

ZAPOROZHYE STATE MEDICAL UNIVERSITY

THE DEPARTMENT OF INTERNAL DISEASES №3

PRACTICAL WORK

(Test tasks by the system “KROK - 2”)

GASTROENTEROLOGY

ZAPOROZHYE

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Authors:

1. Svistun S. I. - associate professor of department of internal diseases № 3 of Zaporozhye state medical university, candidate of medical sciences
2. Shehovceva T.G. - associate professor of department of internal diseases № 3 of Zaporozhye state medical university, candidate of medical sciences
3. Dolinnaya M. A. - clinical intern of department of internal diseases № 3 of Zaporozhye state medical university

Practical work of internal diseases for independent preparation to practical studies for students of medical faculty of 6 course and doctors - interns. Practical work is represented as collection of test tasks and clinical tasks with standarts of true answers on gastroenterology.

Reviewers:

- Associate professor of department of clinical pharmacology,pharmaceutics, pharmacotherapy with the course of cosmetology of Zaporozhye state medical university, candidate of medical sciences Samura B. B.
- Associate professor of department of internal diseases № 2 Zaporozhye state medical university, candidate of medical sciences Afanasyev A. V.

1. The patient, 54 years old, complains on permanent dull pain in mesogastral area, weight loss - 10 kg during a year, admixtures of dark blood in feces, constipations. In blood: E - $3,5 \times 10^{12}/l$, Hb - 87 g/l, L - $12,6 \times 10^9/l$, rod nuclear change, blood sedimentation - 43 mm/h. What is the previous diagnosis?

- A. Ulcer of stomach
- B. *Cancer of transverse colon
- C. Chronic colitis
- D. Chronic pancreatitis
- E. Cancer of stomach

2. The patient, 27 years old, is suffering on ulcer for 5 years. During last month pain in epigastral area, which arose up in 1 hour after meal, heartburn, constipations appeared. Then complaints on general weakness, dizziness, darkening of feces joined.

Objectively: pallor of skin, language with white fur. Pulse - 86/min., AP - 100/60. Abdomen is soft, slightly painful in the pyloroduodenal area. What is the tactic of district doctor?

- A. Hospitalization in therapeutic unit
- B. Supervision, without treatment
- C. *Hospitalization in surgical unit
- D. Appointment for consultation of gastroenterologist
- E. Ambulatory treatment

3. The man, 21 years old, complains on periodic aching pain in epigastral area. At the inspection chronic gastritis with superacidity is found out. The prescribed treatment is with positive result. What medicine is expedient to use for primary prophylaxis of ulcer?

- A. Cerucal
- B. *Famotidine
- C. Vicalin
- D. Maalox
- E. Gastrofarm

4. The man, 52 years old, was on hospital treatment concerning exacerbation of duodenum ulcer, which was complicated with bleeding. What medicine is expedient to use for secondary prophylaxis of relapses of ulcer after discharging of the patient?

- A. Atropin
- B. Almagel
- C. Platyphillin
- D. *Omeprazol
- E. Solcoseryl

5. The man, 38 years old, complains on attacks of pain in the left ileac area, frequent loose stool 6-10 times per day with blood and pus, general weakness, weight loss. He is ill over 5 years. Objectively: temperature - $37,4^{\circ}C$, respiration rate - 20/min., pulse - 108/min., AP - 100/60. Tones of heart are muffled; there is a systolic noise above the apex of heart. Abdomen at the palpation is painful in the left ileac area. Liver is +2 sm. In blood: Hb - 80g/l; E - $3,5 \times 10^{12}/l$; blood sedimentation - 34 mm/h. What disease more credible leads to anemic syndrome at this patient?

- A. Cancer of intestine
- B. Syndrome of irritated intestine
- C. Crohn`s disease
- D. Intestinal polyposis
- E. *Nonspecific ulcerous colitis

6. The patient D., 48 years old, complains on aching pain in the lateral departments of abdomen, that diminishes after defecation and moving away of gases, alternation of diarrhea and constipations. In the anamnesis: dysentery 2 years ago. At the palpation of abdomen there are painfulness, alternation of spasmic and atonic, with abdominal murmur, departments of colon. What method of research is the most informative to make the diagnosis?

- A. Coprocytogram in dynamics
- B. Rectal touch research
- C. Rectoromanoscopy
- D. *Colonoscopy
- E. US research of abdominal cavity

7. The patient N., 32 years old, took massive antibacterial therapy. Now he complains on poured out abdomen-aches, frequent loose stool (4-6 times per day), and general weakness. Objectively: general state is satisfactory. AP - 120/70, pulse - 84/min. Abdomen at the palpation is soft, painful in the lower departments. Liver and spleen are not palpated. What medicine is expedient to use in this case?

- A. Imodium
- B. Panzinorm
- C. Essentiale
- D. Motilium
- E. *Bifiform

8. The sick K., 52 years old, marks weakness, fatigability, aversion to meat, weight loss for half a year. Objectively: pallor, lymphatic knot in the left subclavicular area is palpated. There is a resistance of abdominal wall in the epigastrium. In blood test there is anemia, in gastric maintenance lactic acid is found out. Presented clinical picture is the most characteristic for:

- A. B12 deficiency anemia
- B. *Cancer of stomach
- C. Iron deficiency anemia
- D. Chronic atrophic gastritis
- E. Lymphogranulomatosis

9. The sick, 40 years old, entered gastroenterological unit with complaints on itch of skin, icterus, heavy feeling in the right subcostum, weakness. Objectively: skin is icteric, tracks of scratches, liver +5 sm, spleen 6x8 sm. In blood: alkaline phosphatase - 4,0 mkmol/min, general bilirubin - 60 mkmol/l, cholesterin - 8,0 mmol/l. What is the leading syndrome at the patient?

- A. Hepatolienal
- B. Cytolytic
- C. Mesenchymal-inflammatory

- D. *Cholestatic
- E. Hepatic-cellular failure

10. The patient Z., 55 years old, is suffering on ulcer of stomach. During last 6 months weight loss - 15 kg, pain in epigastral area from periodic became permanent, weakness increased, anorexia, aversion to meat appeared. In blood: Hb - 92 g/l. Feces is of umber color. What is the most credible complication?

- A.*Malignancy
- B. Pyloric stenosis
- C. Perforation
- D. Penetration
- E. Bleeding

11. The patient I., 35 years old, is suffering on ulcer of duodenum during 3 years. There are complaints on severe pain in epigastrium, sickly heartburns. At the research of gastric secretion debit-hour on submaximal irritation made 30 mmol/h HCl. Choose the most optimal antisecretory preparation:

- A. Gastrozepin
- B. Ranitidin
- C. *Omeprazol
- D. Atropin
- E. Benzohexonium

12. The patient P., 35 years old, complains on pressing pain in epigastrium in 1 hour after meal, heartburn, sour belch. He is ill during 2 years. At the palpation of abdomen moderate painfulness in the pyloroduodenal area is marked. At the fiber gastroscopy antral gastritis is found out. What research will specify nature of the disease?

- A. Determination of autoantibodies in blood serum
- B. *Determination of H.pylori in mucous of stomach
- C. Determination of gastrin of blood
- D. Research of gastric secretion
- E. Research of motor stomach function

13. At the sick, 23 years old, there are aching pain in the right subcostum, periodically bitter belch, nausea, decrease of appetite. In the anamnesis: appendectomy was conducted three years ago. In 2 months icterus appeared, concerning which treated oneself in the infectious hospital. Presently at the inspection liver is increased on 2 sm. In blood: general bilirubin - 76 mkmol/l, direct bilirubin - 14,9 mkmol/, ALT - 1,35. What disease is at the sick?

- A. Benign Gilbert`s icterus
- B. Chronic cholangitis
- C. Chronic cholecystitis
- D. *Chronic hepatitis B
- E. Cirrhosis of liver

14. At the patient, 25 years old, pain in epigastrium appeared in autumn, which arose up in 1,5-2 hours after meal and at night, heartburn, constipations. Pain increased at adopting spicy, salt and sour food; diminished after taking of soda and hot-water bottle.

He is ill for a year. Language is clear, moist. At the palpation of abdomen - painfulness in the right half of epigastrium, in the same area there is a resistance of abdominal press. What disease is the most credible?

- A. *Ulcer of duodenum
- B. Chronic cholecystitis
- C. Diaphragmatic hernia
- D. Ulcer of stomach
- E. Chronic pancreatitis

15. The sick, 50 years old, is suffering on attacks of pain in the right subcostum for a year, which arise up mainly after rich food. Last week attacks repeated daily, became more painful. On the 3rd day of hospital treatment yellowness of white of the eyes and skin, light feces and dark urine appeared. Blood test: Hb - 128 g/l, reticul - 2%, neutrophile leukocytosis - $13,1 \times 10^9/l$, blood sedimentation - 28 mm/h. What is the most credible reason of icterus?

- A. Acute viral hepatitis
- B. Chronic pancreatitis
- C. Chronic cholestatic hepatitis
- D. Hemolytic anemia
- E. *Cholelithiasis

16. At the patient D., 45 years old, there are diarrhea 6-8 times per day with mucus, blood and pus, $t-37,6^{\circ}C$, thick intestine is painful at the palpation. At the colonoscopy: imaging of external and internal fistulas. The diagnosis Crohn`s disease is proposed. What sign does distinguish this disease from nonspecific ulcerous colitis?

- A. Pain at palpation
- B. Diarrhea
- C. *Fistulas
- D. Blood in feces
- E. Fever

17. The sick S., 51 years old, was complaining on dull pain in the right subcostum and epigastrium, nausea, decline of appetite during last 6 months. In the anamnesis: ulcer of stomach. Objectively: weight is reduced. Pulse is 70/min. AP is 120/70. There is a poured out resistance of muscles in epigastrium at the palpation. Above the left clavicle dense lymphatic knot is palpated by size 1x1 sm. What research is needed?

- A. Urease test
- B. Ultrasonic research of abdominal cavity
- C. Ph-metry
- D.*Esophagogastroduodenoscopy with biopsy
- E. Skiagraphy of stomach

18. The man, 26 years old, complains on attacks of abdomen-ache, frequent loose stool with admixtures of mucus and blood. He is ill during 3 years, weight loss - 14 kg. Objectively: pulse - 96/min., AP - 110/70, $t - 37,6^{\circ}C$. Abdomen is soft, painful at the palpation of colon, especially on the left side. Irrigoscopy - thick bowel is narrowed, gaustras are absent, outlines are uneven, indistinct. What diagnosis is the most credible?

- A. *Nonspecific ulcerous colitis

- B. Tuberculosis of intestine
- C. Amebic dysentery
- D. Crohn`s disease
- E. Syndrome of irritated intestine

19. The sick K., 24 years old, complains on pain in the right subcostum and joints, icteric color of skin, weight loss - 10 kg for a year, increase of temperature to 38°C. A disease began after childbirth half a year ago. Objectively: icteric colour of skin and white of the eyes, there are xanthomas on eyelids. Liver +4 sm, dense, painful, edge is acute. Spleen +2 sm. In blood: AST - 2,8, ALT - 3,4, general bilirubin - 97,6, free - 54,6, HbsAg – is not determined. Name the basic mechanism of pathogenesis of disease:

- A. Fatty dystrophy of liver
- B. Toxic damage of hepatocytes
- C. *Autoimmune
- D. Violation of bile outflow
- E. Viral infection

20. At the man, 22 years old, after episodic abuse of alcohol, incoercible vomit with admixtures of red blood and clots is developed. Specify the most credible diagnosis:

- A. Acute ulcer of stomach, complicated with bleeding
- B. Acute erosive gastritis, complicated with bleeding
- C. Bleeding from varicose veins of gullet
- D. Cancer of gullet, gullet bleeding
- E. *Mallory – Weiss syndrome

21. The woman, 32 years old, complains on pain in the left subcostum, which appears in 2 hours after meal, nausea, swelling of abdomen, tendency to diarrhea. Objectively: subicteric colour of white of the eyes. Abdomen is painful at the palpation in the point of Gubergric - Soculsky. Liver is near the edge of costal arc. In blood: amylase - 256, general bilirubin - 20. Specify the most credible diagnosis:

- A. Chronic gastritis
- B. Chronic hepatitis
- C. Syndrome of irritated intestine
- D. Chronic cholecystitis
- E. *Chronic pancreatitis

22. The sick G., 49 years old, complains on attacks of severe pain in the right subcostum with radiation to the right shoulder, incoercible vomit, which does not bring facilitation. Objectively: general state is of moderate severity. There is icteric colour of white of the eyes. Pulse is 92/min. Language is with white fur, dry. In the right subcostum there are panfulness and resistance of muscles, Curvuazye symptom is determined. AP - 115/60. What tactic of treatment of the sick?

- A. Hepatoprotectors
- B. Conservative treatment
- C. Cholagogic preparations
- D. *Surgical treatment
- E. Antibiotics

23. The patient, 49 years old, is suffering on ulcer of duodenum bulb for 12 years. He enters hospital in a hard condition with complaints on vomit 3-4 times per day, pain in the muscles of feet, thirst, cramps. At the skiagraphy: stomach is stretched, tonus is acutely reduced, weak peristalsis. At the inspection in 24 hours barium remains in stomach, there are tracks of barium in intestine. Give urgent help:

- A. Antiacid and proton pump blocking preparations
- B. Solution of aminazin intramuscular
- C. Spasmolysant preparations intramuscular, festal
- D. Prokinetics, H₂-histamine blocking preparations
- E. *Solution of sodii and calcii chloridi intravenous

24. At the woman, 28 years old, with laparoscopic cholecystectomy a 1,5 year ago in the anamnesis, pain in the right subcostum of former intensity, acholic feces, darkening of urine appeared. What method is necessary to appoint for clarification of the diagnosis?

