss of 7 kg over the past 2 weeks. According to the patient, these symptoms first began to be noted about 3 weeks ago, a few days after ARVI. What is the most likely diagnosis?
1
Diabetes mellitus type 1
Diabetes mellitus type 2
Residual effects after ARVI
Hyperthyroidism
Diabetes insipidus
#
7
A 29-year-old patient complains of being overweight. Loves flour products, and sweets. Both father and mother have degree 1-2 obesity. Objectively: BMI - 33 kg / m2. Abdominal enlargement due to subcutaneous fat. BP - 132/84 mm Hg. Pulse - 98 per / min., Rhythmic. WC -88 cm. Fasting glucose 6,3 mmol/L (113 mg/dl). Total cholesterol 7.8 mmol / L (282 mg /dl). What is the most likely diagnosis in a patient?
3
Arterial hypertension
Obesity grade 2
Metabolic syndrome
Metabolic disorders
Hypothyroidism
#
8

A 40-year-old patient, consulted a doctor with complaints of general weakness, fatigue, excess weight, and shortness of breath during physical activity. Anamnesis: Mom suffers from diabetes and hypertension. The patient smokes a pack of cigarettes per day. Objectively: general condition is satisfactory. BMI - 45.1 kg/m2. Which test will help confirm the diagnosis?
3
General blood analysis
General urine analysis
Glycated hemoglobin (HbA1C)
Thyroid-stimulating hormone (TSH)
Ferritin
#
9
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 (98 F), bilateral exophthalmos and the lag of the upper eyelid when looking down. What is the management of the patient?
5
Complete blood count, ACTH
C-reactive protein, ACTH
Immunoglobulin E, TSH, T3
T3, T4 free, TSH, ACTH
thyroperoxidase antibodies, TSH, T3, T4
#
10
A 30-year-old patient came to the clinic with complaints of weakness, dry mouth, polyuria, blurred vision, numbness, paresthesia in the lower extremities, and frequent hypoglycemic conditions (night and day). Suffering from diabetes mellitus type 1 for 10 years. Objectively: BMI - 19 kg / m2. The skin is dry and clean. There are seizures in the corners of the mouth. Blood glucose - 15.4 mmol / l (270 mg/dl), 2 hours after eating - 16.5 mmol / l (290 mg/dl). What is the management of the patient?
1
Insulin
Metformin
Pioglitazone
Repaglinide

Acarbose
#
11
A 17-year-old patient lost consciousness. According to his relatives, he complained of severe weakness, fatigue, and 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 glucose - 32 mmol / l (576 mg/dl). What is the management of the patient?
1
Hospitalization, rehydration + insulin IV drip
Hospitalization, rehydration + glucose IV drip
Hospitalization, rehydration + B-blockers
Rehydration + IV insulin without hospitalization
Hospitalization, rehydration + dopamine
#
12
A 48-year-old patient came to the doctor. Diabetes mellitus type 2 was discovered during a clinical examination a week ago. She does not receive drug therapy. From the anamnesis: myocardial infarction, stroke could not stand. Objectively: BMI - 37.5 kg / m2. Waist size - 120 cm. BP - 160/90 mm Hg. Laboratory tests: ALT - 65, AST - 53, HbA1c - 7.5%. Fasting glucose - 7.8 mmol / l (140mg/dl). What should be prescribed to the patient?
1
Metformin, Lisinopril, Amlodipine
Metformin, Ramipril, Nifedipine
Metformin, Enalapril, Bisoprolol
Insulin, Lisinopril, Amlodipine
Insulin, Ramipril, Nifedipine
#
13
A 53-year-old patient came to an endocrinologist with complaints of palpitations, weight loss (she lost weight in 2 months by 16 kg), tremors in the hands, tearfulness, irritability, insomnia, blurred vision, a feeling of sand in the eyes, decreased performance. Respiratory rate - 16 per minute, heart rate - 110 per minute, blood pressure - 110/80 mm Hg. The heart sounds are clear, the rhythm is irregular. What is the management of the patient?
4

Hospitalization in the therapeutic department
Hospitalization in the cardiology department
Hospitalization to the intensive care unit
Hospitalization in the endocrinology department
Outpatient admission of a patient
#
14
A 18-year-old patient is worried about irritability, and 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
#
15
A 28-year-old female, 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
#
16
A 25-year-old patient 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, and sharply painful. What is the management of the patient?
1
Antibiotics, desensitizing therapy
Immunostimulants, general strengthening therapy
Desensitizing therapy, immunostimulants
General strengthening therapy, detoxification therapy
Antibiotics, detoxification therapy
#

Gastroenterology PT 2023-2024

1.
Clinical examination of patients with chronic gastritis is carried out:
1
2 times a year by a doctor at the clinic
Only at the moment of exacerbation
Only if there are complications
Only for severe forms
Only if specific research is needed
#
2.
Rational tactics of a local therapist during an attack of biliary colic in patients with cholelithiasis
1
Hospitalization in a surgical department
Hospitalization in the therapeutic department
Hospitalization in the intensive care unit
Outpatient patient management
Day care in the outpatient clinic
#
3.
What is the main factor in the occurrence of duodenal ulcer?
1
hypersecretion of hydrochloric acid
pancreatic diseases
gallbladder diseases
bicarbonate hypersecretion
liver diseases

#
4.
A 20-year-old student came to the clinic on March 01 with an exacerbation of chronic non-calculous cholecystitis. Determine further tactics for patient management?
1
Outpatient patient management
Hospitalization in the therapeutic department
Hospitalization in the gastroenterology department
Hospitalization in the surgical department
Day hospital in a clinic
#
5.
A 40-year-old patient complained of pain in the epigastric region, heartburn, sour belching, and nausea. From the medical history, the patient eats irregularly. From anamnesis: sick for about three years. The abdomen is soft on palpation, painful in the epigastric region. On gastroscopy: mucous membrane stomachs are thickened and tortuous. The duodenal bulb is deformed; a mucosal defect up to 0.5 cm in diameter is detected on the posterior wall. The edges of the defect have clear boundaries and are hyperemic. What is the most likely diagnosis?
3
Peptic ulcer of the body of the stomach
Peptic ulcer of the pylorus of the stomach
Peptic ulcer of the duodenum
Peptic ulcer of the gastric cardia
Peptic ulcer complicated by penetration
#
6.
A 50-year-old patient came to the clinic with complaints of pain in the epigastric region; for the last 2 days he had experienced general weakness, tinnitus, and black stool. The condition is relatively satisfactory. The skin is pale in color. Heart rate – 100 beats. per minute, blood pressure – 100/60 mmHg. The abdomen is tense on palpation, and painful in the epigastric region. Which of the following signs will most likely be found on a stool test?
2
The presence of a large number of leukocytes
The presence of a large number of red blood cells
The presence of a large number of muscle fibers
The presence of lumps of undigested food

The presence of a large number of bacteria and fungi
#
7.
A 48-year-old woman complains of acute pain in the right hypochondrium, nausea, vomiting, and itchy skin. From the medical history, gallstones were revealed 5 years ago. General condition is satisfactory. Body temperature 37.6°C. Yellowness of the sclera and visible mucous membranes. The liver is not palpable. (+) Murphy, Ortner symptoms. What is the most likely diagnosis?
2
Chronic noncalculous 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
#
8.
A 35-year-old woman complains of weakness, increased fatigue, nausea, arthralgia, myalgia, and itchy skin. From anamnesis: got sick 6 months ago. According to the medical history, he suffers from amenorrhea and does not drink alcohol. Objectively yellowness of the skin, subicteric sclera. The liver is enlarged, protruding 2 cm from under the edge of the costal arch. An examination was carried out and treatment with prednisolone was prescribed. After some time, the patient showed positive dynamics. Which of the following diseases are we talking about?
1
autoimmune hepatitis
viral hepatitis
active steatohepatitis
alcoholic hepatitis
drug-induced hepatitis.
#
9.
A 65-year-old woman came to the clinic with complaints of weakness, loss of appetite, and body weight. From the medical history, he has been suffering from chronic viral hepatitis B for 20 years, and cirrhosis of the liver developed 5 years ago. The examination revealed hypochromic anemia. Changes in which of the following laboratory findings might be expected?
1
Increased alpha-fetoprotein

