Minisry of Health of Ukraine

Zaporizhzhya State Medical University

Chair of Internal Diseases-1

Collection of initial and current control tests for 4th course students of medical and pediatric faculties content modules: gastroenterology, endocrinology, pulmonology, hematology, physiotherapy

(english version)

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Tests for assessment of current knowledge level were included in collection and appropriate programm of Internal Diseases (gastroenterology, endocrinology, pulmonology, hematology, physiotherapy).

The aim of this material is approvement of studying teoretical knowledge by 4th course students in accordance with Internal Diseases programm in VII-VIII semestres.

Instruction: every question has a seweral alternative answers. Please choose only one answer.

Content

Collection of initial control tests	4
Gastroenterology	4
Endocrinology	14
Pulmonology	20
Hematology	28
Checking of true answers	34
Collection of current control tests	37
Endocrinology	37
Pulmonology	63
Gastroenterology	82
Hematology	107
Physiotherapy	123
Checking of true answers	131

Collection of initial control tests

Gastroenterology

1. Patient of 54 y.o. complains about permanent dull pain in mesogastrium, weight loss (10kg during last year), addition of dark blood in excrements, constipations. Blood count: RBC – $3,5x10^{12}$/l Hb-87 g/l, WBC-$12,6x10^{9}$/l, left shift, ESR-43 mm/hr. What is a provisional diagnosis?

A. Chronic pancreatitis
B. Transversal colon cancer
C. Peptic ulcer
D. Chronic colitis
E. Cancer of stomach

2. The patient of 52 y.o, complains about delicacy last half a year, fast fatigability, meat food dislike, weight loss. Objectively: pale skin, in left subclavial area the lymphatic nodus is palpated. There is resistance of an abdominal wall in epigastrium. In blood – anemia, in gastric contents - lactic acid. This clinical picture is most characteristic:

A. Lymphogranulomatosis
B. B_{12}-deficiency anemia
C. Iron deficiency anemia
D. Chronic atrophic gastritis
E. Cancer of stomach *

3. Patient S., 55 y.o., is ill with a peptic ulcer of stomach for 10 years. For the last 6 months he lost weight by 15kg. He noted that pain in epigastric area became permanent from periodic, delicacy amplified, anorexia, dislike for meat food appeared. In blood: Hb-92g/l. Concrements have dark brown color. What most probable complication developed at the patient?

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

4. Man of 26 y.o. complains about a paroxysmal abdominal pain, a diarrhea with addition of mucus and blood. He is ill for 3 years, lost weight about 14kg. Objectively: HR – 96/min., BP -110/70 mm hg., temperature-$37,6^{0}$C. Abdomen is soft, there is morbidity in palpation along of colon, especially at the left. Irrigoscopy – a large intestine is narrowed, haustration is absent, contours are uneven, indistinct. What diagnosis is most probable?

A. Nonspecific ulcerative colitis*
B. Intestine tuberculosis
C. Amebic dysentery
D. Crohn's disease
E. Irritable colon syndrome

5. Chronic autoimmune gastritis with secretory insufficiency was found in patient of 60 y.o. after examination. What medicine is most indicated to this patient?

A. Almagel
B. De-nol

C. Ranitidine
D. Gastric juice
E. Venter

6. Men of 40 y.o, is ill with autoimmune hepatitis. In blood: albumin/globulin ratio – 0,8, total bilirubin – 42 umol/l, transaminases: ALAT-2,3 mmol/(l*hr), ASAT-1,8 mmol/(l*hr). What from listed is the most effective in treatment?
A. Antibacterial medicines
B. Glucocorticoids, cytostatics
C. Hepatoprotektors
D. Antiviral medicines
E. Haemosorption, vitamines

7. The leading syndromes are the dysphagia and malnutrition at the patient. What methods of laboratory and instrumental examinations is the most informative for diagnostics?
A. Blood count
B. Laryngoscopy
C. Biochemical blood test
D. Contrast X-ray examination of esophagus
E. Alpha-fetoprotein level assessment

8. Progressive dysphagia led to malnutrition last year in patient of 50 y.o. Body weight deficit more 25kg. In anamnesis subtotal resection of stomach was performed 20 years ago. X-ray of esophagus: without abnormalities exept for dilay of barium on level of piriform formations on aperture of esophagus. What pathology may be occur first of all?

A. Sideropenic dysphagia
B. Esophageal tumor
C. C. Hysteria
D. Sklerodermia
E. Esophageal strikture

9. Patient complains about progressive dysphagia with malnutrition last two months. Difficulty in a swallowing only of firm food was occured at first, and later liquid nutrition also. What the most reliable pathology is present at the patient?
A. Sideropenic dysphagia
B. Sclerodermia
C. Esophageal cancer
D. Benign tumor of a mediastinum
E. Esophageal diverticulum

10. Vomiting by leftovers with an unpleasant smell, periodically swallowing violation, a salivation, an weight loss is observed at the patient. He is ill for several years, recently he has begun to notice tumour-like formation on neck. what pathology of a esophageus it is the most reliable to think of ?
A. Upper part gullet diverticulum
B. Bifurcation diverticulum
C. Gullet cancer
D. Benign tumor of a gullet
E. Mediastinitis

11. Sharp pains behind a breast bone, nausea, a dyspnea developed at patient N., during an endoscopy. Endoscopic research was stopped. What examination needs to be conducted?
A. ECG
B. Computer tomography

C. Contrast X-ray examination of esophagus
D. Fluorography of thorax organs
E. Repeated endoscopy after anesthesia

12. The expressed heartburn, pain when passing food in the lower department of a breast, frequently at the level of a xiphoidal shoot, especially after acceptance of sour and salty food the long time is observed at the patient T. In objective examination abnormalities from internals are not revealed. What examinations should be conducted to the patient?
A. Contrast X-ray analysis of a gullet
B. Analysis of gastric content
C. Digestive tract roentgenoscopy in a Trendelenburg position
D. Endoscopy
E. All listed

13. The peptic ulcer of a gullet has been diagnosed in patient S. of 41 y.o. What treatment it is necessary to administrated?
A. Antacides
B. Conservative
C. The choice of treatment will depend on a condition of gastric secretion
D. Surgical
E. The choice of treatment will depend on results of a biopsy

14. Paroxysmal pains behind a breast bone occured at the patient more often at home in the afternoon or in the evening, more often after meals or in left-side position. The patient was eobserved by the physitian, changes weren't found on ECG. What esophageal pathology it is necessary to think first of all of?
A. Diverticulum of middle third of esophagus
B. Benign tumor of esophagus
C. Diverticulum of the upper third of esophagus
D. Esophagus cancer
E. Esophagitis

15. Defect of filling with accurate equal contours is detected in X-ray examination in the lower third of a gullet of patient N. of 19 y.o. The dysphagia disturbs for 1 year, the general condition is broken a little. Of what pathology it is necessary to think first of all?
A. Gullet varicosity
B. Gullet cancer
C. Benign tumor
D. Hernia of diafragmal part of a gullet
E. Mediastinal disease

16. Patient G., complains of dull pain that initiated by meals, localized in an epigastrium, without accurate irradiation. Heartburn, acidic belch disturb the patient periodically. In anamnesis - similar complaints appeared 6 years ago. Proceeding from the anamnesis what the most probable diagnosis is?
A. Chronic pancreatitis
B. Peptic ulcer
C. Chronic cholecystitis
D. Chronic gastritis
E. Chronic cholangitis

17. Complaints to pain in epigastrium after sour food without accurate dependence on time of

her reception are present at patient of 18 y.o. She is ill 10 years. Objectively: furred tongue and extended pain in epigastrium. What of the listed groups of medicines should be included in treatment scheme of the patient?

A. M-cholinolitics
B. Beta - blockers
C. Iron medicines
D. M-cholinomimetics
E. Calcium channel blockers

18. Duodenogastral reflux and hypertrophy of folds of pyloroantral department are found in the patient in X-ray examination. In the analysis of gastric content – free hydrochloric acid is absent in all portions. What drugs shall be included in treatment of the patient?

A. Gastric juice as replacement therapy
B. Prokinetics
C. M-cholinolitics
D. Antacides
E. All listed

19. Menetrier's disease was diagnosed in patient. What indications to surgical treatment?

A. Signs of malignisation
B. Frequent relapses
C. Exocerbation phase
D. Inefficacy of treatment
E. Appearance of erosions

20. The patient K., 17y.o., was hospitalized to gastroenterology department with diagnosis: chronic antral gastritis with increased secretory and acid-forming function, exocerbation phase. The analysis of gastric contents is carried out 2 months ago. What medicines have to be included in treatment of this patient?

A. M-cholinolitics
B. Protone pomp blockers
C. Metronidazole
D. Amoxicyllin
E. All specified

21. Chronic gastritis with survived secretory and acid-forming function in remission has been diagnosed in patient N. What types of sanatorium are indicated for this patient and when?

A. Morshin in a cold season
B. Khmelnik in summer
C. Zakarpatya group of resorts in summer
D. Zakarpatiia group of resorts at all seasons
E. Southern shore of the Crimea in summer

22. Factors of protection of gastric and duodenal mucous:

A. Protective mucous barrier; active regeneration of mucous; adequate blood supply; antroduodenal acid brake
B. Protective mucous barrier; adequate motoric and evaquatory function; active regeneration of mucous; an-troduodenal acid brake
C. Adequate blood supply; motoric and evaquatory function; antroduodenal acid brake; active regeneration of mucous.
D. Active regeneration of mucous; adequate blood supply, antroduodenal acid brake; hypoproduction of HCl and pepsin.
E. Protective mucous barrier, hypoproduction of HCl and pepsin, active regeneration mucous, adequate blood supply.

23. Giant ulcers such which have in the diameter:

A. More than 10 mm

B. More than 20 mm

C. More than 30 mm

D. More than 40 mm

E. More than 50 mm

24. What are the M-cholinolitics:

A. Atropine, metacil, chlorosil, cimetidin

B. Metacyne, atropine, gasrocepine, pro-bantin

C. Atropine, platiphylline, nisatidine, metacyne

D. Platiphylline, atropine, ranitidine, chlorodil

E. Platiphylline, atropine, metacyl, gastrocepine

25. The increased acid-forming function of a stomach is found in the patient with peptic ulcer in maximal pentagastrine test. What indicators indicate the specified secretion?

A. Volume of juice (ml) 220; total acidity (titr.un.) 130; free HCl (titr.un.) 120; HCl debit-time (mecv/hr) 80

B. Volume of juice (ml) 60; total acidity (titr.un.) 90; free HCl (titr.un.) 90; HCl debit-time (mecv/hr) 50

C. Volume of juice (ml) 220; total acidity (titr.un.) 100; free HCl (titr.un.) 100; HCl debit-time (mecv/hr) 80

D. Volume of juice (ml) 180; total acidity (titr.un.) 100; free HCl (titr.un.) 90; HCl debit-time (mecv/hr) 50

E. Volume of juice (ml) 240; total acidity (titr.un.) 100; free HCl (titr.un.) 90; HCl debit-time (mecv/hr) 50

26. High possibility of ulcer in duodenum is observed at next values of the maximum histamine test:

A. Basal acidity > 12-14 mecv/hr; maximal acidity > 45-50 mecv/hr

B. Basal acidity > 12-14 mecv/hr; maximal acidity > 40-45 mecv/hr

C. Basal acidity > 14-16 mecv/hr; maximal acidity > 45-50 mecv/hr

D. Basal acidity > 14-16 mecv/hr; maximal acidity > 40-45 mecv/hr

E. Basal acidity > 7-12 mecv/hr; maximal acidity > 35-40 mecv/hr

27. What drugs are indicated in case of piloroduodenal location of ulcer:

A. Oxyferriscorbone, H_2-histamine receptor blockers,de-nol, antacides

B. H_2-histamine receptor blockers, gasrocepine, antacides

C. Oxyferriscorbone, H_2-histamine receptor blockers, antacides

D. Gastrocepine, biogastron, oxyferriscorbone

E. Reparants, H_2-histamine receptor blockers, antacides

28. Reddening, increased vulnerability, staxis of a mucosa of all small intestine and colon with existence of fibrous coat it is revealed at patient S. with complaints about diarrhea and blood in feces after colonoscopy. The inflammation of colon mucosa with existence of abscesses of crypts is revealed by histology

examination of bioptat. What most reliable disease at the patient?

A. Ischemic colitis

B. Crohn’s disease

C. Ulcerous colitis*

D. Infectious colitis

E. Haemorrhoids

29. The lesion of mucous in the form of "cobblestone pavement" with sites of intact mucosa after colonoscopy is revealed at the patient K., who complains about periodically abdominal pain last 5 years. What is the most reliable disease at the patient?

A. Ulcerous colitis

B. Crohn's disease

C. Infectious colitis

D. Ischemic colitis

E. Diverticular diseas

30. Alterations of skin (Erythema nodozum), tumescence of joints, inflammation of eyes, perianal lesion and pain in palpation of colon are observed in patient V. What is the most reliable disease at the patient?

A. Uveitis

B. Polyarthritis

C. Reuters' syndrome

D. Ulcerous colitis

E. Osteoarthritis

31. Patient G., 41 y.o., complains about liquid excrements (till 10-12 times daily) with addition of mucus and blood, diffuse pain in lower parts of abdomen, weight loss on 4 kg for the last year. The patient considers itself ill last year. Repeatedly she was examined in infectious diseases hospital where diagnoses of acute infectious diseases were excluded. By physical examination: the patient of down-nutrition, skin is dry, decreased elastance. Tongue is bright red, abdomen is soft, a palpation of a sigmoid intestine sharply morbid. The liver is enlarged on 3 cm from under edge of a costal arch, dense. Pulse 86, rhythmic, soft. BP 100/60 mm hg. Cardiac tones are weakened. BR 20/min. In excrements are insignificant quantity of liquid contents with addition of blood. What most possible disease at the patient?

A. Helminthic invasion

B. Crohn's disease

C. Diverticular disease

D. Chronic enteritis

E. Nonspecific ulcerous colitis, severe form

32. Patient S., 29 y.o., complains about abdominal pain, 5-6 defecation acts daily with addition of mucus and blood, weight loss, general weakness, working capacity loss. He is ill 4 years, periodically 1-2 times yearly he has exacerbations after diet inaccuracys and strong emotions. After treatment these changes were disappeared. Koprogramm data: a feces have porridge-like consistence, reaction alkaline, without impurity of mucus and blood. Microscopy muscular fibers and undigested fat, starched grains, iodofil flora, appreciable quantity of leucocytes, erythrocytes, intestinal epithelial cells are found. The analyses of a feces on dysenteric and typhus-paratyphus flora are

negative. What the most reliable disease at the patient?

A. Chronic enteritis

B. Krohn's disease

C. Chronic pancreatitis, exacerbation

D. Nonspecific ulcerous colitis, recurrent course

E. Intolerance to carbohydrates

33. Patient S., 25 y.o., complains about periodically dull pain in the right ileal site, unstable liquid stool, a frequent meteorism, low grade fever, general weakness, periodically arthralgias. He is ill about 2 years. In the anamnesis – appendectomy. Objectively: there is moderate abdominal swelling, in the right ileal area tumorous formation was detected, that in projection of terminal part of ileum. At fibrokolonoskopy - thickenings of cords of mucosa and spicular evaginations of ileocecal part are detected, on a relief of a mucosa contrast maculae of hyperemia are defined, ileocecal transition is contracted. What most reliable disease at the patient?

A. Crohn's disease, chronic course

B. Chronic coloenteritis

C. Nonspecific ulcerous colitis

D. Intestine tuberculosis

E. Intestine tumor

34. Patient S., 47 y.o., complains of weakness, giddiness, palpitation, headache, sweating, cold fit, weight loss. In anamnesis: last 20 years chronic atrophic gastritis, ulcerous disease with location of ulcer in cardial part of stomach because of it subtotal gastrectomy by Billroth-II was performed half year ago. Objectively: patient of the down-nutritinal, skin is pale, BP 150/90 mm hg, pulse 80 per min, soft, satisfactory filling. A stomach in palpation is soft, painless. The liver isn't enlarged. Lungs, heart are normal. What is the most reliable disease at the patient?

A. Peptic ulcer, inactive phase, condition after a subtotal gastrectomy by Billroth-II, a dumping syndrome

B. Intolerance to carbohydrates

C. Chronic coloenteritis, exacerbation phase

D. Toxic dilatation of a large intestine

E. Alimentary toxinfection

35. Patient K., 48y.o., complains of weakness which appears in 15 min. after meal, especially after intake of milk, palpitation, sweating, nausea, tummy rumbling. In anamnesis - surgical treatment of peptic ulcer 2 years ago. X-ray examination - acceleration of evacuation of barium suspension and its fast passage to small intestine. What is the most reliable disease at the patient?

A. Hypoglycemic syndrome

B. Exacerbation of chronic pancreatitis

C. Afferent loop syndrome

D. Dumping syndrome

E. Peptic ulcer of anastomosis

36. Surgical treatment was carried out to the patient S. with peptic ulcer. He complains of strong feeling of hunger which is followed by pain in epigastric area, a body tremor, feeling of fever and palpitation, giddiness, sometimes with a loss of consciousness that often appears

after a break in nutrition or intensive physical activity. What complication should be suspected at the patient?

A. Dumping syndrome

B. Peptic ulcer of an anastomosis

C. Hypoglycemic syndrome

D. Diabetes mellitus

E. Afferent loop syndrome

37. The patient K., 65y.o., complains of general weakness, appetite loss, constipations. Objectively: BP 100/50 mm hg, pulse 100 per min. Skin is pale, in palpation of descending part of colon formation with sizes 40 x 20 mm is detected. Hb 72g/l, ESR 52 mm/hr. In feses: positive reaction on hidden blood. What method of diagnostics is the most informative for verification of the final diagnosis?

A. Rectoromanoscopy

B. Ultrasound examination

C. Irrigoskopy

D. Colonoscopy with target biopsy

E. Coprogramm

38. Patient complains of diarrhea 6-8 times a day with addition of undigested fragments of food. Objectively: morbidity in paraumbilical region. Specify organ which is the most authentically damaged:

A. Small intestine

B. Stomach

C. Pancreas

D. Colon

E. Duodenum

39. The patient of 36 y.o. complains of persistent diarrhea, pain in left ileal area during a defecation, presence of fresh blood in a feces, fever. Objectively: skin is dry, pale, maceration of corners of mouth, morbidity in left meso- and hypogastrium were found. Specify the provisional diagnosis

A. Chronic colitis

B. Crohn’s disease

C. Ulcerous colitis

D. Whipple's disease

E. Colon tumor

40. Syndrome of portal hypertensia includes:

A. Jaundice, ascites, hepatomegaly, splenomegaly

B. Ascites, dilatation of abdominal wall, gullet

C. Jaundice, dilatation of abdominal wall, gullet

D. Ascites, dilatation of abdominal wall

E. Dilatation of anterior abdominal wall, gullet, anorectal region, splenomegaly

41. Intensity of hepatocellular insufficiency is estimated by following indicators:

A. Jaundice, ascites, fibrinogen, level of total protein

B. Jaundice, ascites, encephalopathy, level of serum globulins, fibrinogen

C. Ascites, level of bile acids, level of total protein, fibrinogen

D. Jaundice, ascites, encephalopathy, level of serum albumine, prothrombin

E. Level of serum globulins and albumine, ascites, jaundice, prothrombin

42. Clinical signs of cholestatic syndrome include:

A. Skin itch, icterus, malabsorbtion of fats or liposoluble vitamins

B. Skin itch, icterus, maldigestion

C. Skin itch, icterus, hepatomegaly

D. Skin itch, icterus, splenomegaly

E. Skin itch, icterus, anemia

43. Specify symptoms of hepatic encephalopathy:

A. Hepatic smell, loss of consciousness, icterus

B. Hepatic smell, disorders of consciousness, motional disorders

C. Motional disorders, disturbances of mentality, disorders of consciousness

D. Icterus, hepatic smell, motional disorders

E. Motional disorders, disturbance of mentality, icterus

44. Specify medicines which are used for treatment of skin itch in patients with chronic diseases of liver:

A. Holestiramin, essentsiale, phenobarbital

B. Rifampicin, phenobarbital, ursodeoxycholic acid

C. Holestiramin, allochol, phenobarbital

D. Holestiramin, phenobarbital, ursodeoxycholic acid

E. Holestiramin, prednisolonum, essentsiale

45. Treatment of hepatic encephalopathy includes:

A. Disintoxication, elimination of provocative factor, reduction of production and absorption of ammonia in intestine, drugs with protection of neurotransmitter ballance

B. Elimination of provocative factor, reduction of production and absorption of ammonia in intestine, antibiotics

C. Elimination of provocative factor, reduction of production and absorption of ammonia in intestine, drugs with protection of neurotransmitter ballance

D. Elimination of provocative factor, anticonvulsants, drugs with protection of neurotransmitter ballance

E. Elimination of provocative factor, reduction of production and absorption of ammonia in intestine

46. Conservative treatment of ascites at cirrhosis includes:

A. Limitation of use of sodium, loop diuretics, bed rest

B. Spironolacton, loop diuretics, limitation of sodium use, high-protein food

C. Aldosterone antagonists, bed rest, high-protein food

D. Limitation of sodium use, spironolacton, bed rest

E. Limitation of sodium use, high-protein food, bed rest

47. The leading groups of drugs in treatment of chronic active hepatitis are:

A. Cyclosporine A, glucocorticosteroids

B. Imunodepresants, hepatoprotectors

C. Imunodepresants, cyclosporine A

D. Hepatoprotectors, glucocorticosteroids

E. Glucocorticosteroids, immunodepressants

48. Patient G., 44 y.o., complains of sharp general weakness, heaviness in right hypochondrium, weight loss, permanent nausea, gingival hemorrhage, drowsiness. In anamnesis alcohol abuse. Objectively: the skin is dry, sclera and skin are icteric, there are "vascular asterisks" on face of skin and shoulder girdle . Abdomen is soft, painless in palpation, liver +6cm, edge is round, painful. Lien +2cm. What is the most reliable disease at the patient?

A. "Congestive liver"

B. Chronic active hepatitis of alcoholic genesis

C. Budd–Chiari syndrome

D. Leukosis

E. Alcoholic cirrhosis

49. The patient K., complains of intolerance of many products, especially milk, crude fruit and vegetables, hot spices, cold and hot food, meteorism and massive depletions with creato-, amilo- and steatorrhea. What is the most probable syndrome at the patient?

A. Maldigestion syndrome

B. Syndrome of incretory insufficiency of pancreas

C. Dispepsia syndrome

D. Syndrome of excretory insufficiency of pancreas

E. Dysbacteriosis

50. Patient of 42y.o. complains of pain in left hypochondrium with irradiation to back, intolerance of milk products, meteorism, presence of undigested products in feces. Objectively: pulse 100 per min., rhythmical. Positive Georgiyevsky-Mussi, Mayo-Robson symptoms. What method is the most informative for verification of the diagnosis?

A. Gregersen's reaction

B. Survey X-ray of abdominal cavity

C. Cholecystography

D. Analysis of a feces on dysbacteriosis

E. US, coprogramm, definition of enzymes in duodenal contents

Endocrinology

1. Adenohypophysis doesn't produce such hormones:

A. Hydrocortisone
B. Corticotropin
C. Growth hormone
D. Prolactin
E. Follicle-stimulating hormone

2. Insulin is produced by such cells of Langer-hans' islets:

A. α cells
B. β cells
C. δ cells
D. γ cells
E. τ cells

3. Hormones which are produced by Langer-hans' islets:

A. Prolactin
B. Luteinizing hormone
C. Epinephrine
D. Glucagon
E. Antidiuretic hormone

4. Adrenal medulla consist from:

A. Basophilic cells
B. Eosinophilic cells
C. Polychromatic cells
D. Chromaffin cells
E. Acidophilic cells

5. Hormone of a cortical layer of adrenal glands is:

A. Aldosteronum
B. ACTH
C. Prolactin
D. Prednisolonum
E. Epinephrine

6. Hormone of an adrenal medulla is:

A. Phenylalanine
B. Hydrocortisone
C. Epinephrine
D. Aldosteronum
E. Glucagon

7. A place of epinephrine synthesis is:

A. Sympathetic paraganglia
B. Diencephalon
C. Adrenal medulla
D. Follicles of ovaries
E. Leidig's cells

8. Basic mechanism of endocrine diseases.

A. Pathology of cardiovascular system
B. Violation of biosynthesis and secretion of hormones
C. Cachexia
D. Physical and mental overloads
E. Infectious processes

9. Physiologic regulator of synthesis and secre-tion of insulin is such factor:

A. Concentration of glucose blood level
B. Concentration of serum catecholamines
C. Concentration of blood proteins
D. Concentration of blood triglycerides

E. Concentration of nonesterificational fatty acids

10. Biological effect of glucagon?

A. It promotes synthesis of proteins

B. It promotes lipogenesis

C. It has hyperglycemical effect

D. It promotes catabolism of proteins

E. It rises level of blood aminoacids

11. How the epinephrine raise of blood glucose level?

A. It promotes glycogenesis

B. It promotes glyconeogenesis

C. It invokes glycogenolysis

D. It enhances synthesis of glucose from pyruvate and lactic acids

E. It enhances adsorption of glucose in bowels

12. To mineralocorticoids such hormones of adrenal glands belong:

A. Cortisol

B. Dehydrocorticosterone

C. Aldosterone

D. Testosterone

E. Epinephrine

13. Mineralocorticoids influence an metabolism:

A. Carbohydrates

B. Mineral salts

C. Fats

D. Proteins

E. Nucleic acids

14. To "ketone bodies" belong:

A. Acetoacetic acid

B. Lactat

C. Coenzyme-A

D. Chylomicron

E. Acetoacetyl-coenzyme-A

15. To endocrine system belong:

A. Excreting enzymes

B. Excreting in internal environment of organism high-activity substance

C. Having excretory ducts

D. Excreting proteases

E. Excreting diastases

16. To adenohypophysis refer:

A. Anterior lobe of hypophysis

B. Middle lobe of hypophysis

C. Anterior and medium lobes of hypophysis

D. Posterior lobe of hypophysis

E. Waterincanoid lobe of hypophysis

17. Hormones of adrenal cortical shell are such, except for:

A. Epinephrine

B. Testosterone

C. Cortisol

D. Aldosterone

E. Desoxycorticosterone

18. Concentration of serum glucose of healthy man is in limits:

A. 1-2 mmol/l

B. 3,5-5,5 mmol/l

C. 8-10 mmol/l

D. 12-20 mmol/l

E. More than 25 mmol/l

19. Insulin controls metabolism in such organs and tissues, except for:

A. Muscles

B. Futty tissue

C. Liver

D. Nervous tissue

E. Myocardium

20. Weight loss it is typical of endocrine diseases, except for:

A. Diabetes type 1

B. Toxic goiter

C. Pheochromocytoma

D. Hypothalamic syndrome of puberty

E. Hypopituitarism

21. The Cushing's syndrome shows a symptomatology, except for:

A. Dysplastic obesity

B. Atrophic strias

C. Hyperglycemia

D. Osteoporosis

E. Hypotonia

22. Daily need for iodine for a thyroid hormones biosynthesis is:

A. 1-2 g

B. 14-17 mg

C. 100-150 µg

D. 98-104 ng

E. 123-228 µmol

23. Specify hormones – derivatives of cholesterol

A. Aldosterone

B. Thyroxine

C. Prolactinum

D. Vazopressin

E. True all

24. Specify hormones – derivatives of aminoacids:

A. Insulin

B. Cortisol

C. Aldosterone

D. Progesterone

E. True all

25. Specify a substratum for progesterone synthesis:

A. C-peptide

B. Dofamine

C. Serotonin

D. Cholesterol

E. Lutropin

26. What investigational methods of hormonal background research are used for assessment of endocrine system function:

A. Detection of hormones and their metabolites level in daily urine

B. Detection of hormones fasting blood level

C. Tests with suppression of function of gland

D. Tests with stimulation of function of gland

E. All listed

27. What instrumental method of examination is applied for research of hypothalamo-pituitary system

A. Echoencephalography

B. Electroencephalography

C. CT of a brain

D. Rheoencephalography

E. Skanning of a brain with radioactive isotopes

28. What hormones are secreted in hypothalamus?

A. Oxytocin

B. Liberins

C. Statins

D. True all

E. True B and C

29. What part of hypophysis has a neural origin:

A. Hypophysis fully

B. Anterior lobe of a hypophysis

C. Intermediate lobe of a hypophysis

D. Posterior lobe of a hypophysis

E. Hypophysis develops from Ratke's pocket fully

30. What bone structure surrounds a hypophysis?

A. Superior part of ethmoidal bone

B. Turkish saddle

C. Fossa pterigo-palatina

D. Sfenoidal synus

E. Anterior nasal sinus

31. What hormones regulate synthesis and secretion level of TSH

A. Corticotropin

B. Triiodinethyronine

C. Tireotropin-releasing-hormone

D. Truly B and C

E. True all

32. Specify time of the maximum secretion of GH in normal condition?

A. In the morning when awakening

B. During the first hours after sleeping

C. For days GH level in norm remains invariable

D. After the main meals

E. In the first half a day

33. FSG function -

A. Stimulation of formation of sperm

B. Stimulation of ovarian follicle

C. Stimulation of estrogens synthesis

D. All listed

E. True B and C

34. Function of a lutropin

A. Stimulation of endometrial desquamation

B. Stimulation of ovulation and progesterone synthesis

C. Stimulation of testosterone synthesis in men

D. True all

E. True B and C *

35. What visual violation can testify indirectly about space-occupying lesion in the field of the Turkish saddle

A. Bitemporal hemianopsia

B. Daltonism
C. Miopia
D. Hypermetropia
E. All is true

36. Where are synthesized oxytocin and vasopressin?
A. True B and C
B. Supraoptic nuclei of hypothalamus
C. Paraventrikular nuclei of hypothalamus
D. Back lobe of a hypophysis
E. True all

37. What changes in urine are typical for deficit of vasopressin?
A. Leykocituria
B. Hyperstenuria
C. Hypoisostenuria
D. Erythrocituria
E. Proteinuria

38. What hormone of a hypophysis stimulates lactation processes
A. Estradiol
B. Prolactinum
C. FSH
D. ACTH
E. Progesterone

39. By chemical structure prolactin is
A. Steroid
B. Simple protein
C. Derivative of aminoacids
D. Derivative of fatty acids
E. Biogene monoamine

40. Where prolactinum is produced?
A. Back lobe of a hypophysis
B. Intermediate part of hypophysis
C. Anterior part of a hypophysis
D. Hypothalamic nuclei
E. Ovarian follicles

41. What hormone of a hypophysis stimulates growth processes
A. Somatotropin
B. TSH
C. Somatostatine
D. Thyroxin
E. ACTH

42. Where the growth hormone is produced?
A. Ovarian follicles
B. Intermediate lobe of anterior part of hypophysis
C. Posterior part of hypophysis
D. Hypothalamic nuclei
E. Anterior part of hypophysis

43. Call a functional unit of a thyroid gland
A. Lobe
B. Thyrocite
C. Follicle
D. Langergans' island
E. Ashkenazi's cell

44. What hormone is produced by C-cells of a thyroid gland?
A. TSH
B. Thyroxin
C. Triiodtironin
D. Calcitonin

E. C-cells are hormonal no inactive

45. What clinical signs are typical for a hypothyroidism?

A. True B and C

B. Drowsiness, locks, weight gain

C. Bradycardia, decrease of pulse arterial pressure

D. The body temperature increase, the increased perspiration

E. True all

46. What hormones are produced in cortical layer of adrenal glands?

A. Catecholamines

B. Glucocorticoids

C. Androgens

D. True B and C

E. True all

47. In what structure of adrenal glands catecholamines are produced?

A. Glomerular zone of adrenal cortex

B. Chromaffinic tissue of adrenal medulla

C. Zone fasciculata of adrenal cortex

D. Reticular zone of adrenal cortex

E. Interstitial tissue of adrenal glands

48. What factors have impact on plasma aldosterone?

A. True B and C

B. Serum potassium

C. Activity of renin-angiotensin-aldosterone system

D. Level of blood cortisol

E. True all

49. What hormones regulate level of blood calcium?

A. Aldosteron

B. Parathormone

C. Calcitonin

D. True B and C

E. True all

50. Call an endogenous stimulator of synthesis and secretion of a parathormone?

A. Calcium (concentration decrease)

B. Phosphorus (concentration decrease)

C. Potassium (concentration increase)

D. Aldosteron (concentration increase)

E. Vitamin D (concentration decrease)

Pulmonology

1. The most typical complaint of patients with bronchial asthmais:
A. Cough with selection large quanti-
ty of sputum
B. Hacking unproductive cough
C. Expiratory dyspnea
D. Periodic asthmatic fits
E. Inspiratory dyspnea

2. The fullest auscultative picture in exocerbation of bronchial asthma is:
A. Hard vesicular breathing and buzzing dry rales
B. Hard vesicular breathing with expiratory dyspnea
C. Hard vesicular breathing with expiratory dyspnea and dry sibilant rales
D. Muffled breathing and sibilant rales
E. Bronchial breathing and moist rales

3. Leading risk factors of bronchial asthma are:
A. Family anamnesis of bronchial asthma
B. Contact with pets, mold or yeast fungi and other allergens
C. Treated bronchites, pneumonias without effect
D. Long-term work in dirtyness
E. All listed

4. What disease that was diagnosted 10 year ago, leads to more significant progressive dyspnea after moderate physical activity
A. COPD
B. Bronchial asthma
C. Sarcoidosis of intrathoracic lymphatic nodes
D. Postpneumonia pneumosclerosis
E. Postpleurisy pleuro-diafragmal comissura

5. Patient D., 24y.o., with bronchial asthma last 6 years. Asthmatic attacks occur yearly in august-september to 3-4 times. At this time he intakes β_2-agonists, inhalation corticosteroides, sometimes system corticosteroides. Specify degree of asthma?
A. I degree (intermittent)
B. II degree (persistent, mild)
C. III degree (persistent, moderate)
D. IV degree (persistent, severe)
E. V degree (persistent, severe, hormonal-dependent)

6. Patient D., 24 y.o., is ill with bronchial asthma of 6 years. Attacks of a dyspnea appear to 3-4 times per day, 1 time early in the morning. Patient intakes β2-agonists (salbutamolum till 6-10 doses daily), inhalation corticosteroids (beclomethasone 1000ug a day), systemic corticosteroids (dexamethazonum 8 mg a day). What is degree of asthma?
A. I degree (intermittent)
B. II degree (persistent, mild)
C. III degree (persistent, moderate)
D. IV degree (persistent, severe)
E. V degree (persistent, severe, hormonal-dependent)

7. The patient complains of periodic cough, occasionally with excretion of same of gray-

yellow sputum, a dyspnea when walking, low grade fever, weakness. He is ill 5 years. Smoker. In percussion over lungs clear pulmonary sound, in auskultation – hard breathing with scattered dry rales. Choose the most probable diagnosis.

A. Pneumonia
B. COPD, lung failure 1
C. Chronic nonobstructive bronchitis
D. Bronchoectatic disease
E. COPD, lung failure II

8. The patient complains of dry cough, weakness, dyspnea when walking. He is ill for 15 years. He was periodically treated as in- and out-patient. He smokes for 20 years. In percussion above lungs there is thympanitis, in auskultation - dispersed dry rales. Choose the most probable diagnosis.