- A. Scintigraphy of liver
- B. Ultrasonic research
- C. *Retrograde cholangiography
- D. Termography of trunk
- E. Esophagogastroduodenoscopy

25. The man, 32 years old, complains on heartburn and aching pain in epigastrium in 2-3 hours after meal. Exacerbation arises up at spring and autumn. Intolerance of eggs and fish. Objectively: at the palpation of abdomen - painfulness in the gastroduodenal region. At the FEGDS: ulcer 5 mm on the anterior wall of duodenum. Positive urease test. What is the most credible leading mechanism of development of the disease?

- A. *H. pylori infection
- B. Food allergy
- C. Production of autoantibodies
- D. Decline of synthesis of prostaglandins
- E. Violation of motor stomach function

26. The patient, 56 years old, complains on heartburn, belch, which increases at inclines of trunk, retrosternal pain at swallowing. At the roentgenologic inspection hiatal hernia is found out. What defines the given clinical picture?

- A. Chronic gastritis
- B. *Reflux-esophagitis
- C. Ulcer of stomach
- D. Erosive gastritis
- E. Ulcer of duodenum

27. The patient V., 55 years old, complains on swelling of abdomen and abdominal murmur, increased moving away of gases, loose stool of foamy character with sour smell, which appears after use of foods on milk. Name the given symptomocomplex?

- A. *Fermenting dyspepsia
- B. Putrid dyspepsia
- C. Fatty dyspepsia

- D. Dyskinesia
- E. Malabsorbtion

28. The patient suffers on chronic recurrent pancreatitis with expressed violation of exocrine secretion. After the use of rich, spicy food, alcohol "fat" feces appears. Decline of production of what factor is the most reliable reason of fatty diarrhea?

- A. Amylase
- B. Trypsin
- C. Acidity of gastric juice
- D.*Lipase
- E. Alkaline phosphatase

29. The sick, 41 years old, complains on frequent loose stool (10-12 times per day) with admixtures of mucus and blood, pain in the lower part of abdomen, weight loss. He is ill for 2 years. The diagnoses of acute infectious diseases are eliminated. Skin is dry. Language is red, abdomen is soft, palpation of sigmoid bowel is painful. Colonoscopy: mucous in the area of sigmoid bowel is pale, with the areas of pseudopolyposal vegetations, flat superficial ulcers. What is the previous diagnosis?

- A. Polyposis of intestine
- B. Chronic colitis
- C. Chronic pancreatitis
- D. Crohn`s disease
- E. *Nonspecific ulcerous colitis

30. The sick, 35 years old, woke up at night because of sudden acute pain in the right subcostum, which radiated to the right shoulder-blade. Pain was accompanied with nausea and repeated vomit. Ker`s and Merfy symptoms are positive. What is the most effective for stopping the attack?

- A. Morphin
- B. *Atropin
- C. Anesthezin
- D. Metoclopramid
- E. Papaverin

31. The patient C., 46 years old, on the second day after banquet complains on severe pain in the upper half of abdomen, more on the left, nausea, vomit, which does not bring facilitation. The similar states repeated after violation of diet. Objectively: temperature - 37°C, skin is pale, moist. Pulse is 88/min., rhythmic, abdomen is moderately distended, acutely painful in the projection of pancreas. Diastase of urine is 256 by Volgemit. Leukocytes of blood - $18 \times 10^9/l$. What is the most correct tactic of district internist?

- A. Home treatment
- B. Ambulatory treatment
- C. *Urgent hospitalization to surgical unit
- D. Planned hospitalization to unit of internal medicine
- E. Consultation of gastroenterologist

32. The woman, 24 years old, complains on intensive itch of skin, especially in the evening, dull pain in the right subcostum. She is ill for 2 years after childbirth.

Objectively: icterus, xanthomas on eyelids. Liver is +6 sm, dense, edge is even, unpainful. Spleen comes forward on 3 sm. Reaction on the superficial antigen of hepatitis B virus is negative. Indexes of iron metabolism are normal. What damage of liver is the most credible?

- A. *Primary biliary cirrhosis
- B. Chronic hepatitis
- C. Chronic cholecystitis
- D. Hemochromatosis
- E. Fatty hepatosis

33. The patient N., 19 years old, complains on attacks of abdomen-ache, loose stool 6-8 times per day with admixtures of mucus and fresh blood. He is ill during 2 years.

Weight loss - 12 kg. Objectively: pulse is 92/min., AP is 100/70, temperature - 37,4°C.

Abdomen is soft, painfulness of colon, especially in the area of sigmoid bowel, which is spasmic. In blood: E - $3,2 \times 10^{12}/l$, Hb - 92 g/l, L - $10,6 \times 10^9/l$, blood sedimentation - 32 mm/h. Irrigoscopy: thick bowel is narrowed, gaustras are absent, outlines are uneven, indistinct, symptom of "plumbing pipe". What is the most credible diagnosis?

- A. Chronic enterocolitis
- B. *Nonspecific ulcerous colitis
- C. Amebic dysentery
- D. Tuberculosis of intestine
- E. Crohn`s disease

34. At the patient with ulcer of duodenum in the anamnesis, clinical picture of the disease changed: pain appeared after meal, radiated to the back, state was not improved after atropin. Weight loss - 6 kg during 6 months. At the endoscopy ulcer and deformation of bulb are found out. How is it possible to explain the change of clinic?

- A. Perforation
- B. *Penetration
- C. Duodenostasis on the background of concomitant duodenitis
- D. Malignancy
- E. Pyloric stenosis

35. The patient entered clinic in the urgent state with complaints on acutely arising up abdomen-aches. In the anamnesis: ulcer. At the examination symptoms of irritation of peritoneum are found out. Perforation of ulcer was suspected. What research can confirm the previous diagnosis?

- A. US reseach of abdominal cavity
- B. Survey roentgenogram of abdominal cavity in horizontal position
- C. Radio – opaque research of stomach and duodenum
- D. Termography of abdominal cavity
- E. *Survey roentgenogram of abdominal cavity in vertical position

36. The man, 36 years old, loader, suffers on alcoholic hepatic cirrhosis, stage of decompensation, ascites. Define his capacity:

- A. *Disabled, disability of II group
- B. Disabled, disability of I group
- C. Disabled, disability of III group

- D. Capable for working, he is subjected to provision of employment
- E. Temporally disabled on the period of exacerbation

37. At the woman, 50 years old, at the duodenal tubage: 3 phase - 6 min., 4 ml; 4 phase - 90 min., 70 ml is discovered. At the ultrasonic research of gall bladder: walls are not thickened, maintenance is homogeneous. What diagnosis is the most credible?

- A. Hyper-hypotonic dyskinesia of gall bladder
- B. Hyperkinetic dyskinesia of gall bladder
- C. *Hypokinetic dyskinesia of gall bladder
- D. Hypo-hypertonic dyskinesia of gall bladder
- E. Hypertonic dyskinesia of gall bladder

38. The man, 48 years old, complains on permanent pain in the upper half of abdomen, more on the left, which increases after meal; diarrhea, weight loss. There is abusing of alcohol. In the anamnesis: acute pancreatitis 2 years ago. Amylase of blood is 4. At the coprogram there are fatty diarrhea, creatorrhea. Sugar of blood is 6,0 mmol/l. What treatment the patient needs?

- A. Contrykal
- B. Insulin
- C. Gastrozepin
- D. *Creon
- E. No-shpa

39. The man, 42 years old, controller, suffers on ulcer of duodenum of moderate severity. He requires appointing of group of disability. Define his capacity:

- A. Capable for working, he is not subjected to provision of employment
- B. *Capable for working, he is subjected to provision of employment
- C. Disability of I group
- D. Disability of II group
- E. Disability of III group

40. The teenager, 16 years old, complains on periodical weakness, dizziness, heavy feeling in the left subcostum. Skin and mucous are icteric. "Tower" skull. Liver +2 sm, lower pole of spleen is at the level of navel. In blood: E - $2,7 \times 10^{12}/l$, Hb - 88 g/l, L - $5,6 \times 10^9/l$, blood sedimentation - 15 mm/h. Choose the most credible change of bilirubin at the patient:

- A. Increase of linked and free bilirubin
- B. Increase of linked bilirubin
- C. *Increase of free bilirubin
- D. Decline of linked bilirubin
- E. Decline of free bilirubin

41. At the man, 52 years old, who is suffering on erosive gastritis, weakness makes progress, palpitation, dizziness. Objectively: pallor and dryness of skin and mucous, angular stomatitis. Pulse is 104/min. AP is 130/70. Tones of heart are muffled, a systolic noise above the apex and on the basis of heart. Liver and spleen are not palpated. There is hypochromic anemia in blood. What pathogenic factor can be major in the development of anemia in this case?

- A. Hemolysis of erythrocytes
- B. Deficit of vitamin B₁₂
- C. Intoxication
- D. *Blood loss
- E. Deficit of follic acid

42. The man, 67 years old, complains on appetite loss, heavy feeling, sense of holding apart in epigastrium after meal, air belch and with meal of musty smell, nausea. At the research of gastric secretion achilia is discovered. At the FEGDS - mucous of stomach is thinned, there is a vascular picture under it. What diagnosis is the most credible?

- A. Syndrome of irritated intestine
- B. Cancer of stomach
- C. *Atrophic gastritis
- D. Chronic gastroduodenitis
- E. Gastritis with intestinal metaplasia

43. The woman, 41 years old, is suffering on chronic cholecystitis during 8 years. There are complaints on permanent monotonous aching pain or heavy feeling in the right subcostum, bitter taste in mouth in the morning, constipation. During palpation of abdomen small painfulness in the point of projection of gall bladder is marked. The volume of gall-bladder after cholagogic breakfast decreased only on 15 % (from data of US research). Appointment of what preparations is more expedient?

- A. Peripheral M-cholinolytic
- B. *Cholekinetic
- C. Myothropic spasmolysant
- D. Unnarcotic analgetic
- E. Choloretic

44. The man, 47 years old, complains on expressed general weakness, attacks of palpitation and perspiration, intensive pain in epigastrium, which arises up in 10-15 minutes after meal. In the anamnesis: ulcer of stomach during 10 years; resection of stomach by Bilrot-II 2 years ago. At the examination: abdomen is soft, painful in epigastrium and pyloroduodenal area. What complication is the most credible at the patient?

- A. Cholecystitis
- B. Gastritis of gastric stump
- C. Peptic ulcer of anastomosis
- D. Chronic pancreatitis
- E. *Dumping-syndrome

45. At the sick, 20 years old, diagnosis of chronic viral hepatitis in gastroenterologic unit is determined. What group of preparations is included in the base therapy?

- A. Glucocorticoids and cytostatic
- B. Antibacterial
- C. Anabolic steroid hormones
- D. Vitamins
- E. *Hepatoprotector

46. At the patient, 60 years old, at the examination chronic autoimmune gastritis with secretory failure is found out. What preparation is more indicated to this patient?

- A. *Gastric juice
- B. Preparations of bismuth
- C. Ranitidin
- D. Almagel
- E. Venter

47. The woman, 32 years old, complains on enhancement of spasmic pain in the lower part of abdomen after psychoemotional loads. Defecation: 2-3 times after awakening and then constipations during 1-2 days. Objectively: body weight is saved, moderate pain at the palpation of sigmoid bowel. Hb - 130 g/l, L - $5,2 \times 10^9/l$, blood sedimentation - 9 mm/h. Rectoromanoscopy is painful because of spasmic state of intestine, mucous is not changed. There is much mucus in the opening of intestine. What disease is the most credible?

- A. Nonspecific ulcerous colitis
- B. Crohn`s disease
- C. *Syndrome of irritated intestine
- D. Acute ischemia of intestine
- E. Malabsorbtion

48. The sick, 37 years old, complains on permanent dull pain in the subcostal areas with radiation to the back, which increases after meal, swelling of abdomen, frequent feces with admixtures of undigested meal. He is ill for more than 5 years, weight loss-15 kg. Objectively: moderatly distended abdomen, painfulness in Shoffar`s area, Degarden`s and Mayo – Robson`s points. What research method is the most informative for confirmation of exocrine secretory failure of pancreas?

- A. EFGDS
- B. Oral cholecystography
- C. Retrograde pancreatography
- D. *Coprogram
- E. US research of abdominal cavity

49. The sick, 36 years old, complains on frequent attacks of pain in the right subcostum after childbirth. The day before in the evening she felt great pain in the right subcostum with radiation to scapula, there was vomit with admixtures of bile twice. Body temperature rose to $37,8^{\circ}\text{C}$. At the examination: white of the eyes are icteric, liver on 1 sm comes forward from a costal arc, acutely painful gall bladder. What is the most credible diagnosis?

- A. Abscess of liver
- B. Viral hepatitis B
- C. *Exacerbation of chronic cholecystitis
- D. Dyskinesia of gall bladder
- E. Stricture of biliary tract

50. The sick, 38 years old, complains on acutely arising up abdomen-ache, vomit. On the survey roentgenogram of abdominal cavity there are distended by gas intestinal

loops with horizontal level of liquid. About what urgent state does this roentgenologic picture testify to?

- A. Disruption of ovaric cyst
- B. *Intestinal obstruction
- C. Acute appendicitis
- D. Disruption of hollow organ
- E. Acute pancreatitis

51. The patient with hypomotric dyskinesia of gall bladder needs correction of hypokinetics of stomach and intestine. Choose the correct preparation:

- A. *Coordinax
- B. Atropin
- C. No-shpa
- D. Novocain intravenous
- E. Activated coal

52. At the sick, with a little body overweight, aching pain in the right subcostum, nausea, vomit after rich food periodically appeared. In the anamnesis: viral hepatitis A. Objectively: painfulness in the area of the right subcostum, Ker's symptom is positive. The edge of liver comes forward on 2 sm. What is the previous diagnosis?