Increased ALT and AST
Increased immunoglobulin A
Increased cholinesterase
Increased alkaline phosphatase and GGTP.
#
10.
A 55-year-old patient complains of difficulty swallowing solid and liquid food, pain during swallowing, and weight loss. Condition: moderate condition, BMI 20 kg/m2. The skin is pale in color. Blood pressure 100/70 mmHg, heart rate 85 bpm .CBC - hypochromic anemia. During gastroscopy, cancer was suspected. Which of the following gastric structures is most likely damaged?
1
Gastric cardia cancer
Pyloric gastric cancer
Gastric body cancer
Gastric antrum cancer
Duodenal cancer
#
11
If there is a history of symptoms such as aching pain in the right subcostal region, a significant increase in abdominal size, red strictures, and caput medusae on the anterior abdominal wall, jaundice, and bitterness in the mouth, it is a sign of:
4
Hepatitis
Pancreatitis
Cholecystitis
Liver cirrhosis
Gastric ulcer
#
12.
A 40-year-old man has been suffering from peptic ulcer for a long time. Recently he has noticed the disappearance of the cyclicity of pain, the pain has become constant, girdling in nature, and does not decrease from taking antacids. The condition is of moderate severity. The abdomen is moderately swollen, pain is detected in the epigastric region and in the Chauffard's zone. Which of the following conditions most likely occurred?
2
Perforation of the ulcer
Ulcer penetration

Ulcer malignancy
Pyloric stenosis
Exacerbation of gastric ulcer
#
13.
A 40-year-old patient consulted a physician with complaints of pain in the epigastric region, mainly on an empty stomach and at night, and constant heartburn. From the medical history, the patient eats irregularly. From anamnesis: sick for about three years. Was not examined, was not treated. Body temperature 36.6 C. Heart rate – 74 beats per minute, blood pressure – 124/80 mm Hg. The abdomen is soft on palpation, and painful in the epigastric region, there is no tension in the abdominal muscles, and the symptom of tapping on the 12th rib is negative. What examination method will help verify the diagnosis?
1
Esophagogastroduodenoscopy
Ultrasound of internal organs
X-ray with contrast of the stomach
CT scan
Colonoscopy.
#
14.
A 39-year-old man came to work for a medical examination. Three years ago he suffered from acute hepatitis B or C (he doesn't remember exactly), and was discharged with normal biochemical parameters. During clinical examination, ALT (42 IU/L) and AST (38IU/L) were noted. When studying serum markers of viruses, the following were obtained: HBsAg (+), HBeAg (-), anti-HBc Ig G (+), anti-HBc Ig M (-), HBV DNA (-), anti-HCV (-), HCV RNA (-). Total antibodies to HDV Ag and HDV RNA were detected. Which of the following examinations should be performed?
1
Fibroscan
MRI
Ultrasound of internal organs
Gastroscopy
Colonoscopy
#
15.
A 39-year-old man came to work for a medical examination. Three years ago he suffered from acute hepatitis B or C and was discharged with normal biochemical

parameters. During the examination, ALT (42 IU/L) and AST (38IU/L) were noted. When studying serum markers of viruses, the following were obtained: HBsAg (+), HBeAg (-), anti-HBc Ig G (+), anti-HBc Ig M (-), HBV DNA (-), anti-HCV (-), HCV RNA (-). Total antibodies to HDV Ag and HDV RNA were detected. What is the most likely diagnosis?
5
Acute HCV
Acute HBV
Chronic HCV, highly active
Chronic HBV, highly active
HBV+ HDV superinfection
#
16.
A 55-year-old patient came to the clinic with complaints of difficulty swallowing solid and liquid food, pain during swallowing, food or liquid getting into the nose, weight loss, and lack of appetite. Examination: condition of moderate severity, low nutrition. The skin is pale in color. Blood pressure 102/74 mmHg, heart rate 86 bpm. CBC- hypochromic anemia. Which of the following examinations should be performed?
3
Ultrasound of internal organs
Fibrocolonoscopy
Esophagogastroscopy
X-ray of the gastrointestinal tract
X-ray of the chest organs.
#
17.
A 46-year-old woman complains of acute pain in the right hypochondrium, nausea, and vomiting. She suddenly fell ill. History of cholelithiasis. Objectively: body temperature 37.70C. The general condition is moderate. The patient is tossing about and moaning. Yellowness of the sclera. The stomach is swollen. On palpation, there is a sharp pain in the right hypochondrium. There is a pain when tapping on the right costal arch. Which of the following should you do?
4
treatment at the clinic's day hospital
organize a hospital at home
admission to ICU
hospitalization in the surgical department
hospitalization in the therapeutic department

#
18.
A 40-year-old patient came to the clinic with complaints of girdling pain in the epigastric region, right hypochondrium radiating to the back, and nausea. Sick for 3 days. Condition: satisfactory condition, body temperature - 36.7C, BMI - 32 kg/m2. The abdomen is moderately distended, with pain in the epigastric region and the Chauffard's zone. Mushy stool 3 times a day. Diuresis is regular according to the patient. What is the management of the patient?
5
Hospitalization in the ICU
Hospitalization in the therapeutic department
Hospitalization in the surgical department
Day hospital of the clinic
Outpatient management of the patient
#
19.
A 45-year-old man, works as a truck driver, complains of girdling pain in the epigastric region, nausea, and loose stools 4-5 times a day. From the anamnesis, the day before he consumed fatty foods and alcohol. Body temperature 36.6C. The skin is of normal color and dry. Heart rate 86 bpm, blood pressure 128/64 mmHg. The abdomen is moderately swollen, painful in the Chauffard's zone. Which of the following drugs should be recommended for this patient?
1
antispasmodics, enzymatic preparations, and H2-histamine receptor blockers
NSAIDs and/or narcotic analgesics, proton pump inhibitors
antibiotics, enterosorbing, and antidiarrheal drugs
block. H2-histamine receptors, broad-spectrum antibiotics, and macrolides
antispasmodics, antibiotics, choleretic and hepatoprotective drugs
#
20.
A 43-year-old woman complained of constant aching pain in the right hypochondrium, worsening after consuming large, fatty foods and alcohol. The pain radiates to the right shoulder and neck. Nausea, bitterness in the mouth, increased body temperature to 37.5, and irritability are also noted. What is the management of the patient?
5
Colonoscopy
Plain X-ray of the abdominal cavity
Duodenal intubation with microscopy and bile culture

Esophagogastroduodenoscopy
Ultrasound examination of the abdominal organs.
#
21.
A 36-year-old patient complains of cramping pain in the lower abdomen, loose stools with a frequency of 5-6 times a day, sometimes mixed with mucus and blood, weakness. His appetite was reduced and he lost 8 kg during his illness. Condition: moderate condition, body temperature 37.5C. The skin is pale. Heart rate 90 per minute, rhythmic, blood pressure – 102/72 mmHg. The abdomen is swollen and 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, pantoprazole, metoclopramide
amoxicillin + clavulanic acid, activated carbon, loperamide
drotaverine, metronidazole, ursodeoxycholic acid
sulfasalazine, if ineffective - steroids, rectal hydrocortisone
activated carbon, loperamide, lactobacterin and bifidobacteria.
#
22.
A 43-year-old patient complains of decreased appetite, aching pain, heaviness in the epigastric region after eating, nausea, and belching. From anamnesis: similar complaints noted for 5-6 years; over the last 3 months, the symptoms have intensified. Palpation of the abdomen reveals mild, diffuse pain in the epigastric region. CBC: RBC - 3.9*10/12/L, WBC - 5.0*10/9/L, ESR - 15 mm/hour. Gastroscopy: atrophy of the gastric mucosa. H. pylori (-). 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, choleretic drugs
Diet therapy, H2-histamine receptor blockers, broad-spectrum antibiotics,
Diet therapy, NSAIDs and/or non-narcotic analgesics, proton pump inhibitors
Diet therapy, enzymatic preparations, broad-spectrum antibiotics
#
23.
A 45-year-old patient is being observed by a therapist for continuously relapsing multiple gastric ulcers in combination with persistent pain and a hyperacid state. From anamnesis: 1.5 years ago, resection of 2/3 of the stomach was performed, but after the operation, recurrence of anastomotic ulcer was diagnosed three times. The