A. Emphysema, lung failure II
B. Chronic nonobstructive bronchitis
C. COPD, lung failure I
D. COPD, lung failure II
E. COPD, lung failure III

9. Index Tiffno has made 85% at the patient. What it testifies to?

A. Norma
B. Violation of bronchial passability
C. Decrease of vital capacity of lungs
D. Decrease of reserve volume of lungs of expiration
E. Decrease of reserve volume of inspiration

10. Chronic obstructive bronchitis was suspected at the patient. By means of what method it is possible to estimate existence and expression of patency of airways disorders?

A. Bronchoscopy
B. Roentgenoscopy
C. Peakflowmetry
D. Spirometry
E. Computer tomography

11. Expectoration medicines, immunostimulators, antibiotics were prescribed to the patient with the diagnosis of chronic obstructive bronchitis. What needs to be added for increasing of efficacy of treatment?

A. ACE inhibitors
B. β–adrenoblockers
C. Diuretics
D. Inhibitors of cough reflex
E. Simpatomimetics

12. The patient is ill with chronic bronchitis since the childhood. Cough disturbs last 5 years permanently. In exacerbation a sputum is purulent to 300 ml a day, it is frequent with addition of blood. Obectively – fingers in the form of "drumstick". There is dullness on percussion in inferiolateral parts of thorax, where it is auscultated fine and medium moist rales were defined. Specify the preliminary diagnosis?

A. Chronic obstructive bronchitis
B. Bronchoectatic disease
C. Diffuse pneumosclerosis
D. Chronic abscess of lungs
E. Emphysema of lungs

13. The patient, drifter, complains of periodically dry cough, remote rales in respiration, increasing of body temperature to 37,5br, weakness, rest dyspnea which amplifies when walking. He is ill for 10 years. Labial cyanosis, acrocianosis. Percussion data: above lungs - box sound, in auscultation – diffuse dry rales in hard breathing. Right shift of cardiac borders on 1.5cm from right edge of sternum, upper – the III intercostal space, left shift on 1 cm from the left medioclavicular line. Cardiac activity is rhythmical. Accent of the II tone on pulmonary artery. The liver +2 cm. Pastosity of legs. FEV_1 – 38%. Choose the most probable diagnosis.

A. COPD, lung failure II

B. COPD, lung failure III

C. COPD, lung failure, III. Chronic pulmonary heart, CI 2

D. Emphysema of lungs, lung failure II

E. Emphysema of lungs, lung failure II. Chronic pulmonary heart, CI 1

14. The exacerbation of chronic obstructive bronchitis was detected at the patient. What group of drugs shouldn't be prescribed to the patient?

A. Expectorants

B. Broncholitics

C. Antibiotics

D. Blockers of cough relex

E. Mucolitics

15. The patient has a diagnosis: exacerbation of chronic obstructive bronchitis, emphysema, respiration failure III, chronic pulmonary heart, insufficiency 2A. Treatment: aminoglycosides, expectorants, adrenomimetics, diuretics. What it is possible to add treatment for imrovement of efficacy?

A. Immunodepresants

B. ACE inhibitors

C. β – adrenoblockers

D. Inhibitors of cough reflex

E. Pro-kinetics

16. Attacks of asthma are noted at the patient last 13 years. He periodically uses inhalations with salbutamol and beclometazon in dose 500 ug a day with a positive effect. For the last year he began to note constant dyspnea after physical activity and walking. In auscultation of lungs breathing is vesicular, diminished breath sounds. In percussion of border of lungs are lowered. FEV1 <60%, are noted decrease of in vital capacity of lungs and increase of residual volume of lungs. Of what complication of the main disease it is possible to think at this patient?

A. Pheumothorax

B. Emphysema of lungs

C. Pulmonary heart

D. Asthmatic status

E. All listed incorrectly

17. The dyspnea at pneumonia can be caused:

A. Big area of lesion of pulmonary tissue

B. Intoxication syndrome

C. Lesion of pleural leaves

D. Widespread edema of bronchial tree mucous and hypersecretion of mucus

E. All listed

18. What of the following changes of respiration at auscultation of lungs is most characteristic for focal pneumonia?

A. Rigid vesicular respiration

B. Weakened vesicular respiration

C. Bronchial respiration

D. Amforic respiration

E. Hard vesicular respiration with the extended expiration

19. If in case of pneumonia pathological process is localized in a parenchyma of lungs, then:

A. Cough will be dry, periodic

B. Cough will be moist, periodic

C. Cough will be absent

D. Cough can accelerated in horizontal position

E. Cough will be with addition of blood

20. Cough can occur in case of:

A. Irritation of receptors of a pleura

B. Irritation of receptors of airways

C. Irritation of n.vagus owing to a tumor of a mediastinum, aorta aneurism

D. All above-listed

E. Nothing above-listed

21. The pleural exudate can be caused:

A. Pneumonia

B. Congestive heart failure

C. Specific lesion of lungs

D. Pleural mesothelioma

E. All above-listed

22. The reason of cough with blood spitting which is followed by a dyspnea, can be:

A. Lobal pneumonia

B. Left ventricular failure

C. Pulmonary thromboembolism

D. All above-listed

E. Nothing above-listed

23. Signs of severity of nonhospital pneumonia is:

A. Cyanosis, disturbance of consciousness, dyspnea (BR<30 per min.)

B. Tachycardia, arterial hypotension (BP>90/60 mm hg)

C. Leukocytosis or leukopenia

D. Radiological symptoms of bilateral or multilobal unilateral pneumonia

E. All listed

24. If the infiltration was detected in 72 hours after hospitalization of the patient by X-ray, this pneumonia is called:

A. Nonhospital

B. Nosocomial (hospital)

C. Congestive

D. Nothing of above-listed

E. All above-stated

25. The most widespread causative agent of not hospital pneumonia is:

A. S.pneumoniae

B. H.influenzae

C. M. pneumoniae

D. M. catarrhalis

E. C. Pneumoniae.

26. What of the next definitions of pneumonia is correct:

A. Pneumonia – an acute infectious disease of a bacterial etiology when moist rales, a crepitation are defined in auskultation

B. Pneumonia – an inflammatory disease of respiratory parts of lungs of any etiology which is confirmed by X-ray

C. Pneumonia – an acute infectious disease, mainly bacterial etiology which is characterized by a focal lesion of respiratory departments of lungs and existence of an intraalveolar exudation

D. All above-listed

E. Nothing above-listed

27. Accumulation of pathological liquid in a pleural cavity at inflammatory processes is called:

A. Exudate

B. Transsudate

C. Both answers are false

D. Both answers are true

28. Rivalt's test is based on appearance of turbidity at addition of a drop of exudate in solution of:

A. Sulfuric acid

B. Linolenic acid

C. Acetic acid

D. Hydrochloric acid

E. Nitric acid

29. Relative density of exudates:

A. > 1015

B. < 1015

C. > 1005

D. < 1005

30. Main clinical signs of pleurisy:

A. Thorax pain, dyspnea, productive cough

B. Thorax pain, asthmatic attacks, productive cough

C. Thorax pain, dyspnea, unproductive cough

D. Thorax pain, unproductive cough, intoxication

31. Patognomonic for exudative pleurisy is:

A. Amforic breathing

B. Clear pulmonary sound

C. Massive dullness at percussion

D. A sound of the burst pot

E. Crepitation

32. The pleuritis which developed after resolve of pneumonia is called:

A. Parapneumonic

B. Metapneumonic

C. Nosocomial

D. Posttraumatic

E. Bronchopulmonary

33. Triangular space on a healthy side near a backbone with the dulled sound:

A. Raukfus-Grocco's triangle

B. Damuazo's triangle

C. Garland's triangle

D. Scoda's triangle

34. The minimum quantity of liquid which can be defined by a X-ray examination:

A. 500 ml

B. 200 ml
C. 100 ml
D. 300 ml

35. Threat of pleural empyema formation in patients with parapneumonic pleurisy exists in case of glucose level:
A. < 2,22 mmol/l
B. < 3,33 mmol/l
C. > 2,22 mmol/l
D. > 1,22 mmol/l

36. The main objective of treatment of patients with pleural exudation:
A. Evacuation of pleural contents
B. Antibacterial therapy
C. Therapy of the main disease
D. Desintoxication therapy

37. What processes treat to acute purulent diseases of lungs with destruction of pulmonary tissue:
A. Abscess
B. Gangrene
C. Abscessed pneumonia
D. All answers are true

38. Abscess of lungs by etiology can be:
A. Purulent or putrefactive
B. Acute or chronic
C. Single or multiple
D. Bronchopulmonary, post-traumatic, lymphogenic or hematogenic-embolic

39. In etiology of abscess of lungs the following microorganism doesn't matter:
A. Esherihia coli
B. B. fragilis
C. P. aeruginosa
D. S. aureus

40. Objective data when forming abscess without communication with a bronchial tube:
A. Small place of the shortened percutory sound and muffled vesicular breathing
B. Amforic breathing
C. Small place of percutory sound and bronchial breathing
D. Small place of the accelerate percutory sound and the weakened vesicular breathing

41. What complications of abscess?
A. Pleural empyema, pyopneumothorax, pulmonary bleeding, sepsis
B. Pulmonary bleeding, dyspnea attacks, lung atelectasis, sepsis
C. Pleural empyema, lung cancer, chronic pulmonary heart
D. Pleura empyema, hydrothorax, metastasis, sepsis

42. Chronic abscess is a condition with emptiness in pulmonary tissue remains more, than:
A. 3 months
B. 2 months
C. 1 month
D. 6 months

43. Signs of parapneumonic process in examination of pleural liquid:
A. Presence of atypical cells
B. Negative test of Rivalt

C. Quantity of leukocytes less than 10000 in 1 mm^3

D. Quantity of leukocytes 10000 and more in 1 mm^3

44. Among radial methods of diagnostics by the most sensitive for identification of empyema is:

A. Ultrasonography

B. X-ray

C. Computer tomography

D. Radionuclear scanning

45. Choice antibiotics at an empyema:

A. Cephalosporins of III generation in combination with anti-staphylococc β-laktam penicillins

B. Macrolids in combination with anti-staphylococc β-laktam penicillins

C. Respiratory ftorchinolones

D. Nitrofurans

46. The deep lesion of the bronchopulmonary device with formation of irreversible local expansion of the infected bronchi is called:

A. Bronchoectatic disease

B. Gangrene

C. The abscessed pneumonia

D. Chronic obstructive disease of lungs

47. A 29-year-old patient works as a motor mechanic. Anamnesis shows frequent exposure to cold, exacerbation of chronic bronchitis attended by cough with relativly small amount of mucopurulent sputum, subfebrility, sometimes joined by hemoptysis and pain in the right side of chest. Breathing is vesicular. X-ray shows darkening and sharp decrease in size of the lower lobe distinctly visible on the X-ray image as a streak 2-3 cm wide situated at the angle from lung root to the frontal costodiaphragmatic recess. The most likely diagnosis is:

A. Middle lobe syndrome

B. Bronchiectasis

C. Pneumonia

D. Peripheral lung cancer

E. Interlobular pleurisy

48. A 26-year-old male patient complains of piercing pain during breathing, cough, dyspnea. Objectively: t^o- 37,3^{o}C, respiration rate is 19/min, heart rate is 92/min; BP is 120/80 mm Hg. Vesicular respiration is observed. In the inferolateral parts of chest auscultation in both inspiration and expiration phase revealed noise that was getting stronger at phonendoscope pressing and could be still heard after cough. ECG showed no pathological changes. What is the most likely diagnosis?

A. Pericarditis sicca

B. Intercostal neuralgia

C. Subcutaneous emphysema

D. Spontaneous pneumothorax

E. Acute pleuritis

49. A 52-year-old patient complains of pain in the right part of her chest, dyspnea, cough with a lot of albuminoid sputum emitting foul smell of "meat slops". Objectively: the patient’s condition is grave, cyanosis is observed, breathing rate is 31/min, percussion sound above the right lung is shortened, auscultation revealed various

moist rales (crackles). What is the most probable diagnosis?

A. Lung abscess

B. Lung gangrene

C. Pleura empyema

D. Multiple bronchiectasis

E. Chronic pneumonia

50. A 40-year-old patient suffers from influenza. On the 5th day of illness there are pain behind sternum, cough with sputum, inertness. Temperature is 39, 5oC. Face is pale. Mucosa of conjunctivas and pharynx is hyperemic. Heart rate is 120/min, breathing rate is 38/min. In the lower lung segments shortening of percussion sound and moist rales (crackles) can be detected. What additional investigation should be performed first of all to specify the diagnosis?

A. Heart US

B. ECG

C. Lung X-ray

D. Mantoux test

E. Spirography

Hematology

1. At anemia surely decreases:
A. Quantity of erythrocytes and hemoglobin
B. Quantity of erythrocytes and color index
C. Level of a hemoglobin and color index

2. The varnished tongue is typical for:
A. Iron deficiency anemia
B. B_{12}, folic-deficit anemia
C. Werlhof's disease
D. Hemophilia
E. Thrombocytopenia

3. The main differentiate-diagnostic sign for the diagnosis of iron deficiency anemia is:
A. Age of the patient
B. Severity of anemia
C. Color index
D. Content of iron in serum

4. What anemia occurs most often in pregnant women:
A. Hemolitic
B. Hypoplastic
C. Posthemorrhagic
D. Folic deficit
E. Iron deficit

5. What color index is typical for normochromic anemia?
A. 0,75-1,0
B. 0,85-1,05
C. 1,0-1,3

6. Doesn't treat to sideropenic syndrome:
A. Dyspnea
B. Stomatitis
C. Koilonychosis
D. Transversal banding of nails
E. Hair fragility

7. What quantity of erythrocytes is the lower border of norm in men?
A. $4,5*10^{12}$/l
B. $4,0*10^{12}$/l
C. $3,5*10^{12}$/l
D. $3,0*10^{12}$/l

8. The daily need in iron makes:
A. 1-3 mg
B. 10-30 mg
C. 100-300 mg
D. 1000-3000 mg

9. In case of B_{12} vitamin entering lack from the outside the clinic of B_{12}-deficit anemia will be developed through:
A. 2-3 weeks
B. 3-4 months
C. 10-12 months
D. 3-5 years

10. B_{12}-deficit anemia can be followed by everything called below, except for:
A. Nephropathy
B. Funicular myelosis
C. Jaundice
D. Enlargement of a liver and lien

11. Jolie's bodies and Kebo's rings are:
A. The remains of the destroyed leucocytes
B. Globin particles of a hemoglobin
C. The remains of nuclei of erythrocytes
D. Products of degranulation of basophiles

12. For what disease is typical burning sensation of tongue in patient:
A. Addison-Birmer's anemia
B. Chronic iron deficiency anemia
C. Acute posthemorrhagic anemia
D. Chronic mieloleukemia
E. Thrombocytopenias

13. Call the complaints of the patient that are typical for iron deficiency anemia
A. Taste change
B. Emergence of morbid cracks in mouth corners
C. Weight loss
D. Feeling of " creeping sensation"
E. Fragility of nails, concavity

14. Megalocytes appear in:
A. Chronic iron deficiency anemia
B. Acute posthemorrhagic anemia
C. B_{12}-deficit anemia
D. Hemolitic anemia

15. Kebo's rings and Jolie's bodies appear in:
A. Chronic iron deficiency anemia
B. Acute posthemorrhagic anemia
C. B_{12}-deficit anemia
D. Hemolitic anemia

16. Distribution of leukemias on acute and chronic are based upon:
A. Rate of disease progress
B. Acuteness onset disease
C. Maturity degree of leukemic cells
D. Quantity of leukemic cells

17. What factors promote development of leukemias?
A. Viral
B. Chemical
C. Heriditary
D. Radial
E. All mentioned

18. The Philadelphian chromosome, as a rule, meets at:
A. Acute mieloleukemia
B. Chronic mieloleukemia
C. Chronic limpholeukemia
D. Myeloma disease

19. The basophilic and eosinophilic association meets at:
A. Acute mieloleukemia
B. Chronic mieloleukemia
C. Chronic limpholeukemia
D. Can meet at any of these diseases

20. Erythrocyte sedimentation rate in patients with a leukemia:
A. Sharply enlarged
B. Slowed down;
C. Moderately enlarged
D. Not changed
E. Normal

21. What bones are punctated for receiving of marrow:
A. Frontal
B. Tibial
C. IV thoracal vertebra
D. Breast bone
E. Ribs

22. Botkin-Humprecht's shadows are:
A. Remains of neutrophils nucleus
B. Remains of lymphocytes nucleus
C. Young lymphocytes
D. Remains of erythrocytes cover

23. The leukemic lapse in blood count is typical for:
A. Lymphogranulomatosis
B. Chronic myeloleukemia
C. Chronic lympholeukemia
D. Acute leukemia
E. Thrombocytopenias

24. Sign of acute leukemia
A. Leukocytosis
B. Increasing of ESR
C. Existence of blast cells
D. Depression of hemoglobin level
E. leukopenia.

25. The most often cause of death in patients with chronic lympholeukemia is:
A. Accessions of anemia
B. Lien infarct
C. Trombotic complications
D. Accession of secondary infections

26. The aim of induction of remission is:
A. Deduction of quantity of leucocytes at optimum level
B. Achievement of fast decrease of a leukemic pool
C. Decrease of clinical implications of disease

27. Prognosis in case of acute leukemia
A. Always unfavorable prognosis
B. Always favorable prognosis
C. It depends on morphological substrate of tumor
D. It depends on age of the patient

28. What syndrome isn't typical for leukemias?
A. Anemic
B. Ulcerative and necrotic
C. Polineuropatic
D. Hepatolienal

29. What rib lien length percussionly is determined by?
A. IX
B. XI
C. XII
D. X

30. What abdominal organ is often enlarged in case of hemopoetic system diseases:
A. Pancreas
B. Stomach
C. Lien
D. Kidneys

31. Non-Hodjkin lymphoma is a malignant disease of a blood which develops from:

A. Cells of a myeloid row

B. Cells of a lymphoid row

C. Cells of a erythroid row

D. Cells of a megakariocyte row

32. The diagnosis of a Hodjkin's lymphoma can be established on the basis:

A. Analysis of complaints of the patient (fever, lymphadenitis, weight loss, etc.)

B. A punction biopsy of the enlarged lymphatic node

C. Blood count and urinalysis

D. Histological research of remote node and obligatory identification of "diagnostic" cells (Berezovsky-Sternberg's)

33. Tumor substrate in a multiple myeloma:

A. Plasmatic cells

B. B-lymphocytes

C. T-lymphocytes.

D. Myelocytes.

34. Main methods of treatment of a multiple myeloma:

A. Antibacterial therapy

B. Transfusion of blood components

C. Hemodialysis

D. Cytostatic therapy (chemotherapy)

35. The renal failure is the most frequent complication of:

A. Multiple myeloma

B. Hodjkin's lymphoma

S. Non-hodjkin's malignant lymphoma

D. B_{12}-deficit anemia

36. What is the typical laboratory symptom of an idiopathic thrombocytopenic purpura?

A. Elongation of a blood clotting time by Lee-White

B. Depression of a prothrombin index

C. Bleeding duration augmentation by Duke

D. Depression of blood fibrinogen level

E. Elongation of a blood clotting time on Burker

37. Thrombocytopenia in patients with idiopathic thrombocytopenic purpura arises owing to (in most cases):

A. Disturbances of megacaryocytes proliferation

B. Disturbance of peeling of platelets from megacaryocytes

C. Disturbance of exit of platelets from marrow

D. Autoimmune aggression concerning platelets

E. Deficiencies and as a result of fast destruction of platelets

38. A thrombocytopenia is typical for:

A. Werlhof's disease

B. Schonlein-Henoch's disease

C. Hemophilias

D. Trombocytopaties

E. Hemophilias and Schonlein-Henoch's disease

39. Hemophylia B is caused by deficit of a factor:

A. III

B. VII
C. VIII
D. IX
E. XI

40. A hemarthroses are typical for:
A. Idiopathic thrombocytopenic purpura
B. Hemophilias
C. Hemorrhagic vasculitis
D. Trombocytopathy
E. Randu-Osler's disease

41. Late (in several hours) bleedings in case of damage of small vessels are typical for:
A. Idiopathic thrombocytopenic purpura
B. Hemophilias
C. Hemorrhagic vasculitis
D. Trombocytopathy
E. Randu-Osler's disease

42. "A leopard skin" is typical for:
A. Hemophilias
B. Hemorrhagic vasculitis
C. Werlhof's disease
D. Iron deficiency anemia
E. B_{12}- deficiency anemia

43. An optimum agent from the point of view of efficiency and safety is:
A. Cryoprecipitat
B. Concentrate of the VIII factor
C. Anti-hemophilic plasma
D. A direct hemotransfusion from the donor to the patient
E. A direct hemotransfusion from mother to the patient

44. At hemophilia:
A. The enlarged bleeding time by Duke
B. The retraction of a bloody clot is slowed down
C. The extended blood clotting time
D. Positive result of Konchalovsky-Rumpel-Leede's test
E. The reduced quantity of platelets in a blood

45. For Idiopathic thrombocytopenic purpura is typical positive test:
A. Quick-Pittel's
B. Konchalovsky-Rumpel-Leede's
C. Adis-Kakovsky's
D. Thorn's
E. Prevel's

46. Hemophilia A is caused by deficiency of factor:
A. III
B. VII
C. VIII
D. IX
E. XI

47. The onset of disease in the form of bleedings on the first years of life is typical for:
A. Idiopathic thrombocytopenic purpura
B. Hemophilia
C. Hemorrhagic vasculitis
D. B_{12}-deficiency anemia
E. Chronic myeloleukemia

48. The blood clotting time by Lee-White makes:

A. 1-3 min

B. 3-5 min

C. 5-10 min

D. 10-15 min

E. Till 20 min

49. Bleedings at first dentition are typical for:

A. Idiopathic thrombocytopenic purpura

B. Trombocytopaty

C. Hemophilia

D. Hemorrhagic vasculitis

E. Randu-Osler's disease

50. The blood clotting time is extended at:

A. Thrombocytopenic purpura

B. Hemophilias

C. Hemorrhagic vasculitis

D. Trombocytopaties

E. All hemorrhagic diathesis

Checking of true answers

Gastroenterology

No. of question	Answer	No. of question	Answer
1	B	26	E
2	E	27	B
3	C	28	C
4	A	29	B
5	D	30	D
6	B	31	E
7	D	32	C
8	A	33	A
9	C	34	A
10	A	35	D
11	C	36	C
12	E	37	D
13	E	38	A
14	A	39	C
15	C	40	E
16	D	41	D
17	A	42	A
18	D	43	C
19	A	44	D
20	E	45	C
21	D	46	B
22	A	47	E
23	C	48	B
24	B	49	D
25	A	50	E

Endocrinology

No. of question	Answer	No. of question	Answer
1	A	26	E
2	B	27	C
3	D	28	D
4	D	29	D
5	A	30	B
6	C	31	D
7	C	32	B
8	B	33	D
9	A	34	B
10	C	35	A
11	C	36	A
12	C	37	C
13	B	38	B
14	A	39	B
15	B	40	C
16	C	41	A
17	A	42	E
18	B	43	C
19	D	44	D
20	D	45	A

21	**E**	**46**	**D**
22	**C**	**47**	**B**
23	**A**	**48**	**A**
24	**A**	**49**	**D**
25	**D**	**50**	**A**

Pulmonology

No. of question	Answer	No. of question	Answer
1	**D**	**26**	**C**
2	**C**	**27**	**A**
3	**E**	**28**	**C**
4	**A**	**29**	**A**
5	**D**	**30**	**C**
6	**D**	**31**	**C**
7	**B**	**32**	**B**
8	**C**	**33**	**A**
9	**A**	**34**	**B**
10	**C**	**35**	**B**
11	**E**	**36**	**A**
12	**B**	**37**	**D**
13	**C**	**38**	**B**
14	**D**	**39**	**B**
15	**B**	**40**	**A**
16	**B**	**41**	**A**
17	**E**	**42**	**B**
18	**C**	**43**	**D**
19	**E**	**44**	**C**
20	**D**	**45**	**A**
21	**E**	**46**	**A**
22	**D**	**47**	**D**
23	**D**	**48**	**E**
24	**B**	**49**	**B**
25	**A**	**50**	**C**

Hematology

No. of question	Answer	No. of question	Answer
1	**A**	**26**	**B**
2	**B**	**27**	**C**
3	**A**	**28**	**C**
4	**D**	**29**	**D**
5	**B**	**30**	**C**
6	**A**	**31**	**B**
7	**B**	**32**	**D**
8	**B**	**33**	**A**
9	**B**	**34**	**D**
10	**A**	**35**	**A**
11	**C**	**36**	**C**
12	**A**	**37**	**D**

13	**E**	**38**	**A**
14	**C**	**39**	**D**
15	**C**	**40**	**B**
16	**C**	**41**	**A**
17	**E**	**42**	**C**
18	**B**	**43**	**A**
19	**B**	**44**	**C**
20	**A**	**45**	**B**
21	**D**	**46**	**C**
22	**B**	**47**	**B**
23	**D**	**48**	**B**
24	**C**	**49**	**C**
25	**D**	**50**	**B**

Collection of current control tests

Endocrinology

1. Adenohypophysis produces these hormones, except for:
A. Cortisol.
B. ACTH.
C. STH.
D. Prolactin.
E. FSH.
2. Insulin is produced by such cells of islets of Langerhans:
A. α-cells.
B. β-cells.
C. δ-cells.
D. γ-cells.
E. τ-cells.
3. Which hormones are produced by the islets of Langerhans:
A. Prolactin.
B. lutropin.
C. Adrenaline.
D. Glucagon.
E. Vazopresin.
4. Adrenal medulla consists of:
A Basophil cells.
B. Eosinophilic cells.
C. Polychrome cells.
D. Chromaffin cells.
E. Acidophilic cells.
5. Hormone of the adrenal cortex is:
A. Aldosterone.
B. ACTH.
C. Prolactin.
D. Prednisolone.
E. Adrenaline.
6. Hormone of the adrenal medulla is:
A. Phenylalanine.
B. Cortisol.
C. Adrenaline.
D. Aldosterone.
E. Glucagon.
7. The place which synthesis of adrenaline:
A. Sympathetic chromaffin body.
B. Diencephalon.
C. Adrenal medulla.
D. Ovarian follicles.
E. Leydig cells.
8. What is a "permissive" effects of hormones?
A. Dishormonal shifts.
B. Activation of peripheral glands, released the hormone.
C. Provide some hormones to optimal conditions for the action.
D. Neutralization of the action of the another hormone.
E. Blockade of hormone reception.
9. The main mechanism of endocrine diseases.
A. Pathology of the cardiovascular system.
B. Violation of the biosynthesis and secretion of hormones.
C. Cachexia.
D. Physical and mental overload.
E. Infectious processes.
10. Whach factor is a physiological regulator of the synthesis and secretion of insulin:
A. The concentration of blood glucose.

B. The concentration of circulating catecholamines.

C. The concentration of blood proteins.

D. The concentration of triglycerides.

E. The concentration of non-esterified fatty acids.

11. What is the biological effect of glucagon?

A. It promotes the synthesis of proteins.

B. Promotes lipogenesis.

C. Hyperglycemic effect.

D. Promotes protein catabolism.

E. Improves blood amino acids.

12. How adrenaline improves blood sugar levels?

A. Promotes glycogenesis.

B. Promotes gluconeogenesis.

C. Causes glycogenolysis.

D. Increases the synthesis of glucose from pyruvic and lactic acids.

E. Increases glucose absorption in the digestive tract.

13. Mineralocorticoid adrenal hormones is:

A. Cortisol.

B. Dehydrocorticosterone.

C. Aldosterone.

D. Testosterone.

E. Adrenalin.

14. Mineralocorticoid hormones affect metabolism:

A. Carbohydrates.

B. Fats.

C. Mineral salts.

D. Protein.

E. Nucleic Acids.

15. "Ketone bodies" are:

A. Acetoacetate.

B. Lactate.

C. Coenzyme-A.

D. Chylomicron.

E. Acetoacetyl coenzyme A.

16. Endocrine system consist of glands, which:

A. Secrets enzymes.

B. Secrets in the internal environment highly active substances.

C. Having ducts.

D. Secrets protease.

E. Secrets s amylase.

17. Adenohypophysis includes:

A. Anterior pituitary.

B. Central pituitary.

C. The front and middle lobe of the pituitary.

D. Posterior lobe of the pituitary.

E. Leykopituitary gland.

18. Adrenal cortex hormones are those, except:

A. Adrenaline.

B. Testosterone.

C. Cortisol.

D. Aldosterone.

E. Androstenedione.

19. The glucose concentration in the blood plasma of a healthy human is in the range:

A. 1-2 mmol/l.

B. 3,5-5,5 mmol/l.

C. 8-10 mmol/l.

D. 12-20 mmol/l.

E. More than 25 mmol/l.

20. Insulin is involved in glucose transport in these organs and tissues, except:

A. Muscle.

B. Fatty tissue.

C. Liver.

D. Nervous.

E. Cardiomyocytes.

21. What ions played the most important role in biosynthesis of insulin:

A. Calcium.

B. Zinc.

C. Potassium.

D. Magnesium.

E. Sodium.

22. What is the main intermediate marker, which display pancreatic insulin function in patients who receives the insulin?

A. Preproinsulin.

B. C-peptide.

C. Proinsulin.

D. Insulin-like growth factor-1.

E. Glucagon.

23. Which of the following investigations is most effective in assessing the compensation of diabetes mellitus?

A. Fasting blood glucose level.

B. Glucose level throughout the day.

C. Indicators glycosuria during the day.

D. Indicator glycated hemoglobin.

E. Ketonuria level.

24. Which of the following methods is required in the treatment of all clinical forms of diabetes mellitus?

A. Diet therapy.

B. Herbal drugs.

C. Physiotherapy.

D. Hypoglycemic oral drugs.

E. Insulin.

25. All these mechanisms are characterized by a hypoglycemic effect of sulfonylurea derivatives, except:

A. Betacytotropic action.

B. Normalisation of insulin receptors interaction.

C. Reduction of gluconeogenesis.

D. Increasing of glucagon secretion.

E. Potentiating effect on the action of insulin.

26. The patient has ketoacidosis. Which method of insulinotherapy is the most rational?

A. Injection of short-acting insulin 4-5 times a day.

B. Injection of long-acting insulin 1 time per day in the morning.

C. Injection of intermediate-acting insulin in the morning and evening.

D. Combining long-acting insulin with 2-3 injections of short-acting insulin.

E. Injection of intermediate-acting insulin in the morning and evening with short-acting insulin.

27. Which of the following complications of biguanides treatment is the most dangerous?

A. Dyspepsia.

B. Allergy.

C. Ketoacidosis.

D. B12 and folic acid deficiency anemia.

E. Lactic acidosis.

28. Which of the following methods for calculating daily dose of insulin is used in newly diagnosed insulin-dependent diabetes without ketoacidosis?

A. 0,5 units per 1 kg normal body weight per day.

B. 0,7-0,8 units per 1 kgnormal body weight per day.

C. 40 units.

D. 1 unitper 1 kg normal body weight per day.

E. 0,9 units per 1 kg normal body weight per day.

29. Which of the following methods is necessary for treatment of hypoglycemic coma?

A. The intravenous drip of 10% glucose.

B. The intravenous bolus of 40% glucose.

C. The intravenous drip of 40% glucose.

D. The intravenous drip of 5% glucose.

E. The intravenous drip of 40% glucose with 6-8 units of insulin.

30. For diabetic autonomic neuropathy is not typical:

A. Postural hypotension.

B. Impotence.

C. Urinary retention.

D. Gastroparesis.

E. Skin hyperpigmentation.

31. Diabetic ketoacidosis is characterized by such symptoms, except:

A. Reduction of glucose utilization by tissues.

B. Increase of protein catabolism.

C. Reduction of lipolysis.

D. Increase of diuresis.

E. Increase of plasma osmolality.

32. Which drugs can be applied to patients with diabetes without metabolic complications?

A. Beta-blockers.

B. Alpha-adrenoceptor agonists.

C. Glucocorticoids.

D. Acetylsalicylic acid.

E. Thiazides.

33. Diabetes mellitus type 1 is not characterized by:

A. The beginning of the disease at a young age.

B. Acute onset.

C. Weight loss.

D. Needed for insulin therapy.

E. Vascular complications at the time of onset of the disease.

34. Diabetes mellitus type 2 is not characterized by:

A. The beginning of the disease in old age.

B. Slow onset.

C. Overweight.

D. Stable flow.

E. Tendency to ketoacidosis.

35. To evaluate of glucose tolerance test: Fasting – 7,0 mmol/l; after 1 hour – 13,2 mmol /l; after 2 hours – 11,4 mmol/l.

A. Normal test.

B. Explicit diabetes mellitus.

C. It should be retested.

D. Impaired glucose tolerance.

E. It is necessary to carry out glucose-prednisolone test.

36. What methods can be used to evaluate the compensation of diabetes mellitus in an outpatient setting?

A. Determination of the glycemic profile.

B. Determination of glycated hemoglobin.

C. Determination of fasting glucose.

D. Test of tolerance to carbohydrates.

E. Determination of lipoproteins in the blood.

37. Stages of diabetic angiopathy of lower extremities, except:

A. Preclinical (metabolic).

B. Functional.

C. Organic.

D. Necrotizing.

E. Terminal.

38. Stage of diabetic retinopathy, except:

A. Non-proliferative retinopathy.

B. Preproliferative retinopathy.

C. Proliferative retinopathy.

D. Ulceroglandular proliferative retinopathy.

39. What signs are not characteristic of diabetic angiopathy of lower extremities:

A. Pain, coldness, paresthesia in the legs.

B. Violation of the trophism, atrophy of the leg muscles and feet.

C. Reduction or absence of pulsation in the arteries of the foot.

D. Changes in microcirculation according capillaroscopy.

E. No changes on teplovizogramme.

40. In which conditions in patients with diabetes mellitus insulin therapy is not recommended?

A. Diabetes mellitus type 1, the middle severity in decompensation stage. Diabetic ketoacidosis.

B. Diabetes mellitus type 1, the middle severity in compensation stage. Pregnancy.

C. Newly diagnosed diabetes. Obesity III stage.

D. Diseases of the blood.

E. Diabetes mellitus type 2. Acute myocardial infarction.

41. In which of the following conditions in diabetic patients are recommended sulfonylureas drugs?

A. Diabetes mellitus type 1, compensation stage. Diabetic nefropathy, nephrotic stage.

B. Diabetes mellitus, mild severity, compensation stage.

C. Diabetes mellitus type 2, moderate severity. Nonproliferative angioretinopathy.

D. Diabetes mellitus type 2, moderate severity, compensation stage. Coronary artery disease, acute myocardial infarction, heart failure 1 stage.