- A. Chronic calculous cholecystitis
- B. *Chronic acalculous cholecystitis
- C. Acute cholecystitis
- D. Cholesterosis of gall bladder
- E. Dropsy of gall bladder

53. At the patient with symptoms of disorder of digestion, fatty diarrhea, during 4 hours after meal there is belly - ache, especially higher navel and at the left. Diarrhea can change constipation for 3-5 days. Moderate painfulness is in the choledochpancreatic area. The level of amylase in blood is normal. Survey skiagraphy: calcinates, located higher navel. What is the previous diagnosis?

- A. Zolinger – Ellison syndrome
- B. Chronic gastroduodenitis
- C. Ulcer of duodenum
- D. *Chronic pancreatitis
- E. Chronic calculous cholecystitis

54. At the man, 42 years old, in the analysis of gastric juice free hydrochloric acid is absent in all phases. At the endoscopy: mucous of stomach is pale, thinned, folds are smoothed out. At the microscopy: atrophy of glands with metaplasia of intestinal type. What is the most credible diagnosis?

- A. Cancer of stomach
- B. Chronic gastritis, type B
- C. Chronic gastritis, type C
- D. Menethrie's disease
- E. *Chronic gastritis, type A

55. The man, 24 years old, complains on pain in epigastrium in 1,5-2 hours after meal, sometimes at night, heartburn. In the anamnesis: ulcer of duodenum was found out for the first time a year ago. Superacidity is in all portions. Choose the correct preparation:
- A. Sulpirid
 - B. Atropin
 - C. Gastrozepin
 - D. *Omeprazol
 - E. No-shpa
56. The woman, 45 years old, complains on frequent loose stool with big amount of mucus, pus, blood; pain of all abdomen, weight loss is 7 kg for 6 months. In the anamnesis: nonspecific ulcerous colitis for a year. What group of preparations is it better to appoint?
- A. Polyfermental
 - B. Antibacterial
 - C. Sulfanilamid
 - D. Nitrofuran
 - E. *Corticosteroids
57. The woman, 60 years old, complains on unbearable pain in the right subcostum. In the anamnesis there is acute pancreatitis. Temperature - 38,2°C. Objectively: yellowness of white of the eyes. There are no symptoms of irritation of peritoneum. Positive Ortner`s, Gubergric - Soculsky symptoms. Diastase of urine - 256. What is the most credible diagnosis?
- A. Acute cholangitis
 - B. *Chronic pancreatitis
 - C. Chronic cholecystitis
 - D. Acute cholecystitis
 - E. Cancer of pancreas
58. The sick, 51 years old, complains on frequent loose stool with admixtures of mucous and blood, pain in the lower – lateral departments of abdomen, weight loss 6 kg for the last month. Objectively: body temperature - 37,4°C, weight is reduced, skin is dry, pale. Abdomen is soft, sigmoid bowel is painful, spasmic, abdominal murmur. What is the most credible diagnosis?
- A. Intestinal enzymopathia
 - B. Bacillary dysentery
 - C. Spru
 - D. *Nonspecific ulcerous colitis
 - E. Worm invasion
59. At the patient, 45 years old, during the clinic-instrumental examination chronic gastritis of type B by "Sidney system" is found out. What group of preparations must be appointed?
- A. *Antihelicobacter
 - B. Antiacid
 - C. Blocators of histamine H₂-receptors
 - D. Reparant

E. Peripheral M-cholinolytic

60. The sick, 50 years old, complains on attack of pain in the right subcostum, vomit with admixtures of bile, nausea. During last 5 years pain in epigastral area, which was accompanied with nausea, violations of defecation, dryness in mouth appeared. Objectively: pulse is 92/min., body overweight, language is with white fur, icteric white of the eyes. Abdomen is soft, painful in the projection of gall bladder, local muscular tension in the right subcostum, Ker's positive symptom. In blood test: L - $9,6 \times 10^9/l$, blood sedimentation - 14 mm/h. What is the most credible previous diagnosis?

- A. Dyskinesia of biliary tract
- B. Chronic gastritis, type A
- C. *Cholecystolithiasis
- D. Chronic acalculous cholecystitis
- E. Chronic hepatitis

61. The sick, 50 years old, complains on attack of pain in the right subcostum, vomit with admixtures of bile. During 5 years pain in epigastral area, which was accompanied with nausea, violations of defecation appeared. Objectively: pulse is 92/min., body overweight, language is with white fur, icteric white of the eyes. Abdomen is soft, painful in the projection of gall-bladder, local muscular tension in the right subcostum, Merphy symptom is positive. In blood test: L - $9,6 \times 10^9/l$, blood sedimentation - 14 mm/h. What research is expedient to appoint for confirmation of diagnosis?

- A. Scintigraphy of liver
- B. *Ultrasonic research of gall bladder
- C. Bacteriological research of bile
- D. Cholecystography
- E. Retrograde cholangiopancreatography

62. The patient, 27 years old, complains on pain in the right iliac area, unformed feces with presence of mucus and pus to 5 times per day. He is ill for a few months. Objectively: at the palpation there is sensible conglomerate in the left iliac area, local muscular tension. What research does not it follow to appoint for confirmation of the diagnosis?

- A. Coprogram
- B. Rectoromanoscopy
- C. Colonoscopy
- D. *EFGSD
- E. Irrigoscopy

63. The woman, 36 years old, complains on pain in epigastric area, which arises up after meal, nausea, belch, instability of defecation. During last 2 years disease is making progress gradually. Objectively: pallor and dryness of skin, language is with fur, moist, with traces of teeth on edges. At the palpation of abdomen - pain is widespread in the epigastric area. What is the most informative research method?

- A. Computed research of abdominal cavity
- B. Clinical blood test
- C. Roentgenologic research of stomach and intestine
- D. Fractional research of gastric secretion

E. *Fiber gastroscopy with biopsy of mucous of stomach

64. At the patient, 35 years old, illness began stormily: from chill, increase of temperature to 39°C, vomit, pain in epigastrium, diarrhea with watery stinking feces. 6 hours prior to disease ate a raw egg, fried potato with stewed meat, juice. What infectious agent did cause that state probably?

- A. *Salmonella
- B. E. coli
- C. Helicobacter
- D. Shigella
- E. Choleric vibrio

65. The woman, 44 years old, complains on diarrhea to 8 times per day, swelling and abdomen-ache, big amount of blood and mucus in feces. At the inspection there is painfulness of abdomen in the left ileac area. In blood: E - $2,0 \times 10^{12}/l$, Hb - 60 g/l, CI- 0,8; L - $9,2 \times 10^9/l$, blood sedimentation - 38 mm/h, general protein - 50 g/l. What diagnosis is the most credible?

- A. Syndrome of irritated intestine
- B. Acute dysentery
- C. Tuberculosis of intestine
- D. Crohn`s disease
- E. *Nonspecific ulcerous colitis

66. At the woman, 43 years old, complains on unsteady defecation with predominance of constipations, swelling of abdomen and pain of spasmic character in the lower part of abdomen, and also headache, violation of sleep. Body weight is not changed. What disease can cause such clinical picture?

- A. Chronic pancreatitis
- B. Chronic enteritis
- C. *Syndrome of irritated intestine
- D. Chronic atrophic gastritis
- E. Cancer of intestine

67. The patient, 45 years old, complains on pain in epigastric area, left subcostum, which is accompanied with multifold vomit without facilitation, swelling of abdomen, diarrhea, and weight loss. He is ill during 5 years. Objectively: language is moist, white fur near root. At the deep palpation of abdomen pain appears in the epigastric area and Mayo – Robson`s point. Liver on 1 sm comes forward from under the edge of a costal arc, unpainful. Spleen is not palpated. What disease does it follow to think about?

- A. Chronic cholecystitis
- B. Chronic atrophic gastritis
- C. Ulcer
- D. *Chronic pancreatitis
- E. Chronic enteritis

68. At the patient, 32 years old, with chronic viral hepatitis dull, aching pain in the right subcostum, nausea, dryness are observed. Size of liver by Curlov is 13-12-11 sm, spleen

+2 sm. AST - 3,2, ALT - 4,8. At the serological research HBeAg, high concentration of DNK HBV are found out. What is the preparation of choice in treatment of the patient?

- A. *Alpha - interferon
- B. Acyclovir
- C. Remantadin
- D. Arabinozid monophosphate
- E. Essentiale - forte

69. The woman, 32 years old, during 2 years marks periodic attacks of pain in the right subcostum, which are taken off by no-shpa. Pain is not always related with meal, sometimes it appears at agitation, accompanied with pain in heart, palpitation.

Objectively: emotional lability, at the palpation of abdomen small painfulness in the area of gall bladder is marked. What is the most reliable pathology does predetermine such clinic?

- A. Chronic cholangitis
- B. Chronic cholecystitis
- C. *Dyskinesia of biliary tract
- D. Chronic pancreatitis
- E. Duodenitis

70. The woman, 55 years old, complains on acute pain in the right subcostum and epigastrium, which radiate to the right scapula, nausea, frequent vomit. She is ill for a few years, pain is taken off by no - shpa. Objectively: body overweight, icteric colour of white of the eyes, body temperature - 38°C, abdomen is moderately distended, painful and tense in the right subcostum and epigastrium. Ortner`s and phrenicus-symptom are positive. In blood: leukocytosis, increased blood sedimentation. At the cholecystography: shade of gall bladder is not contrasted. What is the most credible diagnosis?

- A. Cancer of gall bladder
- B. Chronic cholecystitis
- C. Chronic cholangitis
- D. Hypotonic dyskinesia of gall bladder
- E. *Cholecystolithiasis

71. The woman, 52 years old, appealed to doctor on advice, what resort is better to choose for treatment. During 10 years she is observed concerning chronic acalculous cholecystitis. Last exacerbation was 5 months ago. Sometimes aching pain in the right subcostum, constipations appear. Objectively: general state is satisfactory, body temperature is normal. Abdomen is soft, sensible in the right subcostum. Liver is not palpated. What resort is it expedient to appoint?

- A. Nemirov
- B. Mirgorod
- C. Evpatoria
- D.*Morshin
- E. Glade "Kvasova"

72. The woman, 52 years old, during 2 years marks dull, periodically acute pain in the right subcostum, related with taking of rich food, bitter taste in the morning,

constipations, flatulence. Objectively: body overweight, body temperature - 36,9°C, language with white fur at root, abdomen is moderately distended, painful in the point of projection of gall bladder. What research is it expedient to conduct for confirmation of the diagnosis?

- A. Duodenoscopy
- B. Fractional research of gastric maintenance
- C. Cholecystography
- D. *US research
- E. Scintigraphy of liver

73. The woman, 55 years old, complains on pain in the right subcostum with radiation under the right shoulder-blade, linked with taking of rich food, nausea, bad sleep. In the anamnesis: chronic cholecystitis during 12 years. Objectively: moderate flatulence, painfulness in the point of projection of gall bladder, Ortner`s positive symptom. Body temperature - 37,7°C. In blood: L - $12,7 \times 10^9/l$, r/n - 16%, blood sedimentation - 27 mm/h. At the microscopy in portions of duodenal tubage there are much mucus, cells of desquamated epithelium, leukocytes. What antibacterial preparation is it more expedient to appoint? What research is it expedient to conduct for confirmation of the diagnosis?

- A. Duodenoscopy
- B. Fractional research of gastric maintenance
- C. Cholecystography
- D. *US research
- E. Scintigraphy of liver

- A. Laevomycetin
- B. Penicillin
- C. Nitroxolin
- D. Furazolidon
- E. Clarithromycin

74. The woman, 48 years old, appealed to doctor with complaints on attacks of pain in the right subcostum, nausea. Icterus appeared on the second day. Similar attacks with recurrent icterus repeated twice during 1,5 years. Objectively: icteric white of the eyes, language is dry, abdomen is distended, painful in Shoffar`s area, positive Ortner`s symptom. In blood: L - $10,0 \times 10^9/l$, r/n - 16%, blood sedimentation - 25 mm/h. What additional research is it necessary for confirmation of the diagnosis?

- A. Duodenal tubage
- B. Laparoscopy
- C. *US research of abdominal cavity
- D. Cholecystography
- E. Survey roentgenogram of abdominal cavity

75. The woman, 46 years old, complains on dull pain in the right subcostum, weakness, rapid fatigability, itch of skin, periodic chill during 3 years. Sometimes there are attacks of pain, accompanied with increase of body temperature and itch of skin. Objectively: icteric white of the eyes, body temperature 37,5°C, abdomen is moderately distended, painful in the right subcostum. Liver is +3 sm, dense, painful. Spleen is not palpated. In

blood: Hb - 121 g/l, L - $11 \times 10^9/l$, r/n - 14%, blood sedimentation - 30 mm/h. What is the most credible diagnosis?

- A. *Chronic cholangitis
- B. Chronic cholecystitis
- C. Hemolytic anemia
- D. Ulcer
- E. Crohn`s disease

76. The woman, 34 years old, is delivered to clinic with complaints on attacks of pain in the right subcostum, which developed after stress situation. Similar attacks repeated before for a year. Objectively: general state is satisfactory, agitation. Abdomen is soft, insignificantly painful in the area of gall bladder. In blood, lungs, heart and organs of abdominal cavity changes are not discovered. There was suspected, that at the sick there is hypertonic-hyperkinetic form of dyskinesia of biliary tract. Duodenal tubage is appointed. What changes will allow to confirm the previous diagnosis?

- A. Reduction of time of the II phase
- B. *Lengthening of time of the II phase
- C. Reduction of time of the III phase
- D. Increased volume of bile in portion B
- E. Incomplete emptying of gall-bladder

77. At the youth, 18 years old, ulcer of duodenal bulb is newly diagnosed. Test on Helicobacter pylori is positive. Ph of gastric juice - 1,0. What treatment is needed in this case?

- A. Omeprazol + oxacillin
- B. Quamatel + amoxicillin
- C. De-nol + trichopol
- D. *Omeprazol + clarithromycin + amoxicillin
- E. De-nol + cimetidin

78. The woman, 35 years old, entered clinic with complaints on pain in epigastrium, which arises up through 1-1,5 hours after meal, heartburn, vomit, which brings facilitation. At the examination language is with white fur, abdomen is soft, painful in the epigastric area. There are positive symptoms of Mendel, Obrazcov - Stragesko. What research is the most informative for confirmation of the diagnosis?