patient strictly follows all the doctor's recommendations, but the effect of combined antiulcer therapy is short-term and unstable. What test is needed to carry out a clarifying diagnosis?
1
the level of gastrin in the blood
amylase level in blood
the level of hydrochloric acid
pepsinogen 1 level
C-peptide level
#
24.
The patient complains of pain in the epigastric region, appearing 1.5–2 hours after eating and on an empty stomach. This symptom presumably indicates the presence of:
3
chronic gastritis
gastric ulcer
duodenal ulcer
cholecystitis
pancreatitis
#
25.
A 38-year-old patient with a diagnosis of nonspecific ulcerative colitis consulted a local doctor. He notes an increase in the frequency of stools more than 6 times a day, profuse bleeding, and an increase in body temperature to 37.5°C. During examination: HB <100 g/l, ESR - 30 mm/h, albumin 30-40 g/l. What is the management of the patient?
3
Outpatient observation and treatment of the patient
Emergency admission to the ICU
Emergency admission to the surgical department
Planned hospitalization in the therapeutic department
Day hospital of the clinic
#
26.
A 42-year-old patient complains of pain in the upper abdomen radiating to the left hypochondrium, loss of appetite, belching, and nausea. Three years ago, an operation was performed for cholelithiasis; after 6 months, a similar attack occurred, which was accompanied by the appearance of moderate jaundice and an

increase in urine amylase levels. Repeated laparotomy did not reveal any stones in the bile ducts. Pain in the choledochopancreatoduodenal zone and Mayo-Robson point. CBC: WBC- 6.7x109 /L, formula not changed. ESR-18 mm/hour. What examination method will help verify the diagnosis?
3
Electrocardiography
Esophagogastroduodenoscopy
Ultrasonography
Fibercolonoscopy
Duodenal intubation with microscopy and bile culture
#
27.
If Crohn's disease is suspected, differential diagnosis is carried out with:
5
appendicitis
rectal cancer
tuberculous mesadenitis
irritable bowel syndrome
ulcerative colitis
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1
What is the most common cause of B12-deficiency anemia?
3
blood loss
worm infection
atrophy of the glands of the stomach
pregnancy
nutritional factor
#
2
A 19-year-old patient complained of general weakness and pale skin. She has been feeling sick for 2 months: shortness of breath appeared during normal physical activity, and hemorrhagic rashes appeared on the legs. Skin is pallor. There is a petechial-spotted hemorrhagic rash on the torso and limbs. Peripheral lymph nodes are not enlarged. HR-110 per minute. BP 115/70 mm Hg. The liver and spleen are not enlarged. CBC: RBC– 1.24×1012/l, Hb – 44 g/l, platelet count. – 17.0×109/l, WBC – 2.9×109/l, neutrophils bands – 3%, neutrophils segmented – 39%, lymphocytes – 54%, monocytes – 4%, ESR – 47 mm/h. What is the most likely diagnosis?

1
aplastic anemia
iron deficiency anemia
B-12 deficiency anemia
Folic-deficiency anemia
hemolytic anemia
#
3
A 30-year-old patient was hospitalized for pain in the epigastric region with a pronounced circulatory hypoxic syndrome. There is a history of peptic ulcer disease. The skin is pale. Blood analysis: Hb - 90 g/l, RBC - 3.5x 1012/l, MCH-23 pg, platelets - 180.0x109/l, reticulocytes - 0.5%. Bilirubin - 12 μmol/L, serum iron - 4.6 mmol/L. The fecal occult blood test is positive. What is the most likely diagnosis?
4
Aplastic anemia
Hemolytic anemia
Acute posthemorrhagic anemia
Iron-deficiency anemia
B12-deficiency anemia
#
4
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. What is the most likely diagnosis?
3
Iron-deficiency anemia
Aplastic anemia
B12 - deficiency anemia
Sickle cell anemia
Folate deficiency anemia
#
5
A 50-year-old 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, and mental changes.CBC: RBC- 2.5 $x10^{12}$ / l, Hb —58 g / l,

anisocytosis, macrocytosis, leukopenia, platelets - $110x10^9$ / l; The content of megaloblasts in the bone marrow reaches 50% or more. The content of megaloblasts in the bone marrow reaches 50% or more. What is the management of the patient?
3
Outpatient patient management
Hospitalization in the therapeutic department
Hospitalization in the hematology department
Admission to the intensive care unit
Hospitalization in the surgical department
#
6
A 28-year-old patient, 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 - 2.3×10^{12}, HB - 78 g / l, platelets- 30×10^9, WBC. - 28.9×10^9, blasts - 32%, neutrophils, bands- 5%, neutrophils, segmented. - 38, lymph. - 25, ESR – 30 mm/h. What is the diagnostic method for this patient necessary to do?
2
General urine analysis
Sternal puncture
Prothrombin time
Prothrombin index
C-reactive protein
#
7
A 47-year-old patient 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, and the nails are brittle, with longitudinal striation and concavity. What is the most likely diagnosis?
1
Iron-deficiency anemia
B12 - deficiency anemia
Sickle cell anemia
Hemolytic anemia
Megaloblastic anemia

#
8
A 65-year-old patient came to the outpatient clinic with complaints of increased fatigue, weakness, heaviness in the left subcostal region, and weight loss of 8 kg over a month. Objectively: cervical, supraclavicular, and axillary lymph nodes are enlarged. The spleen is enlarged (+5 cm). CBC: HB - 88 g/l, WBC - 38×109/l, of which 50% are lymphocytes, platelets - 100×109/l, Gumprecht's shadow, ESR- 36 mm/h. What is the management of the patient?
4
Outpatient management of the patient with consultation of a hematologist
Outpatient management of the patient with consultation of an oncologist
Hospitalisation in a therapeutic department
Hospitalisation in the hematology department
Hospitalisation in a surgical department
#
9
A 28-year-old patient turned to the clinic with complaints of chills, bleeding gums, the appearance of "bruises" for no apparent reason, and 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 × 10^{12}, HB - 78 g / l, platelets. - 30 × 10^{9}, WBC. - 28.9 × 10^{9}, blasts - 32%, neutrophils, bands - 5%, neutrophils, segmented. - 38, lymph. - 25, ESR - 30 mm/hour. What is the management of the patient?
4
Hospitalization in the therapeutic department
Hospitalization in the surgical department
Day hospital
Hospitalization in the hematology department
Outpatient management
#
10
A 47-year-old patient in the clinic with complaints of weakness, fatigue, shortness of breath, palpitations, brittle nails, heavy menstruation. From the anamnesis: complaints have been bothering her for the last six months, and 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, and the nails are brittle, with longitudinal striation and concavity. What is the main diagnostic method to confirm the diagnosis?
2
complete blood count

serum iron, blood ferritin level
prothrombin index, INR
ALT, AST, total bilirubin
creatinine, electrolytes Na, K
#
11
A 37-year-old patient 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 6 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, and the nails are brittle, with longitudinal striation and concavity. What is the management treatment for the patient?
4
diet + iron supplements -15 days
diet + folic acid once a day -3 months
diet + vitamins (K, C, Zn) 1 time per day -3 months
diet + iron supplements 2 times a day - 3 months
iron supplements + Ca gluconate - 3 months
#
12
A 50-year-old patient came to the outpatient clinic with complaints of weakness, dizziness, tinnitus, shortness of breath when walking, lack of appetite, burning tongue, liquid stools up to 3 times a day, feeling of numbness and crawling of goosebumps in the legs, uncertainty of gait. Objectively: shaky gait, crimson, polished tongue with cracks. Heart sounds are regular, systolic murmur at the apex of the heart. What is the management treatment for the patient?
2
diet + iron preparations
diet + vitamin B12
diet + multivitamins
diet + proton pump inhibitors
diet + pancreatic enzymes
#
13
A 55-year-old patient went to the polyclinic 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, and periodic 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_{12} level
vitamin D level
#
14
A 62-year-old patient was admitted to the clinic with a fracture of the humerus. ESR - 55 mm/hour, hyperproteinemia with M-gradient, in myelogram - plasmatic infiltration of 38%. What is the most likely diagnosis?
2
aplastic anemia
multiple myeloma
acute lymphoblastic leukemia
chronic myeloleukemia
renal amyloidosis
#
15
A 63-year-old patient came to the outpatient clinic with complaints of weakness, dizziness, flickering of flies before the eyes, dyspnoea and palpitations, bone pain, burning and pain in the tip of the tongue, nausea, unstable stools, and periodic abdominal pain. Examination of the fecal test revealed broad lenticle eggs. Which of the following drugs should be recommended to the patient?
4
iron intravenously + folic acid
iron intravenously + folic acid
cyanocobalamin + folic acid
cyanocobalamin + mebendazole
ascorbic acid + mebendazole
#
16
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, and uncertain gait. Objectively: the gait is shaky, the tongue is crimson, polished with

cracks. Rhythmic heart sounds, and 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 MCV
increased eosinophil levels
inclusions in erythrocytes
#
Nephrology PT 2023-2024