E. Diabetes mellitus type 1, moderate severity, compensation stage during surgery - cholecystectomy.

42. In which of the following conditions in diabetic patients are not contraindicated sulfonylureas drugs?

A. Cytopenia.

B. Acute hepatitis.

C. Extraction of the tooth.

D. Lactation and pregnancy.

E. Severe exacerbation of chronic infection.

43. Complications of insulin therapy may include:

A. Leukopenia, thrombocytopenia.

B. Hypertension.

C. Constipation.

D. Fatty liver.

E. Lipodystrophy.

44. Which of the symptoms of diabetes mellitus are not a direct contraindication for pregnancy?

A. Proliferative angioretinopathy.

B. Labile insulin resistance and diabetes.

C. Progressive nephropathy.

D. Diabetes severe form, compensation stage.

E. Diabetes in husband of patient.

45. In which clinical forms of diabetes mellitus is recommended spa treatment:

A. Diabetes mellitus without complications, mild form, compensation stage.

B. Diabetes mellitus, severe decompensated. Diabetic retinal angiopathy.

C. Labile course of diabetes mellitus.

D. Diabetes mellitus with diabetic neuropathy with severe pain.

E. Diabetes mellitus, proliferative diabetic retinopathy.

46. Which of these professions are not contraindicated for patients with diabetes mellitus of moderate and severe forms?

A. Pilot, driver.

B. Work related to night shifts, trips.

C. High-altitude work.

D. Machinist.

E. Teacher at the school.

47. Which of these mechanisms do not participate in the pathogenesis of diabetic ketoacidosiscoma?

A. Activationcontrinsulin hormons.

B. Gluconeogenesis.

C. Glycogenolysis.

D. Hyperosmolarity.

E. Limiting the glucose supply to the brain cells.

48. Which of the following symptoms are not typical for hyperosmolar coma?

A. Surface, accelerated breathing.

B. Local neurological symptoms.

C. Ketoacidosis.

D. High hyperglycemia.

E. Dehydration.

49. Which of the following symptoms are not typical for hypoglycemia?

A. Cramps.

B. Increased reflexes.

C. Diplopia.

D. Hunger.

E. All of the above.

50. Patient 63 years old, suffering from diabetes mellitus type 2. Against the background of acute cerebral circulatory disorders developed high hyperglycemia, acute dehydration, hyperchloremia, hypernatriemia. Ketonemia and acetonuria are absent. Correct diagnosis:

A. Hyperlactacydemic coma.

B. Acute renal failure.

C. Hyperketonemic diabetic coma.

D. Chronic renal failure.

E. Hyperosmolar coma.

51. Man 26 years old, complains of thirst, increased urination, general weakness, decrease body weight. Objectively: dry skin, red cheeks, vesicular breathing. Tongue dry. Without symptoms of peritoneal irritation. What research is the most informative for diagnosis?

A. Analysis of blood glucose.

B. General blood analysis.

C. General urine analysis.

D. Analysis of urine on Zimnitskiy.

E. Blood liver function tests.

52. At a man 25 years old, who suffer from diabetes mellitus for 8 years, had developed a coma. Objectively: skin is dry, reduced turgor, Kussmaul breathing, blood pressure - 105/60 mm Hg, pulse - 116 for a min., the acetone odor in the air. What kind of coma can be suspected?

A. Hypoglycemic coma.

B. Hyperosmolar coma.

C. Lactic acid coma.

D. Ketoacydotic coma.

E. Brain coma.

53. The patient was 46 years old, who suffer from diabetic mellitus for 9 years, receives insulin Humodar B - 26 units in the morning and 18 units in the evening. Complains of weakness, headache, sweating at night. Objectively:

Pulse 72 for a min, blood pressure - 125/70 mm Hg. Liver + 4cm. Blood glucose: 8.00 - 14 mmol/l; 12.00 - 9 mmol/l; 17.00 - 11 mmol/l; 2.00 - 3.8 mmol/l. What caused of these complains&

A. Low insulin dose in the morning.

B. Low insulin dose in the evening.

C. Hepatosis.

D. Climacteric Syndrome.

E. High insulin dose in the evening.

54. The patient 27 years old, who suffer from diabetic mellitus type 1 with satisfactorily compensated, complains of frequent hypoglycemia, nausea, bowel disorders, skin hyperpigmentation, blood pressure decreased to 80/50 mm Hg., Hb -105 g/l. What is the cause of low blood pressure?

A. Diabetic enteropathy.

B. Diabetic gastropathy.

C. Chronic adrenal insufficiency.

D. Overdose antidiabetic drugs.

E. The development of diabetes insipidus.

55. The patient is 19 years old. Acutely ill.Thirst, polyuria, weakness, weight loss of 4 kg for 2 weeks. Objectively: general condition is satisfactory, there is no smell of acetone. Glucose levels: fasting blood - 32 mmol/l, in urine - 6% acetone (+). Your tactics?

A. Diet therapy.

B. Appointment of antidiabetic herbs.

C. Appointment of biguanides.

D. Appointment of sulfonylureas.

E. Appointment of insulin.

56. At man 28 years on the backdrop of bronchopneumonia had developed a coma. Objectively: HR - 122/min. Blood pressure - 80/45 mm Hg. The skin is dry, turgor reduced. Breath deep, noisy, rare. Acetone smell in the air. Liver 5 cm. Glycemia - 32 mg/dL, blood pH - 6.9. What solution would recommended to the normalization of metabolic processes?

A. 0,9% sodium chloride solution.

B. 5% glucose solution.

C. 4,2% sodium hydrogen carbonate solution.

D. 1% potassium chloride solution.

E. Reopoliglyukin.

57. A man 20 years, suffers from diabetes mellitus for two years. Objectively: dry tongue. Diabetic blush. Liver 4 sm. Fasting glucose – 12,3 mmol/l, glucosuria - 25 g/l. Elevated levels of plasma triglycerides. For the prevention of diabetes complications recommended:

A. Assign aldosoreductase inhibitors.

B. Assign angioprotective means.

C. Assign vitamins A, E, C.

D. Achieving stable normoglycemia.

E. Assign lipid-lowering therapy.

58. Why in hyperosmolar coma there is no signs of ketoacidosis?

A. Retained residual insulin secretion, which inhibits lipolysis.

B. Increased activity contrinsulin hormones.

C. Increased levels of glucose neutralized lipolysis.

D. Reducing blood volume blocks lipolysis.

E. Prevails lipogenesis.

59. Eighteen-year woman suffer from diabetes mellitus for 5 years. She gets 36 units of insulin per day. During pneumonia condition had developed thirst, abdominal pain, nausea, vomiting, drowsiness. The patient refused to eat in the evening and did not receive the next even-

ing dose of insulin. In the morning she lost consciousness. Objectively: the unconscious, the skin is dry, turgor reduced. Tongue dry, noisy breathing and deep, smell of acetone breath. The body temperature – 36,6 0C, pulse - 100/min, blood pressure - 90/50 mm Hg. In urine positive reaction to acetone. Blood glucose - 33 mg/dL. What is the preliminary diagnosis?

A. Lactic acid coma.

B. Hyperosmolar coma.

C. Ketoacydotic coma.

D. Hepatic coma.

E. Brain coma.

60. The patient was hospitalized in the department unconscious. Suffers from diabetes mellitus for 5 years.He got the long-acting insulin for a dose of 24 units in the morning and 18 units in the evening. Suddenly he lost consciousness. The skin is moist, increased muscle tone. Tonus eyeballs is normal. Ps - 96 / min, blood pressure - 120/80 mm Hg. Rhythmic breathing. Tongue is moist. Meningeal symptoms are absent. What treatment is recommended in this situation?

A. Injection of short-acting insulin intravenously.

B. Injection of 40% glucose solution intravenously.

C. Injection of 4% sodium hydrogencarbonate solution intravenously.

D. Injection of hydrocortisone intravenously.

E. Injection of adrenaline subcutaneously.

61. Patient B., 46 years old, height 170 cm, weight 93 kg. Over 2 months he was on diet therapy with restriction of energy intake. Weight lost for 5 kg. Fasting glucose - 12 mg/dl. What hypoglycemic therapy is most recommended?

A. Sulfonylurea drugs of II generation.

B. Insulin.

C. Sulfonylurea drugs of III generation.

D. Biguanides (metformin).

E. Sulfonylurea drugs of I generation.

62. Patient 64 years old, who suffers from diabetes mellitus type 2, had ill hepatitis A. During the last 2 years has received glibenclamide 15 mg per day. Fasting glucose is 13,6 mmol/l. Determine the tactics subsequent treatment:

A. Assign sulfonylurea drugs of III generation.

B. Assign biguanides in addition.

C. Increase the dose of glibenclamide to 20 mg per day.

D. Assign acarbose in addition.

E. Assign insulin,

63. Patient K., 25 years old, suffers from diabetes mellitus type 1. While climbing the stairs he had collapsed. Objectively: consciousness is absent. The skin is moist, increased muscle tone. Tonus eyeballs is normal. Pulse - 80/min, rhythmic. Blood pressure -110 / 70 mm Hg. Meningeal symptoms are absent. Your diagnosis is:

A. Hyperosmolar coma.

B. Hypoglycemic coma.

C. Ketoacydotic coma.

D. Lactic acid coma.

E. Hepatic coma.

64. Patient K., suffers from diabetes mellitus for 28 years. Over the last year, the insulin dose decreased by 14 units. In the analysis of urine:

protein – 1,7 g/l, sugar – 0,8%, many erythrocytes, cylinders. These symptoms are signs of:

A. Insulin resistance.

B. Diabetic nephropathy.

C. Decompensation of diabetes.

D. Pyelonephritis

E. Syndrome of chronic insulin overdose.

65. All of the following mechanisms characterize insulin resistance, expect for:

A. Reduced amount of insulin receptors in muscle tissue.

B. Neutralizing antibody to insulin.

C. Violations of hormone-receptor interactions.

D. Formation of autoantibodies to the insular apparatus of the pancreas.

E. Severe parenchymal liver disease.

66. Diabetes mellitus diagnosis is confirmed by:

A. Level of fasting plasma glucose higher then 5,5mmol/l.

B. Level capillary fasting blood glucose higher then 11,1mmol/l.

C. Level of fasting plasma glucose higher then 7,8mmol/l.

D. Level of capillary fasting blood glucose higher then 6,1mmol/l.

67. The glucose - tolerance test is carried out in the absence of:

A. Clinical symptoms of diabetes mellitus and increasing the level of fasting blood glucose higher than 6,1mmol/l.

B. Clinical symptoms of diabetes mellitus and increasing the level of fasting blood glucose higher than 5,5 mmol/l, but not more than 6,7mmol/l.

C. Clinical symptoms of diabetes mellitus and increasing the level of fasting blood glucose higher than 5,5mmol/l, but not more than 6,1mmol/l.

68. Oral glucose - tolerance test results, which indicated of impaired glucose tolerance:

A. Fasting blood glucose is higher than 5,5mmol/l and over 2 hours after exercise is less than 7,8 mmol/l.

B. Fasting blood glucose is less than 6,1mmol/l and over 2 hours after exercise is less than 11,1 mmol/l.

C. Fasting blood glucose is less than 6,1mmol/l and over 2 hours after exercise is higher than 7,8mmol/l but less than 11,1 mmol/l.

69. Hyperinsulinemia is typical for:

A. Chronic pancreatitis.

B. Cushing syndrome.

C. Hyperaldosteronism

D. Hemochromatosis.

E. Gestational diabetes mellitus.

70. Pathological conditions that develop on the background of hyperglycemia:

A. Osmotic dieresis.

B. Glycosuria.

C. Water and electrolyte loss.

D. Weight loss

E. All answers right.

71. Reactive (functional) hypoglycemia is typical for:

A. Increasing vagal tone.

B. Gastric ulcer.

C. Precursor stage of diabetes mellitus type 2.

D. Kidney diseases.

72. The clinical manifestations of insulin resistance syndrome include:

A. Arterial hypertension.

B. Abdominal obesity.

C. Dyslipidemia.

D. Diabetes mellitus type 2 or impaired glucose tolerance.

E. All of the above.

73. Typical symptoms of visceral neuropathy are:

A. Orthostatic hypotension.

B. Atony of bladder.

C. Impotence.

D. Diarrhea.

E. All answers right.

74. Determine the stage of diabetic retinopathy which is characterized by the presence of exudates and hemorrhages, vascular fibrosis near or at the optic nerve, the capillary loops in the macular site:

A. Nonproliferative angioretinopathy.

B. Preproliferative angioretinopathy.

C. Proliferative angioretinopathy.

75. For diabetic peripheral neuropathy is typical:

A. Pain in the symmetric parts of the limbs.

B. Paresthesia.

C. Anesthesia for "sock" type.

D. Violation of perspiration.

E. All of the above.

76. The cause for the absence of ketoacidosis at hyperosmolar coma:

A. Presence of residual insulin secretion.

B. The absence of a significant increase of contrainsular hormones.

C. Increased insulin sensitivity.

D. Gluconeogenesis blockade.

77. Woman, 38 years old, was admitted to hospital in the condition of stupor. Fasting glycemia - 2,2mmol/l, insulin – 85 MED/ml (normal less than 22), C-peptide - 5,2 ng/ml (normal 0,5-2,0), proinsulin - 0,6 ng/ml (normal less than 0,02). Hypoglycemia can be caused by:

A. Metformin drugs.

B. Taking insulin.

C. Insulinoma.

D. Taking acarbose.

78. Which animal insulins are similar in amino acid composition to human insulin?

A. Dog insulin.

B. Bovine insulin.

C. Pigs insulin.

79. The main source of glucose during prolonged starvation:

A. Glycogen in the liver.

B. Glyceryl released from triglyceride.

C. Lactate from skeletal muscle.

D. Synthesis of glucose from amino acids in the liver.

E. Synthesis of glucose from free fatty acid in the liver.

80. Woman, 40 years old, complains of tachycardia, anxiety, tremors. The symptoms increased over the last few months, they disappear or decrease after a meal. Objectively: obesity and hypertension (blood pressure - 170/100 mm Hg.). The only physical finding was a single hemorrhage in both eyes and the absence of Achilles tendon reflexes. During the oral glucose tolerance test were symptoms of hypoglycemia, confirmed by laboratory tests. The cause of these symptoms is:

A. Reactive hypoglycemia.

B. Thyrotoxicosis.

C. Diabetes mellitus.

D. Insulinoma.

E. Pheochromocytoma.

81. At what disease is the most reduction the number of receptors for insulin?

A. Diabetes mellitus type 2.

B. Diabetes mellitus type 1.

C. Insulinoma

D. Obesity

E. In hypothyroidism.

82. In the pathogenesis of type 1 diabetes the most important:

A. The genetic defect of antiviral immunity.

B. The genetic defect of T-lymphocytes.

C. Contrinsular hormones

D. The primary destructive process of the pancreas

E. Insulin resistance.

83. Which hormones inhibits the secretion of insulin most of all?

A. Adrenaline.

B. Somatostatin.

C. Glucagon.

D. Norepinephrine.

E. Prolactin.

84. Which of the tissue is the most insulin-dependent?

A. Muscle.

B. Nervous.

C. Adipose.

D. Bone.

E. Lymphoid.

85. The most characteristic feature of diabetes mellitus type 1 is:

A. The association with HLA-antigens.

B. The presence of antibodies to the islet of pancreatic tissue.

C. Reducing the number of insulin receptors.

D. Increased insulin resistance.

E. Increased plasma osmolality.

86. Which of the early symptoms characteristic of diabetic nephropathy?

A. Selective albuminuria.

B. Orthostatic proteinuria.

C. Transient hypertension.

D. Reduced glomerular filtration rate.

E. Increased blood creatinine level.

87. The most characteristic feature for diabetic ketoacydotic coma is:

A. Hypothermia.

B. Dehydration.

C. Hypotensionю

D. The presence of the smell of acetone in breath.

E. Dry skin

88. The most characteristic feature for diabetic lactic acid coma is:

A. Kussmaul Breathing.

B. Nausea, vomiting.

C. Increase lactate levels in blood.

D. Symptoms of dehydration.

E. All of the above.

89. The most probable cause of persistent tachycardia in patients with diabetes mellitus type 1 are:

A. Combination of diabetes with thyrotoxicosis.

B. Diabetic cardiomyopathy.

C. Coronary heart disease.

D. Autonomous cardiac neuropathy.

E. Hypokalemia.

E. Hydronephrosis.

90. The most characteristic defeat of organs of vision in patients with diabetes mellitus are:

A. Violation of accommodation.

B. Diabetic retinopathy.

C. Cataracts.

D. Myopia.

E. Conjunctivitis.

91. What is the main mechanism of hypoglycemic action of the biguanide?

A. Improving the utilization of glucose by peripheral tissues.

B. Increased secretion of insulin from the beta cells.

C. Reduction of liver insulinase activity.

D. Reduction of glucose absorption in the intestine.

E. Inhibition of gluconeogenesis and glycogenolysis.

92. The main indication for the treatment of sulfonylureas drugs:

A. Diabetes mellitus type 2 in adults.

B. Juvenile diabetes.

C. Labile course of diabetes mellitus.

D. Diabetes mellitus type 2 in pregnancy.

E. Diabetes mellitus type 2 in obese patients.

93. What treatment is most recommended for patients with diabetes mellitus in pregnancy?

A. Short-acting Insulin.

B. Biguanides.

C. Sulfonylureas drugs.

D. Long-acting insulin.

E. Long-acting insulin in combination with short-acting insulin.

94. Products that contain cellular tissue in the diet of patients with diabetes mellitus contributes to:

A. Reduction of hyperglycemia.

B. Reduction of hyperlipidemia.

C. Reduction of glucose absorption in the intestine.

D. Increasing the synthesis of vitamins B.

E. All of the above.

95. Which of following insulins is short acting?

A. Protafan.

B. Actrapid.

C. Lantus.

D. Levemir.

E. Humodar B.

96. Which of the insulins has a middle duration of action?

A. Actrapid.

B. Farmasulin H.

C. NovoRapid.

D. Epaydra.

E. Protafan.

97. Which of the following insulins has the most prolonged duration of action?

A. Actrapid.

B. Protafan.

C. Epaydra.

D. Humodar B.

E. Lantus

98. Risk factors of diabetes mellitus type 2 are:

A. Overeating.

B. Stressful situations.

C. Atherosclerosis.

D. The presence of diabetes mellitus type 2 in relatives.

E. Al answers are true.

99. What is the main effect of insulin on the protein metabolism?

A. Anabolic.

B. Catabolic

C . It stops the breakdown of proteins.

D. No effect on protein metabolism.

E. A and C are true.

100. Insulin is recommended for patients with diabetes mellitus and:

A. Coronary artery disease.

B. Ketoacidosis.

C. Diabetic enteropathy.

D. Diabetic hepatopathy.

E. Arterial hypertension.

101. All of the following features characterize congenital hypothyroidism, except:

A. Delay of sexual development.

B. Delay of growth.

C. Backlog of bone age of the passport.

D. Backlog of the mental development.

E. Signs of defeat of the hypothalamic-pituitary system.

102. All of these activities are recommended for the treatment of hypothyroid coma, except:

A. Injection of thyroid hormone.

B. Admission of glucocorticoids.

C. Treatment of hypoventilation.

D. Rehydration.

E. Treatment of opportunistic infections and other diseases, which led to the development of coma.

103. The most recommended treatment of acromegaly:

A. Estrogens.

B. Progesterone.

C. Bromocriptine (parlodel).

D. Infusion of somatostatin.

E. L-DOPA.

104. Weight loss is characteristic of endocrine diseases, except:

A. Diabetes mellitus type 1.

B. Toxic goiter.

C. Phaeochromocytomas.

D. Hypothalamic syndrome of puberty.

E. Hypopituitarism.

105. Cushing's syndrome is manifested by such symptoms, except:

A. Dysplastic obesity.

B. Atrophic stretch marks.

C. Hyperglycemia.

D. Osteoporosis.

E. Arterial hypotension.

106. The daily need of iodine for thyroid hormone biosynthesis is:

A. 1-2 g

B. 14-17 mg.

C. 100-150 mcg.

D. 98-104 ng.

E. 123-228 mmol.

107. To induce the sexual development of boys used:

A. Methyltestosterone.

B. Progesterone.

C. Andriol.

D. Chorionic gonadotropin.

E. Kortinef.

108. Patient K, 52 years old, complains of weight gain, weakness, constipation, memory impairment. These symptoms slowly evolved

over the last 1.5 years. Objectively: dry skin, a mild tumor of the face and extremities, pulse - 66/min, blood pressure -110/70 mm Hg., the thyroid gland is not palpable. In the blood were indicated antibodies to thyroglobulin (+) and the microsomal antigen (+++); the level of thyroid-stimulating hormone – 15,2 mIU/l. Ultrasound of thyroid gland: reduced size, inhomogeneous structure. Diagnosis:

A. Diffuse nontoxic goiter.

B. Autoimmune thyroiditis, euthyroidism.

C. Endemic goiter.

D. Subacute thyroiditis.

E. Autoimmune thyroiditis, hypothyroidism.

109. A woman 25 years old at the time of medical examination found enlargement of the thyroid gland. He resides in endemic region. The internal organs are normal. The thyroid gland is diffusely increased to II stage, elastic, smooth. The level of thyroid hormones in the normal range. Ultrasound: thyroid gland is large, increased echogenicity is not altered. Diagnosis:

A. Diffuse nontoxic goiter euthyroid II stage.

B. Autoimmune thyroiditis, euthyroidism.

C. Diffuse endemic goiter euthyroid II stage.

D. Nodular goiter.

E. Chronic thyroiditis.

110. An elderly woman was hospitalized with serious condition. Objective: blood pressure - 90/60 mm Hg, pulse - 56/min. Body temperature - 35,8 C. The skin is pale, cold, very dry. Hair sparse, thin, areas of alopecia. Stomach peristalsis does not listen. Swelling in the legs and around the eyes. Glycemia – 3,2 mmol/l. What is the pathology in the patient?

A. Hypercalcium crisis.

B. Adisson crisis.

C. Hypoglycemic coma.

D. Hypothyroid coma.

E. Lactic acid coma.

111. The patient was 47 years old, last 4 years, complains of weakness in the limbs, pain in the calf muscles and the back. On the X-Ray of the bones were found osteoporosis, cysts, pathological fractures. The calcium level in the blood is increased. Your diagnosis?

A. Stein-Leventhal syndrome.

B. Primary hyperparathyroidism.

C. Osteoblastoma.

D. Hypoparathyroidism.

E. Cushing's disease.

112. Woman 36 years with primary hypothyroidism receives L-thyroxine in daily dosage 50 mg. What investigation is the most recommended to assess the effectiveness of the dose?

A. Determination of thyroxine level.

B. Determination of triiodothyronine level.

C. Determination of thyrotropin level.

D. Determination of thyroglobulin level.

E. Determination of cholesterol.

113. Woman 32 years old, complains of thirst, frequent urination up to 6 liters per day, which intensified after the stress. Urine specific gravity - 1001-1004; acidic reaction.Your diagnosis?

A. Trauma of skull.

B. Psycho-emotional overload.

C. Chronic pyelonephritis.

D. Chronic glomerulonephritis.

E. Primary hyperaldosteronism.

114. Man 48 years old, miner, complains of the increasing headache, changes in appearance. In history - chronic tonsillitis. Abuse alcohol, to-

bacco. Objective: height - 178 cm, weight - 92 kg. Increased eyebrows, nose, ears, tongue. Prognathism. Enlarged hands and feet. The skin is thickened, greasy. The liver +2 cm. Congestion of the optic nerve nipple in the eye fundus. Fasting glucose – 7,2 mmol / l. What is the most possible cause of this condition?

A. Brain Tumor.

B. Chronic infection.

C. Alcohol abuse.

D. Working conditions.

E. Chronic overeating.

115. A woman 52 years old after strumectomy appeared inspiratory dyspnea, constricting chest, paresthesia in the face, extremities. The appearance of the symptom is most probably?

A. Shtelvaga.

B. Babinski.

C. Chvostek.

D. Moebius.

E. Graefe.

116. Woman 46 years old after subtotal resection of the thyroid gland appeared paresthesia in the area of the face, extremities, difficulty breathing, chest pain, periodic leg cramps. HR - 89 / min. Blood pressure - 150/100 mm Hg. What medications is most recommended in acute period?

A. Nitrate

B. Neuroleptics.

C. Tranquilizers.

D. Calcium.

E. Beta-blockers.

117. Woman 32 years old, complains of weakness, apathy, chilliness, amenorrhea, which have evolved after the severe childbirth. Objectively: height 165 sm, weight 54 kg, pulse - 56/min, blood pressure -90/50 mm Hg. The skin is pale, dry. Fasting glucose – 3,3 mmol/l. The development of which complications is most probably?

A. Primary adrenal insufficiency.

B. Pituitary insufficiency.

C. Primary hypogonadism.

D. Hypothalamic syndrome.

E. Pituitary adenoma.

118. Boy 10 years old, was hospitalized with complains of polydipsia, polyuria - up to 9 liters per day, weakness, poor appetite. The first symptoms appeared after 2 weeks after suffering flu. Fasting glucose level – 4,2 mmol/l. What additional investigation recommended to the clinical diagnosis?

A. General analysis of blood.

B. General analysis of urine.

C. Analysis of urine for acetone.

D. Analysis of urine by Nechiporenko.

E. Analysis of urine by Zimnitsky.

119. The woman 14 years old during the last year weight loss (7 kg). She complains of headaches, general weakness. Objectively: the accumulation of fat is more pronounced on the neck, chest, abdomen. On the side surfaces of the abdominal were tretching band. Mammary glands are underdeveloped, absent menstruation, body hair of male type. Blood pressure - 160/100 mm Hg., HR - 92/min. On skull X-Ray indicated osteoporosis, enlarged pituitary sella. Clinical diagnosis?

A. Primary hypoparathyroidism.

B. Cushing syndrome.

C. Puberty dispituitarism.

D. Cushing disease.

E. Stein Leventhal syndrome.

120. Woman 48 years old complains of irritation, sweating, tremor, weight loss, progressive weakness, sleep disturbance. Sick for about a year. Objectively: skin is moist, warm, thyroid gland diffusely enlarged up to the second degree, elastic consistency. Patient has symptoms Kocher, Graefe, Shtelvaga. Pulse - 118/min, Blood pressure - 150/60 mm Hg. Clinical diagnosis:

A. Chronic autoimmune thyroiditis.

B. Diffuse goiter II st., Thyrotoxicosis.

C. Diffuse goiter II st., Euthyroidism.

D. Diffuse goiter II st., Dystonia.

E. Diffuse goiter II st., Menopausal syndrome.

121. The patient 36 years old, ills over 1-1,5 years. He complains for weakness, poor appetite, nausea. Weight loss at 10 kg for 1 year. Skin and nipples are hyperpigmented. Pulse - 60 / min, blood pressure - 80/50 mm Hg. High levels of adrenocorticotropic hormone in plasma. Your preliminary diagnosis?

A. Chronic adrenal insufficiency.

B. Diabetes mellitus.

C. Hypopituitarism.

D. Chronic gastritis.

E. Chronichepatitis.

122. Woman 32 years old, the thyroid gland is diffusely enlarged II stage, clinical signs of hyperthyroidism are absent. Ultrasound: the thyroid gland is inhomogeneous, in both particles are visualized hypoechogenic structures in size from 1x1 to 4x4 mm; lymph nodes were not enlarged. What medical tactic is recommended?

A. Total thyroidectomy.

B. Monitoring after 6 months.

C. Appointment Merkazolil and control after 3 months.

D. Subtotal resection of the thyroid gland.

E. Receiving of thyroid hormones and control after 3 months.

123. Patient K., 37 years old, complains of thirst, polyuria (up to 10 liters per day), weakness. The disease is caused by craniocerebral trauma. Common blood test - no change; Common urine test: specific weight – 1001, protein – no, sugar - no. Clinical diagnosis?

A. Chronic glomerulonephritis.

B. Acute renal failure, polyuria stage.

C. Diabetes mellitus.

D. Primary hyperaldosteronism.

E. Diabetes insipidus

124. Woman 52 years old, complains of weakness, memory loss, increased weight, constipation. Sick about 3 years. Objective: height - 164 cm, weight - 87 kg, the skin is dry, dense, cold, fat distribution is normal. Pulse - 60 / min, heart sounds are muffled, blood pressure - 145/85 mm Hg., Body temperature - 35,8 C. What is the most probable cause of increased weight?

A. Cushing's disease.

B. Hypothalamic syndrome.

C. Climacteric syndrome.

D. Hypothyroidism.

E. Hypoestrogenemy.

125. Patient S., 38 years old, complains of headache, thirst, increased blood pressure and weight (46 kg over 3 years). The disease is associated with the flu. Height - 176 cm, weight - 143 kg. Division of adipose tissue: primarily on

the torso, thighs, abdomen, multiple striae with cherry color. Blood pressure - 180/100 mm Hg. Your preliminary diagnosis?

A. Alimentary-constitutional obesity Article III.

B. Hypothyroidism.

C. Hypothalamic syndrome, neuroendocrine form.

D. Cerebral obesity III degree.

E. Pituitary Cushing.

126. Patient G., 37 years old, with asymmetric enlargement of the thyroid gland II stage, gland is painful on palpation. Body temperature – 38 C. A week ago suffered from tonsillitis. The general analysis of blood - accelerated ESR. Preliminary diagnosis:

A. Fibrous thyroiditis.

B. Graves' disease.

C. Toxic thyroid adenoma.

D. Autoimmune thyroiditis.

E. Subacute thyroiditis.

127. Patient P., 32 years old, complains of constant irritability, tachycardia, pain in the eyes, tearing, weight loss at 10 kg about 4 months. Objectively: skin is warm, moist, easy exophthalmos, positive symptoms of Graefe, Kocher, Mobius. The thyroid gland is diffusely enlarged, unpainful. Pulse - 108/min, blood pressure - 140/66 mm Hg. Mild tremor of the fingers.Your diagnosis?

A. Acute thyroiditis.

B. Nodular toxic goiter.

C. Diffuse toxic goiter.

D. Neurasthenia.

E. Subacute thyroiditis.

128. The etiological factors of hyperprolactinemia:

A. The physiological stimulation of the pituitary gland in the background hyperestrogenemia.

B. Diabetes mellitus.

C. Diffuse toxic goiter.

D. Receiving of acetylsalicylic acid.

E. All of the above.

129. The etiological factors of hyperprolactinemia:

A. Diabetes mellitus.

B. Receiving of metoclopramide.

C. Diffuse toxic goiter.

D. Angina.

E. All of the above.

130 The etiological factors of hyperprolactinemia:

A. Insufficiency of the adrenal cortex

B. Microadenoma pituitary secreting prolactin.

C. Primary hypothyroidism.

D. Receiving of antidepressants.

E. All of the following.

131. Clinical manifestations of hyperprolactinemia:

A. Amenorrhea.

B. Algomenorrhea.

C. Hypermenorrhoea.

D. Endocrine ophthalmopathy.

E. Prognathism.

132. Clinical manifestations of hyperprolactinemia:

A. Galactorrhea.

B. Amenorrhea.

C. Headache uncertain localization.

D. Bitemporal hemianopsia.

E. All of the above.

133. The concentration of prolactin in the blood of women in physiological conditions (absence of pregnancy and lactation):

A. Less than 20 ng/ml.

B. Less than 200 ng/ml.

C. 10-15 mg/ml.

D. 8-10 mkE/ml.

E. 50 ng/ml.

134. What additional investigation is needed to verify the diagnosis of hyperprolactinemia?

A. Investigationof heart rate variability

B. Electroencephalography.

C. Rheoencephalography.

D. Computer tomography of the brain (Turkish saddle)

E. All of the above.

135. What drugs are used for the functional (stimulus) tests for the diagnosis of hyperprolactinemia:

A. Bromkreptin.

B. Aspirin.

C. Omeprazole.

D. L-thyroxine.

E. Metoclopramide.

136. What drugs are used for medical treatment of hyperprolactinemia:

A. L-thyroxine.

B. Bromkreptin.

C. Glimepiride.

D. Metformin.

E. Androkur.

137. What drugs are used for medical treatment of nhyperprolactinemia:

A. Cabergoline.

B. Diane-35.

C. Menerin.

D. Adiuretin.

E. Glyukofazh.

138. Negative effects of the use of cabergoline:

A. Arterial hypotension.

B. Hirsutism.

C. Amenorrhea.

D. Hypertension.

E. Atrial Fibrillation.

139. What are the etiological factors for acromegaly:

A. Ectopic secretion of somatoliberin.

B. Pituitary tumor.

C. Ectopic secretion of growth hormone.

D. MEN-1 syndrome.

E. All of the above.

140. Clinical manifestations of acromegaly:

A. Tachycardia, polyuria, «acantosis nigricans».

B. Hyperthyroidism, hyperuricemia, diarrhea.

C. Melasma, metabolic syndrome, amenorrhea.

D. Coarsening of facial features, diastema, prognathism, hyperprolactinemia.

E. Polyphagia, pterygoid neck wrinkle, hair loss.

141. Which skin defeats are typical for acromegaly?

A. Myxedema.

B. Impetigo.

C. Seborrhea.

D. Lipoid necrobiosis.

E. Hyperkeratosis.

142. Which bone defeats are typical for acromegaly?

A. Osteoporosis.

B. Front hyperostosis.

C. Osteomalacia.

D. Pathologic fractures.

E. Joint of Charcot.

143. Which defeats of the cardiovascular system are typical for acromegaly?

A. Left ventricular hypertrophy.

B. Atrial fibrillation.

C. Myocardial infarction.

D. Atrio-ventricular block.

E. Myocarditis.

144. The main methods for treatment of acromegaly:

A. Medical (dopamine receptor agonist therapy).

B. Surgery (prostatectomy).

C. Medical (Therapy with somatostatin analogues).

D. Ray (gamma-therapy and proton therapy).

E. All of the above.

145. What are the objective signs of acromegaly?

A. The presence of pituitary adenoma, hyperprolactinemia, enlarged hands and feet.

B. Daytime sleepiness, weight gain.

C. Headache, sweating, tachicardia and shortness of breath.

D. Violations of the menstrual cycle, weakness, reduced disability.

E. All of the above.

146. Which of brain structure compresses by primarily somatotropinoma at extrasella growth?

A. The brain stem.

B. Cerebellum.

C. The optic chiasm.

D. Cortices of parietal lobes.

E. All of the above.

147. Clinical manifestations of hypoparathyroidism:

A. Correct B and E.

B. Spasmodic contraction of different muscle groups.

C. All are correct.

D. Hyperglycemia.

E. Defects of tooth enamel.

148. Which symptom reveals the hidden forms of tetany?

A. Kernig.

B. Chvostek.

C. Delrimplya.

D. Graefe.

E. Kukoverova-Sirotinina.

149. What electrolyte disorders are typical for hypoparathyroidism?

A. Hypercalcemia, hyperphosphatemia.

B. Hypercalcemia, hypophosphatemia.

C. Hypocalcemia, hypophosphatemia.

D. Hypocalcemia, hyperphosphatemia.

E. Hypercalcemia, Hypocalciuria.

150. What are the principles of treatment of hypoparathyroidism?

A. Limitation of phosphorus-containing products.

B. Diet rich in calcium salts.

C. Drugs with vitamin D.

D. Calcium drugs.

E. All of the above.

151. What radiological signs are typical for hypoparathyroidism?

A. Osteoporosis of the sella turcica.

B. Increased bone density and calcification of the basal ganglia of the brain.

C. Increase airiness of the sphenoidal sinus.

D. Reducing the lumen and osteoporosis of large joints.

E. Pathological vertebral fractures.

152. Pseudohypoparathyreosis is:

A. The disease, which is characterized by bone resorption amid increased production of parathyroid hormone.

B. The disease, which is characterized by resistance to parathyroid hormone, hypocalcemia, dysplasia.

C. The disease, which is characterized by decreased function of the parathyroid glands in the background of diffuse toxic goiter or nodular goiter.

D. The disease, which is characterized by decreased production of parathyroid hormone on the background of exogenous calcium deficiency.