- A. Colonoscopy
- B. Ph-metry
- C. Ultrasonic research
- D. Roentgenoscopy of stomach
- E. *Esophagogastroduodenoscopy

79. The sick, 36 years old, complains on general weakness, excitability, heavy feeling in the right subcostum, subfebrile temperature. In the anamnesis: viral hepatitis 2 years ago. The state worsened during last 3 months. Objectively: low bound of liver on 3 sm below right costal arc. Laboratory: general bilirubin - 64,5 mkmol/l, direct - 22,7 mkmol/l, gamma - globulins - 31%, AST - 1,42, ALT - 1,96. The signs of active virus replication (HBeAg-positive reaction) are found out. Choose one of preparations for etiotropic treatment of the sick:

- A. Prednizolon
- B. *Alpha - interferon
- C. Essentiale - forte
- D. Carsil
- E. Levamizol

80. The patient I., 24 years old, sanitary engineer, appealed to polyclinic with complaints on pain in epigastrium through 1-1,5 hours after meal and at night, frequent vomit, which gives facilitation. Smokes much, regularly uses alcohol. Objectively: language is clean. At the superficial palpation of abdomen muscular defance, pain in the pyloroduodenal area are found out. Laboratory: occult blood test is positive. What diagnosis is the most credible?

- A. Chronic cholecystitis
- B. Chronic gastritis
- C. *Ulcer
- D. Chronic enteritis
- E. Syndrome of irritated intestine

81. The patient S., 23 years old, complains on dull pain, heavy and holding apart feeling in epigastrium right after meal, belch by rotten, dryness in mouth, nausea, more on empty stomach, diarrhea. Objectively: skin is pale, body weight is reduced a little. At the palpation abdomen is soft, pain is marked in epigastrium. Liver does not come forward from under the edge of a costal arc. In blood test: Hb - 110 g/l, E - $3,4 \times 10^{12}/l$, leukocytic formula - without changes. Blood sedimentation - 16 mm/h. Name necessary research, which will help to set the diagnosis:

- A. *Esophagogastroduodenoscopy
- B. Skiagraphy of organs of digestion
- C. Research of gastric juice
- D. Ph - metry
- E. Duodenal tubage

82. The sick K., 36 years old, complains on permanent dull pain in the left subcostum, after rich and smoked food, vomit, which brings facilitation. The masses of feces are brilliant, with unpleasant smell. He is ill for 8 years; abuses of alcohol, smokes much. Objectively: body weight is reduced. Skin is pale and dry. Language is with white fur. Abdomen is moderately distended, pain is marked in Shoffar`s, Gubergric - Sokulsky areas, Degarden, Mayo – Robson`s points. What diagnosis is the most credible?

- A. Chronic cholecystitis
- B. *Chronic pancreatitis
- C. Ulcer
- D. Chronic gastroduodenitis
- E. Chronic enterocolitis

83. The sick K., 34 years old, complains on aching pain in the right subcostum, which increases after rich and fried meal, bitter taste in mouth, bitter belch. He is ill for 9 years. Objectively: body overweight, skin of ordinary color. Moderate pain is marked in the right subcostum, positive Myussi – Georgievsky symptom. Liver is not increased.

At the fractional duodenal tubage: bile got in amount of 85 ml during 55 min., at the microscopy - amount of leukocytes is increased. Name the most reliable diagnosis:

- A. Cholecystolithiasis
- B. *Chronic cholecystitis with hypomotoric dyskinesia
- C. Dyskinesia of gall bladder
- D. Chronic cholecystitis with hypermotoric dyskinesia
- E. Cancer of gall bladder

84. The sick K., 49 years old, complains on violation of swallowing, especially hard meal, hiccup, nausea, eruction, considerable weight loss (15 kg for 2,5 months).

Objectively: body weight is reduced. Skin is pale, dry. There is vesicular respiration, heart tones are of sufficient volume, rhythmic. Abdomen is soft, painless. Liver is not increased. What research is it necessary for confirmation of the diagnosis?

- A. Research of gastric secretion
- B. Clinical blood test
- C. Skiagraphy of stomach
- D. Skiagraphy by Trendelenburg
- E. *Esophagogastroduodenoscopy with biopsy

85. At the patient S., 42 years old, nonspecific ulcerous colitis is diagnosed. From what preparation is it necessary to begin treatment?

- A. *Sulphasalazin
- B. Colibacterin
- C. Prednizolon
- D. Methotrexat
- E. Tetracyclin

86. The sick K., 27 years old, is suffering on ulcer of duodenum during 12 years. The nowadays worsening of state is observed during 2 weeks. Choose the pathogenic scheme of therapy:

- A. No-shpa, omeprazol, phosphalugel
- B. Atropin, vikalin, festal
- C. *Amoxicillin, omeprazol, clarithromycin
- D. De-nol, platyphillin, essentielle
- E. Trichopol, no-shpa, ampicillin

87. The 42 years old patient complains on nausea, attacks of pain in abdomen before defecation, diarrhea, frequent swelling of abdomen. In the anamnesis: systematic use of alcohol. Counts himself ill for 6 years. Objectively: body weight is reduced; pulse is 98/min., rhythmic. Language is with white fur. Abdomen is soft, sensible at the palpation of paraumbilical area. Liver and spleen are not increased. In the analysis of feces there are fatty diarrhea, creatorrhea. In the analysis of urine: diastase activity - 128. What diagnosis is the most credible?

- A. Chronic cholecystitis
- B. Chronic hepatitis
- C. Chronic enterocolitis
- D. *Chronic recurrent alcoholic pancreatitis
- E. Helminthosis

88. The man, 40 years old, suffers on autoimmune hepatitis. In blood: general bilirubin - 42 $\mu\text{mol/l}$, transaminases: ALT - 2,3, AST - 1,8. What is the most effective treatment?
- A. Antibacterial preparations
 - B. *Glucocorticoids, cytostatic preparations
 - C. Hepatoprotector preparations
 - D. Antiviral preparations
 - E. Hemosorbtion, vitaminothepia
89. At the patient, 56 years old, moderate icterus of skin and white of the eyes, increased sizes of liver and spleen are discovered. Three years ago treated oneself concerning hepatitis B. At the inspection: HBsAg, HBeAg (+), high concentration of DNK HBV. What is the preparation of the first row in therapy?
- A. Prednizolon
 - B. Carsil
 - C. *Alpha - interferon
 - D. Vitohepat
 - E. Essentiale - forte
90. The sick, 44 years old, complains on intensive pain in the upper half of abdomen with radiation to the left subcostum, appetite loss, belch. In childhood was ill on viral hepatitis B. In the anamnesis: operation concerning cholecystolithiasis 4 years ago. At the inspection: yellowness of white of the eyes, painfulness at the palpation above nawel and in Mayo – Robson`s point. Blood test: L - $9,7 \times 10^9/l$, formula is not changed, blood sedimentation - 18 mm/h. Diastase - 256. Flare of what disease takes place:
- A. Chronic colitis
 - B. Chronic hepatitis
 - C. Chronic cholangitis
 - D. *Chronic pancreatitis
 - E. Chronic gastritis
91. The sick O., 30 years old, complains on attacks of brief pain in the right subcostum, there is a connection with violation of diet, nervous overload. Painful points and areas of skin hyperesthesia are not acutely expressed. At the fractional duodenal tubage: lengthening of time of the second and third phase, reducing of selection time of vesical bile, at saving of vesical bile volume. Research was accompanied with pain in the right subcostum. What diagnosis is the most credible?
- A. Hypokinetic dyskinesia of gall bladder
 - B. Chronic cholecystitis in the exacerbation phase
 - C. *Hyperkinetic dyskinesia of gall bladder
 - D. Cholecystolithiasis
 - E. Cholangitis
92. At the man, 42 years old, who is ill on ulcer of duodenum during 20 years, permanent heavy feeling in stomach after meal, belch by rotten, weight loss, vomit with meal took the day before appeared. Objectively: general state is relatively satisfactory, turgor of skin is reduced. At the palpation abdomen is soft, no symptoms of irritation of

peritoneum, "noise of splash" in epigastrium. Defecation is 1 time per 3 days. What complication is more credible at this patient?

- A. Covered perforation of ulcer
- B. *Ulcerous pyloric stenosis
- C. Cancer tumor of stomach
- D. Penetration of ulcer
- E. Chronic pancreatitis

93. The patient, 27 years old, complains on aching pain in epigastrium right after meal, heartburn, air belch, nausea, inclination to constipations. At the endoscopy plenty of mucus, hyperemia and edema of mucous of gastric fundal department with areas of its atrophy are found out. The level of basal acid production is 8 mmol/hour, and the level of stimulated acid production - 13,5 mmol/hour. Your diagnosis:

- A. Menethrie`s disease
- B. Chronic gastritis, type B
- C. Ulcer of stomach
- D. Chronic gastritis, type C
- E. *Chronic gastritis, type A

94. The sick, 50 years old, was suffering for a year on attacks of pain in the right subcostum, which arose up mainly after rich food. During last week attacks repeated daily, pain increased. On the 3rd day of treatment in the hospital icterus of white of the eyes and skin, light feces and dark urine appeared. Blood test: neutrophil leukocytosis - $13,1 \times 10^9/l$, blood sedimentation - 28 mm/h. Your previous diagnosis:

- A. *Chronic calculous cholecystitis
- B. Chronic pancreatitis, recurrent form
- C. Fatty hepatic dystrophy
- D. Chronic cholangitis in the phase of exacerbation
- E. Hypertonic dyskinesia of gall bladder

95. At the patient, 25 years old, pain in epigastrium, which arose up in 1,5-2 hours after meal, and sometimes at night, heartburn, constipations appeared in autumn. Pain increases at adopting of salt and sour meal, diminishes after taking of soda and application of hot-water bottle. He is ill for a year. Language is clear, moist. At the percussion and palpation of abdomen - painfulness in epigastrium, there is a muscular resistance of abdominal press in the same area. About what disease is it possible to think?

- A. *Ulcer of duodenum
- B. Autoimmune gastritis
- C. Diaphragmatic hernia
- D. Cholecystolithiasis
- E. Chronic pancreatitis

96. The patient, 54 years old, complains on general weakness, absence of appetite, dull pain in the right subcostum, swelling of abdomen, weight loss. Lately periodic vomit with admixtures of blood appeared. At the examination: body weight is reduced, icterus of white of the eyes, skin is dry, "vascular stars" on face and upper extremities, hyperemia of hands, gynecomastia. Language is of raspberry colour. Abdomen is

increased, lower edge of liver is acute, dense, comes forward on 4 sm from under the edge of a costal arc. Spleen on 6-7 sm comes forward from under a costal arc. Blood sedimentation is 14 mm/h., timol test – 8. The previous diagnosis is:

- A. Fatty hepatitis
- B. Chronic hepatitis
- C. *Cirrhosis of liver
- D. Benign hyperbilirubinemia
- E. Hydatidosis of liver

97. The sick K., 60 years old, complains on absence of appetite, mainly to the meat meal, heavy feeling in epigastral area, nausea, general weakness. He is ill for last 2 months; weight loss 4-5 kg. At the examination: pallor, language is with fur, dry. Epigastral area is painful, abdominal wall is resistant. In feces: positive occult blood test. In blood: Hb - 96 g/l; L - $11 \times 10^9/l$; blood sedimentation - 48 mm/h. What method of research is the most informative?

- A. Puncture biopsy of liver
- B. Retrograde cholangiography
- C. Colonoscopy with biopsy
- D. *FEGDS with biopsy
- E. Rectoromanoscopy with biopsy

98. The patient, old 28 years, is contacting constantly with toxic chemicals during 6 years. His complaints are headache, incresed fatigue, heavy feeling in the right subcostum, worsening of appetite, icterus. Objectively: skin and white of the eyes are subicteric. Abdomen is distended, liver +5 sm, surface is even. In blood: Hb - 110 g/l, L - $8,1 \times 10^9/l$, blood sedimentation - 30 mm/h., general bilirubin - 65 mkmol/l, sugar - 6,3 mmol/l. What diagnosis is the most credible?

- A. Chronic pancreatitis
- B. Hemochromatosis
- C. *Chronic toxic hepatitis
- D. Viral hepatitis
- E. Benign hyperbilirubinemia

99. At the patient, 36 years old, ascites, splenomegaly are determined, size of liver by Curlov is $11 \times 9 \times 8$ sm, varicose expansion of gullet veins. In the anamnesis: trauma of abdomen, gastric bleeding. AST - 0,46, ALT - 0,68, general bilirubin - 21 mkmol/l, free -17,1 mkmol/l. Diagnosis:

- A. Thrombosis of hepatic vein
- B. *Thrombosis of portal vein
- C. Constrictive pericarditis
- D. Thrombosis of lower hollow vein
- E. Tumor of peritoneum (mesotelioma)

100. The patient, 69 years old, complains on pain in the lower area of abdomen, constipations (delay of defecation for 5-6 days). During last 2 days moderate pain of aching character, nausea appeared. At the palpation painfulness of hypogastrium is marked. Define the previous diagnosis:

- A. *Colostasis

- B. Nonspecific ulcerous colitis
- C. Thrombosis of mesenterial vessels
- D. Crohn`s disease
- E. Chronic colitis

101. The woman, 29 years old, complains on permanent aching pain, heavy feeling in the right subcostum, sometimes acute pain with radiation to the back, nausea, bitter taste in mouth, heartburn, which increases in the evening. These complaints appeared from 28 week of pregnancy. At the palpation: painfulness of epigastrium and right subcostum, especially in the projection of gall bladder. Earlier at the cholecystography shade of gall bladder was not found out. What is the diagnosis?

