

**MINISTRY OF PUBLIC HEALTH OF THE REPUBLIC OF BELARUS
EDUCATIONAL INSTITUTION "GRODNO STATE MEDICAL UNIVERSITY"**

1-st department of internal medicine

**INTERNAL DISEASE
MULTIPLE CHOICE TESTS**

Grodno GrSMU 2013

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It is recommended the department of hospital therapy EI"GrSMU"
(protocol № from 2013.)

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Multiple choice tests are designed at improving the knowledge on Internal diseases as well as preparing to examination for the 5th years students of the faculty of foreign students.

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HEMATOLOGY

1. What affection of the nervous system is typical of B12- deficiency anemia?

1. funicular myelosis
2. asymmetric peripheral neuritis
3. spasmodic syndrome
4. facial and trigeminal neuritis

2. What syndromes do patients with B12- deficiency anemia suffer from?

1. anemic
2. gastrointestinal
3. neurologic
4. lymphadenopathic
5. arthralgic

3. What is a typical sign in bone marrow punctate in B12- deficiency anemia?

1. megaloblastic type of hematosis
2. total blast metaplasia
3. irritated red cell line of bone marrow

4. Causes of B12- deficiency anemia are:

1. a vegetarian diet excluding animal products
2. pernicious anemia with decreased acid-forming function
3. gastritis with sharply increased acid-forming function of the stomach (e.g. in Zollinger-Ellison syndrome)
4. pregnancy
5. helminthic invasions

5. Indications for transfusion in chronic iron-deficiency anemia are:

1. poor condition of a patient and instable hemodynamics in any low level of hemoglobin
2. hemoglobin level is lower than 70g/l
3. a condition after the arrest of bleeding with loss of 1000ml of blood
4. it is indicated for all patients to compensate quickly for a deficiency in iron

6. The following clinical presentations are typical of iron-deficiency:

1. dry skin, brittle nails, muscle weakness
2. perversion of taste and smell
3. dysphagia (Plummer-Vinson syndrome)
4. rhinitis
5. thrombocytopenia
6. urinary retention
7. urinary incontinence

7. The following laboratory indices are typical of iron-deficiency:

1. decreased content of serum iron
2. increased content of serum iron
3. increased total iron-binding capacity of serum
4. decreased total iron-binding capacity of serum

8. Of what anemia is the group of iron-deficiency anemia?

1. hypochromic
2. normochromal

3. hyperchromic

9. Index (indices) must be under control first of all in treatment with indirect anticoagulants, particularly with warfarin?

1. activated partial thromboplastin time
2. prothrombin index
3. international normalized ratio
4. the Lee-White coagulation time

10. What index (indices) must be under control first of all in treatment with indirect anticoagulants, particularly with heparin?

1. activated partial thromboplastin time
2. prothrombin index
3. international normalized ratio
4. the Lee-White coagulation time

11. The preferred drugs administered in disseminated intravascular coagulation (DIC) of any origin are:

1. direct anticoagulants (heparin, fraxiparine and others) and fresh frozen plasma
2. antibiotics and glucocorticoids
3. direct anticoagulants (heparin, fraxiparine and others) and glucocorticoids
4. direct anticoagulants (heparin, fraxiparine and others) and antibiotics

12. When can disseminated intravascular coagulation (DIC) develop?

1. sepsis
2. acute transmural myocardial infarction
3. acute respiratory virus disease
4. snake bite
5. ulcerative bleeding

13. What treatment method of autoimmune idiopathic thrombocytopenia is the most effective for recurrent disease prevention?

1. splenectomy
2. lifelong administration of glucocorticoids
3. lifelong administration of cytostatic agents
4. lifelong administration of glucocorticoids and cytostatic agents

14. In all cases of autoimmune thrombocytopenia treatment starts with:

1. glucocorticoids administration in maximum dose with its subsequent decrease
2. glucocorticoids administration in minimal dose with its subsequent increase in case of its
3. ineffectiveness
4. administration of packed red blood cells and blood platelets
5. preparation of patient for splenectomy

15. What type of hemorrhage is typical of autoimmune thrombocytopenia?

1. hematoma
2. microcirculatory (petechial-macular or petechial-bruising)
3. mixed (hematoma-microcirculatory)
4. vasculitic– purpuric
5. angiomatous
6. erythematous