E. The disease, which is characterized by the production of antibodies against parathyroid tissue.

153. Which changes the blood level of alkaline phosphatase is typical for hypoparathyroidism?

A. Value is in the normal range

B. Increases.

C. Decreases.

D. Significantly increased.

E. Significantly reduced.

154. What disorders of the endocrine system are typical for autoimmune polyglandular syndrome type 1?

A. Hyperprolactinaemia.

B. Hypoparathyroidism.

C. Adrenal insufficiency.

D. True B and C.

E. All are true.

155. What disorders of the endocrine system are typical for autoimmune polyglandular syndrome type 2?

A. Adrenal insufficiency.

B. Diabetes mellitus type 1.

C. Autoimmune thyroiditis.

D. True B and C.

E. All are true.

156. The treatment of autoimmune polyglandular syndrome:

A. Hormone replacement therapy of impaired functions.

B. Removal of the affected organs.

C. Dynamic observation, palliative care.

D. Radiation therapy to area of the sella turcica.

E. All are true.

157. What disease is characterized by a combination of insulinoma, prolactinoma and hyperparathyroidism?

A. Syndrome MEN-2B (Gorlin syndrome).

B. Syndrome MEN-2A (Syndrome Sipple).

C. Syndrome MEN-1 (Werner syndrome).

D. Autoimmune polyglandular syndrome type 1.

E. Autoimmune polyglandular syndrome type 2.

158. What disease is characterized by a combination of medullary thyroid cancer, pheochromocytoma, hyperparathyroidism and mucosal neuromas?

A. Syndrome MEN-2 B (Gorlin syndrome).

B. Syndrome MEN-2A (Syndrome Sipple).

C. Syndrome MEN-1 (Werner syndrome).

D. Autoimmune polyglandular syndrome type 1.

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D. Autoimmune polyglandular syndrome type 1.

E. Autoimmune polyglandular syndrome type 2.

160. The sign, which occurs only in pheochromocytoma, and differs it from other forms of hypertension:

A. Impaired glucose tolerance.

B. Weight loss.

C. Frequent headache.

D. Orthostatic hypotension.

E. Tachycardia and perspiration.

161. Woman 14 years old during the last year weight gain by 7 kg. She had frequent headaches, general weakness. Objectively: the accumulation of fat is more pronounced on the neck, chest, abdomen. On the side surfaces of the abdominal stretching band. Mammary glands are underdeveloped, absent menstruation, there is body hair of male type. Blood pressure - 160/100 mm Hg., HR -92 / min. On skull radiographs were osteoporosis, enlarged sella turcica. Clinical diagnosis?

A. The primary hypoparathyroidism.

B. Cushing syndrome.

C. Puberty dispituitarism.

D. Pituitary Cushing.

E. Stein Leventhal Syndrome.

162. Woman 39 years old, complains of headache, weakness, and paresthesias in extremities, polyuria. Objective: heart tones are muffled, heart rate - 94 / min, blood pressure - 190/105 mm Hg. Blood Glucose – 5,5 mmol/l,plasma sodium - 148 mmol/l, potassium plasma – 2,7 mmol/l. Urine: specific weight - 1012, protein 0,1 g/l, the reaction is alkaline, l - 3-4, er - 2-3 p/h. Clinical diagnosis:

A. Arterial hypertension.

B. Amyloidosis.

C. Diabetes insipidus.

D. Chronic glomerulonephritis.

E. Primary hyperaldosteronism.

163. What caused the skin hyperpigmentation in Addison's disease?

A. Hypersecretion of ACTH.

B. Hypersecretion of melanotropin.

C. Violation of chromogenic liver function.

164. What caused the presence of vitiligo on the background of the skin hyperpigmentation in Addison's disease?

A. Impaired liver function.

B. Autoimmune process.

C. Violations of the skin trophism.

165. In which cases hypertension may occur in Addison's disease?

A. Kidney disease.

B. The history of hypertension.

C. Overdose of glucocorticoids.

D. Overdose mineralocorticoid.

E. All are true.

166. What are the features of manifestation of secondary adrenal insufficiency?

A. Absence of hyperpigmentation.

B. No violation of mineralocorticoid adrenal function.

C. Signs of insufficiency of secretion of other tropic hormones.

D. All are right.

167. Status of calcium metabolism in Addison's disease is characterized by:

A. Hypercalcemia.

B. Hypercalciuria

C. Hypocalcemia.

D. Normocalcaemia.

E. A and B are true.

168. Who does more often suffer from extra-adrenal pheochromocytoma localization?

A. Adult.

B. Elderly people.

C. Children.

169. What hormones are produced bypheochromocytoma?

A. Adrenalin at adrenal localization.

B. Norepinephrine at extraadrenal localization.

C. Cortisol at adrenal localization.

D. A and C are true.

E. A and B are true.

170. Changes in the blood, which are typical during the crisis of pheochromocytoma:

A. Leukocytosis.

B. Eosinophilia.

C. Lymphocytosis.

D. All are true.

171. Which condition is characterized by "uncontrolled hemodynamic" in pheochromocytoma?

A. Persistent preserving critical hypertension.

B. High and low blood pressure.

C. The development of acute heart failure.

172. Which electrolytes are stimulators of aldosterone secretion?

A. Sodium.

B. Potassium.

C. Calcium.

D. Phosphorus.

173. Which factors are involved in the regulation of aldosterone secretion?

A. Changes in the circulating of blood volume.

B. Osmotic blood pressure.

C. Oncotic blood pressure.

D. All of the above.

174. What level of renin is typical for secondary hyperaldosteronism?

A. High.

B. Low.

C. Unchanged.

175. Which test is conducted for the differential diagnosis of primary and secondary hypogonadism?

A. Small dexamethasone test.

B. Big dexamethasone test.

C. Test with corticotrophin.

D. Test with thyrotropin.

E. Test with Chorionic gonadotropin.

176. What is necessary to differentiate diabetes insipidus?

A. Diabetes mellitus.

B. Psychogenic dyspepsia.

C. Hyperparathyroidism.

D. Chronic glomerulonephritis.

E. All of the above.

177. What tests are used to diagnose diabetes insipidus?

A. With starvation.

B. With fluid restriction.

C. With the introduction of sodium chloride.

D. With the introduction of diuretics.

E. With tolbutamide.

178. What underlies of Parhona syndrome?

A. Overproduction vasopressin.

B. Absence of vasopressin.

C. Excess of tropic pituitary hormones.

D. Absence of tropic pituitary hormones.

E. Hyperproduction of mineralocorticoid.

179. Climacteric syndrome can occur in women:

A. In the normal menstrual cycle.

B. In violation of the menstrual cycle.

C. With the onset of menopause.

D. In the postmenopausal period.

E. All of the above.

180. What hormonal disorders are associated "flushes" in menopause syndrome?

A. Increase the secretion of growth hormone.

B. Increase the secretion of luteinizing hormone.

C. Increase the secretion of thyroid-stimulating hormone.

D. Increase the secretion of corticotrophin.

E. All of the above.

181. What are the best time of operative treatment of diffuse toxic goiter in the presence of severe damage of liver and heart?

A. Upon reaching of euthyroid state.

B. After month of the payment of thyrotoxicosis.

C. After 2-3 months of the payment of thyrotoxicosis.

182. What inflammatory diseases are accompanied by clinic of hyperthyroidism?

A. Fibrous thyroiditis.

B. Radiation thyroiditis.

C. Subacute thyroiditis.

D. Syphilitic thyroiditis.

E. All are true.

183. Which endocrine diseases that manifest obesity?

A. Cushing's disease.

B. Addison's disease.

S. Hyperparathyroidism.

D. Diffuse toxic goiter.

E. Diabetes mellitus 1 type.

184. The patient, 14 years old, complains of growth retardation and sexual development. Born in a timely manner normal pregnancy with a body weight of 3,5 kg, a length of 50 sm. The growth has always lagged behind the same age. Objectively: growth 132 sm, weight 36 kg. The chest is broad, the mamma glandulas are not developed. The neck is short, with alar folds, low growth of hair on the neck. External genitalia are developed on the female type on the age of 4-6 years. Preliminary diagnosis:

A. Congenital adrenal hyperplasia.

B. Syndrome Stein-Levenetalya.

S. Turner Syndrome.

D. Syndrome incomplete masculinization.

E. Testicular feminization syndrome.

185. What karyotype is typical for the testicular feminization syndrome?

A 46XX.

B. 46XY.

S. 47XXX.

D. 47XXY.

E. 47XYY.

186. The hormone of adipose tissue is:

A. Glucagon.

B. Thyroxine.

S. Dehydroepiandrosterone.

D. Cortisol.

E. Leptin.

187. What indicator is typical for diabetes insipidus?

A. Hypophosphatemia.

B. Hypercalcemia.

C. Hypokalemia.

D. Low relative density of urine.

E. Hyponatremia.

188. Determine the pathological condition caused by deficiency of growth hormone:

A. Delay of physical development.

B. Excitability.

C. Insomnia.

D. Hyperglycemia.

E. Acceleration of mental processes.

189. Determine the degree of obesity in a patient with a body mass index 33 kg/m2?

A. Normal body weight.

B. Overweight.

C. I degree.

D. II degree

E. III degree.

190. University student complains of absence of breasts and menstruation. Height 172 cm, eunuchoid proportions of the body, according to the pelvic ultrasound ovaries are absent, there is only the uterus. The preliminary diagnosis?

A. Turner Syndrome.

B. Dyskinesia gonads syndrome.

C. Absolut gonadal agenesis,

D. Testicular feminization syndrome.

E. Female pseudohermaphroditism.

191. Patient M, 30 years old, complains of headaches, blurred vision, coarsening of facial features, increase in the size of the hands and feet, amenorrhea. Sick about 2 years. The preliminary diagnosis?

A. Hypothalamic syndrome.

B. Cushing's Disease.

S. Acromegaly.

D. Sheehan's syndrome.

E. Pachydermoperiostosis.

192. Patient S., 30 years old, complains of obesity, which is developed gradually, increased appetite, thirst, polyuria, almost constant drowsiness, amenorrhea. Often there is an increase in body temperature up to 38-39 C with chills, perspiration, tachycardia, increased blood pressure. Which segment of the nervous system is damaged?

A. The hypothalamus.

B. The cerebral cortex.

C. The thalamus.

D. Elongated brain.

E. Cerebellum.

93. The patient complains of thirst, polyuria. Condition of the patient connects with craniocerebral trauma. Urine specific gravity 1002. Clinical diagnosis?

A. Neurogenic polydipsia.

B. Diabetes mellitus.

C. Chronic glomerulonephritis.

D. Diabetes insipidus.

E. Enuresis.

194. Woman 34 years old have seen obesity, mainly on the shoulders, torso, purplish cyanot-

ic skin stretch marks on the chest and abdomen. Clinical diagnosis?

A. Hypothyroid obesity.

B. Cushing's Disease.

C. Gipoovarialne obesity.

D. Alimentary obesity.

E. Pubertal obesity.

195. In endocrinology department examined the woman 42 years old with an acute increase (in the past 6 months to 20 kg) of body weight, menstrual disorders, headache. The symptoms appeared after a viral infection. Ambulatory were defined the levels of TTH, T3, T4, adrenal hormones, made an electrocardiogram. No significant abnormalities were recorded. Which examination is necessary to determine the cause of the increased weight of the body?

A. Ultrasound of adrenal gland.

B. Chest X-ray.

C. X-ray of the skull.

D. Determine the creatinine levels in the blood.

E. Determine the potassium level in blood sodium.

196. Patient K., 43 years old, complains of a moderate weight gain, shortness of breath on exertion. Body weight - 124 kg, height - 176 cm. Adipose tissue distribution is normal. Clinical diagnosis?

A. Alimentary obesity.

B. Hypothalamic Obesity.

C. Disgonadic obesity.

D. Cushing disease.

E. Adipozo-genital dystrophy.

197. Patient 15 years old, complains of excess weight, headaches, irritability, rapid fatigue. A significant increasing the body weight from 14 years. Body weight - 90 kg, height 160 cm, the figure is correct. Adipose tissue distribution is normal. On the thighs, abdomen and the breasts - pink thin striae. Blood pressure - 145/90 mm Hg. Your preliminary diagnosis?

A. Vegetative-vascular dystonia.

B. Alimentary and constitutive obesity.

C. Puberty and youth dispituitarism.

D. Cushing's Disease.

E. Cushing's Syndrome.

198. The patient was 37 years old, went to the doctor on the overweight for the purpose of weight loss. Objective: height 160 cm, weight 125 kg. Normal distribution of adipose tissue. What method of treatment would be most appropriate?

A. Drug therapy.

B. Diet.

C. Diet and exercise.

D. Surgical correction of weight.

E. Psychotherapeutic correction of eating.

199. Patient C. 28 years complained of insufficiency of sexual development, reduction of potency, sterility. Objective: eunuchoid body proportions, height 185 cm, weight 75 kg, gynecomastia. External genitalia are formed correctly, the sizes correspond to age. Testicles are reduced in size, are sealed. The sex chromatin is 32%. Karyotype 47XXY/46XY. Your preliminary diagnosis?

A. Absolutly gonadal dysgenesis.

B. Klinefelter syndrome.

C. Turner Syndrome.

D. The primary hypogonadism.

E. Mayer-Rokitansky-Kyustnera syndrome.

200. According to the chemical structure of the steroid hormones:

A. Pituitary hormones.

B. Hormones of adrenal cortex.

C. Parathyroid hormone.

D. Thyroid hormones.

E. Hormones of the adrenal medulla.

Pulmonology

1. Which immunological mechanisms are the IgE-mediated type?

A. Immediate type allergic reactions.

B. Delayed-type allergic reaction.

C. Non-specific stimulation of mast cells.

D. Immune complex mechanism.

E. B and D are true.

2. In the infiltration of bronchial walls in asthma is dominated?

A. Alveolar macrophages.

B. Lymphocytes.

C. Eosinophils.

D. Plasma cells.

E. B-lymphocytes.

3. The cause of respiratory failure in asthma is all of the above, except:

A. Bronchospasm.

B. Intensified ventilation.

C. Hypersecretion.

D. Edema of the mucous membrane of the bronchial tree.

E. Cells infiltration of the bronchial mucosa walls, especially eosinophils.

4. Indications for inhalation of the Intalum:

A. Treatment of status asthmaticus.

B. Treatment of acute attack of asthma.

C. Prevention of asthma attack.

D. Treatment of acute infections of the upper respiratory tract.

E. Treatment of pneumonia.

5. Short-acting ß2-adrenoceptor agonists are used for:

A. Relief of acute attacks of breathlessness.

B. Long-term prevention of asthma attacks

C. Treatment of status asthmaticus.

D. Treatment of acute bronchitis.

E. Treatment of pneumonia.

6. Systemic corticosteroids are used for:

A. Treatment of intermittent stages of bronchial astma.

B. Prevention of attacks of breathlessness.

C. Treatment of asthma attacks 1 stage of severity.

D. Treatment of COPD1 stage of severity.

E. Treatment of asthma IV stageseverity.

7. Pollen asthma is characterized by:

A. Exacerbation in the winter season.

B. All year round persistence of the process.

C. Aggravation in time of cleaning apartments.

D. Worsening at spring and summer.

E. Worsening on the background of the contact with pets.

8. Diseases with hereditary predisposition are all listed, except:

A. Diabetes mellitus type II.

B. Emphysema.

C. Asthma.

D. Cystic fibrosis

E. Chronic bronchitis.

9. Bronchial obstruction is detected by:

A. Spirography, peak flow.

B. Bronchoscopy.

C. Study of blood gases.

D. Plethysmography.

E. Radiography.

10. The simplest device to determine the bronchial obstruction is:

A. Spirograph.

B. Peak Flow Meter.

C. Plethysmograph.

D. Bronchoscope.

E. Pulse Oximeter.

11. Which method should be used to diagnose the bronchoconstriction by a spirography and peak flow?

A. Exercise stress.

B. Inhalation of ß2-agonists.

C. Inhalation of oxygen.

D. Inhalation of glucocorticosteroids.

E. Inhalation of ß-blocker.

12. The reversibility of airflow obstruction confirmed by:

A. The results of spirographic investigation using ß2-agonists.

B. Increasing the vital capacity for spirogram.

C. B and E are true.

D. The results of tests with dosed physical exercises.

E. Results of the tests with inhalation of oxygen.

13. Reversible airflow obstruction components include all of these, except:

A. Bronchospasm.

B. Inflammatory edema of bronchial mucosa.

C. Dysfunction of the mucociliary apparatus of the bronchi.

D. Stenosis, obliteration and expiratory collapse of the bronchi.

E. Cells infiltration of the mucosa bronchus wall, especially eosinophils.

14. The most convenient methods to injection bronchospasmolytic agents in outpatient setting is:

A. Intravenous.

B. Oral.

C. Inhalation.

D. Intra-arterial.

E. Intramuscular.

15. At inhaled the bronchospasmolytic agents, spray inhaler should be located:

A. Directly from the open mouth of the patient.

B. At a distance of 3-4 cm from the patient's mouth.

C. At a distance of 10-12 cm from the patient's mouth.

D. At a distance of 5-7 cm from the patient's mouth.

E. At a distance of 4-6 cm from the patient's mouth.

16. At the time of spraying bronchospasmolytic agents of spray inhaler patient should:

A. Make a sharp intake of breath.

B. Make slow breaths (no more than 0,5 liter per second).

C. Hold the breath.

D. Make a sharp exhalation.

E. Make a slowly intake of breath (no more than 0,5 liter per second).

17. After inhalation of bronchospasmolytic agents of spray inhaler patient should:

A. Exhale sharply.

B. Exhale slowly.

C. Hold your breath for 10 seconds

D. Inhale sharply.

E. Inhale slowly.

18. Group of short-acting ß2-agonists bronchodilators includes:

A. Theophylline.

B. Berotek.

C. Ortsiprenalin sulfate (alupent, astmopent).

D. Salbutamol (Albuterol, Ventolin).

E. Kromogligat Na (Intal).

19. Among holinolitics most effective and safe is:

A. Atropine.

B. Ipratropium bromide (Atrovent).

C. Aprofen.

D. Metacin.

E. Propantheline bromide.

20. Group of purine derivatives (methylxanthines) prolonged bronchodilators includes:

A. Theophylline.

B. Teofedrin.

C. Teopek, teodur, retafil, durofillin.

D. Eufillin.

E. Teoverin.

21. Of these allergens cause of atopic asthma are all, except:

A. House dust.

B. Spores of fungi.

C. Waste products of bacteria in the air.

D. Pet allergens.

E. Helminths.

22. Bronchial obstruction in asthma is caused by those mechanisms, except:

A. Bronchospasm.

B. Inflammatory edema of bronchial mucosa.

C. Closure of the bronchi by viscous secret.

D. Mucus hypersecretion.

E. Destruction of the alveoli.

23. The main target cell, which plays a leading role in the development of immediate hypersensitivity in asthma is:

A. Macrophage.

B. Lymphocyte.

C. Neutrophils.

D. Mast cell.

E. Erythrocyte.

25. Mediator, playing a leading role in the development of early bronchospastic reactions in patients with immune genesis bronchial asthma is:

A. Histamine.

B. Slow reacting substance of anaphylaxis.

C. Prostaglandins, thromboxane.

D. Platelet aggregation factor.

E. Eosinophilic chemotactic factor.

26. The main drugs used in asthma are all listed, except:

A. ß2-agonists.

B. Methylxanthines.

C. Mucolytics.

D. Inhaled glucocorticoids.

E. Membrane stabilizing drugs.

27. Salbutamol (Ventolin) dilates the bronchi by:

A. Blocking the bronchial tree ß-receptors.

B. Selective excitation of ß2-adrenergic receptors of the bronchi.

C. Effect on the smooth muscles of the bronchi.

D. Reduction of vagal tone.

E. Blocking the production of histamine.

28. What are the characteristics of breathlessness during an attack of bronchial asthma?

A. Inspiratory bradipnoe.

B. Biot breathing.

C. Orthopnea.

D. Cheyne-Stokes breathing.

E. Polypnoe.

29. Man 55 years old, suffers from COPD for many years. Complains from breathlessness at rest, cyanosis, enlarged liver, edema in the legs. What changes in the ECG appear at this stage of COPD?

A. Two-humped P.

B. High R wave in V5,6 leads.

C. High P in II, III, aVF leads.

D. Biphasic P.

E. Left ventricular hypertrophy.

31. Changes of which indicators of spirogram are typical for bronchial obstruction?

A. Vital capacity.

B. Residual volume of the lungs.

C. Forced vital capacity.

D. Minute volume of breath.

E. Minute ventilation.

37. Step severity of asthma is determined by all of criteria, except for:

A. Number of daytime symptoms per day, week and the severity of violations of physical activity.

B. Number of nocturnal symptoms perweek and the severity of sleep disorders.

C. Values of peak expiratory flow and its percentage with proper or best value.

D. Daily fluctuations of peak expiratory flow.

E. Daily dosage of corticosteroid

38. The attack of bronchial asthma is characterized by the following symptoms, except for:

A. Inspiratory dyspnea.

B. Expiratory dyspnea.

C. Treble wheezing.

D. Dry wheezing on exhalation.

E. Hard breathing with prolonged exhalation.

39. Indicate which of the elements of sputum taken from the patient after the asthma attack, not a sign of allergic process in the bronchial tree:

A. Kurshman spirals.

B. Charcot-Leyden crystals.

C. Eosinophils.

D. Bodies of Creole/clusters of bronchial epithelial cells.

E. Monocytes.

40. Specify complications that do not occur at systemic steroid therapy in patients with bronchial asthma:

A. Obesity.

B. Osteoporosis.

C. Hypotension.

D. Hyperglycemia.

E. Gastropathy.

41. Voiced rales are typical for:

A. Emphysema.

B. Lung abscess.

C. Pneumonia.

D. Asthma.

E. Congestiveheartfailure.

42. What percussion sound is typical for community-acquired pneumonia in the heat of disease?

A. Blunt tympanitis.

B. Boxed sound.

C. Tympanitis.

D. Blunt.

E. Metal sound.

43. The weakening of the voice jitter is typical for:

A. Bronchiectasis.

B. Exudative pleuritis.

C. Lung abscess in cavity step.

D. Focal pneumonia.

E. Lobar pneumonia.

44. Respiratory volume is:

A. The maximum volume of air inhaled after the normal inspiratory.

B. The maximum volume of air exhaled after the normal expiration.

C. The volume of inhaled or exhaled air.

D. The volume of air, remaining in the lungs after maximum exhalation.

E. The volume of air in the chest after maximal inhalation.

45. Reserve inspired tidal volume is:

A. The maximum volume of air inhaled after the normal inspiratory.

B. The maximum volume of air exhaled after the normal expiration.

C. The volume of inhaled or exhaled air.

D. The volume of air, remaining in the lungs after maximum exhalation.

E. The volume of air in the chest after maximal inhalation.

46. The vital capacity is:

A. The maximum volume of air vented during 1 min.

B. The amount of air remaining in the lungs after the normal expiration.

C. The maximum volume of air exhaled from the lungs after maximum inhalation.

D. The maximum volume of air that can be inhaled after the normal expiration.

E. The volume of air in the chest after maximal inhalation.

47. Penicillin group includes all of these, except:

A. Doxycycline.

B. Carbenicillin disodium salt.

C. Sodium salt of dicloxacillin.

D. Oxacillin sodium salt.

E. Ampicillin.

48. Cephalosporin group includes all of these, except:

A. Rifampicin.

B. Cephaloridin.

C. Cephalothin sodium salt.

D. Kefzol.

E. Cephalexin.

49. Tetracycline group includes all of these, except:

A. Morfocycline.

B. Metacycline.

C. Doxycycline

D. Tarivid.

E. Vibramicin.

50. Aminoglycosides group includes all of these, except:

A. Monomycin.

B. Sizomycin sulfate.

C. Gentamycin

D. Ristomycin sulfate.

E. Tobramycin.

51. Diseases with hereditary predisposition are all listed, except:

A. Diabetes mellitus type II.

B. Emphysema.

C. Bronchial asthma.

D. Cystic fibrosis.

E. Chronic bronchitis.

52. For pneumonia, complicating of chronic bronchitis is typical:

A. Occurrence after the exacerbation of bronchitis.

B. Frequent absence of a local physical symptoms.

C. Defeated several segments in the depths of the lung.

D. Tendency to a prolonged duration and recurrence.

E. All of the above.

53. Pneumonia is:

A. Inflammation in the lung.

B. Infectious inflammation of the lung.

C. Infectious inflammation of the lung with different etiology and pathogenesis.

D. Infectious inflammation of the small bronchi and interstitial lung with different etiology and pathogenesis.

E. Infectious inflammation of the lung with different structures and defeated of respiratory department.

54. At pneumonia defeated all listed, except:

A. Large bronchi.

B. Trachea.

C. Alveoli.

D. Interstitial lung.

E. Middle bronchi.

55. Auscultation of the lungs in patients with pneumonia can be identified listed, except:

A. Weakened breathing in the absence of breath wheezes.

B. Dry wheezes.

C. Finely moist wheezes.

D. Crepiting wheezes.

E. Amforic breathing.

56. Pneumonia Diagnosis is based on the following investigations, except:

A. Clinical symptoms of the disease.

B. Data of physical examination.

C. Results of X-ray study.

D. Indicators of blood laboratory tests.

E. Ultrasonic lung study.

57. The diagnosis of pneumonia in the presence of clinical signs of the disease may be established if all these changes were found on chest X-ray, except:

A. Enriched lung pattern.

B. Focal shadows.

C. Dark areas, occupying part of the segment of lung.

D. Dark areas, occupyin gall of the segment of lung.

E. Dark areas, occupyin gall of the lobe of lung.

58. The most often causative agent of community-acquired pneumonia is:

A. Streptococcus pneumoniae

B. Streptococcus.

C. Staphylococcus aureus.

D. E. Coli.

E. Klebsiella.

59. The causative agents of hospital (nosocomial) pneumonia are all of the microorganisms, except:

A. Pneumococcus.

B. Staphylococcus aureus.

C. Klebsiella.

D. Chlamydia.

E. Enterobacteria.

60. The most common cause of hospital (nosocomial) pneumonia in elderly patients is:

A. Streptococcus pneumonia.

B. Mycoplasma.

C. Klebsiella.

D. Proteus.

E. Chlamydia.

61. In persons, suffering from chronic alcoholism, increased frequency of pneumonia caused by:

A. Pneumococcus.

B. Sreptococcus.

C. E. coli.

D. Klebsiella.

E. Staphylococcus.

62. The most common cause of pneumonia in patients with acquired immunodeficiency syndrome is:

A. Streptococcus pneumonia.

B. Klebsiella.

C. Pneumocystis.

D. Mycoplasma.

E. E. Coli.

63. Pneumonia flow is determined all, except:

A. Causative agent of pneumonia.

B. Time the beginning of the etiotropic treatment.

C. Status of the bronchi.

D. Presence or absence the diseases, reduced the reactivity of the organism:

E. Patient's gender.

64. Pneumonia is considered to be prolonged if:

A. Signs of disease persist after 4 weeks after the beginning.

B. Disease continues for more than 4 weeks, but the cure ends with adequate therapy.

C. In spite of the treatment, changing lung pattern on the radiograph arepreserved for more than 4 weeks after the removal of the clinical symptoms of the disease.

D. Signs of disease persist after 2 weeks after thebeginning.

E. Disease continues for more than 6 weeks, but the cure ends with adequate therapy.

65. Transition of acute pneumonia in a prolonged due to the following factors:

A. Elderly patient.

B. Prior pathological processes in the bronchi.

C. Hypofunction of the adrenal cortex.

D. Alcoholism.

E. All of the above.

66. In pneumonia used drugs all listed treatment, except:

A. Etiotropic treatment.

B. Expectorants drugs.

C. Bronchospasmolytic treatment.

D. Immunomodulating drugs.

E. Narcotic drugs.

67. If you select an antibiotic treatment of pneumonia, you must take into account:

A. Duration of the disease.

B. Nature of the pathogen causing pneumonia.

C. Comorbidity diseases.

D. Individual tolerability to antibacterial drugs.

E. Patient’s age.

68. Whatcombination of antibiotic therapy is the most rational in patients with pneumonia:

A. Penicillin and sulfonamides.

B. Penicillins and tetracyclines.

C. Penicillins and aminoglycosides.

D. Sulfonamides and tetracycline.

E. Sulfonamides and aminoglycosides.

69. The indications for combination antibiotic treatment for pneumonia are:

A. Severity of the pneumonia in the absence of information about the nature of the infectious agent.

B. Mixed nature of the infection.

C. Need to enhance the antibacterial effect.

D. Absence of data about the nature of the infectious agent whith indirect indication of the possible participation of Gram-negative bacteria.

E. All of the above.

70. In patients with allergic reactions to penicillin should be given:

A. Ampicillin.

B. Cefazolin.

C. Gentamicin.

D. Amoxicillin.

E. Ceftriaxone.

71. If you suspect a pneumococcal pneumonia, should be used:

A. Oletetrin.

B. Streptomycin.

C. Penicillins.

D. Erythromycin.

E. Chloramphenicol.

72. If you suspect a mycoplasma pneumonia, should be used:

A. Penicillins.

B. Erythromycin.

C. Chloramphenicol.

D. Streptomycin.

E. Ceporin.

73. Staphylococcal pneumonia often develop on the background of:

A. Flu.

B. Diabetes mellitus.

C. Elderly age.

D. Chronic bronchitis.

E. Patients in hospitals (nosocomial infection).

74. Pathogenetic therapy in patients with bilateral staphylococcal pneumonia includes all of the above, except:

A. Transfusion of fresh frozen plasma.

B. Parenteral injection of glucocorticoids.

C. Intravenous injections of immunoglobulindrugs.

D. Infusion of heparin.

E. Plasmapheresis.

75. If you suspect a pneumonia caused by Klebsiella, all of these drugs can be used, except:

A. Penicillin 1st generation.

B. Cephalosporins 3rd generation.

C. Penicillins 5th generation.

D. Aminoglycosides.

E. Fluoroquinolones.

76. Antibiotic treatment of acute pneumonia should be discontinued:

A. 1 week after the beginning of treatment.

B. 2 days after normalization of body temperature.

C. After disappearance of pulmonary rales.

D. After the elimination of clinical and radiographic signs of disease.

E. 7 - 10 days after the beginningof treatment.

77. In protracted and recurrent course of pneumonia at men older than 40 years doctor must be think about:

A. Pulmonary embolism.

B. Pulmonary tuberculosis.

C. Lung cancer.

D. Bronchiectasis.

E. Pleuritis.

78. In the treatment of pneumonia in pregnant woman can not be used:

A. Penicillin.

B. Tetracycline.

C. Ampicillin.

D. Cephaloridine.

E. Ceftriaxone.

79. Acute lung abscess is differented from pneumonia with abscess formation by:

A. More severe clinical course.

B. Quantity and nature of sputum.

C. Typical staged of the disease and the prevalence in the formation of abscess in the lung necrobiotic
reactions over the inflammatory.