- A. Acute pancreatitis
- B. *Cholecystolithiasis
- C. Acute gastritis
- D. Dyskinesia of biliary tract
- E. Ulcer of stomach

102. The sick, 48 years old, complains on periodic intensive pain in the right subcostum with radiation to the loin, nausea after any meal, frequent loose stool, weight loss - 12 kg during 2 months, general weakness. At the examination: body weight is reduced, abdomen is soft, intensive pain in Degarden`s point. Liver goes out from under the edge of a costal arc on 1,0 sm, painless. Feces is with admixtures of neutral fat. The analysis of gastric juice - free hydrochloric acid - 30. Diastase of urine - 16. What diagnosis is the most credible?

- A. Gluten enteropathy
- B. Chronic hepatitis
- C. Chronic enterocolitis
- D. *Chronic pancreatitis
- E. Autoimmune gastritis

103. The patient, 80 years old, complains on decline of appetite, heartburn, nausea, periodic vomit after meal, moderate pain in epigastrium under the breastbone of permanent character with radiation to the back and right subcostum. He is ill for a year. At the examination: language is with white fur, papillas are smoothed out. Abdomen is soft, moderatly painful in epigastrium under the breastbone. Liver is not increased. At the FGDS there is ulcer by size 1,0x0,8 sm on small curvature, not deep, with distinct contours, with moderate infiltrational billow and necrotic thin coating on the fundus. What diagnosis is the most credible?

- A. Sarcoma of stomach
- B. Chronic erosive gastritis
- C. Cancer of stomach
- D. Acute erosion of stomach
- E. *Ulcer of stomach

104. The patient, 49 years old, complains on general weakness, during 2 months ascites developed. At the puncture 10 l of pale yellow transparent liquid was got. Painless liver is palpated with acute even edge, as comes forward from under a costal arc on 4 sm and spleen - on 2 sm below edge of costal arc. The syndrome of cytolysis is absent.

Roentgenologically stomach and duodenum are without changes. About what disease is it possible to think?

- A. Biliary hepatic cirrhosis
- B. Pick`s pseudocirrhosis
- C. Chronic toxic hepatitis
- D. *Cryptogenic micronodular hepatic cirrhosis
- E. Phlebitis of hepatic vein (Budd – Chiari disease)

105. The woman, 37 years old, appealed to doctor in connection with exacerbation of chronic hepatitis. At the inspection increase of indirect bilirubin, AST, ALT in blood test is found, decrease of protein and protrombin. What pathological process can stipulate these changes?

- A. Violation of hemostasis
- B. Cholestasis
- C. Portal hypertension
- D. Hypersplenism
- E. *Cytolysis

106. The man, 27 years old, appealed to doctor in connection with exacerbation of ulcer. At the gastroscopy a biopsy was taken for morphological research to determine pathological microflora. There will be discovered more credible:

- A. Staphylococcus
- B. *Helicobacter pylori
- C. Chlamydia
- D. Lamblia
- E. Candida

107. The woman, 60 years old, complains on unreasonable weakness, rapid fatigability, decline of appetite, nausea, aversion to meat. There was gastric bleeding twice for a last month. In the anamnesis there is chronic atrophic gastritis. Objectively: body temperature - 37,4°C. Skin is pale. At the palpation epigastrium is painful. In blood: Hb - 80 g/l, blood sedimentation - 32 mm/h. What disease is it necessary to eliminate?

- A. Ulcer of duodenum
- B. Polyposis of stomach
- C. Ulcer of stomach
- D. *Cancer of stomach
- E. Chronic pancreatitis

108. The woman, 63 years old, complains on unreasonable weakness, rapid fatigability, decline of appetite, aversion to meat. There was gastric bleeding two weeks ago. Objectively: body temperature - 37,5°C, respiration rate - 20/min., pulse - 96/min., AP - 110/75. At the palpation of epigastrium there is pain and resistance of muscles. In blood: Hb - 82 g/l, blood sedimentation - 35 mm/h. What research will confirm the diagnosis?

- A. *Cytological
- B. Roentgenological
- C. Endoscopic
- D. Research of gastric maintenance

E. Coprologic research

109. The man, 50 years old, complains on pain in epigastrium before meal, diarrhea. At the inspection very high acidity of gastric maintenance, high level of gastrin in blood, ulcer of duodenum are found out. The presence of Zollinger – Ellison syndrome is suspected. In what organ more frequent a tumor is localized, associated with this syndrome?

- A. In duodenum
- B. In stomach
- C. *In pancreas
- D. In colon
- E. In lymphatic knots

110. The woman, 75 years old, complains on unreasonable weakness, rapid fatigability, irritability, weight loss, moderate pain in abdomen, flatulence, unsteady stool. Counts herself sick for nearly 2 months. Objectively: body temperature - 37,2°C, respiration rate - 20/min., pulse - 90/min., AP - 110/70. Skin is pale. At the palpation there is painfulness in the right ileac area. In blood: Hb - 82 g/l. What disease is it necessary to eliminate?

- A. Chronic colitis
- B. *Cancer of colon
- C. Nonspecific ulcerous colitis
- D. Distal ileitis (Crohn`s disease)
- E. Polyposis of intestine

111. The man, 46 years old, complains on aching pain in epigastrium on the left, nausea, belch, diarrhea after rich food, flatulence, grumbling, abdominal murmur, weight loss. He is ill for nearly 25 years, when during studies in the institute (unregular nutrition) began to mark pain in epigastrium, air belch, later after violation of diet diarrhea, stinking fat feces appeared. What is the previous diagnosis?

- A. Chronic enteritis
- B. Chronic gastritis
- C. Chronic cholecystitis
- D. *Chronic pancreatitis
- E. Ulcer

112. The woman, 59 years old, during 8 years is on dispensary registration concerning chronic gastritis. Objectively: body temperature - 36,5°C, respiration rate - 20/min., pulse - 80/min., AP - 120/75. What complaint of the sick can confirm the clinical diagnosis?

- A. Vomit, which brings facilitation
- B. "Hungry" pain in epigastrium
- C. Intensive pain in epigastrium after meal
- D. Heartburn, sour regurgitation
- E. *Heavy feeling in epigastrium after meal

113. The man, 35 years old, engineer, complains on intensive "hungry" and nightly pain in epigastrium, heartburn, sour regurgitation, inclination to constipations.

Objectively: body temperature - 36,4°C, respiration rate - 16/min., pulse - 72/min., AP - 120/75. At the FGDS: ulcer of duodenum bulb. What symptom will allow to judge about early efficiency of the appointed etiopathogenic therapy?

- A. *Disappearance of pain
- B. Diminishing of pain
- C. Disappearance of heartburn
- D. Normalization of stool
- E. Disappearance of food regurgitation

114. The woman, 80 years old, complains on dull pain in epigastrium after meal. In the anamnesis: ulcer of stomach (cardiac department) during 2 years. Objectively: body temperature - 36,5°C, respiration rate - 18/min., pulse - 76/min. AP - 125/85. At the palpation there is local painfulness in epigastrium. What are the indexes of gastric secretion at this disease?

- A. Basal and stimulated - expressed hypo- or anacidity
- B. Basal and stimulated - moderate hyper- or normacidity
- C. Basal and stimulated - too expressed hyperacidity
- D. Basal - expressed hyperacidity, stimulated - moderate hyperacidity
- E. *Basal and stimulated - moderate hypo- or normacidity

115. The man, 42 years old, engineer, complains on dull pain in epigastrium in 1,5-2 hours after meal nausea, sour regurgitation, inclination to constipations. He is ill for nearly 10 years; exacerbation - annually. Objectively: body temperature - 36,5°C, respiration rate - 18/min pulse - 72/min., AP - 120/75. There are tension of muscles and pain on the right side from navel. What roentgenological symptom is the most characteristic for this disease?

- A. Convergence of mucous folds of stomach
- B. Defect of filling
- C. *Symptom of "niche"
- D. Thickening and rigidity of mucous folds of stomach
- E. Pylorospasm

116. The man, 45 years old, complains on intensive pain in epigastrium in 1,5-2 hours after meal. During 11 years he is suffering on ulcer. Objectively: body temperature - 36,5°C, respiration rate - 16/min., pulse - 70/min., AP - 120/80. At the palpation - local painfulness in the epigastral area. What indexes of gastric pH-metry in the area of stomach body are the most characteristic for the disease?

- A. pH - 5,0-6,0
- B. pH - 3,0-4,0
- C. pH - 4,0-5,0
- D.*pH - 1,0-2,0
- E. pH - 6,0-7,0

117. The man, 34 years old, complains on great sudden pain in abdomen. During 8 years he is suffering on ulcer. Objectively: body temperature - 36,9°C, respiration rate - 22/min., pulse - 110/min., AP - 100/60. Abdomen is distended. Positive Schyotcin – Blumberg`s symptom. What complication of the main disease developed?

- A. *Perforation

- B. Bleeding
- C. Penetration
- D. Malignancy
- E. Perivisceritis

118. The man, 20 years old, complains on burning pressing pain in epigastrium, heartburn, sour belch. Objectively: general state is satisfactory. At the palpation there is painfulness in the epigastral area. At the FGDS with morphological research pathology of mucous was not discovered. What preparation must be appointed and will be the most effective?

- A. De-nol
- B. Almagel
- C. *Omeprazol
- D. Gastrozepin
- E. Metoclopramid

119. The woman, 20 years old, complains on attacks of pain in the lower part of abdomen, which increases after meal; swelling of abdomen, alternation of diarrhea and constipations during 3 years. State is worsened after nervous, emotional overload. Objectively: at the palpation of sigmoid bowel there are painfulness and abdominal murmur. What method of research will allow to set the diagnosis?

- A. US research of abdominal cavity
- B. Coprogram
- C. Rectoromanoscopy
- D. Irrigoscopy
- E. *Colonoscopy

120. The sick, 39 years old, complains on icterus, itch of skin, nausea, pain in the right subcostum, especially after rich, fried food, increase of body temperature in the evening, general weakness, hemorrhage of gums. He is ill for nearly two years. Skin and white of the eyes are icteric, on the skin there are scratch tracks, xanthelasmas on eyelids. Liver is increased to 4 sm. In the analyses there are hyperbilirubinemia due to linked bilirubin, hypercholesterinemia, increase of activity of alkaline phosphatase. What is the most reliable diagnosis?

- A. Cancer of pancreas head
- B. Chronic cholecystitis
- C. Hemolytic anemia
- D. Cholecystolithiasis
- E. *Chronic cholestatic hepatitis

121. The patient, 54 years old, complains on intensive pain in the upper part of abdomen with radiation to the left, appetite loss, nausea, belch, constipations. Attacks happen to 2-3 times per a year. Cholecystectomy was three years ago. In a half-year after operation there was attack of great pain again. Moderate icterus appeared, increased level of diastase of urine. Repeated laparotomy didn't discover any stones. Objectively: subicteric white of the eyes. There is painfulness in Degarden's, Gubergic, Mayo – Robson's points. In blood test: without pathological changes. Exacerbation of what disease does take place?

- A. Chronic gastritis
- B. Chronic cholangitis
- C. Chronic hepatitis
- D. *Chronic pancreatitis
- E. Ulcer

122. At the 22 years old student pain in epigastrium, easy nausea appeared. In the anamnesis - grandfather died from cancer of stomach. Objectively: general state is satisfactory. There is painfulness in epigastrium. At the palpation of intestine painfulness is also marked. What is the most effective method of confirmation of the diagnosis?

- A. Occult blood test
- B. US research of abdominal cavity
- C. X-ray research of stomach
- D. Analysis of feces on the eggs of intestinal worms
- E. *FGDS with biopsy

123. At the 20 years old office worker fasting pain in epigastral area, which was accompanied with heartburn, appeared. Adopting of meal takes off pain, but in 1,5 hours it repeated. Often takes soda, which facilitates the state on the short period of time. What method is the most informative for diagnostics?

- A. Fractional research of gastric maintenance
- B. Roentgenoscopy of gastroenteric tract
- C. *Fiber gastroduodenoscopy
- D. pH-metry
- E. Occult blood test

124. The 49 years old man, invalid of the I group, treats oneself concerning the hepatic cirrhosis during a few years. During last months abdomen increased, weakness grew. During two weeks daily took furosemid. What changes of electrolytes in blood do you expect at the research?

- A. *Hypokaliemia
- B. Hypocalciemia
- C. Hypernatriemia
- D. Hypercalciemia
- E. Hyperkaliemia

125. The 34 years old man complains on pain in the right ileac area, frequent diarrhea with admixtures of blood, pain in joints, subfebrile temperature. He is ill during a few months. At the palpation abdomen is soft, sensitive in the right ileac area. Irrigoscopy: there are contrasting spots on relief of mucous, ileocaecal transition is narrowed. What diagnosis is the most credible?

- A. Nonspecific ulcerous colitis
- B. *Crohn`s disease
- C. Tubercular ileotyphlitis
- D. Gluten enteropathy
- E. Pseudomembranous enterocolitis

126. The man, 46 years old, complains on vomit with bright red blood. In the anamnesis: micronodular hepatic cirrhosis of viral etiology for 5 years. During last half-year increasing of abdomen is marked due to ascites. What preparation is it necessary to begin with?

- A. *Intravenous vasopressin - 20 units
- B. Cordiamin - 2 ml intramuscular
- C. Mesaton 1% - 2 ml intramuscular
- D. Prednizolon - 20 mg intravenous
- E. Swallowing of ice pieces

127. The woman, 42 years old, is suffering on micronodular cryptogenic hepatic cirrhosis. During last week state was worsened - cramps, dizzinesses appeared, icterus increased. What research can explain the reason of worsening?