16. In what diseases can autoimmune thrombocytopenia develop?

1. chronic lymphatic leukemia
2. systemic diseases of connective tissue
3. acute hemorrhagic vasculitis
4. erythremia

17. What does the term «hypersplenism» mean?

1. increased function of the spleen
2. unavoidable increased sizes of the spleen
3. accessory lobe of the spleen

18. What methods of arrest of bleeding are effective in patients with hemophilia A?

1. intravenous administration of cryoprecipitate
2. administration of fresh frozen plasma in large amount
3. intravenous administration of vicasolum and aminocapronic acid
4. intravenous administration of fibrinogen
5. direct influence on the source of bleeding (compression, electrocoagulation, chemical cauterization)

19. What type of bleeding is typical of hemophilia?

1. hematonic
2. microcirculatory (petechial-macular or petechial-)
3. mixed (hematonic-microcirculatory)
4. vasculitic – purpuric
5. angiomatous
6. erythematous

20. Profuse and long-term menses are more typical of:

1. disorders of thrombocyte hemostasis
2. disorders of coagulation hemostasis

21. What methods of arrest of nasal hemorrhage are the most effective in patients with hereditary hemorrhagic telangiectasia?

1. mechanical compression of telangiectasias
2. irrigation of nasal mucosa with aminocapronic acid and thrombin
3. administration of cryoprecipitate
4. administration of vicasolum
5. intravenous administration of aminocapronic acid

22. For Rendu-Osler disease it is typical:

1. profuse nasal and/or uterine bleeding are typical of this disease
2. the disease is inherited according to autosomal (is not sex-linked) type
3. the disease is inherited through sex-linked X-chromosome
4. the manifestations of the disease are telangiectasias in the skin and mucous membranes
5. the manifestations of the disease are petechias in the skin and mucous membranes
6. bleedings into internal organs occur most often

23. Rendu-Osler disease is related to:

1. thrombocytopathies
2. thrombocytopenias
3. coagulopathies
4. angiopathies

5. arthropathies
6. nephropathies

24. To treat acute hemorrhagic vasculitis it is necessary to use:

1. heparin and low molecular weight heparins (fraxiparine, enoxaparine)
2. glucocorticoids (0,5-0,7 mg/kg daily)
3. antihistamines (phencarol, claritine and others)
4. aminocaproic acid
5. group B vitamins
6. disaggregants (aspirin in a low dose, clopidogrel and others)

25. What manifestation of articular syndrome is more typical of acute hemorrhagic vasculitis?

1. "flitting" polyarthralgia
2. constant monoarthralgia
3. hemorrhage into large joints cavity
4. rapid development of arthrosis

26. What kidney affection is typical of patients with acute hemorrhagic vasculitis?

1. nephritis (glomerulonephritis)
2. pyelonephritis
3. urolithiasis

27. What are clinical types of acute hemorrhagic vasculitis?

1. skin
2. articular
3. abdominal
4. renal
5. mixed
6. cerebral
7. splenomegalic

28. What listed diseases are congenital hemorrhagic diatheses?

1. Rendu-Osler disease
2. Schenlein-Henoch disease
3. Glanzmanns disease
4. Willebrands syndrome
5. Vaquezs disease

29. Hemostasis is divided into:

1. primary (vascular and platelet) hemostasis
2. secondary (coagulatory) hemostasis
3. tertiary (retractive) hemostasis

30. What changes in the urine analysis are typical of myelogenous nephropathy?

1. Bence Jones proteinuria
2. hematuria
3. hemoglobinuria
4. leukocyturia

31. What syndromes are the most frequent in myelomatosis?

1. bone pathology
2. anemic syndrome

3. hepatosplenomegalic syndrome

32. In what diseases gamma-globulin fraction is increased?

1. myelomatosis
2. rheumatoid arthritis
3. systemic lupus erythematosus
4. Waldenstrom's disease
5. lupoid hepatitis

33. What changes in biochemical blood analysis are characteristic of myeloma?

1. hyperproteinemia
2. hyperalbuminemia
3. hypergammaglobulinemia
4. hypercalcemia
5. hypoproteinemia
6. hypocalcemia

34. In what leukemia will the blood count reveal Gumprecht bodies?

1. chronic lymphatic leukemia
2. chronic myeloleukemia
3. acute lymphoblastic leukemia
4. acute myeloblastic leukemia

35. Which of the complications are observed in patients with chronic lymphoid leukemia regardless of the stage and the form of the disease?