D. X-ray picture.

E. Physical data.

80. Patient 64 suffers from COPD for a long time wits yearly exacerbations. The last 4 months increased cough, chest pain, shortness of breath. On the left of the middle of the blade is determined a dullness. Breathing in this area is not carried out. Radiologically determined mediastinal displacement to the left. Probable Diagnosis:

A. Obstructive atelectasis of the lower lobe.

B. Confluent pneumonia.

C. Lobar pneumonia.

D. Massive schwarts.

E. Pleuraleffusion.

81. Specify the main (permanent) diagnostic feature of acute pneumonia:

A. Dullness

B. Bronchial breathing at the site of blunting.

C. Fever.

D. Small bubbling rales.

E. Weakening of breath.

82. For pneumonia in difference from congestive heart failure typical following features, except:

A. Unvoiced rales in the lower-posterior departments of the lung.

B. Resonant rales.

C. Pain in time of breathing.

D. Focal shadows.

E. Pleural friction.

83. For nonhospital pneumonia is typical:

A. Dullness, weakened breathing and bronhofoniya, mediastinal shift to the opposite side.

B. The same, but the shift toward blunting.

C. Blunting of tympanic sound, amforic breathing, large bubbling rales.

D. Dullness, bronchial breathing, reinforced bronhofoniya.

E. Inspiratory dyspnea, lung volume reduction, crepitus.

84. For what pathological process is typical dry rales over the entire surface of the lungs?

A. Increasing light airiness

B. Presence of fluid in the lung cavity.

C. Violation of bronchial patency.

D. Compaction lung tissue

E. the presence of the cavity in the lung tissue

85. What sign indicates of exudative pleurisy in difference to the nonhospital lobar pneumonia?

A. Percussion dullness in the affected area

B. Bronchial breathing.

C. Bronhofoniya breathing in the defeated area.

D. Crepitus.

E. The lag of the chest when breathing

86. COPD is characterized by all indications, except:

A. Boxed percussion sound.

B. Elongation of breath.

C. Dry rales on exhalation.

D. Bronchial breathing.

E. Expiratory dyspnea.

87. Which pneumonia less oftencomplicated by abscess formation?

A. Staphylococcal.

B. Streptococcal.

C. Aspiration.

D. Viral.

E. Pneumococcal.

88. At what causative agent of acute pneumonia is most common lung destruction?

A. Streptococcus pneumonia.

B. Streptococcus.

C. Staphylococcus aureus.

D. Legionella.

E. Virus.

89. In lobar pneumonia may be all the complications, except:

A. Pulmonary fibrosis.

B. Exudative pleuritis.

C. Pulmonary hemorrhage.

D. Abscess formation.

E. Restrictive respiratory failure.

90. Choose one of the signsthat distinguish viral from bacterial pneumonia:

A. Infiltrative changes on chest radiography.

B. Leukocytosis with a left shift.

C. Just noticeable physical changes.

D. Pulse corresponds to the temperature.

E. Cough with purulent sputum.

91. Breathing at emphysema is:

A. Vesicular.

B. Weakened vesicular.

C. Increased vesicular.

D. Bronchial.

E. Saccadic.

92. Bronchial breathing auscultated :

A. On inspiration.

B. On exhalation.

C. On inspiration and one-third exhalation.

D. Throughout the entire of inspiration and exhalation.

E. On inhalation and first two-thirds of exhalation.

93. Amforic breathing occurs at:

A. Focal pneumonia.

B. Bronchitis.

C. Bronchial asthma.

D. Lung abscess.

E. Emphysema.

94. Putrid, fetid smell of sputum occurs at:

A. Chronic bronchitis.

B. Lung cancer.

C. Lung abscess.

D. Lobar pneumonia.

E. Bronchial asthma.

95. Elastic fibers are found in the sputum at:

A. Chronic bronchitis.

B. Lobar pneumonia.

C. Bronchial asthma.

D. Pulmonary emphysema.

E. Lung cancer in stage of decomposition.

96. The most informative method to detection of bronchiectasis is:

A. X-ray.

B. Tomography.

C. Bronchography.

D. Angiography.

97. Bronchoscopy is recommended at:

A. Atelectasis of lobar or lung segment.

B. Acute lobar or segmental pneumonia.

C. Exudative pleuritis.

D. Bronchial asthma.

E. Pulmonary heart.

98. Pulmonary heart may occurs in:

A. Arterial hypertension.

B. Hyperthyroidism.

C. Myocarditis.

D. COPD.

E. All of the above.

99. Expectorants drugs can induce all of the above, except:

A. Enhance the secretion of bronchial glands.

B. Thinning of sputum.

C. Enhance motor function of bronchi.

D. Deepening the breath.

E. Rapid breathing.

100. The main cause of acute bronchitis is:

A. Inhalation of gases and aerosols, which irritants the mucous membrane of bronchi.

B. Hypothermia.

C. Viral and bacterial infections.

D. Smoking.

E. Inhalation of pollen.

101. At young people (30-35 years) the most common cause of COPD is:

A. Reinfection of viral and bacterial.

B. Impact of industrial gases and aerosols, smoking.

C. Cosmetic agents.

D. Congenital functional failure of the mucociliary apparatus of bronchi.

E. Violation of vascular tone.

102. In people over the age of 30-35 years, including the elderly, the most common cause of COPD is:

A. Reinfection of viral and bacterial.

B. Impact of industrial gases and aerosols, smoking.

C. Concomitant diseases of the cardiovascular system.

D. Congenital functional failure of the mucociliary apparatus of bronchi.

E. Cosmetic agents.

103. Chronic bronchitis, flowing with the progressive deterioration of bronchial obstruction, regardless of the mechanism of its violations named:

A. Simple bronchitis.

B. Purulent bronchitis.

C. COPD.

D. Bronchitis emphysematous.

E. Mixed bronchitis.

104. Chronic bronchitis, flowing with periodic exacerbations, but without progressive of bronchial obstruction, named:

A. Simple bronchitis.

B. Purulent bronchitis.

C. Obstructive bronchitis.

D. Bronchitis emphysematous.

E. Mixed bronchitis.

105. Chronic bronchitis, flowing with secondary infection, the abundance of different-sized rales and sputum production with a large number of neutrophils named:

A. Simple bronchitis.

B. Purulent bronchitis.

C. Obstructive bronchitis.

D. Bronchitis emphysematous.

E. Mixedbronchitis.

106. The main symptom of chronic bronchitis with a primary defeating of the mucous membrane of the large bronchi is:

A. Intense dry cough.

B. Cough with sputum.

C. Breathlessness.

D. Attacks of breathlessness.

E. Cough without sputum.

107. The main symptom of chronic bronchitis with a primary defeating of the mucous membrane of the small bronchi is:

A. Intense dry cough.

B. Cough with sputum.

C. Breathlessness.

D. Attacks of breathlessness.

E. Cough without sputum.

108. At obstructive bronchitis bronchospasm mechanism is determined by all of the above, except:

A. Reducing the activity of the sympathetic nervous system mediators

B. Prevalence of the activity of the parasympathetic nervous system mediators.

C. Inflammatory edema of bronchial mucosa.

D. Increased sensitivity of the reflex zones of the mucous membrane of the large bronchi.

E. Enlargement and deformation of bronchi.

109. For patients with chronic bronchitis with a primary defeating of the small bronchi are typical the following features of appearance, physical and hematologic signs:

1. Hypersthenic physique with muscular, barrel chest, the pink color of the skin.

2. Asthenic constitution, cyanosis of the mucous membranes, weight loss.

3. Boxed shade percussion sound of light, low standing of diaphragma.

4. Boxed pulmonary percussion sound.

5. Reduced air and an abundance of different types of dry rales in lungs.

6. Weakening of breath and absence of rales in the lungs.

7. Polycythemia, increased hemoglobin.

8. Normal content of peripheral blood RBCs and hemoglobin.

A. Correct 1, 3, 5, 7.

B. Correct 1, 4, 5, 7.

C. Correct 2, 3, 6, 8.

D. Correct 2, 3, 5, 7.

E. Correct 1, 3, 6, 7.

110. Dry cough in chronic bronchitis is caused by:

A. Inflammation of the mucous membrane of the large bronchi.

B. Inflammation of the mucous membrane of the small bronchi.

C. Increased sensitivity of the reflex zones of the mucous membrane of the large bronchi.

D. Hypertrophy of the bronchial mucosa.

E. Bronchial mucosa atrophy and detection nerve endings in it.

111. Cough in chronic bronchitis indicates a violation of mucociliary transport, depending of the following factors:

A. Quantity and functional activity of ciliated epithelium of bronchial mucosa cells.

B. Quantitative and qualitative characteristics of the secretions of the mucous glands of the bronchi.

C. Function of lung surfactant system.

D. All of the above

E. Right A and B.

112. Bronchial obstruction is detected by:

A. Spirography, pneumotachography.

B. Bronchoscopy.

C. Investigation of blood gases.

D. Plethysmography.

E. Radiography.

113. The simplest device to determine airflow obstruction is:

A. Spirograph.

B. Peak flow meter.

C. Plethysmograph.

D. Bronchoscope.

E. Pulse Oximeter.

114. For patients with chronic bronchitis with a primary defeating of the largebronchi are typical the following features of appearance, physical and hematologic signs:

1. Hypersthenic physique with muscular, barrel chest, the pink color of the skin.

2. Asthenic constitution, cyanosis of the mucous membranes, weight loss.

3. Boxed shade percussion sound of light, low standing of diaphragma.

4. Boxed pulmonary percussion sound.

5. Reduced air and an abundance of different types of dry rales in lungs.

6. Weakening of breath and absence of rales in the lungs.

7. Polycythemia, increased hemoglobin.

8. Normal content of peripheral blood RBCs and hemoglobin

A. Correct 1, 3, 5, 7.

B. Correct 1, 4, 5, 7.

C. Correct 2, 3, 6, 8.

D. Correct 2, 3, 5, 7.

E. Correct 1, 4, 6, 7.

115. What test must be used to diagnose bronchoconstriction by spirography and pneumotachography:

A. Exercise stress.

B. Inhalation of ß2-agonists and anticholinergic agents.

C. Inhalation with oxygen.

D. With Inhaled glucocorticosteroids.

E. Inhalation of ß-blocker.

116. Mucolytics, that destroyed the peptide bonds of proteins bronchial mucus, include:

A. Trypsin, himopsin.

B. Bacterial enzymes.

C. Derivatives of thiols – acetylcysteine.

D. Pulmonary surfactant system stimulants (bromhexine, ambroxol)

E. Correct A and B.

117. Reversible airflow obstruction components include all of these, except:

A. Bronchospasm.

B. Inflammatory edema of bronchial mucosa.

C. Dysfunction of mucociliary apparatus of the bronchi.

D. Stenosis and obliteration of the lumen of the bronchi and them expiratory collapse.

E. Infiltration of the mucosa of bronchus walls, especially eosinophils.

118. The degree of airway obstruction correlates with:

A. The intensity of cough and quantity of sputum.

B. The intensity of breath sounds over the lungs and rales.

C. The data of spirography.

D. Correct B and C.

E. All of the above.

119. For obstructive chronic bronchitis in the clinical picture are typical such signs:

A. Bronchospasm.

B. Inflammation of the bronchial mucous membrane and impaired of mucociliary transport.

C. Infection.

D. Bronchial dyskinesia and expiratory collapse of small bronchi wall.

E. All the above.

120. In chronic bronchitis with mainly defeating of small bronchi occurrence of respiratory failure due with:

A. Bronchospasm.

B. Inflammation of the bronchial mucosa and impaired of mucociliary transport.

C. Obliteration of the lumen of small bronchi and clapping valve syndrome.

D. Correct A and C.

E. All of the above.

121. For purulent bronchitis is typical such clinical symptoms:

A. Bronchospasm

B. Inflammation of the bronchial mucosa and impaired mucociliary transport.

C. Infection.

D. All of the above.

E. Correct B and C.

122. Complications of chronic bronchitis are all listed, except:

A. Dilatation and deformation of the bronchioles and small bronchi.

B. Focal and diffuse pneumothorax.

C. Bullous emphysema.

D. Obliteration of small vessels of the pulmonary circulation and hypertrophy of the wall of the right ventricle of the heart.

E. Lobal and segmental lung cirrhosis.

123. Complications of chronic bronchitis are all listed, except:

A. Hemoptysis.

B. Pulmonary hemorrhage.

C. Bronchopneumonia.

D. Respiratory failure and chronic pulmonary heart.

E. Spontaneous pneumothorax.

124. For hypertension in the pulmonary circulation in chronic bronchitis causes all of the above, except:

A. Spasm of small blood vessels of the pulmonary circulation due to parenchymal lung ventilation violation.

B. Obliteration of small vessels of the pulmonary circulation due to the development of pulmonary fibrosis.

C. Obliteration and collapse vessels of the pulmonary circulation at emphysema and lung bullae formation.

D. Increased flexibility of the walls of the large vessels of the pulmonary circulation.

E. Extrathoracic deposit of blood, due to increased intrathoracic pressure and bronchial obstruction.

125. Patients with chronic bronchitis most often die from:

A. Pneumonia and pulmonary suppuration.

B. Pneumonia and pulmonary-cardiac insufficiency.

C. Cardiopulmonary failure and pulmonary hemorrhage.

D. Diastolic heart failure.

E. Pulmonary hemorrhage and pulmonary suppuration.

126. The most common infectious agents that cause exacerbation of chronic bronchitis, are:

A. Streptococcus pneumonia.

B. Haemophilus influenza.

C. Staphylococcus and Streptococcus.

D. Association of staphylococcus and anaerobic asporogenous microorganisms.

E. Correct A and B.

127. The indications for antibiotic therapy in chronic bronchitis are:

A. Exacerbation of the disease, accompanied by the appearance of rales in the lungs.

B. Exacerbation of the disease, accompanied by strengthening of cough and increasing the auantity of sputum.

C. Exacerbation of the disease, accompanied by a strong cough and symptoms of bronchospasm.

D. Exacerbation of the disease, accompanied by signs of infection.

E. All of the above.

128. Clinical signs of infectious complications of chronic bronchitis are all of the above, except:

A. Intoxication.

B. Nausea, vomiting.

C. Physical and radiological pneumonia symptoms.

D. Increased cough, increased sputum.

E. Appearance of bronchospasm.

129. In appointing the patients with chronic bronchitis antibacterial agents, the choice of dose and method of injection should take into account:

A. The nature of the microflora of the tracheobronchial secretions.

B. The sensitivity of microorganisms to chemotherapeutic drugs.

C. The concentration of the drug, that be established in the bronchial mucus.

D. Patient's tolerance to the drug to.

E. All of the above.

130. For pneumonia, complicating the course of chronic bronchitis, is typical:

A. The emergence after the exacerbation of bronchitis.

B. The frequent absence of a local physical symptoms.

C. Defeated several segments in the depths of the lung.

D. Tendency to a prolonged duration and recurrence.

E. All of the above.

131. In chronic obstructive bronchitis treatment of the patient should be carried out:

A. Continuously.

B. In the period of acute illness.

C. In the period of acute disease and a prophylactic course in spring and autumn.

D. In the period of remission.

E. With the appearance of complications.

132. In the selection of oral bronchospasmolytic drugs for patients with chronic obstructive bronchitis FEV1 determined before obtain and:

A. After 1 hour.

B. After 5 min.

C. After 15 min.

D. After 30 min.

E. After 3 hours.

133. In the selection of inhalation bronchospasmolytics for patients with chronic obstructive bronchitis FEV1 determined before obtain and:

A. After 1 hour.

B. After 5 min.

C. After 15 min.

D. After 30 min.

E. After 3 hours.

134. The weakening of the voice is typical for:

A. Bronchiectasis.

B. Exudative pleuritis.

C. Lung abscess in step of cavity.

D. Focal pneumonia.

E. Lobar pneumonia.

135. Dry pleurisy accompanied by all symptoms, except:

A. Chest pain.

B. Dry cough.

C. Sweating.

D. Subfebrile.

E. Acrocyanosis.

136.The most effective method of detecting small amounts of fluid in the pleural cavity is:

A. X-ray (in the normal position - ortho position).

B. X-ray.

C. Computer tomography.

D. Lateroskopiya (X-ray in lateroposition)

E. Magnetic resonance tomography.

137. Pleural exudate is determined by percussion when its volume not less than:

A. 50 ml.

B. 100 ml.

C. 200 ml.

D. 500 ml.

E. 1000 ml.

138. The main features of exudative pleuritis are:

A. Dullness of percussion sound in the area of localization of pleural effusion.

B. Weakening of respiratory sounds at auscultation of the lungs in the area of dullness.

C. Displacement of mediastinal organs to the opposite side of defeated lung.

D. Weakening or absence of voice jitter over an area of pleural effusion.

E. All of the above.

139. Chest movement is symmetrical, box sound on percussion, weakened vesicular breathing with prolonged exhalation, liver dullness is shifted down. Your diagnosis:

A. Hydrothorax.

B. Pleural effusion.

C. Chronic obstructive pulmonary disease, emphysema.

D. Focal pneumonia

E. Lobular pneumonia.

140. In patient 55 years old was found backlog of the right side of the chest at breathing, blunting below the third rib and weakened breathing there. X-ray - displacement of the heart to the left. Diagnosis:

A. Pleural effusion.

B. Lobar pneumonia.

C. Emphysema.

D. Pulmonary fibrosis.

E. Pneumothorax.

141. At the patient: chest form is normal, there is no displacement of the mediastinum, dull sound on percussion, voiced voiced bubbling rales and distinct crepitus. Your diagnosis:

A. Lobar pneumonia.

B. Emphysema.

C. Pneumothorax.

D. Bronchiectasis.

E. Lung fibrosis.

142. The patient 15 years complains of cough with 200 ml muco-purulent sputum with a

smell, coughing up blood, fever up to 38,2 °C, shortness of breath. Cough often noted in childhood. During the last 5 years - annual exacerbation. Diagnosis:

A. Bronchiectasis.

B. Pleural effusion.

C. Chronic lung abscess.

D. Chronic bronchitis.

E. Polycystic of lung.

143. Voiced bubbling rales are typical for:

A. Emphysema.

B. Lung abscess.

C. Pneumonia.

D. Bronchial asthma.

E. Congestion of blood in the pulmonary circulation

144. Amforic breathing is typical for:

A. Focal pneumonia.

B. Bronchitis.

C. Bronchial asthma.

D. Lung abscess.

E. Emphysema.

145. The weakening of the voice jitter is typical for:

A. Bronchiectasis.

B. Exudative pleuritis.

C. Lung abscess in step of cavity.

D. Focal pneumonia.

E. Lobar pneumonia.

146. At the lung abscess sputum:

A. Has a thick consistency due to the presence of pus.

B. Has a viscous consistency due to the presence of mucus.

C. Has a liquid consistency due to the presence of blood plasma.

D. Contains a high number of eosinophils.

E. «Glassy».

147. The most informative method of detection of bronchiectasis is:

A. X-ray.

B. Computed tomography.

C. Bronchography.

D. Angiography.

E. Magnetic resonance tomography.

148. Bronchoscopy should be carried out in:

A. Atelectasis of lobe and segment of lung.

B. Acute lobar, segmental pneumonia.

C. Exudative pleuritis.

D. Acute lung abscess.

E. Correct A and D.

149. Infectious agents that cause acute abscess and gangrene of the lung, penetrate to the lung tissue mainly:

A. Through bronchi.

B. Through lymphatic vessels.

C. Through blood vessels.

D. At the lung injury.

E. All of the above.

150. Diagnosis of acute lung abscess based on the:

A. Clinical signs (cough with allocation of a large number of purulent sputum and others).

B. Results of laboratory examination of sputum (sputum with abundant pyogenic microflorA..

C. Clinical and radiological signs.

D. Results of instrumental studies (pneumotachometry).

E. Results of angiography.

151. Clinical and X-ray examination can diagnose acute lung abscess:

A. Since the start of lung inflammation and infection process.

B. Since the formation of an abscess in the lung.

C. After a penetration lung abscess to the bronchial tree.

D. All of the above.

E. Any one of the above cases.

152. In a study of patients with acute lung abscess carried all of the above, except:

A. General clinical research methods.

B. Bacteriological examination of sputum, pulmonary abscess contents.

C. Bronchoscopy.

D. Computer tomography.

E. Bronchography.

153. For violation of bronchial drainage in acute lung abscess is typical:

A. An Increase the abscess cavity.

B. Pulmonary atelectasis.

C. The liquid level in the abscess cavity.

D. All of the above.

E. Correct A and C.

154. Treatment of the patient with acute lung abscess should be performed in:

A. Outpatient setting.

B. Hospital therapeutic department.

C. Hospital pulmonology department.

D. Department of Thoracic Surgery.

E. Intensive care department.

155. Gangrene of the lung distinguishes from acute abscess all of the above, except:

A. Disease pathogens.

B. More severe course of the disease with progression of purulent necrotic process in the lungs.

C. Predominance of necrotic inflammatory changes in the lungs.

D. Associated complications - hemoptysis and pulmonary hemorrhage, acute pneumoempyema, heart failure.

E. Absence of clinical and radiographic signs of restriction inflammatory and necrotic process in the lungs.

156. Occurrence gangrene of lung mainly due to:

A. The impact of infectious factor-association of pyogenic microflora and anaerobic asporogenous.

B. Local conditions for growing infection agents.

C. General factors, reducing organism resistance to infection.

D. Combination of all the above factors.

E. Correct A and B.

157. Complications of bronchiectasis can be all of these, except:

A. Cardiopulmonary diseases.

B. Hemoptysis and pulmonary hemorrhage.

C. Amyloidosis of internal organs.

D. Metastatic abscess and sepsis.

E. Atherosclerosis of vessels of the pulmonary circulation.

158. Decisive significance for the diagnosis of bronchiectasis has:

A. Clinical and X-ray method.

B. Bronchoscopy.

C. Bronchography.

D. Pneumotachometry.

E. Computer tomography.

159. Patients with bronchiectasis, usually following these complains:

A. Fever, chest pain.

B. Cough with sputum, more often in the morning.

C. Hemoptysis, pulmonary hemorrhage.

D. Breathlessness.

E. All of the above.

Gastroenterology

1. Patient 54 years old, complains of a constant dull pain in mesogastric area, weight loss, dark blood in the stool, constipation. Throughout the year weight loss of up to 10 kg.In the blood: Er - 3,5x10^{12}/l; Hb - 87 g/l; L-12,6 x 10^{9}/l, SEC - 43 mm/hour. Diagnosis?

A. Cancer of transverse colon.

B. Gastric ulcer.

C. Chronic colitis.

D. Chronic pancreatitis.

E. Gastric Cancer.

2. A patient of 52 years old, complains of a weakness, weight loss, aversion to meat eating. Objectively: pale, in the area of the left subclavian palpable lymph node. In the analysis of blood – anemia. In gastric content – lactic acid. Presented the clinical picture is most common for:

A. Gastric Cancer.

B. B12-deficiency anemia

C. Iron deficiency anemia.

D. Chronic atrophic gastritis.

E. Hodgkin's disease.

3. Patient S., 55 years old, suffers from gastric ulcer for 10 years. Over the past 6 months weight lost for a 15 kg, epigastric pain from periodic became to constant, appeared anorexia, aversion to meat eating. In the blood: Hb-92 g/l. Feces are dark brown. What is the complication of ulcer in this patient?

A. Bleeding.

B. Pyloric stenosis.

C. Perforation.

D. Penetration.

E. Malignization.

4.A man 26 years old, complains of paroxysmal abdominal pain, diarrhea with mucus and blood. Sick for 3 years, weight lost 14 kg. Objective: Pulse - 96/min, Blood pressure -110 / 70 mm Hg., temperature -37,6 C. The abdomen was soft, painful on palpation along the colon, especially in the left. Irrigoscopy - colon narrowed, haustrum absent, contours rough, fuzzy. Diagnosis?

A. Ulcer colitis.

B. Tuberculosis of intestines.

C. Amoebic dysentery.

D. Crohn's Disease.

E. Irritable bowel syndrome.

5.In The patient 60 years old, on the investigation was found a chronic autoimmune gastritis with secretory deficiency. What is the most recommended for this patient?

A. Gastric juice.

B. De-nol.

C. Ranitidine.

D. Almagell.

E. Venter.

6. Man 40 years old, suffering from autoimmune hepatitis. In the blood: total bilirubin - 42 mmol/l, ALT – 2,3 mmol/l/h, AST – 1,8 mmol/l/h. Which is the most effective treatment?

A. Glucocorticoids, cytostatics.

B. Antibacterial agents.

C. Hepatoprotectors.

D. Antiviral drugs.

E. Hemosorption, vitamins.

7. Patient complains dysphagia and malnutrition. What method of laboratory and instrumen-

tal investigations is the most informative for the diagnosis?

A. Contrast radiography of the esophagus.

B. Laryngoscopy.

C. Biochemical analysis of blood.

D. General blood test.

E. Determination of alpha – fetoprotein.

8. Patient 50 years old, complains of dysphagia over the year, which has steadily progressed and weight lost more than 25 kg. 20 years ago patient incurs a subtotal gastrectomy. On theX-Ray esophagus study barium delayed near the pear formations at the entrance to the esophagus. What disease should be considered in the first time?

A. Sideropenic dysphagia.

B. Esophageal tumor.

C. Hysteria.

D. Scleroderma.

E. Stricture of esophagus.

9. Patient complains of progressive dysphagia for two months with severe malnutrition. First there were difficulties to swallow solid food only, and later to swallow a liquid food too. Diagnosis?

A. Cancer of the esophagus.

B. Scleroderma.

C. Sideropenic dysphagia.

D. Tumor of the mediastinum

E. Esophageal diverticulum.

10.Patient complains of regurgitation remains of food with an unpleasant odor, periodically violation of swallowing, drooling, weight lost. Sick for several years. Last time patient began to notice the tumor formation in the area of the neck. What disease of the esophagus is the most probably?

A. Upper esophageal diverticulum.

B. Bifurcation of diverticulum.

C. Cancer of the esophagus.

D. Benign esophageal tumors.

E. Mediastinitis.

11. In the patient N., during endoscopy appeared chest pain, nausea, shortness of breath. Endoscopy had to stop. What examinations should be carried out?

A. Contrast radiography and rentgenoscopy of esophagus.

B. Computer tomography.

C. ECG examination.

D. Chest Fluorography.

E. Repeat endoscopy after anesthesia.

12. Patient K., complains of heartburn, pain during the passage of food in the lower part of the sternum, especially after receiving acidic and salty foods. On the objective examination were found no changes of the internal organs. What examinations should be carried out?

A. Contrast radiography of the esophagus.

B. Analysis of gastric contents.

C. Radioscopy of gastrointestinal tract into the Trendelenburg position.

D. Endoscopy.

E. All of the above.

13. At the patient S., 41 years old were found the peptic ulcer of the esophagus. What treatment should be appointed?

A. The choice of treatment will depend on the results of a biopsy.

B. Conservative therapy.

C. The choice of treatment will depend on the condition of gastric secretion.
D. Surgical treatment.
E. Conservative antacid treatment.
14. Patient complains of paroxysmal pain behind the breastbone, usually in the afternoon or in the evening, after a meal. Any changes detected on the ECG. Preliminary diagnosis?
A. Diverticulum in the middle third of the esophagus.
B. Benign esophageal tumor.
C. Diverticulum in the upper third of the esophagus.
D. Cancer of the esophagus.
E. Esophagitis.
15. In the patient N., 19 years old., on the X-ray detected defect with clear smooth contours in the lower third of the esophagus. He complains of dysphagia over 1 year. Preliminary diagnosis?
A. Benign tumor.
B. Cancer of the esophagus.
C. Varicose veins of the esophagus.
D. Diaphragmatic hernia of the esophagus.
E. Mediastinal disease.
16. Patient G., complains of blunt pain, that arise immediately after a meal and located in the epigastric area. Periodical, the patient suffers from heartburn, acid regurgitation. From anamnesis it is known that such complaints were 6 years ago. What is the most probable diagnosis?
A. Chronic gastritis.
B. Peptic ulcer.
C. Chronic cholecystitis.
D. Chronic pancreatitis.
E. Chronic cholangitis.
17. The patient 18 years old complains of epigastric pain after taking acidic food. Sick about 10 years. Objective: Tongue is coated of plaque, diffuse epigastric pain. Which of the following groups of drugs should be included to the treatment of patient?
A. M-anticholinergics.
B. Beta – blockers.
C. Iron drugs.
D. M-cholinomimetics.
E. Blockers of proton pump.
18. In the patient on X-Ray were detected duodenal reflux and hypertrophy the folds of pyloric department. In the analysis of stomach contents - free hydrochloric acid is absent in all portions. Which drugs should be included in the treatment of the patient?
A. Antacids.
B. Drugs, that regulate gastric motility.
C. M – anticholinergics.
D. All of the above.
E. Gastricjuice.
19. At a patient was diagnosed Menetries disease. What are the indications for surgical treatment?
A. Signs of malignancy.
B. Frequent recurrences.
C. Acute phase.
D. Noeffectedtreatment.
E. Appearance of erosions.
20. To the gastroenterological department entered patient K., 17, with diagnosis of chronic antral gastritis with increased secretion and acid-forming function, exacerbation phase. Analysis of gastric contents held two months ago.

What drugs should be included to the treatment of this patient?

A. All of the following.

B. Proton pump blockers.

C. Metronidazol.

D. Amoxicillin.

E. M-anticholinergics.

21. At a patient N. was chronic gastritis with preserved acid-secretory function in remission stage. What sanatorium is recommended for this patient and when?

A. Zakarpatsky group of resorts, at any time of the year.

B. Khmelnik in the summer time.

C. Zakarpatsky group of resorts in the summer time.

D. Morshyn in the cold season.

E. Southern coast of Crimea in the summer.

22. Protect factors of the gastric mucosa include:

A. The protective mucosal barrier, active regeneration of the mucous membrane, adequate blood supply, antroduodenalnye acidic brake.

B. The protective mucosal barrier, adequate motor-evacuation function, active regeneration of the mucous membrane, antroduodenalny acidic brake.

C. An adequate blood supply, adequate motoric evacuation function, antroduodenalny acidic brake, active regeneration of the mucous membrane.

D. Active regeneration of the mucous membrane, adequate blood supply, antroduodenalny acid brake; hypoproduction of HCl and pepsin.

E. Protective mucosal barrier, hypoproduction of HCl and pepsin, the active regeneration of the mucous membrane, adequate blood supply.

23. Giant ulcers are those, that have a diameter of:

A. More than 30 mm;

B. More than 20 mm;

C. More than 10 mm;

D. More than 40 mm;

E. More than 50 mm.

24. M-anticholinergics include:

A. Atropine, metacyl, chlorosis, cimetidine;

B. Metacin, atropine, gatrotsepin, pro-buntin;

C. Atropine, platifelin, nizatidine, metacin;

D. Platifilin, atropine, ranitidine, hlorodil;

E. Platifilin, atropine, metacyl, gastrocepin.

25. In patients with peptic ulcer at maximum pentagastrin test revealed increased acid-forming function of the stomach. What indicators indicate of this type of secretion?

A. Juice volume (ml) 220; total acidity (titr.ed.) 130; Free HCL (titr.ed.) 120; debit-time HCL (mekv. / hour) 50.

B. Juice volume (ml) 60; total acidity (titr.ed.) 90; Free HCL (titr.ed.) 90; debit-time HCL (mekv. / hour) 50.

C. Juice volume (ml) 220; total acidity (titr.ed.) 100; Free HCL (titr.ed.) 100; debit-time HCL (mekv. / hour) 80.

D. Juice volume (ml) 180; total acidity (titr.ed.) 100; Free HCL (titr.ed.) 90; debit-time HCL (mekv. / hour) 50.

E. Juice volume (ml) 240; total acidity (titr.ed.) 100; Free HCL (titr.ed.) 90; debit-time HCL (mekv. / hour) 50.

26. The high frequency of the ulcers in the duodenum observed of the following indicators of maximal histamine test:

A. Basal acidity>7-12 mekv / hour; the maximum acidity of> 35-40 mekv / hour.

B. Basal acidity> 12-14 mekv / hour; the maximum acidity of> 40-45 mekv / hour.

C. The basal acidity> 14-16 mekv / hour; the maximum acidity of> 45-50 mekv / hour.

D. The basal acidity> 14-16 mekv / hour; the maximum acidity of> 40-45 mekv / hour.

E. Basal acidity> 12-14 mekv / hour; the maximum acidity of> 45-50 mekv / hour.

27. What indicates at pyloric and duodenal ulcer?

A. H2 histamine receptor blockers, gastrotsepin, antacid.

B. H2 histamine receptor blockers, de-nol, antacid.

C. H2 histamine receptor blockers, antacid.

D. Gastrotsepin, biogastron.

E. Reparants, H2 histamine receptor blockers, antacid.

28. The patient with complaints of diarrhea and blood in the stool. Colonoscopy revealed redness, increased vulnerability, mucosal bleeding throughout the colon and rectum to the presence of fibrous layers. The histological study of biopsies - inflammation of the colon mucosa with the presence of crypt abscesses. What is the most probable disease in a patient?

A. Ulcerative colitis.

B. Crohn's Disease.

C. Ischemic colitis.

D. Infectious colitis.

E. Hemorrhoids.

29. Patient K, who for 5 years complains of intermittent pain in the abdomen, on the colonoscopy detected defeatedmucosa as a "bridge" with areas of healthy segments. What is the most probable disease in a patient?

A. Crohn's Disease.

B. Ulcerative colitis.

C. Infectious colitis.

D. Ischemic colitis.

E. Diverticular disease.

30. At the patient B., on examining observed changes on the skin (Erythema), swelling of the joints, inflammation of the eyes, perianal damage and pain on palpation of the colon. What is the most probable disease in a patient?

A. Ulcerative colitis.

B. Polyarthritis.

C. Reiter's Syndrome.

D. Uveitis.

E. DOA.

31. Woman G., 41, complains about the presence of liquid feces (10-12 times a day) with mucus and blood, pain in the lower of abdomen, weight loss of 4 kg for the last year. Suffers from these complaints about a year. Diagnosis of acute infectious diseases were excluded. Objectively: the skin is dry, reduced elasticity. Tongue is bright red, abdomen is soft, palpation of the sigmoid colon is acutely painful. Pulse 86 for 1 min., rhythmic. BP 100/60 mmHg In the feces were few amount of the liquid contents from the blood. What is the most probable disease in patients?

A. Ulcerative colitis, a severe form.

B. Crohn's Disease.

C. Diverticular disease.

D. Chronic enteritis.

E. Worm infestation.

32. Patient S., 29, complaints of pain in the stomach, diarrheaof 5-6 times a day with mucus and blood, emaciation, general weakness, loss of working capacity. Sick for 4 years, periodically 1-2 p. annual exacerbations. After treatment, these changes disappear. On coprogram: pasty consistency of feces, alkaline reaction, without mucus and blood. On microscopy revealed muscle undigested fibers, starch grains, iodophilic flora, a large number of leukocytes, erythrocytes, cells of the intestinal epithelium. Fecal flora is negative for dysentery. What is the most probable disease in a patient?

A. Ulcerative colitis, relapsing course.

B. Crohn's Disease.

C. Chronic pancreatitis, exacerbation.

D. Chronic enteritis.

E. Carbohydrate untolerance.

33. Patient S., 25 years old, complains of periodic dull pain in the right iliac area, intermittent diarrhea, frequent bloating, low-grade fever, general weakness, intermittent pain in the joints. Sick about 2 years.In anamnesis - appendectomy surgery. Objectively: abdomen is moderately deflated, in the right iliac area is determined by tumor formation. On fibrocolonoscopy – thickening of folds of mucous membrane and spinous protrusions of ileocecal department, on the relief of the mucous membrane are determined contrasting patches of hyperemia, ileocecal junction narrowed. What is the most probable disease in a patient?

A. Crohn's disease, a chronic course.

B. Chronic enterocolitis.

C. Ulcerative Colitis.

D. Tuberculosis of intestines.

E. Intestinal tumor.

34. Patient S., 47 years, complains of weakness, dizziness, tachycardia, headache, sweating, feeling hot, fever, weight loss. Over 20 years suffers from chronic atrophic gastritis, peptic ulcer with localization of ulcers in the gastric cardia. Therefore incurs subtotal gastrectomy Billroth-II six months ago. Objectively: skin pale, blood pressure 150/90 mm Hg, pulse 80 beats per minute, soft, satisfactory filling. Abdominal palpation is soft, not painful. The liver is not large. Lungs, heart are normal. What is the most probable disease in a patient?

A. Stomach ulcer, inactive phase, the state after subtotal gastrectomy Billroth-II, dumping syndrome.

B. Carbohydrate intolerance.

C. Chronic enterocolitis, acute phase.

D. Toxic dilation of the colon.

E. Food poisoning.

35. Patient K., 48, 2 years ago was operated on the gastric ulcer, complains of weakness, which occurs after 15 minutes after eating, tachycardia, sweating, nausea, rumbling in the abdomen. On X-ray examination revealed acceleration of evacuation barium suspension and its rapid passage through the small intestine. What is the most probable disease in a patient?

A. Dumping syndrome.

B. Exacerbation of chronic pancreatitis.

C. Afferent loop syndrome.

D. Hypoglycemic syndrome.

E. Peptic ulcer of anastomosis.

36. Patient S., was operated for peptic ulcer disease, complains of a strong sense of hunger, which is accompanied by pain in the epigastric region, body tremors, hot flashes and palpitations, dizziness, sometimes with loss of consciousness, which often occurs after a break in power or high physical exertion. What complication should be suspected in a patient?

A. Hypoglycemic syndrome.

B. Peptic ulcer of anastomosis.

C. Dumping syndrome.

D. Diabetes mellitus.

E. Afferent loop syndrome.

37. Patient K., 65 years old, complains of general weakness, loss of appetite and constipation. Objective: blood pressure 100/50 mm Hg, pulse 100 per minute. The skin is pale, on the palpation of descending part of the colon is formation measuring 40 x 20 mm. HB- 72 g/l, SEC-52 mm/hour. In feces: positive reaction for occult blood. Which method of diagnosis is the most informative for the verification of the final diagnosis?

A. Colonoscopy with biopsy.

B. Ultrasonography.

C. Irrigoscopy.

D. Sigmoidoscopy.

E. Koprograma.

38. The patient complains of diarrhea 6-8 times a day with undigested food fragments. On examination revealed the pain in the umbilical region. Choose the organ, that authentically just defeated:

A. Small intestine.

B. Stomach.

C. Pancreas.

D. Colon.

E. Duodenum.

39. Patient 36, years old, complains of persistent diarrhea, pain in the left iliac region during defecation, presence of fresh blood in the feces, fever. Objective: skin is dry, pallor and maceration of the corners of the mouth, pain in the left meso and hypogastric regions. Choose preliminary diagnosis:

A. Ulcerative colitis.

B. Crohn's Disease.

C. Chronic colitis.

D. Whipple's Disease.

E. Colon tumor.

40. The syndrome of portal hypertension includes:

A. Varicose veins of the anterior abdominal wall, esophagus, anorectal region, splenomegaly.

B. Ascites, varicose veins of the esophagus, abdominal wall.

C. Jaundice, varicose veins of the esophagus, abdominal wall.

D. Ascites, varicose veins of the abdominal wall, esophagus.

E. Jaundice, ascites, hepatomegaly, splenomegaly.

41. The degree of hepatocellular insufficiency assessed on the following parameters:

A. Jaundice, ascites, encephalopathy, the level of serum albumin, prothrombin.

B. Jaundice, ascites, encephalopathy, the level of serum globulins, fibrinogen.

C. Ascites, the level of bile acids, the level of total protein, fibrinogen.

D. Jaundice, ascites, fibrinogen, total level of protein.

E. The level of serum globulins and albumin, ascites, jaundice, prothrombin.

42. Clinical signs of cholestasis syndrome include:

A. Skin itching, jaundice, malabsorption of fats and fat-soluble vitamins.

B. Skin itching, jaundice, maldigestiya.

C. Skin itching, jaundice, hepatomegaly.

D. Itching, jaundice, splenomegaly.

E. Skin itching, jaundice, anemia.

43. Choose symptoms of hepatic encephalopathy:

A. Movement disorders, mental disorders, disorders of consciousness.

B. Hepatic smell, consciousness disorder, movement disorders.

C. Hepatic smell, loss of consciousness, jaundice.

D. Jaundice, hepatic smell, movement disorders.

E. Movement disorders, mental disorders, jaundice.

44. Choose drugs that are used for the treatment itching of skin in patients with chronic liver disease:

A. Cholestyramine, phenobarbital, ursodeoxycholic acid.

B. Rifampicin, phenobarbital, deoxycholic acid.

C. Cholestyramine, alohol, phenobarbital.

D. Holestiramin, essentiale, phenobarbital.

E. Holestiramin, prednisolone, essential.

45. The treatment of hepatic encephalopathy includes:

A. Elimination of provoking factors, reducing the ammonia production and absorption in the intestine, used drugs that improve neurotransmitter balance.