- A. Determination of ALT and AST
- B. Determination of cholesterol
- C. Determination of maintenance of alpha-fetoprotein
- D. *Determination of ammonia of serum
- E. Determination of level of alkaline phosphatase

128. At the pregnant of 32 years old during planned ultrasonic research 5 concrements in gall bladder with sizes from 8 to 10 mm are found. To this moment the patient counts herself healthy. Choose the most expedient tactic:

- A. To appoint the unsaturated biliary acids
- B. Planned laparoscopic cholecystectomy
- C. Planned ordinary cholecystectomy
- D. Ultrasonic lithotripsy
- E. *Supervision after the sick with recommendations in relation to the mode of life and nutrition

129. At the patient, 45 years old, who is suffering on chronic gastritis, during the inspection (intra-gastric pH-metry) pH in the area of body and bottom is 6,0, and in the area of antrum - 7,0. What type of chronic gastritis is?

- A. Hp-associated antrum-gastritis
- B. *Autoimmune pangastritis
- C. Cryptogenic erosive antrum-gastritis
- D. Reflux antrum-gastritis
- E. Gastritis at Crohn`s disease

130. The man, 24 years old, complains on loose stool to 20 times per day with presence of blood and mucus, tenesmus, general weakness, weight loss, pain in knee-joints. He is ill for 2 years, periodic exacerbations are marked. Objectively: t - 38,4°C, respiration rate - 20/min., heart rate - 82/min. Dryness of skin, aphthous stomatitis. Liver +2 sm. Segments of thick intestine are spasmic and painful. The most informative method of diagnostics:

- A. Coprogram
- B. Bacterial seeding of feces
- C. *Colonoscopy
- D. Rectoromanoscopy

E. Irrigoscopy

131. The patient, 52 years old, is hospitalized with holding apart pain in the left subcostum, which radiate to the back., nausea, decline of appetite, weight loss, vomit, which does not bring facilitation, diarrhea. He is ill for more than 5 years. Exacerbations are linked with violation of diet. Objectively: t - 37,0°C, respiration rate - 94/min., AP - 125/75. Skin is pale, painfulness in the epigastric area, right and left subcostum. In blood: L - $10,4 \times 10^9/l$, blood sedimentation - 22 mm/h. What disease is the most credible?

- A. *Chronic pancreatitis
- B. Chronic gastritis
- C. Chronic cholecystitis
- D. Chronic enterocolitis
- E. Ulcer

132. The woman, 24 years old, marks heavy feeling in the right subcostum, nausea, subfebrile temperature. Objectively: pulse - 84/min., AP - 110/70. Liver +2 sm, sensitive at the palpation, edge is rounded. In blood: L - $9,6 \times 10^9/l$, blood sedimentation - 16 mm/h., general bilirubin - 10,2 mkmol/l, ALT - 0,35, AST - 0,25. The most informative method of diagnostics in this case is:

- A. Scintigraphy of liver
- B. *Cholecystography
- C. Angiography of liver
- D. Duodenal tubage
- E. Retrograd cholecystography

133. The man, 28 years old, sanitary engineer, at entering clinic marks pain in epigastral area. During 10 years he is ill on ulcer of duodenum. Lately character of pain changed. Pain became permanent, radiated to the back. General weakness, rapid fatigability appeared. There is weight loss. Objectively: heart rate - 68/min., AP - 120/80. Worsening of state of the sick is linked with:

- A. Bleeding
- B. *Penetration
- C. Perforation of duodenum wall
- D. Exacerbation of ulcer
- E. Development of stenosis

134. The patient I., 50 years old, entered hospital in extremely hard condition. At the examination: consciousness is absent, skin and white of the eyes are icteric. Liver is increased, splenomegaly. Ascites is determined, acidic breathing, tachycardia, AP - 90/40. There are subdermal hematomas, erythema of hands. Metabolic hyperacidity: pH - 7,1, AST - 1,8, ALT - 2,1. General bilirubin of blood - 334,2 mkmol/l, sodium of blood serum - 122 mmol/l, potassium of blood serum - 5,9 mmol/l. Worsening of state of the sick is linked with:

- A. Thrombosis of mesenterial vessels
- B. Poisoning with alcohol substitutes
- C. Heart failure, III stage
- D. Violation of cerebral blood circulation

E. *Hepatic coma

135. The patient, 32 years old, during 5 years is ill on chronic gastroduodenitis. In the anamnesis: smoking, unregular nutrition, holds a leading position. Nightly and fasting pain appeared during the last month. Objectively: local painfulness, resistance and Mendel's positive symptom in the pyloroduodenal area. At the fiber gastroduodenoscopy ulcer on the front wall of duodenum is found out. What factor conducts the origin of this pathology?

- A. *Helicobacter pylori
- B. Violation of motor function
- C. Smoking
- D. Violation of nutrition
- E. Stress factor

136. At the sick, 41 years old, who is suffering on nonspecific ulcerous colitis during 5 years, at the rectoromanoscopy expressed inflammatory process of lower departments of intestine is found, pseudopolyposal changes of mucous. In blood test: L - $9,8 \times 10^9/l$, E - $3,0 \times 10^{12}/l$, blood sedimentation - 52 mm/h. What preparations are pathogenic at this illness?

- A. Vikasol
- B. Motilium
- C. *Sulfasalazin
- D. Lineks
- E. Creon

137. The patient, 44 years old, abuses of alcohol for a long time. Objectively: thenar and hypothenar are of rose color, vascular stars on the front surface of thorax, veins of anterior abdominal wall are extended. Abdomen is distended, free liquid is in abdominal cavity. Liver: + 4 sm, smooth, unpainful. The edge of spleen is palpated. In blood: L - $8,7 \times 10^9/l$. What complication did develop at the patient?

- A. Thrombosis of mesenterial vessels
- B. Subacute hepatic dystrophy
- C. Coagulopathia
- D. *Portal hypertension
- E. Hypersplenism

138. At the patient on the background of hepatic cirrhosis after use of alcohol such symptoms appeared: headache, vomit, aversion to meal, insomnia, icterus, "hepatic" smell from mouth, swelling of abdomen. About what complication of hepatic cirrhosis is it possible to think?

- A. Bleeding from varicose veins of gullet
- B. *Hepatic-cellular failure
- C. Portal hypertension
- D. Acute ulcer of stomach
- E. Cholestasis

139. At the sick, who is ill on hepatic cirrhosis for a long time, lately appeared complaints on moderate pain in epigastral area, permanent distention of abdomen,

which increases after meal. Objectively: subdermal veins of abdomen are extended, signs of free liquid in abdominal cavity, liver and spleen are increased. At the US research: expansion of portal vein, increased liver and spleen. About what complication of hepatic cirrhosis is it possible to think?

- A. Thrombosis of portal vein
- B. Hepatic-cellular failure
- C. *Portal hypertension
- D. Peritonitis
- E. Dysbacteriosis of intestine

140. At the sick, 51 years old, lately complaints on heavy feeling in epigastrium after meal, belch with rotten smell, vomit with the long ago eaten meal appeared. In the anamnesis: ulcer of pyloric department of stomach with frequent flares. Objectively: body weight is reduced, the low bound of stomach is on 4-5 sm below navel, noise of splash on an empty stomach. What complication of ulcer did develop at the patient?

- A. Penetration
- B. Perforation of ulcer
- C. Perivisceritis
- D. *Pylorostenosis
- E. Malignancy of ulcer

141. The sick K., 44 years old, complains on periodical pain in epigastrium, which radiates to the right shoulder and icterus with increase of body temperature, metallic taste in mouth. These complaints arise up after overeating. Objectively: body overweight, white of the eyes are icteric, local painfulness in the right subcostum, Ker`'s, Ortner`'s positive symptoms. Maintenance of direct bilirubin is increased in blood. What disease is it possible to think about?

- A. Chronic pancreatitis
- B. Dyskinesia of gall bladder
- C. *Cholelithiasis
- D. Ulcer of stomach
- E. Diaphragmatic hernia

142. The sick, 45 years old, carried the resection of stomach 12 months ago because of heavy course of ulcer of duodenum. After it, periodically, in 15-20 minutes after meal (especially sweet and liquid) attacks of palpitation, reddening of face, general weakness, perspiration appeared. What complication arose up at the patient?

- A. Syndrome of small stomach
- B. *Postresectional dumping-syndrome
- C. Syndrome of leading anastomosis loop
- D. Peptic ulcer of anastomosis
- E. Syndrome of taking away anastomosis loop

143. At the sick, 48 years old, there are complaints on intensive itch of skin, especially in the evening, weakness, appetite loss. He is ill for 3 years. Objectively: skin is icteric with tracks of scratches, xanthelasma on eyelids. AP - 130/80. Liver +5 sm, dense. Spleen +3 sm. In blood: Hb - 100 g/l, bilirubinemia - 162 mkmol/l (due to conjugated

bilirubin), cholesterinemia - 9,2 mmol/l, increased level of alkaline phosphatase. Sugar of blood - 5,2 mmol/l. What is the most incredible disease at the patient?

- A. Hemolytic anemia
- B. Addison`s disease
- C. Prurigo
- D. Hemochromatosis
- E. *Primary biliary hepatic cirrhosis

144. The sick in the evening felt great pain in the right subcostum with radiation to the shoulder-blade, vomit twice. There was periodic (2-3 times per a year) pain in the right subcostum during 20 years. In the anamnesis: viral hepatitis. Objectively: body temperature - 37,8°C, white of the eyes are subeicteric, liver does not come forward from under a costal arc, Merfy, Georgievsky - Mussie, Ker`s positive symptoms. What diagnosis is the most credible?

- A. *Exacerbation of chronic cholecystitis
- B. Chronic viral hepatitis B
- C. Dyskinesia of biliary tract
- D. Acute cholecystitis
- E. Acute pancreatitis

145. The patient, 59 years old, complains on aching pain in the lower departments of abdomen in the second half of day, which diminishes after defecation and moving away of gases, alternation of diarrhea and constipations with admixture of mucus, swelling of abdomen. There are painfulness, change of spasmic and atonic, with abdominal murmur, departments of colon. At the colonoscopy: atrophic changes of intestine mucous. Development of what pathology does take place?

- A. *Chronic colitis
- B. Crohn`s disease
- C. Nonspecific ulcerous colitis
- D. Syndrome of irritated intestine
- E. Chronic enteritis

146. The patient, 42 years old, complains on recurrent pain in the left subcostum, which appears after spicy food. Pain radiates to the back. The weight loss is marked to 3-5 kg in a period of exacerbation. Stool is changeable: constipation changes thin gruel liked feces with admixtures of fat to 3-5 times per day. In the anamnesis: cholecystectomy concerning cholelithiasis 2 years ago. Abdomen is painful in the epigastrium and left subcostum. The segments of colon at the palpation are sensible. Diastase of urine in the day of hospitalization - 387. Pathogenic treatment of the patient must include:

- A. Spasmolytic preparations
- B. Antibiotics
- C. *Antienzymic preparations
- D. Prokinetic preparations
- E. Cholagogic preparations

147. At the sick, 42 years old, periodically, after emotional overload, there are attacks of pain in the lower part of abdomen, which accompanied with frequent loose stool with plenty of mucus, general weakness. Spasmic, painful parts of thick intestine are

palpated. At the colonoscopy pathology is not found out. About what disease is it possible to think?

- A. Chronic enteritis
- B. Chronic colitis
- C. Crohn`s disease
- D. *Syndrome of irritated intestine
- E. Nonspecific ulcerous colitis

148. The patient, 46 years old, marked pain behind the breastbone during last 2 years, which increased during meal, sense of difficulty at passing of hard meal through gullet, periodic erucnions of undigested meal, weight loss. At the roentgenoscopy S-similar curvature and expansion of gullet, smooth mucous, without signs of peristalsis, acute narrowing of gullet in the area of cardia are found out. What diagnosis is the most credible?

- A. Hiatal hernia
- B. Esophagospasm
- C. *Cancer of gullet
- D. Diverticulosis of gullet
- E. Skleroderma

149. The patient, 35 years old, who abuses of alcohol and has violations of nutrition, complains on pain in epigastral area, which arises up in 1-1,5 hours after meal. At the fiber gastroduodenoscopy expressed hyperemia and shallow defects in the antral department of stomach are determined, vulneration of mucus is increased. What is the most credible reason of found out pathology?

- A. Presence of antibodies to the parietal cells
- B. *Helicobacter pylori
- C. Alimentary factor
- D. Toxic action of alcohol
- E. Nervous overload

150. The patient, 62 years old, for 32 years was suffering on periodic episodes of pain in the left subcostum with radiation to the back, in this connection forced to adhere to the strict diet with limited fat, smoked, fried food. During last 1,5 year swelling of abdomen, diarrhea to 2-3 times per day joined. Stool is loose, stinking, with a brilliant surface, with tailings of undigested meal. The change of symptoms at the patient is linked with:

- A. *Exocrine failure of pancreas
- B. Endocrine failure of pancreas
- C. Cholestatic syndrome
- D. Syndrome of irritated intestine
- E. Insufficiency of gastric secretion

151. The sick, 47 years old, complains on pain in the right subcostum, increase of body temperature to 39,5°C with chill, vomit, yellowness of skin, bitter taste in mouth, absence of appetite. In the anamnesis: cholecystectomy was 4 months ago. Objectively: acute painfulness in the right subcostum, size of liver on a front armpit line is 14 sm. In

blood: L - $13,2 \times 10^9/l$, r/n - 9%, toxic granularity of neutrophils, blood sedimentation - 22 mm/h. What antibiotic will you appoint?

- A. Oxacyllin
- B. *Ampicillin
- C. Streptomycin
- D. Penicillin
- E. Neomycin

152. The sick, 40 years old, complains on increase of body temperature, frequent loose stool with admixtures of blood, dull pain in abdomen. Weight loss - 6 kg during last month. Objectively: pallor of skin. At the palpation painful infiltrate in the area of blind gut is determined. At the colonoscopy: uneven narrowing of bowel, hyperemia, mucus, erosions. For reliable confirmation of the diagnosis you will appoint:

- A. Ultrasonic research of abdominal cavity
- B. Irrigoscopy
- C. Computed tomography of abdominal cavity
- D. *Biopsy of blind gut
- E. Seeding of feces on dysgroup

153. In gastroenterological unit there is the sick, 35 years old, with complaints on frequent loose stool with admixtures of blood, mucus and pus. At the rectoromanoscopy a lot of ulcers are determined with the thin coating of fibrin, which bleeds at a contact. At the irrigoscopy smoothness of gastras is discovered. What preparation for pathogenic therapy will you use?