1
How to start the patient's examination on an outpatient basis if he has frequent and painful urination and microhematuria?
3
cystoscopy
intravenous urography
urinalysis
ultrasound of kidney
isotope renography
#
2
A 40-year-old patient has been suffering from chronic pyelonephritis for a long time. At the next exacerbation, manifested by pain in the lumbar region, dysuria, cognition, subfebrile, proteinuria 0.066 g/l, leukocyturia 40-50 in the field of view, bacteriuria were detected. Urine culture showed growth of Escherichia coli in the titer of 1x107 microbial bodies in 1 ml. Renal function is preserved. Choose the most effective drug in this situation from the listed below:
2
Amoxicillin
Ciprofloxacin
Erythromycin
Paracetamol
Ibuprofen
#
3
Chronic kidney disease can be diagnosed by:
4
edema in the presence of proteinuria

arterial hypertension and changes in urine
bacteriuria and arterial hypertension
increased concentration of creatinine in the blood
increased levels of uric acid in the blood
#
4
A 32-year-old patient came to the clinic with complaints of dull pain in the lumbar region on the left, frequent painful urination, occasional fever up to 37.8°C, weakness, and the discharge of cloudy urine. Objectively: Pasternatsky's symptom is positive on the left (presence of costovertebral angle tenderness by tapping the area of the lower back (just below the rib cage) that lies over the kidney), blood pressure 126/82 mm Hg. Which of the following signs will help in making a diagnosis?
5
hematuria
uraturia
cylindruria
bile pigments in urine
bacteriuria
#
5
A 30-year-old patient, the builder, went to the clinic with complaints of increased weakness, fatigue, headaches, dizziness, and occasional nausea and vomiting. Objectively: pale mucous membranes, pasty extremities, blood pressure 158/96 mmHg. There is a history of frequent exacerbations of chronic pyelonephritis. When examining a patient to clarify the diagnosis, it is mandatory to determine:
2
general urine test
serum creatinine
general blood analysis
blood uric acid level
C - reactive protein
#
6
What is the main feature of nephrotic syndrome?
2
leucocyturia
proteinuria
hematuria

cylindruria
bacteriuria
#
7
For patients with which kidney disease is spa treatment indicated?
4
Bilateral chronic pyelonephritis in the acute phase, relapsing course of CKD
Chronic glomerulonephritis, hypertensive form in the acute stage
Bilateral pyelonephritis, symptomatic hypertension CKD C1 stage.
Chronic pyelonephritis in remission
Chronic glomerulonephritis with nephrotic syndrome in the acute phase
#
8
A 40-year-old patient came to the clinic with complaints of dull pain in the lumbar region on the right, occasionally an increase in temperature to 37.9C, and the discharge of cloudy urine. Objectively: Pasternatsky's symptom is positive on the right (presence of costovertebral angle tenderness by tapping the area of the lower back (just below the rib cage) that lies over the kidney, blood pressure is 128/82 mmHg. The general practitioner prescribes CBC, urinalysis, and ultrasound of the kidneys and bladder. What is the management of the patient?
1
Outpatient patient care
Hospitalization in the therapeutic department
Hospitalization to the urology department
Day hospital of the clinic
Hospitalization in the ICU
#
9
What is the major etiologic factor in acute glomerulonephritis?
3
Staphylococcus
Klebsiella
β-hemolytic group A streptococcus
Pseudomonas bacillus
Pneumococcus
#
10
A 30-year-old patient, complains of dull pain in the lumbar region on the right, sometimes an increase in temperature up to 38°C, weakness, and the discharge of

cloudy urine. Objectively: Pasternatsky's symptom is positive on the right presence of costovertebral angle tenderness by tapping the area of the lower back (just below the rib cage) that lies over the kidney, blood pressure increases to 150/100 mm Hg. What is the management of the patient?
4
treatment at the clinic's day hospital
organize a hospital at home
admission to ICU
hospitalize in a specialized department
hospitalized in a therapeutic department
#
11
Decide where to start examining a patient in a clinic if she has frequent and painful urination and gross hematuria.
4
cystoscopy
intravenous urography
kidney CT
kidney ultrasound
isotope renography
#
12
When examined in a clinic and the patient has persistent leukocyturia, an acid reaction, and deformation of the renal pelvis revealed by ultrasound, one can predict:
2
kidney cancer
chronic pyelonephritis
congenital anomaly
kidney tuberculosis
gouty nephropathy
#
13
A 50-year-old patient, complains of dull pain in the lumbar region on the right, weakness, fever up to 38 C, and discharge of cloudy urine. Objectively: Pasternatsky's symptom is positive on the right, blood pressure is 130/72 mmHg, patient's condition worsened for 2 days, which is why he did not attend work. Indicate which group of drugs should you start treatment with.
3

penicillins
macrolides
cephalosporins
fluoroquinolones
aminoglycosides
#
14
A 37-year-old patient complaints of weakness, pain in the lumbar region, and increased blood pressure. He first got sick 3 years ago. Objectively: pale face, low nutrition. Pulse - 92 per minute, rhythmic, blood pressure 180/100 mmHg. CBC: Hb- 135 g/l, WBC - 11.8x109/l, ESR 42 mm/h. Urinalysis: leucocytes -7-8, cylinders. – 1-2-3. Nechiporenko urine analysis: RBC-700, WBC - 20000, cylinders - 150. Choose the optimal treatment plan:
1
antibiotics, nitrofurans, ACE inhibitors
corticosteroids, nitrofurans, beta blockers
antibiotics, vitamins, calcium antagonists
NSAIDs, nitrofurans, diuretics
vitamins, NSAIDs, beta blockers
#
15
At an appointment at the clinic, a 36-year-old patient had a blood pressure of 128/102 mmHg during clinical examination. From the anamnesis: frequent cystitis. Decide what may cause this increase in blood pressure:
4
hyperthyroidism
hypertension
atherosclerosis of the aorta
nephrogenic cause
diencephalic syndrome
#
16
A 34-year-old patient suffers from chronic glomerulonephritis, nephrotic form. Takes corticosteroids and diuretics. Monitoring which tests need to be performed on an outpatient basis during medical examination?
1
Glucose and uric acid levels
Glucose level and general blood test
Uric acid level and complete blood count

Antinuclear factor and complete blood count
Urinalysis and complete blood count
#
17
A 30-year-old patient suffers from chronic glomerulonephritis and chronic renal failure. He has been on sick leave for 3.5 months. Decide which laboratory test will determine the severity of the disease and will be leading during the examination of disability.
4
Addis-Kakovsky test
Zimnitsky test
Nechiporenko test
Creatinine and GFR
Thompson's test
#
18
The most common causative agent of pyelonephritis is
1
Escherichia coli
Pseudomonas bacillus
Mycobacteria
Pneumocyst
Staphylococcus aureus
#
19
A 40-year-old patient came to the clinic with complaints of dull pain in the lumbar region on the right, an occasional increase in temperature to 37.9 °C, and the discharge of cloudy urine.
What test will help confirm the diagnosis?
2
General blood test
Urinalysis
Serum creatinine
Daily proteinuria
Blood uric acid level
#
20
The conscript was scheduled for an examination at the clinic to rule out kidney pathology. Decide which kidney function test is most informative.