1. infectious
2. cytopenic syndrome: anemia, thrombocytopenia
3. marked hepatosplenomegaly
4. neuroleukemia

36. Which of the diseases must erythremia be differentiated from?

1. chronic obstructive pulmonary disease
2. atrial septal defect
3. hypernephroma
4. chronic lymphatic leukemia
5. duodenal ulcer

37. The characteristic signs of erythremia are:

1. erythrocytosis
2. leukocytosis
3. thrombocytosis
4. splenomegaly
5. lymphadenopathy

38. What is the presence of eosinophilic-basophilic association in chronic myeloleukemia related to?

1. tumor growth
2. the response of organism to tumor
3. the cause is unknown

39. What is the major symptom in the clinical picture of chronic myeloleukemia?

1. splenomegaly

2. thrombocytopenia
3. anemia
4. lymphadenopathy
5. hepatomegaly

40. Which of the leukemias is characterized by the presence of Philadelphia (Ph) chromosome?

1. chronic myeloleukemia
2. acute myeloleukemia
3. chronic lymphatic leukemia
4. acute lymphatic leukemia

41. Which of the principles is assumed as a basis of the modern classification of acute leukemias (WHO, 1999, with additions)?

1. all the principles
2. morphological
3. cytochemical
4. age-related
5. immunophenotypic
6. cytogenetic
7. karyotypic

42. What is the basis for making and verifying diagnosis of acute leukemia?

1. full blood count (> 20% of blast cells in the peripheral blood)
2. investigations of bone marrow punctuate (> 20% of blast cells in the punctuate)
3. typical clinical picture (enlarged lymph nodes, liver and spleen, hemorrhages and infectious complications and other signs)
4. full blood count (anemia, thrombocytopenia, leukocytosis)

43. Which of the signs is the basis of dividing leukemias into acute leukemias and chronic ones?

1. morphological (in acute leukemia the bulk mass of the cells are immature cells (blasts), and in chronic leukemia - mature and maturing cells)
2. duration and rate of disease progression (acute leukemia progresses rapidly and severely within days or weeks, chronic leukemia proceeds slowly and gradually within months or years)
3. nonmalignant course of the disease (acute leukemias are always malignant, and chronic leukemias are always nonmalignant)

44. Which of the given below leukemias are not induced by external mutagenic agents (radiation, cytostatic therapy and other)?

1. chronic lymphatic leukemia
2. erythremia (true polycythemia)
3. acute lymphatic leukemia
4. chronic myeloleukemia
5. acute myeloleukemia

45. The drug therapy in autoimmune aplastic anemia includes:

1. administration of prednisolone pulse therapy
2. administration of cytostatic therapy
3. parenteral administration of iron preparations and vitamin B12

46. Agranulocytosis is:

1. a decrease in the number of white blood cells below $1,0 \times 10^9 / L$
2. a decrease in the number of white blood cells below $4,0 \times 10^9 / L$

3. a decrease in the number of white blood cells below $2,0 \times 10^9 / L$
4. a decrease in the number of granulocytes below $1,0 \times 10^9 / L$

47. The clinical picture of aplastic anemia is composed of the following syndromes:

1. anemic
2. thrombocytopenic with hemorrhages
3. infectious complications (from local inflammatory processes to sepsis)
4. acute renal failure with the development of anuria

48. Severe hemolytic crisis in autoimmune hemolytic anemia demands:

1. administration of glucocorticoids
2. packed red blood cells transfusions for all patients regardless of the state of hemodynamics
3. urgent splenectomy
4. parenteral administration of iron preparations and vitamin B12

49. The cause of autoimmune hemolytic anemia may be:

1. chronic lymphatic leukemia
2. systemic lupus erythematosus
3. nonspecific ulcer colitis
4. gastric ulcer with a giant ulcer
5. acute myocardial infarction

50. The criteria of hemolysis are:

1. hyperbilirubinemia
2. hemoglobinuria
3. increase in the content of serum iron
4. thrombocytosis
5. lymphocytosis

51. Hemosiderosis (iron deposition in the inner organs) is most commonly observed in:

1. thalassemia
2. iron deficiency anemia
3. aplastic anemia
4. vitamin B12 deficiency anemia

52. What erythrocyte enzyme is most commonly deficient (in hundreds of millions of people) that may result in the development of hemolytic anemia?