- A. Bifidumbacterin
- B. Ursodesoxicholic acid
- C. Delagil
- D. Amoxicillin
- E. *Sulfasalazin

154. At the patient, 54 years old, suddenly great pain in epigastrium appears. Objectively: forced knee - elbow position. At the palpation there is pain of abdomen on all surface, tension of muscles of abdominal wall. Hepatic dullness is absent. What method of diagnostics must be used?

- A. Irrigoscopy
- B. Pneumoperitoneography
- C. Fiber gastroduodenoscopy
- D. *Survey skiagraphy of abdominal cavity
- E. Contrasting skiagraphy of stomach and duodenum

155. The patient, 30 years old, is hospitalized in gastroenterological unit with complaints on frequent loose stool with blood and mucus, increase of body temperature to $37,7^{\circ}\text{C}$, attacks of pain in abdomen. At the examination: pallor, painfulness is marked for the step of colon. At the rectoromanoscopy: edematous, easy injured intestine wall, erosions and ulcers, much blood and mucus. Your previous diagnosis:

- A. Crohn`s disease
- B. *Polyposis of colon
- C. Chronic enteritis

- D. Dysentery
- E. Nonspecific ulcerous colitis

156. The patient D., 47 years old, complains on the poured out dull pain in abdomen, which increases before defecation and calms down after it; stool - to 10 times per day, which contains blood; increase of body temperature, general weakness. He is ill during 2 months. Objectively: skin is pale, dry. At the palpation colon is painful. A blind gut is palpated as a cord. What research is the most informative for confirmation of the diagnosis?

- A. Rectoromanoscopy
- B. Colonoscopy
- C. Irrigoscopy
- D.*Fiber gastroscopy
- E. Survey roentgenoscopy of abdominal cavity

157. The patient, 37 years old, complains on weakness, palpitation, sleepiness. There was gastroenteric bleeding two weeks ago. In the anamnesis: ulcer of stomach. In blood test: E - $2,7 \times 10^{12}/l$, Hb - 54 g/l, CI - 0,6, reticul - 9%, L - $6,2 \times 10^9/l$, leukocytic formula is normal; Tr - $280 \times 10^9/l$, blood sedimentation - 26 mm/h. What preparation must be recommended for treatment?

- A. Tardyferon
- B. Prednizolon
- C. Ferroplex
- D. *Ferrum-lek intravenous
- E. Vitamin B₁₂

158. At the patient in 4 hours after rich food and alcohol intensive pain in the upper part of abdomen with radiation to the area of loin and left shoulder-blade, nausea, repeated vomit appeared. At the palpation of abdomen there is painfulness in the area of Gubergric - Soculsky. Determination of what blood index is it necessary to conduct?

- A. *Amylase
- B. Bilirubin
- C. Transaminases
- D. Kreatinphosphokinase
- E. Creatinin

159. The woman, 28 years old, complains on weakness, permanent icterus of skin and white of the eyes. Lately attacks of pain in the right subcostum and epigastrium joined. Objectively: hepato- and splenomegaly. In blood: normochromic hyperregenerative anemia (reticul - 52%), microspherocytosis of erythrocytes. Bilirubin: general - 82 mkmol/l, direct - 26, indirect - 56 mkmol/l. About what complication is it possible to think?

- A. Thrombosis of portal vein
- B. Joining of viral hepatitis
- C. *Formation of stone in gall bladder
- D. Acute hemolysis of erythrocytes
- E. Exacerbation of pseudotumorous pancreatitis

160. At the patient, 33 years old, there are vomit by "coffee-grounds" and melena. "Gastric" anamnesis is absent, the patient marks shallow hemorrhages on skin. At the urgent EFGDS on the posterior wall of stomach on the background of unchanged mucous hemorrhagic rash, which easily bleeds at a contact, is determined. Pylorus and duodenum are without changes. Bleeding was stopped endoscopically. Hb - 84 g/l, L - $26 \times 10^9/l$, T - $300 \times 10^9/l$. The most credible reason of bleeding:

- A. Mallory – Weiss syndrome
- B. *Shonlein – Genoch disease
- C. Portal hypertension
- D. Cancer of stomach
- E. Rendu – Osler syndrome

161. The patient, 35 years old, entered therapeutic unit with complaints on pain in epigastral area after meal, vomit. At the roentgenologic research of stomach there is liquid on an empty stomach, the amount of which in the process of inspection is increased; in the middle third of stomach body on small curvature there is a "niche" by sizes 0,5x0,7 sm, surrounded by inflammatory billow, painful at palpation. Folds of mucous are thickened. A peristalsis on large curvature is increased, emptying of stomach is slow. Your diagnosis?

- A. Diverticulum of stomach
- B. Chronic erosive gastritis
- C. Cancer of stomach body
- D.*Ulcer of stomach
- E. Compensated pyloric stenosis

162. The man, 56 years old, is suffering on ulcer of duodenum with frequent recurrences for three years. On therapy with H₂-histamine blocators reacted positively. Entered the hospital with ulcer, which is bleeding. During 4 weeks of therapy by ranitidin ulcer is cicatrized. What is subsequent medical tactic?

- A. Surgical treatment
- B. Irregular course of H₂-histamine blocators
- C. Therapy with sucralphate
- D. Course therapy with omeprazol
- E. *Supporting therapy of H₂-histamine blocators

163. At the woman, 50 years old, there are protracted pain and sense of holding apart in the right subcostum. At the inspection: no icterus, Ker's positive symptom, subfebrile body temperature, blood sedimentation - 30 mm/h. What is the diagnosis?

- A. *Chronic cholecystitis in the phase of exacerbation
- B. Chronic pancreatitis in the phase of recurrence
- C. Ulcer of stomach in the phase of exacerbation
- D. Chronic hepatitis
- E. Other disease

164. The 30 years old patient during last 3 months had pain in the right ileac area, diarrhea, pain in knee joints, fever, weight loss, there is knobby erythema on the skin of lower extremities. What disease is it possible to suspect?

- A. Chronic dysentery

- B. Cancer of colon
- C. Chronic enteritis
- D. Sarcoidosis
- E. *Crohn`s disease

165. At the patient with ulcer of stomach complaints on belch by "rotten egg", vomit by meal, which was took the day before appeared. What complication did arise up probably?

- A. Perforation
- B. Penetration
- C. *Pyloric stenosis
- D. Bleeding
- E. Malignancy of ulcer

166. The sick, 53 years old, complains on pain in the right subcostum, bitter taste in mouth. He is ill for 5 years. Objectively: body temperature - 37°C, abdomen is soft, at the palpation - painfulness in the right subcostum, positive Ortner`s symptom, liver does not come forward from a costal arc. In blood test: L - $9,2 \times 10^9/l$, r/n - 6%, s/n - 58%, l - 26%, m - 8%, e - 2%, blood sedimentation - 18 mm/h. The analysis of urine on biliary pigments is negative. Specify the most credible diagnosis:

- A. Cholecystitis
- B. Hepatitis
- C. Pacreatitis
- D. *Flare of chronic cholecystitis
- E. Hydropsy of gall bladder

167. At the patient, who is suffering on nonspecific ulcerous colitis, there are changes in hepatic complex: general bilirubin - 28,4 mkmol/l, ALT - 1,16, AST- 0,86. What medical preparations is it necessary to appoint?

- A. *Hepatoprotector
- B. Antiacid
- C. Cholagogue
- D. Prokinetic
- E. Enzymic

168. The sick, 45 years old, complains on periodic aching pain in paraumbilical area and lower departments of abdomen, which increases in 1,5-2 hours after meal and diminishes after defecation and moving away of gases, change of diarrhea and constipations. At the palpation of abdomen painfulness appears, abdominal murmur, spasmic sigmoid bowel. At the colonoscopy atrophic changes of mucous of different localization are found out. Specify the most credible diagnosis:

- A. Nonspecific ulcerous colitis
- B. Crohn`s disease
- C. *Chronic enterocolitis
- D. Syndrome of irritated intestine
- E. Chronic pancreatitis

169. The patient, 42 years old, complains on gradually increasing difficulty at swallowing of meal, pain in the lower part of the breastbone, sometimes at night belch by meal, ate before. Weight loss - 2 kg during 4 months. At the examination pathology is not discovered. At the roentgenoscopy: absent of esophageal peristalsis, considerable expansion of gullet to the cardial department, where gullet is narrowed as a bill. Blood test is without peculiarities. Your previous diagnosis?

- A. Diverticulum of gullet
- B. Cancer of gullet
- C. Diaphragmatic hernia
- D. Scleroderma with esophagitis
- E. *Achalasia of gullet

170. The patient, 32 years old, complains on fasting and nightly pain, which diminishes after meal, soda. Positive urease test. The course of treatment by clarithromycin, metronidazol and omeprazol was appointed. At the control research in a month urease test is negative. What therapy is recommended for subsequent medical rehabilitation?

- A. Normalizers of dysmotoric stomach function
- B. Appointment of unsucted antacid preparations
- C. Courses of treatment with stimulators – reparants of mucous
- D. Cholinolytic preparations in large doses
- E. *Application of blocators - receptors

171. The patient, 48 years old, complains on weakness, dizziness, heavy feeling and dull pain in epigastral area, which appear after meal, abdominal murmur, loose stool. Analysis of blood: E - $2,6 \times 10^{12}/l$, Hb - 96 g/l, CI - 1,1; L - $3,6 \times 10^9/l$, e - 0%, r/n - 1%, s - 65%, l - 32%, m - 2%, blood sedimentation - 22 mm/h. What is the leading link in pathogenesis of this disease?

- A. Decline of gamma - globulins
- B. Antibodies to Helicobacter pylori
- C. Increase of T-lymphocytes-suppressors
- D. *Antibodies to gastromucoprotein
- E. Increase of B- lymphocytes

172. The patient, 48 years old, complains on attacks of pain in the right subcostum after physical overload. Periodically marks lighting of feces, darkening of urine. Objectively: skin and mucouses are icteric. Bilirubin: general - 36,8 mkmol/l, direct - 26,4 mkmol/l, indirect - 10,4 mkmol/l. At the US research of gall bladder: thickness of wall is 4 mm, thick bile, echopositive shades - to 4 mm. With litolytic purpose you will appoint:

- A. Cytostatic preparations
- B. Choloretic
- C. Cholekinetic
- D. Spasmolytic
- E. *Ursofalc

173. The patient, 42 years old, is disturbed by pain in epigastrium in 1,5-2 hours after meal and in the morning on an empty stomach, belch sour, constipations. At the palpation of abdomen there is painfulness in pyloroduodenal area. At the FGDS on the

background of hyperemia and edema of mucous of stomach antral department shallow hemorrhages and erosions are determined. Urease test (+++). With the purpose of etiotropic therapy you will appoint:

- A. Platyphyllin
- B. Gastric juice
- C. *De-nol
- D. Maaloks
- E. Streptomycin

174. At the sick, 50 years old, primary biliary hepatic cirrhosis is diagnosed. General bilirubin - 160 mkmol/l, direct - 110 mkmol/l, AST - 2,1, ALT - 1,8, alkaline phosphatase - 4,6, cholesterol - 9,2 mmol/l, antimitochondrial antibodies M2 in a high title. At the US research expansion of portal and lienal veins is discovered. As a base it is expedient to appoint at this disease:

- A. *Ursodesoxicholic acid
- B. Lipoic acid
- C. Rifampicin
- D. Essentiale-H
- E. Carsil

175. The patient, 54 years old, suffers on osteoarthrose, in this connection he is often forced to accept unsteroid antiinflammatory preparations. During last few weeks intensive pain appeared in epigastral area, heartburn, nausea. At the FGDS hyperemia and edema of stomach mucous, plural erosions are discovered. Urease test is negative. What preparations rarer than other cause the described pathology?

- A. Butadion
- B. *Meloxicam
- C. Aspirin
- D. Indomethacin
- E. Prednizolon

176. At the teenager, 14 years old, there are complaints on diarrhea, weakness, weight loss. The state worsened after taking of plenty of flour products. Such phenomena are observed from babyhood. Objectively: general state is satisfactory, body weight is reduced, physical development delay. The reason of the disease is:

- A. *Gluten enteropathy
- B. Invasion with intestinal worms
- C. Chronic pancreatitis, syndrome of maldigestion
- D. Dysbacteriosis of intestine
- E. Deficit of lactase

177. The sick, 63 years old, complains on weakness, dark colouring of feces, pain behind the breastbone at passing of 300 meters, which lasts 10-15 min. In the anamnesis: infarcted myocardium 2 years ago. Takes aspirin, anaprilin. Pulse -66/min. AP - 140/90. At the FGDS: plural superficial erosions of stomach body. The most credible reasons of damage of stomach:

- A. Helicobacter pylori
- B. Abdominal ischemia on the background of ischemic heart disease

- C. Taking of anaprilin
- D. *Oppressing of prostaglandin synthesis
- E. Regurgitation of duodenum maintenance to stomach

178. The sick, 24 years old, complains on pain in the right subcostum, which increases after meal, nausea, increase of body temperature to 37,7°C, yellowness of skin, pain in large joints. He is ill for 8 months. Hepatosplenomegaly. Blood sedimentation - 47 mm/h., bilirubin: general - 86,1 mkmol/l, direct - 42,3 mkmol/l. In blood antibodies to the smoothmuscular cells are found out. General protein - 62 g/l, alb. - 40%, glob. - 60%, gamma-glob. - 38%. The markers of viral hepatitis are not found out. At the US research: diameter of portal vein is 1 sm. Your diagnosis?