1
glomerular filtration rate
residual blood nitrogen
blood urea
degree of proteinuria
daily diuresis
#
21
Bens-Jones proteinuria is characteristic of:
5
diabetic nephropathy
chronic glomerulonephritis
acute glomerulonephritis
lupus nephropathy
myeloma nephropathy
#
22
Specify the causes of prerenal acute renal failure:
2
Increased cardiac output
Dehydration
Hypervolemia
Vascular collapse
Hypertensive crisis
#

Rheumatology PT 2023-2024

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

A 40-year-old patient who abuses alcohol and eats a lot of food complains of the appearance of nodes in the area of the elbow joints. What is the most likely diagnosis?
4
rheumatoid arthritis
osteoarthritis
reiter's disease
gout
reactive arthritis
#
3
Rheumatic polyarthritis is mostly characterized by:
2
polyarthritis with morning stiffness and joint deformation;
acute pain in the joints of a migratory nature that does not leave deformities;
predominant damage to small joints;
monoarthritis
begins with the 1st metatarsophalangeal (first toe)
#
4
A 64-year-old patient complains of restricted mobility in the distal interphalangeal joints of both hands, which appeared about 12 years ago and is gradually progressing. On examination, there are nodular thickenings in the area of the distal interphalangeal joints of both hands, fingers are deformed, and mobility in them is limited. No pathology was detected on the side of the internal organs. Blood and urine tests are within normal limits. What is the most likely diagnosis?
1
osteoarthritis of the joints
rheumatoid arthritis
gouty arthritis
systemic scleroderma
systemic lupus erythematosus
#
5
A 45-year-old patient came to the outpatient clinic with complaints of severe pain in the metatarsophalangeal joint of the first toe of the right foot, swelling, hyperemia of the skin above the joint, and a temperature of 37.5°C. From the anamnesis: the previous day he had consumed meat and red wine while visiting a

friend. The pain occurred for the first time, at about 6 a.m. He works as a dentist. What is the management of the patient?
1
Non-steroidal anti-inflammatory drug
Antineoplastic drug
Antibacterial therapy
Saline solutions
Antihistamine drug
#
6
A 52-year-old patient 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, and 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 apex of the heart. What is the management of the patient?
1
Indapamide, enalapril, extencillin
Omeprazole, bisoprolol, amoxicillin
Losartan, rosuvastatin, nitroglycerin
Bisoprolol, amlodipine, cefazolin
Ranitidine, digoxin, ramipril
#
7
At the doctor's appointment, a patient with rheumatoid arthritis, who has been receiving basic therapy for a long time, complains of visual impairment, and impaired twilight vision. Which drug the doctor should withdraw?
1
Hydroxychloroquine
Methotrexate
Sulfasalazine
Leflunomide
Rituximab
#
8
What should a polyclinic doctor prescribe as a basic therapy for a patient with chronic gout?
3

pyrazolone preparations
indole and its derivatives
allopurinol
propionic acid derivatives
levofloxacin
#
9
A polyclinic doctor as a basic drug in the treatment of dermatomyositis should prescribe:
4
methotrexate
D-penicillamine
levamisole
prednisone
indomethacin
#
10
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
#
11
A 37-year-old patient, 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?
3
Uricostatics
Uricosurics
Non-steroidal anti-inflammatory drugs. Chondroprotectors
Proton pump inhibitors
Cytostatics

#
12
The doctor in the clinic diagnosed the patient with "Primary osteoarthritis". What is the drug of choice for the patient?
4
Allopurinol
Prednisone
Colchicine
Chondroitin sulfate
D-penicyllamine
#
13
An early criteria for limiting physical activity and work capacity in patients with acquired aortic insufficiency is:
3
Appearance of tachycardia
Pain in the left subcostal area during physical exertion
Syncope during physical exertion
Swelling of the lower limbs
Heaviness in the right subcostal region
#
14
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, and chills. From the anamnesis: has been sick for about 6 months. Objectively: the skin and mucous membranes are pale, "vascular butterfly" in the nose and cheeks, the hair is dull, and brittle, and there are areas of baldness. The patient's examination plan includes:
2
uric acid in blood and urine
ANF, level of complement C3, C4, ESR
Rehberg test
titer of antistreptolysin O (ASL-O)
Helicobacter pylori titer
#
15
What is the most common secondary amyloidosis in rheumatoid arthritis?
3
liver

intestines
kidney
adrenal glands
skin
#
16
The most common morphological type of kidney damage in systemic lupus erythematosus is:
1
diffuse lupus glomerulonephritis
focal lupus glomerulonephritis
membranous proliferative glomerulonephritis
membranous glomerulonephritis
interstitial nephritis
#

PT Cardiology Tests 2023-2024

1.
What is the target blood pressure level recommended for patients with arterial hypertension?
4
<150/90 mmHg
<140/90 mmHg
<140/80 mm Hg
<130/80 mm Hg
<120/70 mm Hg
#
2.
In outpatient practice, indapamide is widely used for the treatment of arterial hypertension. What group of medicines does this drug belong to?
2
ACE inhibitor
thiazide diuretic
beta-blocker
calcium channel blockers
angiotensin II receptor blocker
#
3.

What the most common cause of chronic heart failure?
2
rheumatic heart disease
ischemic heart disease
arterial hypertension
cardiomyopathy
myocarditis
#
4.
Dynamic follow-up of patients after prescription of antihypertensive therapy and achievement of target blood pressure is recommended at intervals of:
4
1-2 months
2-3 months
3-6 months
6-12 months
12-24 months
#
5.
A 56-year-old woman 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 tablet of nitroglycerin. The above complaints appeared 5 months ago. The patient was diagnosed with coronary heart disease, DM type 2. What is the target LDL level for the patient?
5
< 3,0 mmol\L (< 116 mg\dL)
< 2.6 mmol\L (< 100 mg\dL)
< 2.1mmol\L (< 80mg\dL)
<1.8 mmol\L(< 70mg\dL)
< 1.4 mmol\L (< 55mg\dL)
#
6.
The gold standard in the diagnosis of myocarditis is:
5
positron emission tomography
electrocardiography
echocardiography
coronary angiography

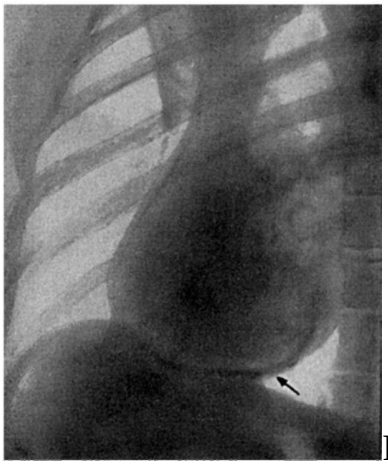
endomyocardial biopsy
#
7.
A 40-year-old man with complaints of pain in the pericardial region, and heart palpitations. He has been ill for 2 years. The patient's father died suddenly at 45 age. Objectively: the condition is satisfactory. Heart sounds - systolic murmur is heard at the apex and in the 4th intercostal space to the left of the sternum, heart rate 80 bpm, BP 128/84 mmHg. ECG - sinus rhythm, HR -82 beats per minute, left axis deviation. Echocardiography - asymmetric hypertrophy of the left ventricular myocardium, obstruction of the left ventricular outflow tract. What is the drug of choice for the treatment of the patient?
5
ACE inhibitors
Ca channel blockers
nitrates
angiotensin II receptor blockers
beta-blockers
#
8.
A 50-year-old patient came to the outpatient clinic with complaints of compressive pain behind the sternum, with irradiation to the left shoulder, lasting more than 3 hours, occurred suddenly, cold clammy sweat, a sense of fear of death. From anamnesis: smokes for 15 years. ECG - pathological Q in leads II, III, aVF, ST segment elevation in same leads. What is the further patient's management?
3
hospitalisation in a surgical hospital
hospitalisation in a therapeutic hospital
emergency hospitalisation in the intensive care unit
planned hospitalisation in a cardiology department
outpatient admission of a patient
#
9.
Ventricular premature beats characterized by appearance on ECG:
3
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 normal QRS complex