B. Elimination of provoking factors, reducing the ammonia production and absorption in the intestine, antibiotics.

C. Detoxification activities, reducing the ammonia production and absorption in the intestine, used drugs that improve neurotransmitter balance.

D. Elimination of provoking factors, anticonvulsants appointment, used drugs that improve neurotransmitter balance.

E. Elimination of provoking factors, reducing the ammonia production and absorption in the intestine, used the diuretic.

46. Treatment of ascites in liver cirrhosis includes:

A. Spironolactone + loop diuretics, sodium restriction of the use of high-protein diet.

B. Limit sodium intake, loop diuretics, bed rest

C. Aldosterone antagonist, bed rest, high-protein diet.

D. Limit sodium intake, spironolactone, bed rest.

E. Limit sodium intake, high-protein diet, bed rest.

47. The most effective groups of drugs in the treatment of chronic active hepatitis are:

A. Corticosteroids, immunosuppressants.

B. Immunosuppressants, hepatoprotectors.

C. Immunosuppressants, cyclosporin A.

D. Hepatoprotectors, glucocorticosteroids.

E. Cyclosporine A, glucocorticosteroids.

48. Patient G., 44 years old, complains of a sharp general weakness, feeling of heaviness in the right upper quadrant, weight lost, constant nausea, bleeding of gums, drowsiness. From history we know, that patient abuses alcohol. Objectively: dry skin, icteric sclera and skin, on the skin of the face and shoulder girdle are "spider veins". The abdomen is deflated, soft, no tenderness, liver enlarged for 6 cm, painful. Spleen enlarged for 2 cm. What is the most probable disease in a patient?

A. Chronic active hepatitis of alcoholic origin.

B. The "Congestive liver".

C. Budd-Chiari syndrome.

D. Leukemia.

E. Alcoholic cirrhosis.

49. Patient B., 36 years old, complains of jaundice, itching, nausea, pain and feeling of heaviness in the right upper quadrant, increased body temperature, bleeding of gums. He was treated on an outpatient basis over cholecystitis. The skin and the sclera is icteric, eyelids xanthelasma. The abdomen was soft, painful on palpation in the right upper quadrant and point Kera. Liver enlarged from 4 cm, painful edge, smooth, spleen is not enlarged. On the duodenal sounding were found elements of inflammation in the portion B and C. In the biochemical analysis of blood – hyperbilirubinemia and in the urine - bile pigments. What disease is the most probable in the patient?

A. Chronic cholestatic hepatitis.

B. Chronic cholecystitis.

C. Liver cirrhosis.

D. Liver Cancer.

E. Hemolytic anemia.

50. Patient K., 22 years old, complains of pain in the right upper quadrant, nausea, decreased appetite. In history - appendectomy 3 years ago. Jaundice appeared after 2 months after surgery. After 1 year was appeared pain in the right upper quadrant, enlarged dense liver, liver function tests are negative. What disease is the most probable in the patient?

A. Chronic persistent hepatitis.

B. Gallstone disease.

C. Chronic cholecystitis.

D. Liver cirrhosis.

E. Liver cancer.

51. Patient S., 44 years old, complains of periodic paroxysmal pain in the right upper quadrant, which occurs after physical exercises and errors in diet, nausea, bitter taste in mouth, tendency to constipation. In the history is jaundice. On examination: tongue coated with white bloom. On palpation the liver is not enlarged, pain in point Kera, positive Ortner symptom. During duodenal sensing the second portion (B) is absent. On the cholecystography gallbladder is not contrasts. What is the preliminary diagnosis of the patient?

A. Chronic calculous cholecystitis.

B. Sclerosing cholangitis.

C. Head of pancreas cancer.

D. Sphincter of Oddi cancer.

E. Duodenitis.

52. Patient P., 54 years old, complains of a constant dull pain in the right upper quadrant and epigastric, nausea, low-grade fever, general weakness. 10 years ago she suffered from a viral hepatitis. On examination, the abdomen enalarged due to ascites, painful on palpation in

the right upper quadrant. The liver enlarged at 6 cm from under the costal arch, rounded, painful and thick edge. The spleen is palpated of 4 cm below the edge of the left costal arch. Your preliminary diagnosis:

A. Liver cirrhosis.

B. Chronic cholecystitis, exacerbation.

C. Chronic persistent hepatitis.

D. Liver cancer.

E. Cancer head of pancreas.

53. Patient N., 52 years old, complains of paroxysmal abdominal pain, mostly in the right upper quadrant, which is radiating to the right shoulder, nausea, bitter taste in the mouth after oily and spicy food. Sick over 7 years. Objectively: the sclera is icteric. In the right upper quadrant, especially clearly in the position of the patient on the left side, was palpable painful gall bladder. On the duodenal sounding bile portion B is not obtained. On the cholecystography gallbladder is not contrasts. Your preliminary diagnosis:

A. Gallstone disease.

B. Gallbladder hydrops.

C. Chronic noncalculous cholecystitis.

D. Sclerosing cholangitis.

E. Sphincter of Oddi cancer.

54. Patient A., 62 years old, complains of increasing weakness, absence of appetite and pain in the right upper quadrant and epigastric pain, weight loss, itchy skin. In reviewing: icteric skin with an earthy shade, dry with scratching. On palpation liver has rocky density with protruding from under the edge of the costal arch for 7 cm. Blood test: HB- 90 g/l, L - 6 x 10^9/l, ESR-54 mm / hour. Your preliminary diagnosis:

A. Metastatic liver cancer.

B. Chronic persistent hepatitis.

C. Liver cirrhosis.

D. Hypochromic anemia.

E. Ehinocock liver.

55. Patient K., 46 years old, complains of pain in the right upper quadrant, which is enhanced after eating greasy fried food, bitter taste in the mouth. Frequent bouts of pain over the last years. After one of the attacks appeared the fever, jaundice and discolored of feces. In reviewing severe jaundice, especially on the sclera. Frenikus phenomenon is positive. Painfulness in the point of Musso. The abdomen is not swollen, not painful, except the right hypochondrium. The liver was not palpable due to the muscular protection. In the urine reaction of the bile pigments is strongly positive. Total bilirubin in blood – 142 umol/l, direct bilirubin – 110 umol/l, indirect bilirubin – 32 mmol/l. Transaminases: ASAT 0,46 mmol /l, ALAT 0,6 mmol /l. What is the probable disease in patient?

A. Chronic calculous cholecystitis in acute jaundice.

B. Acute cholecystitis.

C. Acute pancreatitis.

D. Chronic hepatitis.

E. Sclerosing cholangitis.

56. Patient B., 49 years old, complains that bloody vomiting, heaviness in the left upper quadrant, anorexia and weakness. Prior abused alcohol. He considers himself a patient about 40 years old when first appeared jaundice. For

10 years, he was treated in the infectious ward, and then in the therapeutic. In reviewing: skin and visible mucous membranes yellow, "spider veins" above the collarbone. Subcutaneous fat and muscle system is developed enough (height 167 cm, weight 54 kg). Systolic murmur over all points. Abdomen enlarged in size, "Head of Medusa", bulging belly button. Determined ascites. Liver sharp, not painful, + 2 cm. The spleen is significantly enlarged, not painful. Blood test: HB - 84 g/l, leukocytes - 3 x 10^9, platelets - 90 x 10^9/l. What is a probable disease in a patient?

A. Portal cirrhosis.

B. Chronic hepatitis.

C. Liver cancer.

D. Budd-Chiari syndrome.

E. Chronic lymphocytic leukemia.

57. Patient K., 24 years old, complains of an enlarged abdomen. In the history of abdominal trauma 2 years ago. After 8 months appeared ascites. Treated diuretic, there was no effect. In reviewing the stomach greatly enlarged protruding navel, percussion free fluid, liver + 3 cm, not painful. Blood test: erythrocytes – 4.8 x 10^{12}/l, Hb – 140 g/l, leukocytes – 6,8 x 10^9/l, ERS – 10 mm/hour. What is a probable disease in a patient?

A. Budd-Chiari syndrome.

B. Tumor of the liver

C. Cirrhosis of the liver.

D. Tuberculosis peritonitis.

E. Chronic lymphocytic leukemia.

58. Patient P., 51 year, complains of pain in the area of the right hypochondrium, which radiates to the left hypochondrium section, nausea, vomiting, without bettering. Acutely ill. In history - chronic cholecystitis, tried outpatient treatment, six months ago suffered from acute pancreatitis. In reviewing: 37,4 C fever, jaundice of the sclera, tongue dry. The abdomen is deflated, palpation symptoms of peritoneal irritation are absent, colon segments unpainful, pain in Chauffard area, positive Ortner symptom, the liver is enlarged, the edge is thickened, pain in point Kera, Courvoisier symptom is negative. Your preliminary diagnosis:

A. Chronic pancreatitis in acute phase, painful form.

B. Chronic calculous cholecystitis, acute phase.

C. Cancer of the pancreas head.

D. Sclerosing cholangitis.

E. Chronic gastritis, acute phase.

59. Patient T., 29 years old, complains of pain in the abdomen, which appeared sharp and weakness. Throughout the night the pain was localized in the epigastrium at the xiphoid process, extended to the left upper quadrant and the lower back. In the morning there was a repeated vomiting with bile, which does not bring relief, diarrhea. In reviewing: pale skin, pulse 110 in 1 minute, rhythmic, soft, BP 85/40 mmHg. Sharply expressed epigastric pain, especially on the left. Painfulness in the Mayo-Robson point. The temperature - 38,5 C. Blood test: leukocytes – 10,2 x 10^9/l, erythrocytes - 7 x 10^{12}/l, stab shift to the left, ERS - 36 mm / year.

A. Acute pancreatitis.

B. Chronic pancreatitis, acute phase.

C. Chronic cholecystitis, acute phase.

D. Cancer the head of pancreas.

E. Sclerosing cholangitis.

60. Patient S., 50 years old, complains of moderate pain in the upper abdomen more pronounced in the left hypochondrium, worse after a meal. Suffers from diarrhea. On the X-ray study of the abdomen are multiple calcinates at the pancreas area.

A. Chronic calcific pancreatitis with severe exocrine pancreatic insufficiency.

B. Chronic calculous cholecystitis, acute phase.

C. Cancer the head of pancreas.

D. Chronic enterocolitis, acute phase.

E. Pancreatic cysts.

61. Patient K., 56 years old, complains of loss of appetite, intolerance to milk products, fatty foods, and sometimes nausea, frequent bloating. There is a diarrhea, the remnants of undigested food in the feces. In reviewing: multiple telangiectasias marked by the type of "blood dew". Ultrasound detected signs of liver steatosis, diffuse sclerotic changes in the pancreas, concrements in both kidneys. In a laboratory study were found steatorrhea, kreatoreya, amylase activity in urine by Wohlgemuth - 4 OD.

A. Chronic sclerosing pancreatitis.

B. Chronic calculous cholecystitis, acute phase.

C. Chronic enterocolitis, acute phase.

D. Cyst of pancreas.

E. Chronic hepatitis.

62. Patient K., complains about the intolerance of many products, especially milk, raw fruits and vegetables, hot spices, hot and cold food, such symptoms as flatulence and massive evacuation with kreato-, amyloid- and steatorrhea. What is the most probable syndrome in a patient?

A. The syndrome of exocrine pancreatic insufficiency.

B. The syndrome of endocrine pancreatic insufficiency.

C. Dyspeptic syndrome.

D. Maldigestion syndrome.

E. Dysbacteriosis.

63. The patient in 42, complains of pain in the area of the left hypochondrium, which radiates to the back, poor tolerance of milk products, flatulence, the presence of undigested food in the feces. Objectively: Pulse 100 in a minute, rhythmic. Positive symptom of Musso-Georgievskiy, Mayo-Robson. Which method is the most informative for the verification of the diagnosis?

A. Ultrasound, coprogram, enzymes in duodenal contents.

B. Radiography of the abdominal organs.

C. Cholecystography.

D. Analysis of fecal for dysbacteriosis.

E. Gregersen reaction.

64. X-ray examination of the digestive tract within 12 hours after taking barium suspension evaluates all of the above, except:

A. Condition of the colon.

B. Condition of the ileocecal region.

C. Duration of the passage of barium suspension through the digestive tract.

D. Condition of the duodenum.

E. Condition of the rectum.

65. On the X-ray of the stomach was detected a niche on the small curvature of the stomach up to 1 cm in diameter, surrounded the infiltrating was a symmetrical oval with elastic walls. For

what disease these changes are the most typical?

A. Ulcer in uncomplicated peptic ulcer.

B. Penetrating ulcer.

C. Malignancy ulcer.

D. Infiltrative-ulcerous cancer.

E. Erosive gastritis.

66. On the X-ray of the stomach were detected a sandwich niche, serving for a stomach contour, scar deformity of the stomach and inflammation transformation of the mucous membrane. For what disease these changes are the most typical?

A. Acute stomach ulcer.

B. Penetrating ulcer.

C. Malignancy of gastric ulcer.

D. Infiltrative-ulcerous cancer.

E. Perforated ulcer.

67. On the X-ray of the stomach was detected a flat niche in the gastric antrum, 2,5 cm in diameter, with irregular form and large aperistaltic area around. For what disease these changes are the most typical?

A. Uncomplicated ulcer of gastric antrum.

B. Penetrating ulcer.

C. Malignancy ulcer.

D. Perforated ulcer.

E. Erosive cancer in the early stages.

68. Hereditary predisposition is most common for the following gastroenterological diseases:

A. Peptic ulcer disease of duodenum.

B. Calculous cholecystitis.

C. Pancreatitis.

D. Biliary dyskinesia.

E. Chronic atrophic gastritis.

69. The most important etiological factor of peptic ulcer disease of duodenum is:

A. Helicobacter Pilory.

B. Smoking.

C. Eating disorders.

D. Emotional stress.

E. Alcohol.

70. The most important local mechanisms for gastric ulcerogenesis is:

A. Motor-evacuation disorders.

B. Acid-peptic factor.

C. Condition of the protective mucosal barrier.

D. Back diffusion of hydrogen ions.

E. The balance of acid-peptic factor and condition of protective mucosal barrier.

71. The pathogenetic factors of peptic ulcer of duodenum are all listed, expect:

A. Acid-peptic factor.

B. Accelerated evacuation.

C. "Acidic" stasis in the duodenum.

D. Smoking.

E. Increased mucoproteid secretion.

72. Helicobacter pylori infection promotes the development of pathological conditions, except:

A. Pyloroantral ulcers of the stomach.

B. Ulcers of the duodenal bulb.

C. Ulcers of the stomach cardia.

D. Postbulbar ulcers.

E. Chronically antral gastritis.

73. The mechanism of pain in peptic ulcer of the duodenum due to all factors, except:

A. Acid-peptic factor.

B. Spasm of pyloroduodenalzone.

C. Increasing the pressure in the stomach and duodenum.

D. Perivisceritis.

E. Violation of the IgA production.

74. For peptic ulcer of duodenal are typical all listed, except:

A. "Hungry" pain in the epigastric region.

B. Night pain.

C. Pain within 1,5 - 2 hours after meal.

D. Pain within 15 to 20 minutes after meal.

E. Heartburn.

75. For postbulbar ulcer is typical all listed, expect:

A. Pain within 3-4 hours after meal.

B. Pain with radiating to the left and/or right hypochondrium.

C."Throbbing" pain.

D. Bleeding.

E. Pain within 15-20 minutes after meal.

76. The patient, long suffering from peptic ulcer with localization in the stomach, complainsof weakness, nausea, loss of appetite, constant epigastric pain, weight loss. What complication of peptic ulcer disease is appeared?

A. Stenosis of the output of the stomach.

B. Ulcers malignancy.

C. Ulcer penetration.

D. Bleeding.

E. Ulcerperforation.

77. The patient, long suffering from peptic ulcer with localization in the bulb of duodenum, recently changed the clinical picture: there is heaviness after eating, nausea, profuse vomiting of food, foul breath, weight loss. What complication of peptic ulcer disease is appeared?

A. Organic stenosis of pyloroduodenal zone.

B. Exacerbation of peptic ulcer disease.

C. Ulcers malignancy.

D. Ulcer penetration.

E. Ulcer perforation.

78. The production of hydrochloric acid are reduced by all drugs, expect:

A. Ranitidine.

B. Gastrotsepin.

C. De nol.

D. Omeprazole.

E. Creon.

79. Aluminum gel therapy often causes:

A. Hypercalcemia.

B. Hypocalcaemia.

C. Hyperphosphatemia.

D. Hypophosphatemia.

E. Hypermagniemia.

80. From anti-ulcer agents for the treatment of pyloroduodenal ulcers the most effective is:

A. Gastrocepin.

B. Ranitidine.

C. Omeprazole.

D. Dalargin.

E. Atropine.

81. Cytoprotective effect against the gastric and duodenal mucosa has:

A. De-nol.

B. Sucralfate.

C. Atropine.

D. Vitamins.

E. De-nol and sucralfate.

82. Gastric ulcer on the background of a four-week treatment were not cicatrized, saved the pain in the epigastric, decreased appetite, weight loss. Further tactics of the patient includes:

A. Continuation of previous treatment.
B. Entering correction to the treatment.
C. Endoscopy with biopsy and histological examination.
D. Surgical treatment.
E. Ultrasound examination of the gastrointestinal tract.
83. Symptomatic gastroduodenal ulcers are all listed, expect:
A. Stressful.
B. Endocrine.
C. Postbulbar.
D. Ulcers in pathological conditions of other internal organs.
E. Medication ulcers.
84. Medication ulcers are caused by the following medicines, expect:
A. Corticosteroid.
B. Pancreatin.
C. Indomethacin.
D. Reserpine.
E. Aspirin.
85. Peptic ulcer usually occurs at the age of:
A. 10-20 years old.
B. 20-30 years old.
C. 10 years old.
D. After 40 years old.
E. 30-40 years old.
86. What nature of the pain is associated with duodenal peptic ulcer disease?
A. Dull, pressing pain of the epigastric, worse after a meal.
B. Colicy aching pain in the right hypochondrium radiating to the right shoulder, worse after taking fat.
C. Constant dull pain, not associated with food intake.
D. Epigastric pain occurring on an empty stomach and 2-3 hours after a meal.
E. Pain in 30 minutes after a meal.
87. Which signs are not typical for acute peptic ulcer disease of duodenum?
A. Pain on an empty stomach.
B. Pain in 30 minutes after a meal.
C. Pain in 1,5-2 hours after a meal.
D. Pain on the right of epigastric.
E. Heartburn, acid regurgitation.
88. Drug ranitidine is:
A. H2-blocker.
B. Total anticholinergic.
C. Topical anticholinergic.
D. Antacid.
E. Miotonik.
89. To pick up the characteristic for amagel:
A. H2-blocker.
B. Total anticholinergic.
C. Topical anticholinergic.
D. Antacid.
E. Miotonik.
90. In a patient with long-term course of gastric ulcer appeared almost constant pain radiating to the back. What complication can be assumed?
A. Pyloric stenosis.
B. Penetration.
C. Malignancy.
D. Perforation.
E. Dumping syndrome.
91. At what disease acid-secretory function of the stomach is decreased?
A. Chronic antrum gastritis.
B. Chronic atrophic gastritis.

C. Chronic hypertrophic gastritis.

D. Zollinger-Ellison syndrome.

E. All of these forms.

92. Which method is the most reliable to exclude malignancy of gastric ulcers?

A. X-ray.

B. Endoscopic.

C. Analysis of feces for occult blood.

D. Analysis of gastric juice by histamine.

E. Endoscopy with biopsy.

93. Patient, suffering from gastric ulcer, in the period of the next exacerbation complains of burping by "rotten egg", vomiting of food, eaten food the day before. What complication occurred in a patient?

A. Penetration.

B. Perforation.

C. Bleeding.

D. Pyloric stenosis.

E. Malignancy.

94. Kreatoreya is most typical for:

A. Functional dyspepsia.

B. Putrid dyspepsia.

C. Exocrine insufficiency of the pancreas.

D. Superficial gastritis.

E. Peptic ulcer.

95. Gastric mucosa parietal cells secrete:

A. Hydrochloric acid.

B. Lactic acid.

C. Biermerin.

D. Castel factor.

E. Hydrochloric acid and Castel factor.

96. Additional gastric mucosa cells secrete:

A. Mucin.

B. Bicarbonates.

C. Gastrin.

D. Secretin.

E. Intrinsicfactor.

97. Which of the following symptoms can confirm the penetration of peptic ulcer?

A. The appearance of the night pain.

B. Decrease effectiveness of antacids.

C. The appearance of back pain.

D. Increased pain and changes in the characteristic rhythm of pain.

E. Melena.

98. Gastrin is secreted by:

A. Antrum.

B. Fundic of stomach.

C. Duodenalmucosa.

D. Brunnerovglands.

E. Pancreas.

99. The acidity of the gastric juice does not reduce by:

A. Somatostatin.

B. Secretin.

C. Glucagon.

D. Insulin.

E. All are wrong.

100. There are following types of gastric secretion, except:

A. Excitable.

B. Asthenic.

C. Continuous.

D. Brake.

E. Inert.

101. General principles of treatment of functional disorders of the stomach include:

A. Split meal.

B. Psychotherapy.

C. Physiotherapy.

D. Reflexology.

E. All of the above.

102. The main diagnostic method, that allows to verify the diagnosis of chronic gastritis is:

A. Analysis of gastric juice.

B. Gastric radioscopy.

C. Duodenal probing.

D. Morphological investigation of the gastric mucosa.

E. Ultrasonography.

103. What is the nature of the pain associated with peptic ulcer of duodenum?

A. Dull, pressing pain in the epigastric, worseningafter a meal.

B. Colicy aching pain in the right hypochondrium radiating to the right shoulder while taking fat.

C. Constant dull pain, not associated with food intake.

D. Epigastric pain occurring on an empty stomach and 2-3 hours after a meal.

E. Pain in 30 minutes after a meal.

104. Drug treatment of chronic atrophic gastritis includes all listed, except:

A. Knitting and enveloping drugs.

B. Methyluracilum.

C. Antibiotics.

D. Replacement therapy.

E. Reparants.

105.To improve the trophic processes in chronic atrophic gastritis recommended:

A. Methyluracilum.

B. Solkoseril.

C. Sea buckthorn oil.

D. Tranquilizers.

E. Vitamins group B.

106. Upon detection of Helicobacter pylori in chronic gastritis are recommended all listed, expect:

A. De-nol.

B. Metronidazole.

C. Ampicillin.

D. Pancreatin.

E. Omeprazole.

107.Physical therapy in the treatment of gastritis indicates for:

A. Rigidity antral gastritis.

B. Polyposis gastritis.

C. Hemorrhagic gastritis.

D. Erosive gastritis.

E. Atrophic gastritis.

108. Contraindications to anticholinergics drugs include:

A. Constipation.

B. Slowing of gastric emptying.

C. Hypokinetic dyskinesia of the gallbladder.

D. Atropin resistens hyperchlorhydria.

E. All of the above.

109. Effective drugs with enzyme action are:

A. All of the above.

B. Pancreatin.

C. Mezimforte.

D. Festal.

E. Panzinorm.

110. The most informative method for identifying the tumor processes in the pancreas is:

A. X-ray examination of the stomach and intestines with barium suspension.

B. CT scan.

C. Intravenous cholegraphy.

D. Retrograde cholangiopancreatography.

E. Relaxation duodenography.

111. α-amylase secreted by:

A. Parotid salivary gland.

B. Pancreas.

C. Intestines.

D. Parotid salivary glands and the pancreas

E. Everything is wrong.

112. α -amylase catalyses hydrolysis of:

A. Starch.

B. Glucose.

C. Disaccharides.

D. Fiber.

E. All the above.

113.Trypsin activity increased in serum at:

A. Acute pancreatitis.

B. Exacerbation of chronic pancreatitis.

C. Peptic ulcer disease.

D. Peritonitis.

E. Acute pancreatitis or exacerbation of chronic pancreatitis.

114. Kreatoreya observed in:

A. Ahilia.

B. Putrid dyspepsia.

C. Exocrine insufficiency of pancreas.

D. All is correct.

E. Everything is wrong.

115. Steatorrhea with a neutral fat is typical for:

A. Jaundice.

B. Parenchymal jaundice.

C. Chronic pancreatitis.

D. All is correct.

E. Everything is wrong.

116. The typical clinical sign of chronic pancreatitis is:

A. The development of diabetes mellitus.

B. Reduction of exocrine function.

C. Jaundice.

D. Increased activity of aminotransferases.

E. Hepatomegaly.

117. The most informative method for diagnosis the pathology of the pancreas is:

A. X-ray.

B. CT scan.

C. Ultrasound.

D. Celiac trunk angiography.

E. Portal vein angiography.

118.What is the most actively stimulates the secretion of pancreatic juice?

A. Somatostatin.

B. Gastrin.

C. Secretin.

D. Cholecystokinin.

E. Everything is wrong.

119.The forms of chronic pancreatitis include:

A. Calcifying.

B. Obstructive.

C. Cysts, pseudocysts.

D. Fibro-sclerotic.

E. All of the above.

120. For patients with chronic pancreatitis with a latency course indicates:

A. Common complete diet.

B. Diet with a predominance of fat.

C. Diet with a predominance of carbohydrates.

D. Moderate carbohydrate-protein diet.

E. A diet with a high content of iron.

121. To treat the chronic pancreatitis in a remission phase recommended:

A. Corticosteroids.

B. Contrycal (trasilol).

C. Enzyme drugs.

D. None of these drugs.

E. All of these drugs.

122. In acute pancreatitis and chronic pain syndrome complex therapy includes:

A. Baralgin.

B. Contrycal (trasilol) or Gordoks.

C. Liquid antacids.

D. Blockers of histamine H2-receptor.

E. All of the above.

123.In the acute phase of chronic pancreatitis with the syndrome of "evasion enzymes" drug therapy includes:

A. M-anticholinergics Gastrocepin.

B. Enzyme drugs.

C. Antifermental drug Trasylol or Contrikal.

D. Almagel in large dosage.

E. Gastrocepin.

124. Effective drugs with enzyme action do not include:

A. Holenzim.

B. Pancreatin.

C. Mezim forte.

D. Festal.

E. Panzinorm.

125.Chronic recurrent pancreatitis occurs more often in:

A. Peptic ulcer disease.

B. Cholelithiasis.

C. Syndrome after resection of stomach.

D. Chronic colitis.

E. Giardiasis.

126.The patient was 65 years old, suffers from a chronic persistent pancreatitis. Over the last 6-8 months has changed the nature of pain, worsened appetite, vomiting, periodically appeared jaundice, discolored feces, general weakness. In a hospital were icteric of the skin, paleness of the visible mucous membranes, significant weight loss. The liver and spleen are not enlarged. Normal temperature. Hemoglobin - 96 g/l, leukocytes – 9,5 * 10^9/l, erythrocyte sedimentation rate - 60 mm/hour, general bilirubin – 34,2 mmol/l (direct – 5,2). The activity of amylase of blood and urine, blood sugar levels are in the normal range. What diagnostic method should be used to set the correct diagnosis:

A. Duodenal sounding.

B. Ultrasonography.

C. X-ray examination.

D. Cholecystography.

E. Ultrasound and X-ray examination.

127. The patient was 65 years old, suffers from a chronic persistent pancreatitis. Over the last 6-8 months has changed the nature of pain, worsened appetite, vomiting, periodically appeared jaundice, discolored feces, general weakness. In a hospital were icteric of the skin, paleness of the visible mucous membranes, significant weight loss. The liver and spleen are not enlarged. Normal temperature. Hemoglobin - 96 g/l, leukocytes – 9,5 * 10^9/l, erythrocyte sedimentation rate - 60 mm/hour, general bilirubin – 34,2 mmol/l (direct – 5,2). The activity of amylase of blood and urine, blood sugar levels are in the normal range. What diagnosis can be suspected first of all:

A. Pancreas cancer.

B. Cancer of the major duodenal papilla (Vater papilla).

C. Pseudotumor form of chronic pancreatitis.

D. Correct: cancer and pseudotumor form of chronic pancreatitis.

E. Correct: pancreatic cancer and cancer of the major duodenal papilla (Vater papilla).

128. The patient was 65 years old, suffers from a chronic persistent pancreatitis. Over the last 6-8 months has changed the nature of pain, worsened appetite, vomiting, periodically appeared jaundice, discolored feces, general weakness. In a hospital were icteric of the skin, paleness of the visible mucous membranes, significant weight loss. The liver and spleen are not enlarged. Normal temperature. Hemoglobin - 96 g/l, leukocytes – 9,5 * 10^9/l, erythrocyte sedimentation rate - 60 mm/hour, general bilirubin – 34,2 mmol/l (direct – 5,2). The activity of amylase of blood and urine, blood sugar levels are in the normal range. The diagnosis will be allow by the:

A. All of the above.

B. Ultrasonography.

C. Gastroduodenoscopy with biopsy.

D. X-ray examination of the stomach and duodenum.

E. Analysis of anamnestic data.

129. Combination of urobilinogenuria with bilirubinuria is typical for:

A. Obstructive jaundice.

B. Hemolytic jaundice.

C. Hepatic jaundice.

D. Congestive kidney.

E. Renal infarction.

130. Pronounced bilirubinuria is typical for:

A. Obstructive jaundice.

B. Hemolytic jaundice.

C. Nephrolithiasis.

D. Congestive kidney.

E. Chronic nephritis.

131. Intravenous cholecystography is an informative method for diagnosis:

A. Dilatation of common bile duct.

B. Chronic calculous cholecystitis.

C. Chronic active hepatitis.

D. Dilatation of the common bile duct and chronic calculous cholecystitis.

E. All of the above.

132. Drugs, increasing the secretion of bile include are all of these, except:

A. Deholin.

B. Allohol.

C. Xylitol.

D. Holenzim.

E. Hologon.

133. Urobilinogen produced in the:

A. Intestine.

B. Kidney.

C. Liver.

D. All is correct.

E. Everything is wrong.

134.Conjugated bilirubin produced in liver cells by the enzyme:

A. Glukuroniltransferase.

B. Leucine aminopeptidase.

C. Acid phosphatase.

D. Nucleotidase.

E. All of the above is wrong.

135.Increasing the blood levels of unconjugated bilirubin is due to all of these metabolic abnormalities, except:

A. Increasing of bilirubin.

B. Reducing the capture of bilirubin by the liver.

C. Glukuroniltransferase deficiency in hepatocytes.

D. Liver disorders of excretion of bilirubin.

E. Increasing of erythrocyte hemolysis.

136.Increasing the serum alanine transaminase activity can be caused by all of the above conditions, except:

A. Hepatocyte necrosis any aetiology.

B. Kidney disease.

C. Skeletal muscle injury.

D. Myocardial infarction.

E. Hemolysis.

137. In the diagnosis of cholestatic syndrome are important all of these indicators, except:

A. Increasingthe activity of alkaline phosphatase blood.

B. Increasing the level of conjugated bilirubin.

C. Increasing the level of cholesterol.

D. Increasing the activity of γ-glutamyl.

E. Increase the level of indirect bilirubin.

138. Alanine transaminase activity in blood is increased by all of these diseases, except:

A. Chronic active hepatitis.

B. Active liver cirrhosis.

C. Myocardial infarction.

D. Fatty hepatosis.

E. Chronic cholestatic hepatitis.

139.Increasing the concentration of lipids in the blood is observed in all of these diseases, except:

A. Diabetes mellitus.

B. Hyperthyroidism.

C. Biliary cirrhosis.

D. Cholestatic hepatitis.

E. Alcoholism.

140.Bile reabsorption is in:

A. Duodenum.

B. Jejunum.

C. Initial part of the colon.

D. All of these departments.

E. Jejunum and initial part of the colon.

141.For hepatic cytolytic syndrome is typical all of these biochemical changes, except:

A. Increasing the activity of alanine aminotransferase.

B. Increasing the activity of aspartate aminotransferase.

C. Increasing the activity of aldolase.

D. Increasing the level of serum iron.

E. Reduction of all parameters.

142.In cholestatic syndrome urobilinogen in urine:

A. Increases.

B. Decreases.

C. Disappears.

D. Not changes.

E. Decreases or disappears.

143.Most early and sensitive indicator of hepatic cytolytic syndrome is:

A. Increased activity of alanine aminotransferase.

B. Aldolase increased activity.

C. Increased activity of aspartate aminotransferase.

D. Hypoalbuminemia.

E. Increased the level of serum iron.

144.Intrahepatic cholestasis is characterized by all of these indicators, except:

A. Increasing unconjugated bilirubin in serum .

B. Bilirubinuria.

C. Increasing the activity of the alkaline phosphatase in blood.

D. Hypercholesterolemia.

E. Appearance of bile acids in the urine.

145. The appearance of bilirubin in the urine indicates of:

A. Parenchymal jaundice.

B. Obstructive jaundice.

C. Hemolytic jaundice.

D. Parenchymal and obstructive jaundice.

E. All of the above.

146. The decreasing of stercobilin in the feces observed in:

A. Parenchymal jaundice.

B. Obstructive jaundice.

C. Hemolytic anemia.

D. Parenchymal and obstructive jaundice.

E. Everything is wrong.

147. In the etiology of chronic hepatitis the most important are:

A. Infectious agents.

B. Toxic factors (including alcoholism).

C. Toxic allergic factors.

D. Circulatory failure.

E. All of the above.

148. The main forms of chronic hepatitis B are all listed, except:

A. Chronic persistent hepatitis.

B. Chronic active hepatitis.

C. Chronic lobular hepatitis.

D. Interstitial hepatitis.

E. Chronic autoimmune hepatitis.

149. The clinical manifestations of biliary syndrome of chronic liver disease are all listed, except:

A. Jaundice.

B. Skin itch.

C. Xanthelasma.

D. Enlarged liver with a bumpy surface.

E. High level of serum alkaline phosphatase.

150. Mesenchymal inflammatory syndrome characterized by an increasing in blood:

A. γ-globulins.

B. Cholesterol.

C. Alkaline phosphatase.

D. Bilirubin.

E. Albumin.

151. For hemolytic jaundice is not typical:

A. Increasing unconjugated bilirubin in blood.

A. Normal activity of serum alkaline phosphatase.

B. Normal activity of serum transaminases and γ-glutamyl.

C. Bilirubinuria.

D. Reticulocytosis.

152. In hemolytic jaundice occurs:

A. Reticulocytosis.

B. Increasing of unconjugated bilirubin.

C. Splenomegaly.

D. Bone marrow hyperplasia.

E. All of the above.

153.High levels of transaminases in the serum indicates for:

A. Micronodular cirrhosis.

B. Cholestasis.

C. Viral hepatitis.

D. Primary biliary cirrhosis.

E. Aminazine jaundice.

154. The subjective symptom of chronic persistent hepatitis is:

A. Asthenia.

B. Constipation.

C. Hemorrhage.

D. Fever.

E. Diarrhea.

155. Transition chronic active hepatitis B to cirrhosis is characterized by:

A. Esophageal varices.

B. Splenomegaly.

C. Jaundice.

D. Hypoalbuminemia.

E. Esophageal varices and splenomegaly.

156. Viral hepatitis has such symptoms:

A. Jaundice, itching, xanthoma, hepatosplenomegaly, high activity of alkaline phosphatase and cholesterol.

B. Jaundice, anorexia, nausea, mild enlarged liver, high activity of transaminases and normal activity of alkaline phosphatase.