1. glucose -6-phosphatedehydrogenase
2. pyruvate kinase
3. glutathione reductase
4. 6-phosphogluconate-dehydrogenase

53. Hemolytic crisis in hereditary hemolytic anemias may be induced by?

1. drug taking
2. acute respiratory viral infection
3. ketoacidosis in diabetes mellitus
4. excessive physical exertion

54. Which of the diseases are hereditary hemolytic anemias?

1. Minkowsky-Chauffard disease (spherocytosis)
2. Marchiafava-Micheli disease
3. autoimmune hemolytic anemia

4. thalassemias
5. sickle cell anemia
6. march hemoglobinuria

55. What should the treatment of B12 deficiency anemia be started with?

1. administration of vitamin B12
2. prescription of a diet rich in vitamin B12
3. administration of folic acid
4. simultaneous administration of vitamin B12 and folic acid
5. packed red blood cells transfusions in case of hemoglobin below 70 g/L

MIOCARDIODISTROFIAS, HEART DEFECTS, CARDIOMYOPATHIAS

1. Which diseases can be associated with myocardiodystrophy?

1. alcoholism
2. chronic renal failure
3. thyreotoxicosis
4. all the listed above
5. none of the listed above

2. Which pathological states cause myocardiodystrophy?

1. starvation
2. physical exertion
3. climax
4. chronic tonsillitis
5. all the listed above

3. Which signs differentiate myocardiodystrophy from other cardiac diseases?

1. inflammation process in the myocardium
2. combination of metabolic processes and myocardial inflammation
3. pathological changes in myocardiocytes metabolism
4. impairments of coronary dynamics
5. immunoallergic impairment of myocardium

4. What can impairments of intracardiac dynamics be due to in restrictive cardiomyopathy?

1. failure of ventricular myocardium relaxation
2. failure of diastolic filling of ventricles
3. decrease of stroke cardiac volume
4. insufficiency of mitral, tricuspid valves
5. all the listed above causes

5. What is the name for chronic heart disease with pathological rigidity of ventricular myocardium interfering with their diastolic filling?

1. dilatational cardiomyopathy
2. hypertrophic cardiomyopathy
3. restrictive cardiomyopathy
4. postinfarction cardiosclerosis

6. Which clinical features are typical for hypertrophic cardiomyopathy?

1. systolic murmur between III-IV ribs on the left margin of the sternum increasing in straining at the inhaling pitch or after taking nitroglycerin
2. systolic murmur between II-III ribs on the right margin of the sternum weakening in straining at the inhaling pitch or after taking nitroglycerin
3. systolic murmur radiates to the neck vessels
4. II sound over the aorta is weakened
5. all of the listed above are typical

7. Which causes play a part in the developing hypertrophic cardiomyopathy?

1. autosomal dominant genetic defect with incomplete penetration
2. alcoholism
3. intrauterine viral infection
4. exposure to ionizing radiation
5. all the causes play a part in etiology

8. Which disease is primary chronic cardiac impairment manifested by the marked hypertrophy of the left ventricular myocardium in the absence of aortic stenosis, arterial hypertension with compulsory massive hypertrophy of interventricular septum referred to?

1. dilatational cardiomyopathy
2. hypertrophic cardiomyopathy
3. restrictive cardiomyopathy
4. myocarditis
5. ischemic heart disease

9. What is the name for primary chronic non-coronary, non-inflammatory heart disease which is not associated with metabolic processes in the heart manifested by diffuse impairment of the myocardium with acute decrease of its contractile power and progressive dilatation of cavities?