premature extraordinary appearance of an unchanged ventricular complex QRS
#
10.
A 32-year-old patient with dilated cardiomyopathy. Chronic heart failure FC III (NYHA). He takes ACE inhibitor, diuretic, beta-blocker, cardiac glycoside. How often is follow-up performed in this patient?
5
1 per month
2 times per month
1-2 times in 12 months
3-4 times in 12 months
4-6 times in 12 months
#
11.
A 50-year-old patient complained of chest pain, and shortness of breath when walking. Pressing pain, constricting, not associated with physical activity, more often occurs 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: heart sounds are muffled, rhythm is regular, heart rate - 76 bpm, BP 142/92-154/102 mm Hg. What is the most informative diagnostic method on an outpatient basis for this patient?
3
stress test
transesophageal Echo
Holter ECG monitoring
transthoracic Echo
chest X-ray
#
12.
A 50-year-old patient complained of chest pain, 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 bpm, 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 cause of this situation?
3
atherosclerotic plaque of the coronary artery
coronary artery thrombosis

coronary artery vasospasm
coronary arteritis
coronary artery embolism
#
13.
A 50-year-old patient with complaints of squeezing burning pain and a feeling of pressure behind the sternum occurring after physical activity, relieved by taking 1 tablet of nitroglycerin. Anamnesis: smoker for 15 years, alcohol abuser. Objective: BMI-31 kg/m2. He was referred for treadmill test. Which of the following signs is most likely to appear during treadmill test?
3
inversion of the T wave in leads V1-V43
prolongation of the P-Q interval up to 0.32 s
ST segment depression more than 2 mm in 2 adjacent leads
appearance of supraventricular extrasystole
2 mm ST segment elevation in adjacent leads
#
14.
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/m2. Breathing is vesicular, no wheezing. Auscultation: heart sounds are muffled, rhythm is regular, HR 86 bpm, BP162/94 mm Hg. Which of the following diagnoses is most likely?
3
Chronic myocarditis. Arterial hypertension stage III grade 2 very high-risk.
Obesity II degree.
Gastroesophageal reflux disease. Obesity II degree. Nicotine dependence. CHD.
Stable angina, FC III. Arterial hypertension stage III grade 2 very high-risk.
Essential hypertension, stage III grade 2 very high risk. Obesity II degree. Nicotine dependence.
Acute coronary syndrome. Essential hypertension, stage III grade 2 very high risk.
Obesity II degree.
Neurocirculatory dystonia, cardialgic variant. Obesity II degree.
#
15.
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 were taken for 20 days. Body temperature 36.6 C. Vesicular breathing, no wheezing, breathing rate 14 per min. Auscultation: heart sounds clear, rhythm regular, HR 70 bpm. BP 128/82 mm Hg. Which of these is most likely the reason for the development of this condition?
1
lisinopril intake
amlodipine intake
rosuvastatin intake
aspirin intake
herbal drugs intake
#
16.
A 25-year-old patient diagnosed with subacute myocarditis, heart failure FC II (NYHA). Determine further patient's management?
1
outpatient management
hospitalisation in a cardiology department
hospitalisation in a therapeutic department
hospitalisation in intensive care unit
hospitalisation in a cardiac surgical unit
#
17.
A 40-year-old patient 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
#
18.
A 40-year-old patient 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 bpm, 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).

4

chronic decompensated pulmonary heart

dilated cardiomyopathy

aortic valve disease

constrictive pericarditis

hypertrophic cardiomyopathy

#

19.

Which drug would you add to a patient with symptomatic chronic heart failure FC II NYHA (New York Heart Association) and a left ventricular (LV) ejection fraction (EF) of 45% in addition to ACE inhibitor, beta-blocker, and mineralocorticoid receptor antagonist?

2

digoxin

empagliflozin

indapamide

trimetazidine

aspirin

#

20.

A 25-year-old patient complains of weakness, palpitations, dizziness with physical exertion. Anamnesis from childhood often suffers from acute respiratory viral infections. Body temperature 36.6 C. Skin of pale color. Swelling of the lower extremities. On auscultation: S2 loud above the pulmonary artery, pansystolic

murmur in the IV intercostal space on the left with a systolic thrill on palpation. What is the most informative method of outpatient research for a given patient?
4
ECG
Stress echocardiography
coronary angiography
echocardiography
ultrasound of internal organs
#
21.
A 38-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, HR - 100 bpm, pulse deficit. The liver is enlarged. Echocardiography: 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
#
22.
A 40-year-old patient complains of palpitations, chest pain, shortness of breath. Objectively: the patient is in a serious condition, the patient is undernourished, fussy, her skin is moist. Tremor of the hands. 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
TSH reduced, T3, T4 elevated
TSH reduced, T3, T4 decreased
TSH elevated, T3, T4 decreased
TSH elevated, T3, T4 elevated
TSH normal, T3, T4 decreased
#
23.

A 32-year-old man complains of periodic pressing retrosternal pain with moderate physical activity, 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 bpm, the rhythm is regular, systolic murmur 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
dilated cardiomyopathy
CHD. Stable angina pectoris FC II. Atherosclerotic vascular changes
constrictive pericarditis, subacute course
chronic myocarditis, diffuse lesion
#
24.
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. What is the drug of choice for the patient?
3
cardiac glycoside
nitrate
beta blocker
dihydropyridine calcium channel blocker
diuretic
#
25.
A 65-year-old man diagnosed with coronary heart disease. Post-MI cardiosclerosis. Chronic heart failure FC III (NYHA), appealed to the clinic with complaints of weight gain 5 kg for the last week, increased swelling on his lewer extremetes, decreased amount of urine. For 2 years, he constantly takes perindopril, bisoprolol, furosemide, spironolactone, empagliflozin. What is the most likely cause of this condition?
3
disruption of diet and water regime
lack of basic therapy with other drugs
diuretic resistance
presence of renal failure

impaired liver function
#
26.
A 70-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 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. Indicate which complication developed in this patient:
5
supraventricular tachycardia
bradycardic form of atrial fibrillation
ventricular fibrillation
sinus tachycardia
complete atrioventricular block
#
27.
What is the duration of secondary prevention of chronic heart failure at the outpatient level?
5
6 months
1 year
5 years
10 years
lifetime
#
28.
A 48-year-old woman with complaints of increased blood pressure to 184/102 mmHg, headaches, tinnitus, reduced visual acuity. She fell sick 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 bpm, BP 178/96 mmHg. What is the additional method of examining patients with arterial hypertension, establishing the presence and severity of target organs damage?
4
daily excretion cortisol in urine
blood aldosterone content
daily adrenaline excretion

assessment of fundoscopy
content of thyroid-stimulating hormone, T4, T3
#
29.
A 37-year-old woman 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, relieved by drugs (patient does not remember drugs names). Constantly taking antihypertensive therapy. Objectively: BP - 220/130 mmHg, HR - 160 bpm. 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
#
30.
A 50-year-old patient went to the polyclinic, after suffering a myocardial infarction, received hospital treatment, and was discharged with significant improvement. Complete blood count and urine 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, anticoagulant, calcium channel blocker
antiplatelet agents, nitrate, diuretic, statin, PPI
antiplatelet agents, ACE inhibitor, beta-blocker, statin
antiplatelet agents, nitrate as needed, statin, PPI
antiplatelet agents, anticoagulant, ACE inhibitor, statin
#
31.
A 50-year-old man came to the outpatient clinic after myocardial infarction, was treated as an inpatient, discharged with significant improvement, currently complaining of heart palpitations. On ECG the rhythm of ventricular contractions is irregular (R-R interval is different), several atrial complexes are registered before the QRS complex, outwardly resembling sawtooth P wave, the QRS complex is not dilated. HR 110-140 beats/min. Determine which disorder has developed in this patient:

1
atrial flutter with abnormal conduction
atrial fibrillation, tachysystolic form
frequent ventricular extrasystoles
frequent atrial extrasystoles
sinus arrhythmia
#
32.
A 55-year-old patient came to the outpatient clinic with complaints of compressive pain in the back of the chest, with irradiation to the left shoulder, lasting more than 3 hours, occurred suddenly. From anamnesis: smokes for 15 years. ECG - pathological Q in leads II, III, aVF, ST segment elevation. What is your preliminary diagnosis?
1
CHD. Myocardial infarction of the inferior wall of the LV.
CHD. Myocardial infarction of the lateral wall of the LV.
CHD. Myocardial infarction of the anterior LV wall
CHD. Myocardial infarction of the posterior LV wall
CHD. Myocardial infarction of the LV septal wall
#
33.
A 45-year-old patient with complaints of increased 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 NSAIDS. Skin of normal color. There are no signs of peripheral edema. The heart rate is regular, 78 bpm, BP 164/102 mmHg. Which antihypertensive group of drugs are contraindicated for the patient?
3
beta-blocker
imidazoline receptor agonist
thiazide diuretic
calcium channel blocker
angiotensin II receptor blocker
#
34.
A 50-year-old man complains of a heart attack, headache, dizziness, weakness. Anamnesis: he fell sick acutely, immediately came to the clinic. From anamnesis: coronary heart disease for 10 years, myocardial infarction - 2 years ago. On the ECG - the rhythm is regular, non-sinus, heart rate 180 bpm, complexes QRS > 0.12

sec. and discordant arrangement of RS-T segment and T wave. Which of the listed violations does this patient have?
2
supraventricular paroxysmal tachycardia
ventricular paroxysmal tachycardia
atrial fibrillation or flutter
ventricular fibrillation or flutter
paroxysmal tachycardia from AB compound
#
35.
A 50-year-old patient complains of a heart attack, severe dyspnea. From a history: the attack first appeared about 20 minutes ago. The condition is satisfactory. There are no signs of peripheral edema. Breathing rate-16 per min. Heart sounds are clear, rhythm is regular, heart rate 130 bpm, 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 bpm. What is the most likely rhythm disorder in the patient?
5
paroxysmal ventricular tachycardia
paroxysmal atrial fibrillation
ventricular flutter or fibrillation
snoatrial reciprocal tachycardia
paroxysmal supraventricular tachycardia
#
36.
A 56-year-old woman 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 bpm. Which of the diagnostic methods is primarily required in the described situation?
1
ECG registration
echocardiography
holter ECG monitoring
chest X ray
spirometry
#
37.
A 22-year-old patient 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. Chest X-ray show rib notching of the mid thoracic ribs bilaterally. What is the most likely cause of hypertension?
5
arterial hypertensive
carotid stenosis
hyperthyroidism
pheochromocytoma
coarctation of aorta
#
38.
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/m2. Hand tremor. BP - 160/80 mm Hg, heart rate 124 bpm. 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
#
39.
A 22-year-old young man complained of muscle weakness, muscle cramps, polydipsia, polyuria, and increased blood pressure. The condition is satisfactory. Heart sounds are clear, rhythm is rhythmic, heart rate is 70 bpm, BP 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 function tests (ALT, AST)
kidney tests (creatinine, urea)
tumor markers (CA15-3, CA 125)
electrolytes (K+ and Na +)
thyroid hormones (TSH, T4, T3)
#
40.

A 55-year-old woman turned to the clinic with complaints of headaches and an increase in blood pressure to 160/100 mmHg. Objectively: satisfactory condition, BMI -32 kg/m2, smokes for 15 years. The heart tones are clear, rhythmic, heart rate 70 bpm, BP 165/100 mmHg. ECG - sinus rhythm is correct, heart rate 72 beats per min, left axis deviation, signs of left ventricular hypertrophy. Choose which combination of drugs should you start treatment with?
2
lisinopril + moxonidine
amlodipine + perindopril
bisoprolol + doxazosin
captopril + torasemide
clofelin + indapamide
##
41.
A 55-year-old man turned to the polyclinic, where the diagnosis was made: coronary heart disease. Stable angina FC II. Arterial hypertension stage III, grade 2, very high risk. Determine which combination of medications for the treatment of arterial hypertension in association with CHD you will prescribe:
5
long-acting nitrates and ACE inhibitors
short-acting nitrates and calcium antagonists
loop diuretics and ACE inhibitors
β-adrenoblockers and thiazide diuretics
β-adrenoblockers and ACE inhibitors
#
42.
A 45-year-old man turned to the district therapist with complaints about raising the blood pressure to 180/100 mmHg, drowsiness, reduced ability to work, headache. Objectively: BMI 31 kg/m2. Heart sounds are muffled, rhythm is regular, heart rate 75 bpm, BP 184/102mm.Hg. Which of the following combinations of drug groups is most rational?
4
ACE inhibitor + b-blocker
cardiac glycoside + beta-blocker
ACE inhibitor + mineralocorticoid receptor antagonist
thiazide diuretic + ACE inhibitor
cardiac glycoside + angiotensin II receptor blocker
#
43.

A 66-year-old man 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. BP 50/30 mm Hg, heart rate 112 bpm. 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
#
44.
A 25-year-old man complains of increased blood pressure up to 220/120 mmHg, headaches, palpitations, sweating, anxiety, tremors of the limbs during AH crises. Anamnesis - decreased body weight, and a periodic sudden increased blood pressure up 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
#
45.
A 52-year-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, motor anxiety. He fell ill acutely. On ECG - sinus rhythm, regular, heart rate 95 beats per min, 1 mm 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 are indicated:
1
aspirin, clopidogrel, morphine, bisoprolol, alteplase, ramipril
lisinopril, amlodipine, dipyridamole, metoprolol, aspirin, streptokinase
digoxin, valsartan, bisoprolol, enoxaparin, ibuprofen, aspirin
amlopidine, ketoprofen, aspirin, clopidogrel, lisinopril, omeprasole
paracetamol, valsartan, aspirin, amlodipine, heparin, pantoprazole

#
46.
A 57-year-old man called a doctor to his home. Complaints of intense crushing pain of intolerable nature, with irradiation to the left arm, accompanied by increased sweating. 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 management?
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 department
aute fibrinous bacterial (pneumococcal) pericarditis, hospitalization
#
47.
A 50-year-old patient, appealed to the polyclinic with complaints of pressing chest pains for 5-10 minutes, without radiation, provoked by physical activity when walking up to 500 meters, relieved at rest. History - the above complaints appeared about 1 year ago, smoking 1 pack a day for 25 years. Objectively: BMI 32 kg/m 2. Auscultation: heart sounds are clear, rhythm is regular, blood pressure 136/84 mmHg. ECG without features. What is the further patient's 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.
#
48.
A 62-year-old man complaints of burning chest pains with radiation in his left arm, and left shoulder blade, a sense of fear of death, and 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
refer to ECG, and urine 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, and write a referral for hospitalization as planned
#
49.
A 30 years old young man who works as a builder, complained of fatigue, palpitations, shortness of breath, and chest pain. He fell ill acutely, a month ago he suffered from ARVI. Objectively: body temperature 37.0 C. Muffled heart sounds, irregular, heart rate 92 bpm, BP 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 is the further patient's management?
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
#
50.
A 35-year-old patient, complains of blunt pain in the heart area, and 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, rhythm is regular, 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, TSH, ECG, chest X-ray, Echo
CBC, CRP, ECG, chest X-ray, Echo
CBC, glucose, cholesterol, ECG, spirometry
CBC, creatinine, ECG, chest X-ray, ultrasound
CBC, glucose, ECG, coronary angiography, ultrasound
#
51.
The drug of choice in the treatment of acute nonspecific pericarditis in outpatient settings are:
3
prednisolone or azathioprine
torasemide or indapamide
aspirin or ibuprofen
clopidogrel or aspirin