- A. Hemochromatosis
- B. Primary biliary hepatic cirrhosis
- C. Gilber`s syndrome
- D. Cholangiogenic hepatitis
- E. *Autoimmune hepatitis

179. The patient, 28 years old, complains on newly arose up a month ago aching pain in epigastrium on an empty stomach and in 2-3 hours after meal, which is taken off by antiacid, heartburn. Objectively: painfulness in the pyloroduodenal area. At the FGDS there are signs of antral gastritis, bulbitis, ulcer of front wall of duodenum bulb 0,5 sm in diameter, urease test - moderately positive (++) . Antihelicobacter therapy is conducted at the patient. When is it necessary to do control urease test for the estimation of efficiency of conducted therapy?

- A. At once after complete antihelicobacter therapy
- B. *In 4 weeks after complete antihelicobacter therapy
- C. In half a year after scarring of ulcer
- D. Right after scarring of ulcer
- E. If symptoms repeat

180. The sick, 68 years old, during last half a year complains on pain for the step of intestine, flatulence, periodic admixtures of blood in feces, decline of appetite, moderate weakness, small weight loss. At the irrigoscopy filling defect and narrowing of distal colon department are determined. These changes are characteristic for:

- A. Nonspecific ulcerous colitis
- B. Diverticulum of colon
- C. *Cancer of colon
- D. Granulomatosal colitis
- E. Segmentar spasm of bowel

181. The patient, 38 years old, is delivered to clinic with intensive girdle pain, nausea, vomit. Worsening came after the use of alcohol with rich, spicy food. There is increased maintenance of alpha-amylase in blood. What preparation is the most effective in suppression of exocrine pancreas function?

- A. *Infusion of synthetic analogues of somatostatin
- B. Infusion of contrykal
- C. Infusion of quamatel
- D. Infusion of 5-fluorouracil

E. Infusion of atropin, gastrozepin

182. At the sick, 66 years old, chronic gastritis with reduced secretion and hyperchromic anemia of middle severity is diagnosed. Objectively: skin is pale, icteric, hepatosplenomegaly. The level of bilirubin is increased mainly due to indirect fraction. Choose the mechanism of pathology origin of stomach, which stipulates this clinical picture:

- A. Chronic gastritis, type B
- B. *Autoimmune gastritis, type A
- C. Chronic gastritis, type C
- D. Chronic gastritis, pangastritis
- E. Chronic gastroduodenitis in the phase of exacerbation

183. The sick, 30 years old, complains on diarrhea 5-6 times per day with admixtures of blood and mucus, increase of body temperature, attacks of pain in the lower part of abdomen before defecation, weakness, weight loss. He is ill for 6 months. Objectively: skin and visible mucous are pale, abdomen is distended, at the palpation painful, abdominal murmur is determined for the step of colon. Your diagnosis:

- A. Crohn`s disease
- B. *Nonspecific ulcerous colitis
- C. Cancer of colon
- D. Chronic colitis
- E. Chronic enteritis

184. The patient is disturbed by nightly, "hungry" pain in epigastrium, nausea. There is seasonality of exacerbation. What from diagnostic methods is the most informative in this case?

- A. Duodenal tubage
- B. Roentgenoscopy of stomach
- C. Cholecystography
- D. Fractional research of gastric maintenance
- E. *Fiber gastroduodenoscopy

185. The patient I. marks weakness, weight loss, appetite loss, aversion to meat, heavy feeling in abdomen. At the examination: pallor of skin, poured out painfulness in epigastrium, resistance of abdominal wall are determined. Blood test: Hb - 82g/l, blood sedimentation - 52 mm/h. In feces: positive occult blood test, at the FGDS - in the body of stomach there is ulcer with infiltrative edges. About what disease is it possible to think?

- A. *Malignant tumor of stomach
- B. Ulcer of stomach
- C. Ulcer of duodenum
- D. Chronic gastritis
- E. Chronic pancreatitis

186. The patient S. complains on pain in epigastrium, which arises up after meal in 2-3 hours and on an empty stomach, heartburn, belch, constipations. At the examination: astenic, language is moist, with fur, painfulness in pyloroduodenal area. Pulse - 72/min.

AP - 100/70. Blood test: Hb - 138 g/l, L - $5,2 \times 10^9/l$. A debit-hour of hydrochloric acid in the basal secretion phase is 7,9, in the stimulated -16,2. Your diagnosis?

- A. Chronic cholecystitis, exacerbation phase
- B. Ulcer of stomach, exacerbation phase
- C. *Ulcer of duodenum, exacerbation phase
- D. Chronic gastritis, exacerbation phase
- E. Chronic pancreatitis, exacerbation phase

187. The sick, 45 years old, with obesity, complains on frequent, painless defecation to 5 times per day during two weeks, fat feces with a stinking smell, without admixtures of blood. What pathology is the question about?

- A. Nonspecific ulcerous colitis
- B. Chronic hepatitis
- C. Chronic cholecystitis
- D. *Chronic pancreatitis
- E. Peptic ulcer of stomach

188. The patient complains on pain in epigastrium, which disappears after meal, nausea and vomit on the height of pain, which facilitates the state. What etiologic factor plays the main role in development of this pathology?

- A. Shigella
- B. *Helicobacter pylori
- C. Pseudomonas aeruginosae
- D. Streptococcus pyogenes
- E. Staphylococcus aureus

189. The patient I., 51 years old, during many years abused of alcohol. There are complaints on nausea, loose stool, icterus of skin. Objectively: skin and white of the eyes are icteric, atrophy of muscles, subfebrile temperature. Liver on 3 sm comes forward from under a costal arc, painful at palpation. What method of diagnostics in this case will be the most informative?

- A. Violation of cellular immunity
- B. Markers of viral hepatitis
- C. *Puncture biopsy of liver
- D. Activity of cytolysis (AST, ALT)
- E. Proteinogram

190. The patient I., 37 years old, with acute hepatitis B a year ago in the anamnesis, complains on weakness, increased body temperature ($37,5^{\circ}\text{C}$), heavy feeling and pain in the right subcostum. Objectively: subicteric colour of skin. Liver on 2 sm comes forward from under a costal arc, painful, dense. Laboratory: high title of HBV-DNK, HBeAg, HBcAg, IgM. What preparations will be the most effective?

- A. Antibiotics
- B. Glucocorticoid
- C. Hepatoprotector
- D. *Alpha-interferon
- E. Lactulose

191. The patient, 48 years old, appealed with complaints on heavy feeling in the right subcostum, bitter taste in mouth, itch of skin. In the anamnesis: viral hepatitis. Objectively: abdomen is increased due to ascites, dilatation of veins on the front abdomen wall, navel is salient, spleen is increased. Your diagnosis?

- A. Cancer of pancreas head
- B. Cancer of liver
- C. *Hepatic cirrhosis
- D. Cholecystolithiasis
- E. Viral hepatitis

192. The man, 27 years old, complains on fasting and nightly pain in epigastrium, which is taken off by adopting of meal. At the FEGDS antral erosive gastritis is discovered, at the biopsy of mucous of antral department *Helicobacter pylori* is discovered. Your diagnosis?

- A. Menethrie`s disease
- B. *Gastritis, type B
- C. Stiff antral gastritis
- D. Gastritis, type C
- E. Gastritis, type A

193. The patient, 45 years old, complains on dull pain in the right lower part of abdomen, subfebrile temperature, general weakness, pain in joints. He is ill for 2 years. In the anamnesis - appendectomy. Objectively: abdomen is moderately distended, at the deep palpation in the right ileac area painful formation is determined. At the colonoscopy thickening of mucous folds and thrusting out of ileocaecal department are discovered ; on relief of mucous the contrasted spots of hyperemia are determined, ileocaecal department is narrowed. Your diagnosis?

- A. Tuberculosis of bowel
- B. Chronic enterocolitis
- C. Whipple`s disease
- D. Nonspecific ulcerous colitis
- E. *Crohn`s disease

194. The sick K., 42 years old, complains on permanent feeling of fullness in epigastral area, which increases at adopting of plenty of meal, holding apart feeling, pain, periodic nausea, vomit with the signs of the eaten before meal. He is ill for 5 years. Weight loss is 4 kg (for last 3 months). At the objective examination: skin is dry, language is moist, with white fur; at the palpation of abdomen "noise of splash" is discovered. Low bound of stomach is on 4 sm below navel. Choose the state with such changes:

- A. *Pylorostenosis
- B. Chronic gastroduodenitis
- C. Cancer of stomach
- D. Chronic gastritis with increased secretory function
- E. Ulcer of duodenum, exacerbation phase

195. The patient with complaints on attacks of pain in the right subcostum with radiation to the right shoulder, which appears after fried meal. Periodically he marks

subfebrile body temperature. He is ill for nearly 5 years. What research must be done at the sick?

- A. *US research of abdominal cavity
- B. Cholecystography
- C. Duodenal tubage
- D. Survey roentgenogram
- E. Research of gastric maintenance

196. The sick L., 60 years, entered clinic with complaints on general weakness, dizziness, nausea. In the anamnesis: ulcer. Objectively: pallor of skin. AP - 90/60. Pulse is 120/min, rhythmic, of weak filling and tension. At the palpation tumoral formation in the epigastral area is determined. Defecation - 1 time, stool of black colour. What research must be done at the sick primarily?

- A. US research
- B. Roentgenoscopy of gastrointestinal tract
- C. *FGDS
- D. Occult blood test
- E. General analysis of blood with coagulogram

197. The sick complains on pain in epigastrium, which is accompanied with nausea, and arises up in 2 hours after meal, heartburn. He is ill for 5 years. Marks spring - autumn exacerbations. Objectively: body weight is reduced. Pulse - 80/min., rhythmic. AP - 110/70. Language is moist, clear. Abdomen takes part in the act of breathing, painful at the palpation in pyloroduodenal area. What research must be done at the sick?

- A. Fractional research of gastric juice
- B. Ultrasonic research
- C. Roentgenoscopy of stomach
- D. *Esophagogastroduodenoscopy
- E. Biochemical blood test

198. The sick complains on local pain in epigastrium, which arises up in 2 hours after meal, heartburn, sour belch, constipations. Pain is decreased after the use of soda. He is ill for a few years. exacerbations come in spring and autumn periods. Smokes. Objectively: pulse - 80/min., rhythmic, AP - 110/70. Language is moist, clear. Abdomen takes part in the act of breathing, painful at the palpation in pyloroduodenal area. Your previous diagnosis?

- A. Chronic acalculous cholecystitis
- B. Chronic gastritis with saved secretion
- C. *Ulcer of duodenum bulb
- D. Chronic reactive pancreatitis
- E. Chronic hepatitis

199. The patient, 55 years old, complains on aching pain in epigastral area, nausea, heartburn, which appeared after treatment of osteoartrhose by indomethacin. At the objective examination abdomen is soft, painful in the epigastral area. Liver, spleen are not increased, palpation of intestine is painless. What must be done in this case above all things?

- A. To appoint hunger for 2 days

- B. *To abolish indomethacin
- C. To wash a stomach
- D. To appoint antiacid preparations
- E. To appoint preparations, which influence on Helicobacter pylori

200. The patient complains on nausea, sense of "overflow stomach" after any meal, swelling of abdomen, making progress weight loss. In the anamnesis: abused of alcohol during 26 years. At the examination: skin is pale, edema of lower extremities, expansion of hypodermic veins of abdomen front wall, presence of free liquid in abdominal cavity, hepatosplenomegaly. Name the basic pathogenic mechanisms of development of this state at the patient:

- A.*Postsinusoidal blocking of blood circulation in liver and forming of porto-caval anastomoses
- B. Activating of peroxidation oxydation of lipids and violation of mineral metabolism
- C. Violation of cellular and humoral immunity
- D. Violation of gastrointestinal hormonal system function
- E. Dysfunction of parasympathetic and sympathetic departments of vegetative nervous system

Standards of true answers

№ of test task	True answer	№ of test task	True answer	№ of test task	True answer	№ of test task	True answer
1	B	51	A	101	B	151	B
2	C	52	B	102	D	152	D
3	B	53	D	103	E	153	E
4	D	54	E	104	D	154	D
5	E	55	D	105	E	155	B
6	D	56	E	106	B	156	D
7	E	57	B	107	D	157	D
8	B	58	D	108	A	158	A
9	D	59	A	109	C	159	C
10	A	60	C	110	B	160	B
11	C	61	B	111	D	161	D
12	B	62	D	112	E	162	E
13	D	63	E	113	A	163	A
14	A	64	A	114	E	164	E
15	E	65	E	115	C	165	C
16	C	66	C	116	D	166	D
17	D	67	D	117	A	167	A
18	A	68	A	118	C	168	C
19	C	69	C	119	E	169	E
20	E	70	E	120	E	170	E
21	E	71	D	121	D	171	D
22	D	72	D	122	E	172	E
23	E	73	D	123	C	173	C
24	C	74	C	124	A	174	A
25	A	75	A	125	B	175	B
26	B	76	B	126	A	176	A
27	A	77	D	127	D	177	D
28	D	78	E	128	E	178	E
29	E	79	B	129	B	179	B
30	B	80	C	130	C	180	C
31	C	81	A	131	A	181	A
32	A	82	B	132	B	182	B
33	B	83	B	133	B	183	B
34	B	84	E	134	E	184	E
35	E	85	A	135	A	185	A
36	A	86	C	136	C	186	C
37	C	87	D	137	D	187	D
38	D	88	B	138	B	188	B
39	B	89	C	139	C	189	C
40	C	90	D	140	D	190	D
41	D	91	C	141	C	191	C
42	C	92	B	142	B	192	B
43	B	93	E	143	E	193	E
44	E	94	A	144	A	194	A
45	E	95	A	145	A	195	A
46	A	96	C	146	C	196	C
47	C	97	D	147	D	197	D
48	D	98	C	148	C	198	C
49	C	99	B	149	B	199	B
50	B	100	A	150	A	200	A

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