C. Jaundice, hepatosplenomegaly, moderate increasing of transaminase activity, hyper-γ-globulinemiya, a positive reaction of antibodies to smooth muscle.

D. Jaundice, fever, hepatomegaly, kidney failure, coma, changes in EEG activity and a moderate increasing of transaminases.

E. Jaundice (not always), the pain in the right upper quadrant of the abdomen, the abdomen is soft, leukocytosis.

157. To treatment the patient with liver cirrhosis and insufficient effect of furosemide should be added:

A. Hypotiazid.

B. Uregit.

C. Diakarb.

D. Veroshpiron.

E. Triamterene.

158. The development of ascites in liver cirrhosis is independent from:

A. Portal hypertension.

B. Hypoalbuminemia.

C. Increasing the production of hepatic lymph.

D. Increasing the activity of the renin-aldosterone system and the production of vasopressin.

E. Inflammation of the peritoneum.

159.For ascites are typical all the following symptoms, except:

A. Veins of the esophagus.

B. Reduction of the daily urine output.

C. «Head of Medusa".

D. Enlarged abdomen.

E. Arterial hypertension.

160. The cause of obstructive jaundice is:

A. Choledocholithiasis.

B. Stricture of Vaterpapilla.

C. Cancer the head of pancreas.

D. None of the above.

E. All of the above.

161. Cytolysis syndrome, that develops in viral hepatitis and other acute liver damage, is characterized by:

A. Increased activity of AST, ALT, LDH.

B. Increased alkaline phosphatase, g-glyutamattranspeptidazy, increased b-lipoproteins, hypercholesterolemia, hyperbilirubinemia.

C. Reduction of cholinesterase, prothrombin, total protein, especially albumin, cholesterol, hyperbilirubinemia.

D. Increased level of g-globulin, changes in the protein-sediment samples, increased levels of immunoglobulins.

E. Increased alkaline phosphatase, decreased cholinesterase, increased g-globulin, hyperbilirubinemia.

162.Rational measures of the treatment of ascites in liver cirrhosis are:

A. Diet with limited sodium chloride to 5 g.

B. Restriction daily liquid consumption to 1 liter, if the sodium concentration in serum is more than 130 mmol/l.

C. Increasing the daily diuresis.

D. Use from 100 to 400 mg of veroshpiron daily.

E. All of the above.

163. Hepatomegaly, splenomegaly and melena are typical for:

A. Bleeding from duodenal ulcer.

B. Bleeding from veins of the esophagus in liver cirrhosis.

C. Mesenteric artery thrombosis.

D. Ulcerative colitis.

E. Bleeding from stomach ulcer.

164. At what disease increased the level of direct and indirect bilirubin?

A. Hemolytic anemia.

B. Gilbert's syndrome.

C. Choledocholithiasis.

D. Active hepatitis.

E. Pancreas tumor.

165.The gallbladder is shrinking under the influence of:

A. Gastrin.

B. Pancreatic juice.

C. Cholecystokinin.

D. Secretin.

E. All of the above factors.

166. Increasing of what indicators evidenced about the intrahepatic cholestasis:

A. Bromsulfalein sample.

B. Level of g-globulins.

C. Aminotransferase levels.

D. Alkaline phosphatase.

E. Level of acid phosphatase.

167. Classification of dyskinesia of the gallbladder and biliary tract includes:

A. Hypokinetic form.

B. Hyperkinetic form.

C. Mixed form.

D. A and B are correct.

E. None of the above.

168.Hyperkinetic form of gallbladder dyskinesia is characterized by:

A. Colicky or cramping pain.

B. Pain, appeared at 1-2 hours after a meal, usually radiate to the right shoulder blade, collar bone, lower back and the epigastric region.

C. Contraction of the gallbladder and its rapid emptying identified by X-ray examination.

D. A and B are correct.

E. Nothing of the above.

169. In the treatment of hypokinetic dyskinesia of the gallbladder used:

A. Holekinetiks.

B. Spasmolytics.

C. Surgical treatment.

D. Antacids.

E. Enzymes.

170.Hypokinetic form of dyskinesia of the gallbladder is characterized by:

A. Aching pains in the right upper quadrant.

B. Elongation, extension, delayed emptying on the X-ray.

C. Frequent combination with duodenal ulcer and gastroduodenitis.

D. A and Bare correct.

E. All is correct.

171.The diagnosis of gallbladder dyskinesia is based on:

A. Clinical data.

B. Results of five-phase duodenal sounding.

C. X-ray data.

D. A and B are correct.

E. All of the above.

Hematology

1. What indicators confirm the diagnosis of B-12 deficiency anemia?

A. In the anamnesis - surgery on the intestines.

B. Frequent acute respiratory viral infections.

C. Intestinal dysbiosis.

D. Macrocytosis blood erythrocytes.

E. Increase the number of reticulocytes blood.

2. Which of the following diseases is characterized by hyperthrombocytosis?

A. Iron deficiency anemia.

B. Agranulocytosis

C. Chronic hepatitis.

D. Idiopathic myelofibrosis

E. Chronic gastritis.

3. Which of the following indicators of peripheral blood are most typical for clinical picture of multiple myeloma?

A. Anemia, moderate leukopenia, ESR increased sharply.

B. Anemia, thrombocytopenia, hyperleukocytosis, increased ESR.

C. Normal number of red blood cells, platelets, neutrophilic leukocytosis, elevated ESR.

D. Anemia, thrombocytopenia, severe leukopenia, moderately elevated ESR.

E. Erythrocytosis, thrombocytosis, leukocytosis, reduced ESR.

4. For which of the following diseases is typical pancytosis in the peripheral blood?

A. Lymphogranulomatosis.

B. Chronic lymphocytic leukemia.

C. Erythremia.

D. Acute leukemia.

E. Multiple myeloma.

5. Which of these diseases is characterized by the following haematological parameters: anemia, leukopenia, the increased number of plasma cells in the bone marrow (over 15%)?

A. Acute leukemia.

B. Chronic myelogenous leukemia.

C. Multiple myeloma.

D. Chronic lymphocytic leukemia.

E. Lymphogranulomatozis.

6. What disorders are typical for hemorrhagic vasculitis?

A. The presence of hematoma.

B. Extravasates.

C. Increased level of circulating complexes.

D. Hypercoagulable phenomen.

E. Violations of the kallikrein - kinin system.

7. Which of the following diseases due to a high content of plasma cells in the bone marrow?

A. Chronic myelogenous leukemia.

B. Erythremia.

C. Multiple myeloma.

D. Chronic hepatitis.

E. Acute leukemia.

8. Chronic hemorrhagic anemia is:

A. Regenerator, hyperchromic, with erythroblastic type of hematopoiesis.

B. Hyperregenerator, hypochromic, with erythroblastic type of hematopoiesis.

C. Hyperregenerator, hyperchromic, with erythroblastic type of hematopoiesis.

D. Hyperregenerator, hypochromic, with megaloblastic type of hematopoiesis.

E. Hyperregenerator, hyperchromic, with megaloblastic type of hematopoiesis.

9. What violations do not occur in hemophilia A?

A. Hemarthrosis.

B. Bleeding.

C. Extravasates.

D. Violation of blood clotting.

E. Extension of recalcification time.

10. Which of the following drugs is not indicated for treatment of patients with aplastic anemia?

A. Glucocorticoids.

B. Androgens.

C. Antibiotics.

D. Iron drugs.

E. Vitamins.

11. What kind of diseases characterized by thrombocytopenia in the peripheral blood and increased level of megakaryocytes in the bone marrow punctate?

A. Aplastic anemia.

B. Acute leukemia.

C. Chronic lymphocytic leukemia.

D. Idiopathic thrombocytopenic purpura.

E. Chronic hepatitis.

12. Which of the following symptoms is not typical for patients with deficiency of vitamin B - 12?

A. Numbness in the extremities.

B. Violation of deep sensitivity.

C. Positive symptom of Romberg.

D. Hypokinesia and muscle stiffness.

E. Spastic paraparesis.

13.Which of the following laboratory parameters is most typical for hemolytic anemia?

A. Elevated serum transferrin.

B. Reticulocytosis.

C. Low levels of erythropoietin.

D. Hyperthrombocytosis.

E. Bleeding.

14. For what disease is typical eosinophilic-basophilic association?

A. Lymphogranulomatosis.

B. Acute myeloid leukemia

C. Chronic myeloid leukemia.

D. Chronic lymphocytic leukemia.

E. Henoch - Schönlein.

15. Patient S., 68 years old, hospitalized for severe anemia. On examination: atrophy of the tongue papillae surface, icteric sclera, symmetric paresthesia, gait disturbance, atrophic gastritis with achlorhydria, splenomegaly and macrocytosis. This is typical for what disease?

A. Hemolytic anemia.

B. Iron-deficiency anemia.

C. B - 12 deficiency anemia.

D. Folic - deficiency anemia.

E. Thalassemia.

16. Patient S., 68 years old, hospitalized for severe anemia. On examination: atrophy of the tongue papillae surface, icteric sclera, symmetric paresthesia, gait disturbance, atrophic gastritis with achlorhydria, splenomegaly and macrocytosis. Which drug you must use for treatment of this patient?

A. Iron drugs.

B. B - 12.

C. Prednisolone.

D. Anabolic steroids.

E. Red blood cell transfusions.

17. Patient S., 68 years old, hospitalized for severe anemia. On examination: atrophy of the tongue papillae surface, yellowness sclera,

symmetric paresthesia, gait disturbance, atrophic gastritis with achlorhydria, splenomegaly and macrocytosis. How to verify the diagnosis?

A. Sternal puncture.

B. Abdominal ultrasound.

C. Consultation of a neurologist.

D. Determination of iron serum.

E. Puncture of the spleen.

18. What elements of white blood cells belong to agranulocytes?

A. Stab neutrophils.

B. Eosinophils.

C. Monocytes.

D. Basophils.

E. Segmented neutrophils.

19. Patient K., 18 years old, complains of severe bleeding after tooth extraction. Patient suffers from hemophilia A.. Which drug is most effective in the treatment of such bleeding?

A. Ascorutin.

B. Aminocaproic acid.

C. Calcium chloride

D. Vikasol.

E. Cryoprecipitate.

20. In Patient K., who taking Mercazolilum for a long time about hyperthyroidism, suspected agranulocytosis. What changes can be expected in leukoformule?

A. Leukocytosis with lymphocytosis.

B. Leukocytosis with neutrophilia.

C. Leukocytosis with lymphopenia.

D. Leukopenia with neutrophilia.

E. Leukopenia with neutropenia.

21. Which of the following symptoms will be observed in patients with aplastic anemia:

A. Splenomegaly.

B. Lymphadenopathy.

C. Leukopenia.

D. High reticulocytosis.

E. Hyperthrombocytosis.

22. Of which of the following conditions is observed pancytopenia?

A. Iron deficiency anemia.

B. Idiopathic thrombocytopenic purpura.

C. Aplastic anemia.

D. Hemophilia A.

E. Agranulocytosis.

23.What anemia is characterized by hyperchromia, macrocytosis, decreased recovery form on the period of exacerbation?

A. B-12 deficiencyanemia.

B. Acute hemorrhagicanemia.

C. Hemolyticanemia.

D. Irondeficiencyanemia.

E. Aplastic anemia.

24. Which of the following diseases are often accompanied by severe thrombocytopenia with signs of hemorrhagic diathesis?

A. Acute leukemia.

B. Chronic myelogenous leukemia.

C. Erythremia.

D. Lymphogranulocytosis.

E. Agranulocytosis.

25. Which of the conditions is accompanied by thrombocytosis?

A. Idiopathic thrombocytopenic purpura.

B. Acute leukemia.

C. Hypersplenism.

D. Status after splenectomy.

E. B - 12 deficiency anemia.

26. What changes are not typical for folic acid deficiency anemia?

A. Long-feeding milk goat.

B. Reduction of blood hemoglobin level.

C. Reduction of the number of red blood cells.

D. Forms and dimensions of erythrocytes.

E. Hypersegmentation of neutrophil nuclei.

27. Which of the following figures contradict the diagnosis of megaloblastic anemia?

A. Macrocytosis.

B. Gunter glossitis.

C. Ictericof sclera.

D. Microcytosis.

E. Hypersegmentation of neutrophil nuclei.

28. Which of the following signs is the most valid in the diagnosis of chronic myelogenous leukemia?

A. Leukocytosis.

B. Anemia.

C. Leukemoid shift of leukogram.

D. The presence of the Philadelphia chromosome.

E. Splenomegaly.

29. Which of the following conditions is most typical for chronic lymphocytic leukemia in the early stages of the disease?

A. Anemia.

B. Lymphadenopathy.

C. Enlarged liver.

D. Splenomegaly.

E. Thrombocytopenia.

30. Which of the following conditions can be observed in patients with chronic lymphocytic leukemia?

A. Hyperthrombocytosis.

B. Elevated levels of vitamin B - 12 in serum.

C. Lymphadenopathy.

D. Erythrocytosis.

E. Myelocytes, metamyelocytes in the peripheral blood.

31. Patient Z., 23 years old, with acute myeloid leukemia appeared hemorrhagic syndrome in the form of massive subcutaneous hemorrhage, epistaxis. In the analysis of a blood: severe anemia, blasts 30%, thrombocytopenia - 10 * 10^9/l. What urgent treatment of this patient?

A. Continuation of chemotherapy.

B. Red blood cell transfusions.

C. Platelet transfusion.

D. Iron drugs

E. Vikasol.

32. Which diagnostic criteria is not typical for acute lymphoblastic leukemia?

A. Immunological markers of leukemic cells.

B. Hepatosplenomegaly.

C. Leukocytosis.

D. Anemia.

E. Thrombocytosis.

33. Which of the following laboratory changes is typical for iron deficiency anemia?

A. Hyperthrombocytosis.

B. Sideropenia.

C. Macrocytosis.

D. Monocytosis.

E. Hyperglycemia.

34. What violations are not typical for aplastic anemia?

A. Reduction of the number of red blood cells and the level of hemoglobin.

B. Thrombocytopenia.

C. Increasing the number of white blood cells.

D. Ulcer - necrotic processes.

E. Increasing the number of erythro -, leuco -, tromboantitel.

35. Which of these diseases must be first differentiated with multiple myeloma?

A. Osteochondrosis.

B. Osteomyelitis.

C. Rheumatism.

D. Aplastic anemia.

E. Chronic hepatitis.

36.What criteria is necessary for a diagnosic lymphogranulomatosis?

A. Enlarged lymph nodes.

B. Violation of immunity.

C. Hemorrhagic syndrome.

D. The presence in the lymph node cells Berezovsky - Sternberg.

E. Enlarged liver and spleen.

37. According to the formula of blood: E $1{,}3x10^{12}$/l; Hb 58 g/l; Col. Index 1,3; megaloblasts 2x100,leukocytes 2.8 10^9/l, erythrocyte sedimentation rate 30 mm/h, anisocytosis, poikilocytosis, macrocytosis, set the diagnosis:

A. Iron deficiency anemia.

B. B – 12 deficitis anemia.

C. Aplastic anemia.

D. Acute leukemia.

E. Agranulocytosis.

38. According to the formula of blood: E $3{,}5x10^{12}$/l, Hb 110 g/l, leukocytes $2{,}3x10^9$/l, promyelocytes 2%, myelocytes 22%, metamyelocytes 20,5%, erythrocyte sedimentation rate 20 mm / h, set the diagnosis.

A. Acute leukemia.

B. Chronic lymphocytic leukemia.

C. Chronic myelogenous leukemia.

D. Erythremia.

E. Multiple myeloma.

39. According to the formula of blood: E $1{,}3x10^{12}$/l; Hb 58 g/l; Col. Index 1,3; megaloblasts 2x100,leukocytes 2.8 10^9/l, erythrocyte sedimentation rate 30 mm/h, anisocytosis, poikilocytosis, macrocytosis, decide what additional investigation is needed to confirm the presumptive diagnosis.

A. Sternal puncture.

B. Ultrasound of the liver and spleen.

C. X-ray light.

D. Analysis of the vitamin B -12 in the blood serum.

E. Analysis of the iron content in the blood serum.

40. Patient G., 57 years old, complains of epigastric pain after eating, diarrhea, fever 37,5 C, numbness and tingling in the limbs, general weakness. After 4 years after gastric resection due to peptic ulcer disease were abdominal pain, diarrhea, anemia in 4 years. Objectively: icteric pale skin. Tachycardia, a soft systolic murmur fifth point. The liver is enlarged by 3 cm, 2 cm spleen. An. Blood: E-$2{,}3x10^{12}$/l, Hb - 80 g/l, L – $2{,}3x10^9$/l, the formula is not changed, the ESR - 45 mm/hour. Macrocytosis. What is the presumptive diagnosis?

A. Iron deficiency anemia.

B. Gastric Cancer.

C. B - 12 deficiency anemia.

D. Congenital hemolytic anemia.

E. Folic - deficiency anemia.

41. Patient G., 57 years old, complains of epigastric pain after eating, diarrhea, fever 37,5 C, numbness and tingling in the limbs, general weakness. After 4 years after gastric resection

due to peptic ulcer disease were abdominal pain, diarrhea, anemia in 4 years. Objectively: icteric pale skin. Tachycardia, a soft systolic murmur fifth point. The liver is enlarged by 3 cm, 2 cm spleen. An. Blood: E-2,3x10^{12}/l, Hb - 80 g/l, L – 2,3x10^{9}/l, the formula is not changed, the ESR - 45 mm/hour. Macrocytosis. What investigation is needed to confirm the diagnosis?

A. Ultrasound of the liver and spleen.

B. Sternal puncture.

C. EGD.

D. Investigation of bilirubin.

E. X-ray examination of the stomach.

42. Which of these features is not typical for congenital hemolytic anemia?

A. Anomalies of the skull.

B. Beginning in childhood.

C. Reduction of the osmotic resistance of leukocytes.

D. Positive Coombs reaction.

E. Enlargement of the spleen.

43. Patient 18 years old, suffers from hemophilia A. After the trauma appeared hemarthrosis of the knee and elbow joints. He was taken to the hematology department of the regional hospital. Bleeding time by Duke – 4 min, the clotting time by Lee White - 16min. What drug in most recommended in this situation?

A. Injection of recombinant factor VIII.

B. Fresh frozen plasma.

C. Cryoprecipitate.

D. Platelets.

E. Platelet Concentrate.

44. Man, 24 years old, complains of a conglomerate of dense, not soldered to the skin painless lymph nodes of 4-5 cm, in the right supraclavicular region, periodic increases in body temperature to 39 C, itching and pain in the bones of the pelvis and chest. Blood test: Hb 95 g/l, L – 12x10^{9}/l, e -10%, ESR – 35mm / hour. On the chest radiography enlarged mediastinal lymph nodes. Your tactics?

A. Lymph node biopsy.

B. Monitoring.

C. Antibiotic.

D. Physiotherapy.

E. Surgery - cervical lymphadenectomy

45. Woman, 26 years old, complains of the appearance of dense, not soldered to the skin glands of 2-4 cm in diameter in the neck on the left and the right supraclavicular region, increased body temperature to 39 C, itching, profuse night sweats, weight loss of 10 kg. He suffers in the last month. In the study of material lymph node biopsy revealed cells Berezovsky - Sternberg. Your diagnosis?

A. Lymphogranulomatosis.

B. Tuberculosis of lymph nodes.

C. Chronic leukemia.

D. Cancer metastases in neck and supraclavicular lymph nodes.

E. Lymphosarcoma.

46. Patient 32 years old, complains of general weakness, sweating, itching, fever, appearance of dense formations on the left of the neck. Lymph nodes are dense, painless, not soldered to the skin and each other. The liver and spleen are not enlarged in size. Blood analysis: er. 3,3x1012/l, Hb 90 g/l, L– 14,5x10^{9}/l. Erythrocyte sedimentation rate of 55 mm/hour. Platelets 360x10^{9}/l. Your preliminary diagnosis?

A. Lymphogranulomatoz.

B. Tuberculosis of lymph nodes.

C. Lymphoma.

D. Chronic leukemia.

E. Cancer metastases in neck and supraclavicular lymph nodes.

47. Patient, 29 years old, complains for throat of swallowing, fever up to 39 °C., and headaches. Tongue dry, on the mucous membrane of the gums, soft and hard palate, tonsils are multiple ulcers, covered with dirty-gray patina. Pulse 110 min. Blood pressure 110/60 mm Hg. Blood tests: Er. $3,2x10^{12}$/l, Hb 100 g/l, L – $80,0x10^{9}$/l, blast cells 75%. ESR 65 mm/hr. Platelets $42x10^{9}$/l. What investigation is needed to confirm the diagnosis?

A. Sternal puncture.

B. Microreaction for syphilis.

C. Blood on sterility

D. Smear of throaton the diphtheria.

E. Smear on AK and BK.

48. Patient A., 48 years old, complaints of the enlarged of the cervical lymph nodes, temperature 37,6, which beginning 3 months ago. Objectively: the right and left side of the neck palpable painless, moving the lymph nodes 2x2 cm. The skin over the lymph nodes are not changed, the pulse 72 beats/min, rhythmic. The liver and spleen are not enlarged. Blood test: Er. $2,2x10^{12}$/l, Hb 72 g/l, platelets 100 x 10^{9}/l, L $80x10^{9}$/l, lymphocytes 90%, erythrocyte sedimentation rate 10 mm/h. What is the preliminary diagnosis?

A. Chronic lymphocytic leukemia.

B. Lymphogranulomatosis.

C. Tuberculosis of lymph nodes.

D. Lymphoma.

E. Cancer metastasis of cervical lymph nodes.

49. Basic principles of treatment of iron deficiency anemia is:

A. Transfusion of whole blood.

B. Long and carefully injection of intravenous iron preparations.

C. Elimination the causes of iron deficiency.

D. Appointment of oral iron drugs for the long term.

E. Elimination of the causes of iron deficiency and appointment of oral iron drugs for the long term.

50. The cause of iron deficiency anemia in men can be all of the above, except:

A. Blood loss from the gastrointestinal tract on the background of duodenum ulcer.

B. Irritable bowel syndrome.

C. Hemorrhoids.

D. Gastrectomy.

E. Esophageal varices in cirrhosis.

51. The cause of iron deficiency anemia in women can be all of the above, except:

A. Severe and prolonged menstrual blood loss.

B. Duodenal ulcer.

C. Hemorrhoids.

D. Tumors of the gastrointestinal tract.

E. Chronic biliary dependent pancreatitis.

52. Specify the clinical manifestations of the sideropenic syndrome:

A. Angular stomatitis.

B. Perversion of taste and smell.

C. Glossitis.

D. All of the above.

E. None of the above.

53. The patient, 19 years old, complains of weakness. Gynecological history: menstruation from 12 years, abundant, for 5-6 days. The skin is pale. In the blood: Hb - 85 g/l, Er. – 3,8 million, Color index - 0.67, serum iron - 4 mmol/l, Leuk. - 6 thousands, the formula without features. What preparation is most recommended?

A. Red blood cell.

B. Vitamin B12.

C. Ferropleks.

D. Pyridoxine.

E. Ferrum.

54. A woman, 42 years old, with fibroid uterus and menorrhagia found anemia: Hb - 80 g/l, and hypochromia microcytosis erythrocytes. Your diagnosis?

A. B12-deficiency anemia.

B. Sickle cell anemia.

C. Aplastic anemia.

D. Hereditary spherocytosis.

E. Iron deficiency anemia.

55. Which of the following laboratory parameters is most typical for hemolytic anemia?

A. Elevated serum transferrin.

B. Reticulocytosis.

C. Low levels of erythropoietin.

D. Hyperthrombocytosis.

E. Bleeding.

56. What are the elements of white blood cells do not belong to granulocytes?

A. Stab neutrophils.

B. Eosinophils.

C. Monocytes.

D. Basophils.

E. Segment neutrophils.

57. Hypersplenism is:

A. Enlarged spleen.

B. Reducing the number of platelets in peripheral blood.

C. Reducing the number of granulocytes in peripheral blood.

D. Reducing the number of platelets, erythrocytes and granulocytes in peripheral blood.

E. Splenomegaly, reduction the number of granulocytes in peripheral blood.

58. Which factor is necessary for absorption of vitamin B12?

A. Hydrochloric acid.

B. Gastrin.

C. Gastromukoprotein.

D. Pepsin.

E. Folic Acid.

59. What sign is not typical for the diagnosis of iron deficiency anemia?

A. Color index 0,7.

B. Hypochromia of erythrocytes.

C. Microcytosis.

D. Aniso-poikilocytosis.

E. Hypersegmentation of neutrophil nuclei.

60. Iron deficiency anemia is characterized by:

A. Hypochromia, microcytosis, sideroblasts in the sternal punctate.

B. Hypochromia, microcytosis, red blood cells in a form of target.

C. Hypochromia, microcytosis, increased serum iron binding capacity.

D. Hypochromia, microcytosis, decreased serum iron binding capacity.

E. Hypochromia, microcytosis, desferalov positive test.

61. Iron drugs include:

A. Contrycal.

B. Phytin.

C. Globiron.

D. Fezam.

E. Glicised.

62. For pregnant women with chronic iron deficiency anemia recommended:

A. Ingest iron drugs to the childbirth and the entire period of nursing mothers.

B. Include in a diet salmon, pomegranates and carrots.

C. Transfuse packed red blood cells before birth.

D. 10 intravenous injections of Ferrum Lek.

E. None of the above.

63. The basic amount of iron in the human body is absorbed in:

A. The rectum.

B. The downstream section of the colon.

C. The duodenum and jejunum.

D. Ileum.

E. All are correct.

64. For the treatment of iron deficiency should be appointed:

A. Iron preparations intravenously in combination with the meat diet.

B. Iron preparations intravenously in combination with B vitamins intramuscularly.

C. Regular transfusion of packed red blood cells in combination with a diet rich of fruits.

D. Oral iron for the long term.

E. None of the above.

65. Basic principles of treatment of iron deficiency anemia include:

A. Transfusion of whole blood.

B. Carefully injection of intravenous iron preparations for the long term.

C. Oral iron for the long term.

D. Intramuscular iron preparations.

E. Appointment of a diet rich of iron.

66. Iron drugs include:

A. Tardiferon.

B. Terafleks.

C. Ranferon.

D. Feniluks

E. Fenoten.

67. Among the methods for detecting blood loss from the gastrointestinal tract the most informative is:

A. Gregersen test.

B. Weber test.

C. Determination of blood loss using radioactive chromium.

D. Determination of iron levels in the feces.

E. Coprogram.

68. The most common cause of iron deficiency anemia in men is:

A. Blood loss from the gastrointestinal tract.

B. Glomus kidney tumor.

C. Alcoholic hepatitis.

D. Hematuric form of glomerulonephritis.

E. Chronic gastritis.

69. The cause of iron deficiency anemia in women can be all of the above, except:

A. Heavy and prolonged menstrual blood loss.

B. Rendu – Osler disease.

C. Hemorrhoids.

D. Tumors of the gastrointestinal tract.

E. Chronic gastritis.

71. During the day, the iron can be absorbed no more than:

A. 0.5-1.0 mg

B. 1.5-2.5 mg

C. 4.0-4.5 mg

D. 10.0-12.0 mg

E. 15 mg.

72. The cause of post-hemorrhagic anemia associated with blood loss from the gastrointestinal tract, diagnosed by:

A. X-ray of the gastrointestinal tract.

B. Gastrointestinal ultrasound.

C. Abdominal palpation.

D. Endoscopic examination of the gastrointestinal tract.

E. Sigmoidoscopy.

73. Iron is best absorbed in the form of:

A. Ferritin A.

B. Hemosiderin.

C. Heme.

D. Free trivalent iron

E. Free bivalent iron.

74. For iron deficiency anemia is typical:

A. Nausea, vomiting.

B. Ulcerations in the tonque.

C. Facials welling.

D. Dysgeusia.

E. Paresthesia in extremities.

75. The patient is at the dispensary with a diagnosis of Haemophilia A, severe stage. Received hospital with hemarthrosis right knee joint. What type of treatment should be applied?

A. Cryoprecipitate at a dose of 20 U/kg.

B. Blood transfusion.

C. Chemotherapy.

D. Antibiotic therapy.

E. Hormone therapy.

76. Patient 19 years old, admitted to hospital with complaints of weakness, fever, dyspnea and cough, weight loss. At X-ray examination of the chest revealed the shadow of the mediastinum dilatation and presence of polycyclic contours. What disease is most probable?

A. Lymphogranulomatosis.

B. Dermoid cyst.

C. The tumor of the thymus.

D. Tuberculosis.

E. Non-Hodgkin'slymphoma.

77. Specify the most typical clinical symptoms of stage 2 chronic lymphocytic leukemia:

A. Adenopathy.

B. Hemorrhagic syndrome.

C. Hemolytic crises.

D. Hepato splenomegaly.

E. All of the above.

78. Specify the most characteristic changes in the peripheral blood at the beginning of the advanced stage of chronic myeloid leukemia?

A. Anemia.

B. Lymphocytosis.

C. Reticulocytosis.

D. Leukocytosis with a shift of granulocytes.

E. Thrombocytopenia.

79. The patient revealed enlarged soft-elastic lymph nodes in the neck and armpit 6-7 cm, the liver protruded from the costal arch to 5 cm, the spleen - 8 cm, sensitive to palpation. Excessive sweating, weakness, weight loss. Sick for 3 months. General analysis of blood: Hb - 112 g/l, CI -0,9, L-120,0 * 10^9/l, platelets, 220,0 * 10^9/l, ESR - 20 mm/h, n-1% C-8%, M-2%, lymphocytes-89%, a lot of Botkin cells. What is preliminary diagnosis?

A. Chronic lymphocytic leukemia.

B. Acute lymphocytic leukemia

C. Acute myeloid leukemia.

D. Lymphosarcoma.

E. Mononucleosis.

80. One of the clinical manifestations of the tumor intoxication syndrome in acute leukemia is:

A. Enlarged liver.

B. Fever.

C. Itching of the skin.

D. Angiostaxis.

E. Adenopathy.

81. What content of the blast cells in the bone marrow punctate is valid during the period of clinical remission?

A. 4%.

B. 5%.

C. 8%.

D. 10%.

E. 15%.

82. What examination is needed to confirm the diagnosis of neuroleukemia?

A. Sternal puncture.

B. Trepanobiopsy.

C. Liquortest.

D. CT scan.

E. Bloodtest.

83. What variant of acute leukemia is most common in adults?

A. Lymphoblastic.

B. Myelogenous.

C. Monoblastny.

D. Undifferentiated.

E. Promyelocytic.

84. What laboratory sign is typical for acute leukemia?

A. Leukopenia.

B. Leukocytosis.

C. Anemia.

D. Thrombocytopenia.

E. Blastemia.

85. What changes of peripheral blood are typical for chronic lymphocytic leukemia?

A. Leukopenia.

B. Eosinophilia.

C. Hypolymphemia.

D. Leukocytosis, absolute lymphocytosis.

E. All are wrong.

86. Specify the main method of treatment for acute leukemia:

A. Chemotherapy.

B. Antibiotics.

C. Glucocorticoid therapy.

D. Blood transfusion.

E. Leukopheresis.

87. Specify the most frequent clinical symptom of chronic myeloid leukemia:

A. Fever.

B. Angiostaxis.

C. Adenopathy.

D. Enlarged liver.

E. Enlarged spleen.

88. When does most often occur absolute hyperleukocytosis with lymphocytosis?

A. Acute leukemia.

B. Chronic lymphocytic leukemia.

C. Tuberculosis

D. Whooping cough.

E. Agranulocytosis.

89. Patient B., 24 years old, complains of weakness, fever, jaundice. Objectively t = 38,50C, blood pressure - 100/60 mm Hg, heart rate - 102/min. Skin pale and jaundiced. Abdomen soft, painless. The liver enlarged at 2

cm, spleen enlarged at 1 cm. In the blood: Er - 2,8x10^{12}/l, Hb - 92 g/l, Reticulocytes - 26%. The preliminary diagnosis?

A. Hemolytic anemia.

B. Acute hemorrhagic anemia.

C. Acute hepatitis.

D. B-12 deficiencyanemia.

E. Aplastic anemia.

90. In which of these anemia occurs microspherocytosis?

A. Fanconi's.

B. Marchiafawa Michele.

C. Addison-Birmera.

D. Chauffard-Minkowski.

E. Puli disease.

91. Which anemia is characterized by an increased content of reticulocytes in the peripheral blood?

A. Iron deficiency.

B. Megaloblastic.

C. Hypoplastic.

D. Hemolytic.

E. Metaplastic.

92. The patient, 66 years old, complains of a violation of swallowing at eating, pain in the right shoulder joint, edema of the face. Objectively: cyanosis of the face and neck, paresthesia, violations of the right hand sensitivity, enlarged regional lymph nodes. What is the most informative diagnostic method needed to use?

A. Chest X-Ray.

B. Lymph node biopsy.

C. Bronchoscopy.

D. Mantoux test.

E. Ultrasonography of the abdomen.

93. Patient D., 24 years, complaints of dry cough at the night, expressed sweating, itching of the skin, weight loss about 10 kg. Objectively: pale skin, percussion sound is significantly shortened in the intercapular area, vesicular breathing in the lungs. Chest X-Ray: polycyclic enlarged the mediastinal lymph nodes. Reaction Mantoux is negative. What is the preliminary diagnosis?

A. Lymphogranulomatosis.

B. Sarcoidosis.

C. Tubadenit.

D. Central lung cancer

E. Atopic dermatitis

94. The patient, 25 years old, complains of swollen lymph nodes in the neck, itching, sweating, increased temperature to 39 C. Objective: cyanosis, neck edema, liver and spleen were not enlarged, lymph nodes have diameter of 1,5 - 2 cm, soldered to surrounding tissues. On the puncture of lymph node - Sternberg Berezovsky cells. What is the preliminary diagnosis?

A. Megakaryoblastoma

B. Lymphogranulomatosis.

C. Infectious mononucleosis.

D. Lymphosarcoma.

E. Metastases to the lymph nodes.

95. The patient is 27 years old, fells ill acutely. The body temperature is 39,5 C, trembling, excessive sweating. Enlarged lymph node. After 2 weeks of treatment with antibiotics the body temperature is maintained, increased sweating. Blood tests: Er.3,0x10^{12}/l, Hb- 90g/l, L-13x10^{9}/l, ESR-58mm. What additional tests is needed to use?

A. Biopsy of the cervical lymph node.

B. General urine analysis.

C. Biochemical examination of blood.

D. X-ray of the chest cavity

E. Consultation of Lor doctor.

96. Patient K., 20 years old, was taken to hospital with bleeding from incised wounds, suffers for 4 hours. Objectively: pale skin, a bandage on his left foot soaked with blood. The right knee is deformed, limited in movement. Native brother of the patient suffering from hemophilia A. Hb - 42 g/l, the bleeding time by Duke - 6 minutes, coagulation Lee-White time - 20 min. The blood does not clot. Your first support?

A. Intravenous bolus of cryoprecipitate.

B. Intramuscular injection of cryoprecipitate.

C. Intravenous drip of cryoprecipitate

D. Intravenous injection of epsilon-aminocapronic acid.

E. Platelet transfusion.

97. Patient S., 23 years old, complaints of bleeding from the nose, gums, hemorrhagic manifestations in the skin, which appeared one month ago. Objectively: skin petechial rash, positive tweak sample, changes of the internal organs are not revealed. Blood tests: Hb - 105 g/l, leukocytes – $5,4x10^9$/l, platelets – $11x10^9$/l, leykoformula without abnormalities, bleeding time 23 min. What pathology of hemostasis is here?