paracetamol or ibuprofen
#
52.
A 62-year-old man was 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, and reduced urine. For 2 years, he constantly takes perindopril, bisoprolol, furosemide, spironolactone, and aspirin. With an increase in the dose of diuretics, the condition is unchanged. What is the further patient's management?
3
outpatient patient management, increased dose of diuretics
outpatient patient management, withdrawal of diuretics
hospital admission, additional prescription of acetazolamide
hospital admission, additional prescription of euphylline
day hospital, increased dose of ACE inhibitors, and aldosterone antagonists.
#
53.
A 60-year-old man called a family doctor to his home, worried about a feeling of shortness of breath. Skin dry, acrocyanosis of the lips. Breathes superficially and frequently (36 in 1 min). Moist fine bubbly rales are heard over all parts of the lungs. BP 160/100 mm Hg, HR 102 bpm. Which of the following drugs should be administered to the patient in this situation?
2
dobutamine and/or dopamine
nitroglycerin and furosemide
digoxin and propranolol
captopril and anticoagulants
lidocaine and furosemide
#
54.
A 51-year-old patient with complaints of a heart attack, headache, dizziness, and weakness. Anamnesis: he fell ill acutely, and immediately turned to the polyclinic. For 10 years he has suffered 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 sec. 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
#
55.
A 58-year-old woman called a doctor at home on 10/12/2018 at 9:00 am with complaints of palpitations, and interruptions in the work of the heart, which are accompanied by weakness, shortness of breath. Attacks of arrhythmia appeared for the first time. Objectively: the condition is relatively satisfactory. Respiratory rate 17 per min. Heart sounds are muffled, and rhythmic. Heart rate - 114 bpm, pulse deficit. BP - 122/82 mm Hg ECG: no P waves, between QRS complexes, small f waves, ventricular rate 110-150 per minute. What is the further patient's management?
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.
#
56.
A 40-year-old man with complaints of pain in the cardiac region, and palpitations. He has been ill for 2 years. The patient's father died suddenly at a young age. Objectively: the condition is satisfactory. Heart tones - a systolic murmur is heard at the apex and in the 4th intercostal space to the left of the sternum, heart rate 80 bpm, BP 128/84 mmHg. ECG - sinus rhythm, HR -82 bpm, left axis deviation. Echocardiography - asymmetric hypertrophy of the left ventricular myocardium, obstruction of the left ventricular outflow tract. What are the first drug of choice for the treatment of the patient?
5
ACE inhibitor
Ca antagonist
nitrate
angiotensin II receptor blocker
beta-blocker
#
57.

In an outpatient basis, the indication for prescribing cardiac glycosides for CHF is:
4
FC I, on the background of sinus tachycardia
FC II, against the background of ventricular extrasystoles
FC III against the background of pronounced sinus bradycardia
FC III-IV, atrial fibrillation (tachysystolic form)
FC III-IV against the background of atrial fibrillation (bradysystolic form)
#
58.
A 55-year-old man complains of dull pain in the heart area, dyspnea, and orthopnea for two weeks. Examination reveals muffled heart sounds, 25 mmHg decrease in pulse pressure on inspiration. What is the preliminary diagnosis?
1
exudative pericarditis
pulmonary embolism
aortic dissecting aneurysm
acute myocardial infarction
acute heart failure
#
59.
A man of 58 years old felt pain in the epigastric region and nausea. 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: smoked for 15 years, and systematically drinks alcohol. The patient's older brother died of myocardial infarction. Objectively: BMI 34 kg / m2. BP 138/92 mm Hg, heart rate 90 bpm. Which of the following research methods should be done first to clarify the diagnosis?
1
electrocardiography
echocardiography
Holter ECG monitoring
Chest X-ray
Gastroscopy
#
60.
A 76-year-old man complains about a feeling of lack of air. The skin is cold, moist, and pronounced acrocyanosis. Breathing – superficially, BR-36 per minute. Over

all parts of the lungs, small-bubbling, wheezing sounds. BP 60/40 mmHg, HR- 102 bpm. What medications should be administered to the patient?
4
nitroglycerin and digoxin.
nitroglycerin and morphine
dopamine and morphine
dopamine and furosemide
dobutamine and furosemide
#
61.
A 60-year-old patient 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 acrocyanosis of the lips. Breathing is harsh, breathing rate- 38 per minute. In the lungs, there are different-sized moist rales. Pulse - 118 bpm, rhythmic, tense. BP 182/118 mm Hg. ECG - deviation of heart axis to the left, high R aVL (> 11 mm), RV5 + SV2 = 41 mm. What is the further patient's management?
3
outpatient management of the patient
day care at an outpatient clinic
hospitalization in the intensive care unit
hospitalization in cardiac surgery hospital
hospitalization in cardiology hospital
#
62.
A 45-year-old woman at a cardiologist's appointment complains of frequent headaches, periodic rises in pressure up to 154/92 mm Hg, and poor sleep. Anamnesis - she denies chronic diseases. The above complaints appeared about 3 months ago, and the treatment and examination were not received. Objectively: the condition is satisfactory. Body temperature 36.5 C. Skin cover of ordinary color. There are signs of peripheral edema. Heart tones - clear, regular, S2 loud on the aortic valve, heart rate 88 bpm, BP 162/94 mmHg. What is the further patient's management?
1
outpatient management of the patient
day care at an outpatient clinic
hospitalization in intensive care wards
hospitalization in cardiology hospital

hospitalization in a therapeutic hospital
#
63.
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 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, regular, heart rate 80 bpm, normal axis. Determine the medical management of the doctor?
1
outpatient management of the patient, management of the crisis - captopril,
examination and treatment
day hospital of the clinic, appointment - intravenously urapidil and furosemide,
emergency hospitalization to intensive care, curse curing with furosemide and
nitroglycerin
planned hospitalization in cardiology, cramping - captopril
routine hospitalization in a therapeutic hospital, examination, and treatment.
#
64.
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.
#
65.
Which of the following drugs should be recommended to a 65 year old patient who has had a myocardial infarction, has moderate arterial hypertension and attacks of grade II angina pectoris?

2
short-acting nitrates, anticoagulants, statins, ACE inhibitors
calcium channel blockers and/or beta-blockers, statins, antiaggregants, ACE inhibitors
centrally acting antihypertensive drugs, statins, antiaggregants
cardiac glycosides, beta-blockers, ACE inhibitors, statins
calcium channel blockers and/or beta-blockers, anticoagulants, ARBs
#
65.
A 53-year-old patient with mitral stenosis with sinus rhythm had paroxysmal atrial fibrillation of 190 beats per minute accompanied by initial symptoms of pulmonary congestion. Determine your further tactics of patient management:
2
outpatient management
hospitalisation in intensive care unite
hospitalisation in a cardiology department
hospitalisation in a rheumatology department
hospitalisation in cardiac surgery department
#
66.
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 bpm, 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, diuretics, MCRA , cardiac glycosides, followed by β-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
#
67.
A 45-year-old patient with complaints of palpitations, interruptions in the work of the heart, weakness, dizziness. Anamnesis - these complaints appeared 3-4 hours ago. Objectively: serious condition, temperature - 37.1C, low nutrition. Graefe’s

sign is present. Small tremor of the fingers of outstretched arms. Heart sounds are irregular, systolic murmur at the apex, heart rate 150 bpm, BP- 90/50 mm Hg. Pulse - 130 per minute. The thyroid gland is enlarged, the configuration of the neck is changed. ECG - atrial fibrillation, tachysystolic form. Determine 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
#
68.
Rehabilitation at the outpatient stage after myocardial infarction should be carried out:
5
only in uncomplicated course
patients under 50 years of age
in case of primary myocardial infarction
in the absence of concomitant diseases
according to an individual program taking into account the functional state of the myocardium
#
69.
A 51-year-old patient consulted a local cardiologist for a medical examination. Medical history - smokes for 20 years. Objectively: BMI 31 kg / m2. In the lungs, breathing is hard, no wheezing. Heart sounds - regular, clear, heart rate 74 beats per minute, blood pressure 154/92 mm Hg. Total cholesterol 5.8 mmol / L, LDL 3.0 mmol / L, TG 3.1 mmol / L. Diagnosed with CHD. Stable angina FC II. Hypertensive disease stage III, 2 grade, very high risk. What are the measures for the secondary prevention of coronary artery disease in patients with angina pectoris?
2
reducing the number of cigarettes smoked
achieve target BP below 130/80 mmHg; LDL below 1.4 mmol/l.
achieve target total cholesterol to 5.0 mmol/l and TG to 1.8 mmol/l
achieve target LDL to 2.6 to 2.8 mmol/l; increase HDL 1.0 mmol/l
achievement of target body mass index within 25 - 30 kg/m
#

70.
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, 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
#
71.
A 54-year-old patient 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 sounds 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, vagal maneuvers, then ventilation of lungs
call an ambulance, CPR with chest compressions and breathing 30:2
calling an ambulance, and intravenous infusion of amiodarone or lidocaine
call an ambulance, short punch on lower third of sternum
call an ambulance, intracardiac administration of epinephrine
#
72
A 33-year-old man 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, BMI 24 kg/m2. In the lungs, respiration is vesicular, there is no wheezing, breathing rate 15 in minutes. Heart sounds - 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
#