A. Idiopathic thrombocytopenic purpura.

B. Vilebrandt disease.

C. Thrombocytopathy.

D. Coagulopathy.

E. DIC syndrom, phase III.

98. Patient A., 20 years old, complains of periodic appearance of jaundice, weakness, heaviness in the left upper quadrant. Objectively: not enlarged lymph nodes, liver near the edge of the costal arch, the spleen + 3 cm below the costal arch. General blood analysis: Er $2,7x10^{12}$/l, Hb 84 g/l, CI -0.96, reticulocytes 18%, erythrokaryocytes, microspherocytes. Indirect bilirubin - 32 mmol/l, in the urine - hemosiderin, iron content in blood serum - 23.5 mmol/l. Your diagnosis?

A. Minkowski - Chauffard anemia.

B. Autoimmune hemolytic anemia.

C. Sideroahrestical anemia.

D. Anemotrophy.

E. B 12, folic deficiency anemia.

99. The patient, 58 years old, was treated for a long time with vinca drugs. He complains of weakness, shortness of breath, frequent nose bleeds. Objectiely: Ps - 100 in 1 min, systolic sound over the top, the liver and spleen are not enlarged. General blood analysis: Er. - $2,2x10^{12}$/l, Hb -70 g/l, CI - 0.87, reticulocytes - 0%, leuk.–$2,4x10^9$/l. tromb. – $80x10^9$/l. ERS -7 mm/hr. Serum iron – 17,3 mmol/l. Your diagnosis?

A. Aplastic anemia.

B. B12, folic deficiency anemia.

C. Autoimmune hemolytic anemia.

D. Sideroahrestical anemia.

E. Iron-deficiency anemia.

100. Patient, 42 years old, complains of general weakness, shortness of breath, dizziness. Throughout the year appeared graying hair, nails began to exfoliate, the taste has changed. About 5 years she is on dispensary observation

at the gynecologist about uterine fibroids. Blood tests: Er. – $3,0x10^{12}$/l, Hb - 86 g/l, CI– 0,8, Retik. - 7%, thrombocytes– $160x10^{9}$/l, Leuk. – $5,0x10^{9}$/l, anisotropy, microcytosis, ESR - 10 mm/h. About what form of anemia you should be thinking?

A. Iron deficiency.

B. Hypoplastic.

C. B12 (folic), deficiency.

D. Autoimmune hemolytic anemia.

E. Chauffard-Minkowski.

101. At 68-year-old patient, suffering from coronary artery disease, appearance more frequent bouts of chest pain, increased needed of nitroglycerine, shortness of breath. ECG without speakers. The blood test: Er. – $2,4x10^{12}$/l, Hb - 70 g/l, CI – 1,2, leuk. – $3,8x10^{9}$/l, thrombocytes – $130x10^{9}$/l, ESR - 26 mm/h. From bone marrow examination patient refuses. What treatment is most recommended in this situation?

A. Vitamin B12 intramusculary.

B. Iron therapy drugs.

C. Increasing the daily dose of nitroglycerine.

D. Transfusion of red blood cells.

E. Parenteral injection of iron preparations.

102. The patient, 50 years old, complains of general weakness, dizziness, heaviness in the upper abdomen, paresthesia of the fingertips of the upper and lower extremities. Objecively: icteric skin, tongue with crimson-colored, hepatomegaly. In the blood: HB - 90 g/l, er - $2,3x10^{12}$/l, retic. – 0,2%,CI 1,2, macrocytosis; Jolly bodies, Kebot rings. What method of treatment would be most recommended?

A. Using of vitamin B12.

B. Desferal application.

C. Blood transfusion.

D. Using of iron drugs.

E. Using of prednisolone.

103. The patient, 50 years old, complains of general weakness, dizziness, heaviness in the upper abdomen, paresthesia of the fingertips of the upper and lower extremities. Objecively: icteric skin, tongue with crimson-colored, hepatomegaly. In the blood: HB - 90 g/l, er - $2,3x10^{12}$/l, retic. – 0,2%,CI 1,2, macrocytosis; Jolly bodies, Kebot rings. What method of treatment would be most recommended?

A. Cyanocobalamin.

B. Tardiferon.

C. Globiron.

D. Ferrum-Lek.

E. Ferropleks.

104. After receiving dopegit appeared jaundice skin and mucous membranes, enlarged spleen. General blood analysis: Er.-$2,3x10^{12}$/L, Hb - 72 g/l, CI 0,84, Le – $15x10^{9}$/l, reticulocytes 26 ‰. Indirect bilirubin in serum is 37 mmol/l. In urine and faeces increased level of stercobilin. What blood tests will help to verify the diagnosis?

A. Osmotic resistance of erythrocytes.

B. Blood level of B12.

C. Serum iron.

D. Coagulogram.

E. Proteinograma.

105. In the anamnesis of the patient: chronic renal failure, recently treated about iron deficiency anemia. The general analysis of blood: Er. $2,0x10^{12}$/l, Hb 55 g/l, CI 0,72. The patient is assigned a transfusion of fresh frozen blood.

How many tests of individual compatibility you need to do?

A. Three.

B. One.

C. Two.

D. Four.

E. Five.

106. The patient was 27 years old, complains of dizziness, muscle weakness, nausea, loss of appetite, dry skin, brittle nails and hair. Sick for about six months (after giving birth). Objectively: skin and mucous membrane are pale. PS = 80 min., rhythmic. Cardiac systolic murmur at the apex of the heart. Abdomen soft, painless on palpation. Further examination: Hb 80 g/l; Er. 2,6x1012/l, CI 0,8. Anisocytosis, poikilocytosis, reticulocytes - 1%. The content of iron in the blood – 6,8 mmol/l. What treatment is most recommended?

A. Oral iron supplements.

B. Transfusion of fresh blood.

C. Transfusion of red blood cells.

D. Parenteral injections of iron preparations.

E. Parenteral injections of B vitamins.

107. 40-year-old woman, who suffers from menorrhagia, complains of flicker "flies" before the eyes, dizziness, dry skin, hair loss. Paleness of the skin and mucus membranes. Ps-100 min. rhythmic, 2nd tone at the top is reinforced, systolic murmurover all points of the heart. Hb 90 g/l, Er. $3,3x10^{12}$/l, CI-0,7, Leuk. $3,1x10^{9}$/l, hypochromia, erythrocytes anisocytosis, microcytosis, serum iron, 7,2 mol / l. What is the prevention of the disease?

A. Iron preparations per os.

B. Suffice diet.

C. Cyanocobalamin.

D. Bloodtransfusion.

E. Polyvitamins.

108. Patient 28 years old, in the past noted the weakness and periodic occurrence of mild jaundice of the skin. After severe hypothermia arose fever, muscles pain and pain in the upper abdomen. After a day apearenced moderate jaundice, dark urine and feces. Moderate enlarged liver and spleen, jaundice of the skin and mucous membranes. Blood tests: hemoglobin - 80 g/l, erythrocytes $2,8x10^{12}$/l, the color index is 0,8, platelets $230x10^{9}$/l, leukocytes $9,5x10^{9}$/l (Formula unchangeD.. ESR - 20 m/h, bilirubin – 77,0 mmol/l, direct – 8,6 mmol/l. What disease is most probable?

A. Hemolytic anemia.

B. Exacerbation of chronic cholecystitis.

C. Acute infectious diseases.

D. Iron-deficiency anemia.

E. Chronic hepatitis.

109. The patient 20 years old, last 2 months suffers from increasing weakness, bleeding (hemorrhage skin, nasal bleeding), low-grade fever. The lymph nodes, liver and spleen are not enlarged. Blood tests: hemoglobin - 50 g/l, erythrocytes $1,5x10^{12}$/l, CI 1,0, leu. $1,8x10^{9}$/l, thromb. $30x10^{9}$/l, ESR - 60 mm/h. What is a presumptive diagnosis:

A. Iron-deficiency anemia.

B. Acute leukemia.

C. Aplastic anemia.

D. Hemolytic anemia.

E. B12-deficiency anemia.

110. Woman 35 years old, complains of general weakness, irritability, dry skin, brittle nails,

hair loss. Objectively: skin is pale, PS-96 per minute, blood pressure 100/60 mm Hg. In the blood: HB- 70g/l; er-3.4; CI – 0,7; leukocytes – $4,7x10^9$/l; ESR-15 mm/hr; Serum iron, 7,3 mmol/l; total protein 70 g/L. The deficit of the which factor leds to the emergence of the disease?

A. Serum iron.

B. Folic acid.

C. Cyanocobalamin.

D. Blood proteins.

E. Osmotic resistance of erythrocytes.

111. The patient 42 years old complains of general weakness, nausea, loss of appetite, tendency to diarrhea, paresthesia in the legs. 12 years worked as a teacher, the last 2 years –in the chemistry laboratory, where there is contact with gasoline, benzene, acetone. Skin and visible mucous membrane pale. Pulse 82 beats per min., BP140/80 mm Hg. Tones of heart are rhythmic. Vesicular breathing. The edge of the liver protrudes from under the costal arch to 3 cm, not painful. In the neurological status: tendon reflexes are uniformly increased, hypoesthesia on the "golf" type. Blood test: Hb-110 g/l, Er $2,8x10^{12}$/l, L-$4,6x10^9$/l, megaloblasts - 2%, megakaryocytes - 4%, macro anisotropy and poikilocytosis, Tr -$156x10^9$/l, erythrocyte sedimentation rate is 26 mm/h. Gastric Ph-metry indicates achilia. Fibrogastroscopy - atrophic gastritis, gastric polyp. Specify a preliminary diagnosis:

A. Chronic intoxication of benzene.

B. Gastrogenic iron deficiency anemia

C. Hypoplastic anemia.

D. Hemolyticanemia.

E. B12-deficiency anemia.

112. Patient 32 years old, the pilot, hospitalized on the 10th day of illness. Severe condition. The body temperature - 39,7 C, inhibited, responds poorly to questions. Suffers from headache, nausea. Meningeal signs are absent. Moderately icteric skin. Pulse - 120 r/min, the liver and spleen are moderately enlarged, thick consistency. In the blood: HB - 75 g/l, er – $2,2x10^{12}$/l, CI – 0,8, leuk.$11,2x10^9$/l, erythrocyte sedimentation rate - 39 mm/h. What type of anemia occurs:

A. Hemorrhagic anemia.

B. Hereditary hemolytic anemia, due to changes in the activity of enzymes.

C. Folic acid deficiency anemia.

D. Hemolytic anemia caused by hemolysis of erythrocytes.

E. Aplastic anemia.

Physiotherapy

1. What type of electric current used in galvanization and electrophoresis:
A. Polusinosoidal.
B. High voltage current.
C. DC.
D. Pulsed current.
E. Modulated sinusoidal pulse.
2. What is the maximum current density used in the local galvanization and electrophoresis in adults:
A. 1 A/cm2;
B. 20-30 mA/cm2;
C. 5-10 mA/cm2;
D. 1-4 mA/cm2;
E. 0,1 mA/cm2;
3. The concentration of ions, which leads to increasing excitability of nerve receptors:
A. Sodium and potassium ions;
B. Calcium and magnesium ions;
C. Chlorine ions and iron.
D. Phosphorus ions
E. Zinc ions, iodine.
4. The concentration of ions, which leads to reducing excitability of nerve receptors:
A. Sodium and potassium ions;
B. Calcium and magnesium ions;
C. Chlorine ions and iron.
D. Phosphorus ions
E. Zinc ions, iodine.
5. During the galvanization and electrophoresis may be following complications:
A. Thermal burns.
B. Chemical burns.
C. Loss of sensation.
D. Blanching.
E. Hyperemia.
6. Contraindication for galvanization and electrophoresis is:
A. Arterial hypertension I and II st.
B. Asthma.
C. Chronic gastritis.
D. Peptic ulcer disease.
E. Eczema.
7. What pulses are used in the method of electrosleep?
A. Sine waves.
B. Exponential.
C. Rectangular.
D. Triangular.
E. Half-sine waves.
8. What does not belong to the basic mechanisms of electrosleep action?
A. Direct effect on the central nervous system.
B. Reflex action.
C. Desensitizing effect.
D. Humoral action;
E. Braking.
9. What phases are distinguish in the mechanism of therapeutic electrosleep action?
A. Braking phase.
B. Excitation phase.
C. Release phase.
D. Deceleration and release phases;
E. Indifferent phase.
10. Diadynamic therapy does not have the following effects:
A. Motor;
B. Ganglioblocker.
C. Hypnotic.
D. Analgesic.

E. Antispasmodic.

11. Which type of frequency of sinusoidal current used in the amplipulse therapy?

A. Low frequency.

B. High frequency.

C. Ultra high frequency.

D. Ultra high frequency.

E. Extremely high frequency.

12. What frequency of sinusoidal current used used in amplipulse therapy?

A. 100 Hz.

B. 500 Hz.

C. 1000 Hz.

D. 5000 Hz.

E. 10000 Hz.

13. In what diseases amplipulse is contraindicated?

A. Bronchial asthma.

B. Radiculitis.

C. Chronic gastritis.

D. Peptic ulcer, complicated of bleeding.

E. Rheumatoid arthritis;

14. Which methods of high frequency electrotherapy have irritant effect?

A. Inductothermy.

B. Ultra high frequency therapy.

C. Darsonvalization.

D. Super high frequency therapy.

E. Extra high frequency therapy.

15. What effects are the basis of the action of high-frequency electrotherapy?

A. Thermal.

B. Oscillator.

C. Heat and oscillator;

D. Sedative.

E. Spastic.

16. The greatest amount of heat at inductothermy generated in:

A. Skin.

B. Adipose tissue.

C. Connective tissue.

D. Blood and lymph.

E. Bone.

17. Inductothermy is not indicated for:

A. Acute pneumonia with abscess formation;

B. Chronic bronchitis.

C. Bronhial asthma.

D. Peptic ulcer disease.

E. Degenerative diseases of the joints.

18. UHF therapy has such dosages:

A. Athermic.

B. Oligotermic.

C. Thermal.

D. Hyperthermic.

E. Right A, B, C.

19. Franklinization is a method of influence:

A. Constant high voltage electric field.

B. Alternating current;

C. Constant magnetic field;

D. Electromagnetic field.

E. Alternating magnetic field.

20. During the general franklinization patient feels:

A. Skin tingling.

B. Freshness, "whiff" of wind.

C. Itchy skin.

D. Hot flashes.

E. Vibration.

21. In the method of EHF - therapy used:

A. Electric field.

B. Electromagnetic radiation with decimeter range.

C. Electromagnetic radiation with centimeter range.
D. Electromagnetic radiation with millimeter range.
E. High-frequency current.
22. Which method of EHF - therapy is applied:
A. Intravenous EHF – therapy.
B. Intraorganic EHF – therapy.
C. Percutaneous EHF – therapy.
D. Transorganic EHF – therapy.
E. Intra EHF – therapy.
23. What disease is a contraindication for the EHF – therapy?
A. Alcoholism.
B. Drug abuse.
C. Bronchial asthma.
D. Myocardial infarction.
E. Diabetic angiopathy.
24. What mechanism does not apply to the ultrasound action?
A. Mechanical.
B. Heat
C. Physical – chemical.
D. Antiallergic.
E. All of the above.
25. The highest absorption of ultrasound exposure is in:
A. Muscle tissue.
B. Blood.
C. Bone and nervous tissues.
D. Skin.
E. Parenchymal organs.
26. What is the intensity of the ultrasound is used in the treatment of diseases of the joints:
A. 0.01 - 0.05 W/cm2.
B. 0.05 - 0.1 W/cm2.
C. 0.1 - 0.4 W/cm2.
D. 0,6 - 0,8 W/cm2.
E. 1 - 2 W/cm2.
27. Ultrasound is contraindicated in:
A. Peptic ulcer.
B. Intervertebral osteochondrosis with radicular syndrome.
C. Bronchial asthma.
D. Diseases of supporting - motor apparatus.
E. Thrombophlebitis.
28. Which method can not injection drugs into the body&
A. Darsonvalization.
B. Galvanizing.
C. Ultrasound.
D. Electrophoresis.
E. Phonophoresis.
29. Infrared rays have the following effects:
A. Chemical.
B. Biological.
C. Heat.
D. Radiation.
E. Mechanical.
30. Erythema under infrared irradiation occurs through:
A. Few minutes.
B. 20-30 minutes.
C. 2-3 hours.
D. After 3 hours.
E. On the 2nd day.
31. How deep penetrate visible rays into the skin?
A. 5-10 cm.
B. 3-5 cm.
C. 1-3 cm.
D. 1 cm..

E. 1 mm.

32. What color is absent in the visible light spectrum:

A. Blue;

B. Pink.

C. Red.

D. Orange.

E. Yellow.

33. What color inhibits the neuro - psychic activity of patient?

A. Red.

B. Orange.

C. Yellow.

D. Blue.

E. Green.

34. What action have the medium-wave of UV?

A. Bactericidal.

B. Producing vitamins.

C. Eritema.

D. Bronchodilator.

E. Calorific.

35. At what depth penetrate ultraviolet rays into the tissues?

A. 1 mm.

B. 3-5 mm.

C. 5-10 mm.

D. 1-2 cm.

E. 2 cm.

36. What action have the short-waves of UV?

A. Eritema.

B. Producing vitamins.

C. Bactericidal.

D. Heat.

E. Stimulating.

37. What action does not have the total UV exposure?

A. Bactericidal.

B. Anti-inflammatory.

C. Immunoactivity.

D. Hemostatic.

E. Antirahitic.

38. What is the temperature of the water is called the indifferent?

A. Below 20.

B. 20-33.

C. 34-36.

D. 37-38.

E. above 39.

39. The greatest intensity of exposure is in the shower:

A. Charcot.

B. Circular.

C. Needle.

D. Scotland.

E. Fan.

40. For nitrogen bath typical are the following steps:

A. Tonic.

B. Anti-inflammatory.

C. Desensitizing.

D. Analgesic, sedative, desensitizing.

E. Analgesic.

41. In functional disorders of the nervous system are assigned:

A. Hydrogen sulfide baths.

B. Bubble baths.

C. Radon baths.

D. Turpentine baths.

E. Chloride baths.

42. What baths have the greatest impact on the endocrine system?

A. Radon.

B. Nitrogen.

C. Carbon dioxide.

D. Oxygen.

E. Pearl.

43. What baths can be assigned to 3 months after myocardial infarction?

A. Conifers.

B. Oxygen.

C. Pearl.

D. Carbon dioxide.

E. All baths are contraindicated.

44. What step factor of mud on the body does not belong to the primary:

A. Thermal.

B. Psihitropny.

C. Mechanical.

D. Chemical.

E. Biological.

46. At what disease is contraindicated mud therapy?

A. Parameter.

B. Ovarian cyst.

C. Gout;

D. Peptic ulcer.

E. Reiter's syndrome.

47. Ozocerite treatment can be given in:

A. Chronic enterocolitis.

B. Thyrotoxicosis.

C. Amyloidosis.

D. Glomerulonephritis.

E. Angina.

48. Major factors in the action of wax are:

A. Heat.

B. Chemical.

C. Mechanical.

D. Mechanical and chemical.

E. Thermal and Mechanical.

49. In which diseases is indicated sulfide waters treatment?

A. Pulmonary tuberculosis.

B. Liver disease.

C. Chronic bronchitis.

D. Diseases of the joints.

E. Kidney disease.

50. When mineral water are taken at high acidity:

A. 20 minutes before meals.

B. 1,5 hours before meal.

C. During the meal.

D. After 15 minutes after meal.

E. After breakfast 2 hours after meal.

51. At what disease is not indicated sanatorium - spa treatment?

A. Hypertension.

B. Peptic ulcer.

C. Deforming osteoarthritis.

D. Alcoholism.

E. Chronic cholecystitis.

52. At what disease is indicated sanatorium - spa treatment:

A. Drug addiction.

B. Chronic leukemia.

C. Cachexia.

D. Schizophrenia.

E. Bronchial asthma.

53. In arterial hypertension stage 1 for the sedation action used:

A. Amplipulse.

B. Carbonic acid bath.

C. Iodine-bromine bath.

D. Magnetotherapy.

E. Diadynamic.

54. In arterial hypertension stage 2 for the vasodilatory effect used:
A. Amplipulse.
B. Contrast baths.
C. Magnesium electrophoresis.
D. UV.
E. Ultrasound therapy.
55. In hypotension appoints:
A. Inductothermy.
B. Ultrasound therapy.
C. Carbonic acid bath.
D. Sulfide baths.
E. Microwave therapy.
56. In rheumatoid arthritis in inactive phase can be applied:
A. UV.
B. Amplipulse.
C. Mud.
D. Aeroionization.
E. Sulfide baths.
57. In acute pneumonia on 3-5 days of illness can be assigned:
A. Inductothermy.
B. UHF-therapy.
C. Franklinization.
D. Radon baths.
E. Diadynamic therapy.
58. In chronic bronchitis in remission appoints:
A. Sulfide baths.
B. Inductothermy.
C. UV
D. Circular shower.
E. Electrosleep.
59. In uncomplicated peptic ulcer in acute period appoints:
A. UV.
B. Darsonvalization.
C. Electrosleep.
D. Circular shower.
E. Flucktuorization.
60. In chronic cholecystitis without appoints:
A. UHF-therapy
B. Magnesium electrophoresis.
C. Circular shower
D. Mud.
E. Franklinization.
61. In chronic colitis and intestinal dyskinesia with prevalence spasms appoints:
A. Sharko shower.
B. Carbonic acid bath.
C. Electrophoresis papaverine.
D. Calcium Electrophoresis.
E. Circular shower.
62. In chronic colitis and intestinal dyskinesia with prevalence atonia appoints:
A. Diadynamic.
B. Electrophoresis atropine.
C. Microwave therapy.
D. UHF-therapy.
E. Flucktuorization.
63. In chronic glomerulonephritis with hypertensive syndrome (blood pressure 165/105 mmHg) appoints:
A. Inductothermy.
B. Sulfide baths.
C. Darsonvalization.
D. Franklinization.
E. Pine bath.
64. In myocardial infarction without Q physiotherapy appointed:
A. On the 1st day.
B. On the 5th day.

C. On the 10th day.

D. On the 15th day.

E. On the 20th day.

65. Sedation effect has all of the above, except:

A. Iodine-bromine baths.

B. Diadynamic therapy.

C. Bromine electrophoresis on a collar zone.

D. Radon baths.

E. Coniferous baths.

66. In purulent inflammation is contraindicated:

A. UHF-therapy.

B. Microwave therapy.

C. UV.

D. Inductothermy.

E. Electrophoresis with dimedrol.

67. In rheumatic heart disease in the inactive phase can be applied:

A. Oxygen baths.

B. Circular shower.

C. Calcium electrophoresis.

D. UHF-therapy.

E. Darsonvalization.

68. In acute traheobronhitis (on day 3) designates:

A. Sulfide baths.

B. Ultrasonic therapy.

C. UV.

D. Circular shower.

E. Electrosleep.

69. In bronchial asthma with mild course in the remission stage appoints:

A. Sulfide baths.

B. Underwater shower massage.

C. Calcium electrophoresis.

D. UHF-therapy.

E. EHF-therapy.

70. In bronchial asthma (infectious-allergic form) with moderate course in the remission stage appoints:

A. Sulfide baths.

B. Amplipulse.

C. Ultrasound therapy.

D. Circular shower.

E. Carbonic baths.

71. In chronic gastritis with increased secretion appoints:

A. Darsonvalization.

B. UV.

C. Flucktuorization.

D. Ultrasonic therapy.

E. Electrophoresis with metacin.

72. Therapeutic physical exercises is indicate in:

A. Duodenal ulcer after 2 weeks after the bleeding.

B. Duodenal ulcer 2 months after the bleeding.

C. Myocardial infarction with Q after 3 weeks from the onset of the disease.

D. Acute lobar pneumonia in 7 days from the onset of the disease.

E. For all listed.

Checking of true answers
Endocrinology

No. of question	Answer	No. of question	Answer
1	A	26	A
2	B	27	E
3	D	28	A
4	D	29	B
5	A	30	E
6	C	31	C
7	C	32	D
8	C	33	E
9	B	34	E
10	A	35	B
11	C	36	B
12	C	37	E
13	C	38	D
14	C	39	E
15	A	40	C
16	B	41	C
17	C	42	C
18	A	43	E
19	B	44	E
20	D	45	A
21	B	46	E
22	B	47	E
23	D	48	C
24	A	49	E
25	D	50	E

No. of question	Answer	No. of question	Answer
51.	A	76	A
52.	D	77	C
53.	E	78	C
54.	C	79	A
55.	E	80	D
56.	C	81	A
57.	D	82	D
58.	A	83	B
59.	B	84	A
60	B	85	B
61	D	86	A
62	E	87	D
63	B	88	C
64	B	89	D
65	E	90	B
66	D	91	A
67	C	92	A
68	B	93	E
69	E	94	E
70	E	95	B
71	C	96	E

72	**E**	**97**	**E**
73	**E**	**98**	**E**
74	**B**	**99**	**A**
75	**E**	**100**	**B**

No. of question	Answer	No. of question	Answer
101	**E**	**126**	**E**
102	**D**	**127**	**C**
103	**C**	**128**	**A**
104	**D**	**129**	**B**
105	**E**	**130**	**E**
106	**C**	**131**	**A**
107	**D**	**132**	**E**
108	**E**	**133**	**A**
109	**C**	**134**	**D**
110	**D**	**135**	**E**
111	**B**	**136**	**B**
112	**C**	**137**	**A**
113	**A**	**138**	**A**
114	**A**	**139**	**E**
115	**C**	**140**	**D**
116	**D**	**141**	**C**
117	**B**	**142**	**B**
118	**E**	**143**	**A**
119	**D**	**144**	**E**
120	**B**	**145**	**A**
121	**A**	**146**	**C**
122	**B**	**147**	**A**
123	**E**	**148**	**B**
124	**D**	**149**	**D**
125	**E**	**150**	**E**

No. of question	Answer	No. of question	Answer
151	**B**	**176**	**E**
152	**B**	**177**	**B**
153	**A**	**178**	**A**
154	**D**	**179**	**E**
155	**E**	**180**	**B**
156	**A**	**181**	**A**
157	**C**	**182**	**C**
158	**A**	**183**	**A**
159	**B**	**184**	**C**
160	**E**	**185**	**B**
161	**D**	**186**	**E**
162	**E**	**187**	**D**
163	**A**	**188**	**A**

164	**B**	**189**	**C**
165	**E**	**190**	**C**
166	**D**	**191**	**C**
167	**E**	**192**	**A**
168	**C**	**193**	**D**
169	**E**	**194**	**B**
170	**D**	**195**	**C**
171.	**B**	**196**	**A**
172	**B**	**197**	**C**
173	**A**	**198**	**D**
174	**A**	**199**	**B**
175	**E**	**200**	**B**

Pulmonology

No. of question	Answer	No. of question	Answer
1	**A**	**26**	**B**
2	**C**	**27**	**C**
3	**B**	**28**	**C**
4	**C**	**29**	**C**
5	**A**	**30**	**E**
6	**E**	**31**	**A**
7	**D**	**32**	**E**
8	**E**	**33**	**C**
9	**A**	**34**	**B**
10	**B**	**35**	**E**
11	**B**	**36**	**D**
12	**C**	**37**	**C**
13	**D**	**38**	**B**
14	**C**	**39**	**D**
15	**A**	**40**	**B**
16	**B**	**41**	**C**
17	**C**	**42**	**D**
18	**B**	**43**	**B**
19	**B**	**44**	**C**
20	**C**	**45**	**A**
21	**E**	**46**	**C**
22	**E**	**47**	**A**
23	**D**	**48**	**A**
24	**A**	**49**	**D**
25	**C**	**50**	**D**

No. of question	Answer	No. of question	Answer
51	**E**	**76**	**B**
52	**E**	**77**	**C**
53	**E**	**78**	**B**
54	**B**	**79**	**C**
55	**E**	**80**	**E**
56	**E**	**81**	**D**
57	**A**	**82**	**A**
58	**A**	**83**	**D**

59	**A**	**84**	**C**
60	**C**	**85**	**C**
61	**D**	**86**	**D**
62	**C**	**87**	**D**
63	**E**	**88**	**C**
64	**B**	**89**	**E**
65	**E**	**90**	**C**
66	**E**	**91**	**B**
67	**B**	**92**	**D**
68	**C**	**93**	**D**
69	**E**	**94**	**C**
70	**C**	**95**	**E**
71	**C**	**96**	**C**
72	**B**	**97**	**A**
73	**E**	**98**	**D**
74	**B**	**99**	**E**
75	**A**	**100**	**C**

No. of question	Answer	No. of question	Answer
101	**B**	**126**	**E**
102	**B**	**127**	**D**
103	**C**	**128**	**B**
104	**A**	**129**	**E**
105	**B**	**130**	**E**
106	**B**	**131**	**A**
107	**C**	**132**	**A**
108	**E**	**133**	**C**
109	**C**	**134**	**B**
110	**C**	**135**	**E**
111	**D**	**136**	**D**
112	**A**	**137**	**C**
113	**B**	**138**	**E**
114	**A**	**139**	**C**
115	**B**	**140**	**A**
116	**E**	**141**	**A**
117	**D**	**142**	**A**
118	**D**	**143**	**C**
119	**B**	**144**	**D**
120	**D**	**145**	**B**
121	**E**	**146**	**A**
122	**E**	**147**	**C**
123	**B**	**148**	**E**
124	**D**	**149**	**A**
125	**B**	**150**	**C**

No. of question	Answer	No. of question	Answer
151	**C**	**156**	**D**
152	**E**	**157**	**E**
153	**E**	**158**	**C**
154	**D**	**159**	**E**
155	**A**		

Gastroenterology

No. of question	Answer	No. of question	Answer
1	E	26	C
2	A	27	C
3	E	28	A
4	A	29	B
5	A	30	A
6	A	31	A
7	A	32	A
8	B	33	A
9	A	34	A
10	C	35	A
11	A	36	C
12	E	37	A
13	A	38	A
14	E	39	A
15	D	40	A
16	B	41	A
17	E	42	A
18	A	43	A
19	A	44	A
20	B	45	A
21	A	46	A
22	A	47	D
23	A	48	E
24	E	49	A
25	A	50	A

No. of question	Answer	No. of question	Answer
51	A	76	B
52	A	77	A
53	A	78	E
54	C	79	C
55	A	80	C
56	A	81	E
57	A	82	C
58	B	83	C
59	A	84	B
60	A	85	E
61	A	86	D
62	A	87	B
63	A	88	A
64	E	89	D
65	A	90	B
66	D	91	B
67	C	92	E
68	A	93	D
69	A	94	C
70	E	95	E
71	E	96	B

72	**C**	**97**	**D**
73	**E**	**98**	**A**
74	**D**	**99**	**B**
75	**E**	**100**	**C**

No. of question	Answer	No. of question	Answer
101	**E**	**126**	**B**
102	**D**	**127**	**A**
103	**D**	**128**	**A**
104	**C**	**129**	**C**
105	**A**	**130**	**A**
106	**D**	**131**	**D**
107	**E**	**132**	**A**
108	**E**	**133**	**A**
109	**A**	**134**	**A**
110	**B**	**135**	**D**
111	**D**	**136**	**B**
112	**E**	**137**	**E**
113	**E**	**138**	**D**
114	**D**	**139**	**B**
115	**C**	**140**	**D**
116	**B**	**141**	**D**
117	**B**	**142**	**E**
118	**C**	**143**	**A**
119	**E**	**144**	**A**
120	**D**	**145**	**D**
121	**C**	**146**	**D**
122	**E**	**147**	**A**
123	**C**	**148**	**E**
124	**A**	**149**	**D**
125	**B**	**150**	**A**

No. of question	Answer	No. of question	Answer
151	**C**		
152	**E**		
153	**C**		
154	**A**		
155	**E**		
156	**B**		
157	**D**		
158	**A**		
159	**E**		
160	**E**		
161	**A**		
162	**E**		
163	**B**		
164	**D**		
165	**C**		
166	**D**		
167	**D**		
168	**D**		

169	**A**		
170	**D**		
171	**E**		

Hematology

No. of question	Answer	No. of question	Answer
1	**D**	**26**	**A**
2	**D**	**27**	**D**
3	**A**	**28**	**D**
4	**C**	**29**	**B**
5	**C**	**30**	**C**
6	**A**	**31**	**B**
7	**C**	**32**	**E**
8	**B**	**33**	**B**
9	**C**	**34**	**C**
10	**B**	**35**	**B**
11	**D**	**36**	**D**
12	**C**	**37**	**B**
13	**B**	**38**	**C**
14	**B**	**39**	**D**
15	**C**	**40**	**C**
16	**B**	**41**	**B**
17	**A**	**42**	**C**
18	**C**	**43**	**C**
19	**E**	**44**	**A**
20	**D**	**45**	**A**
21	**C**	**46**	**A**
22	**C**	**47**	**A**
23	**A**	**48**	**B**
24	**A**	**49**	**D**
25	**D**	**50**	**B**

No. of question	Answer	No. of question	Answer
51	**E**	**76**	**A**
52	**D**	**77**	**E**
53	**C**	**78**	**D**
54	**E**	**79**	**A**
55	**B**	**80**	**B**
56	**C**	**81**	**B**
57	**D**	**82**	**C**
58	**E**	**83**	**B**
59	**E**	**84**	**E**
60	**C**	**85**	**D**
61	**C**	**86**	**A**
62	**A**	**87**	**E**
63	**C**	**88**	**B**
64	**D**	**89**	**A**
65	**C**	**90**	**D**
66	**B**	**91**	**D**
67	**A**	**92**	**B**
68	**A**	**93**	**A**

69	**A**	**94**	**B**
70	**D**	**95**	**A**
71	**B**	**96**	**A**
72	**D**	**97**	**A**
73	**E**	**98**	**A**
74	**D**	**99**	**A**
75	**A**	**100**	**A**

No. of question	Answer	No. of question	Answer
101	**A**		
102	**E**		
103	**A**		
104	**A**		
105	**A**		
106	**A**		
107	**A**		
108	**A**		
109	**A**		
110	**C**		
111	**A**		
112	**E**		

Physiotherapy

No. of question	Answer	No. of question	Answer
1	**C**	**26**	**D**
2	**C**	**27**	**E**
3	**A**	**28**	**A**
4	**B**	**29**	**C**
5	**B**	**30**	**A**
6	**E**	**31**	**D**
7	**C**	**32**	**B**
8	**C**	**33**	**D**
9	**D**	**34**	**B**
10	**C**	**35**	**A**
11	**A**	**36**	**C**
12	**D**	**37**	**D**
13	**D**	**38**	**C**
14	**C**	**39**	**D**
15	**C**	**40**	**D**
16	**D**	**41**	**B**
17	**A**	**42**	**A**
18	**E**	**43**	**E**
19	**A**	**44**	**B**
20	**B**	**45**	**C**
21	**D**	**46**	**B**
22	**C**	**47**	**A**
23	**D**	**48**	**E**
24	**D**	**49**	**D**
25	**C**	**50**	**B**

No. of question	Answer	No. of question	Answer
51	**D**		
52	**E**		
53	**C**		
54	**C**		
55	**C**		
56	**A**		
57	**B**		
58	**B**		
59	**C**		
60	**B**		
61	**C**		
62	**A**		
63	**A**		
64	**A**		
65	**D**		
66	**B**		
67	**C**		
68	**B**		
69	**B**		
70	**D**		
71	**E**		
72	**E**		