1. restrictive cardiomyopathy
2. hypertrophic cardiomyopathy
3. ischemic heart disease
4. myocarditis

10. Which drug is a universal means of control and treatment of cardiac rhythm in patients with multivalvular heart defects?

1. propranol
2. amidoron
3. verapamil
4. all the listed above
5. none of the listed above

11. In which cases are cardiac glycosides indicated in patients with heart defects?

1. in the development of cardiac failure in patients with predominating aortic stenosis
2. in the development of cardiac failure in patients with predominating insufficiency of aortic valves
3. in the development of tachysystolic forms of atrial fibrillation
4. in all of the listed above cases
5. in none of the listed above cases

12. Which functional class (FC) of circulation failure requires only conservative medication correction of hypodynamic impairments associated with multi-valvular heart defect?

1. FC – I
2. FC – II
3. FC – III
4. FC – IV
5. with any functional class

13. Which clinical features are typical for the mitral aortic insufficiency?

1. great difference in systolic and diastolic arterial pressure
2. low or almost zero index of diastolic arterial pressure
3. intensive pulsation of neck vessels (carotid shudder)
4. pulsatile headaches
5. all of them are typical

14. Which features of pathogenesis are typical for the combined mitral stenosis and insufficiency of the aortic valve with predominating mitral stenosis?

1. mitral stenosis restricts sufficient overload of the left ventricle

2. mitral stenosis aggravates hemodynamic changes which caused by insufficiency of the aortic valve
3. mitral stenosis enhances decompensation of the left ventricle caused by insufficiency of the aortic valve
4. all of them are typical
5. all of them are not typical

15. How is congestion in pulmonary veins manifested in patients with mitral and aortic defect?

1. by cough with discharge of rusty sputum
2. by blood stripes in sputum
3. by spells of suffocation with pinkish, foam-like sputum discharge
4. by all the listed above symptoms
5. by none of the listed above symptoms

16. What will relative insufficiency of tricuspid valve lead primarily to in patients with mitral and aortic defect?

1. to the venous congestion in vessels of the portal system and in the veins of systemic circulation
2. to the edema of the lung
3. to the fibrosis of the liver
4. to none of the listed situations
5. to all at once

17. What will the increase of pressure in the pulmonary veins lead primarily to in patients with mitral and aortic defect?

1. to the edema of the lung
2. to the spasm of pulmonary arteries
3. to the sclerosis of the pulmonary arteries
4. to the venous congestion in the systemic circulation
5. to none of the listed situations
6. to all at once

18. Which place is aortic coarctation most commonly located in?

1. ascending part
2. -at the site of the aortic arch shift to descending aorta
3. descending part
4. thoracic aorta
5. abdominal aorta

19. Which diagnostic possibilities does Echo-computerized tomography have for the differentiation of congenital interventricular septal defect?

1. visualization and determination of gross and moderate septal defect
2. diagnosing septal fenestration by the method of colour Doppler cartography
3. assessment of the blood flow direction through the defect by the Doppler method
4. evaluation of the myocardial hypertrophy degree and dilatation of the heart chambers
5. possesses all the mentioned possibilities

20. Which particular features of pathogenesis are typical for the gross interventricular septal defect at the sclerotic phase of pulmonary hypertension?

1. -right to left blood discharge causes hypoxia, compensatory erythrocytosis
2. marked congestion in the lungs causes troublesome coughing and hemoptysis
3. marked dilatation of the left atrium is the cause of atrial fibrillation

4. all of them are typical
5. none of them are typical

21. What is the cause of diffuse cyanosis in patients with congenital interseptal defect?

1. higher pressure in the right atrium than in the left one
2. decompensation of the left atrial function
3. decompensation of the right atrial function
4. atrial fibrillation
5. all the listed above

22. Where is the interseptal defect of ostium primum type formed?

1. in the upper portion of the interventricular septum near the mouth of the upper vena cava
2. in the medial portion of the interventricular septum in the fossa ovalis
3. near the base of the atrioventricular valves folds
4. in none of the mentioned sites
5. in any of the mentioned sites

23. Where is the interseptal defect of ostium secundum type formed?

1. in the upper portion of the interventricular septum near the mouth of the upper vena cava
2. in the medial portion of the interventricular septum in the fossa ovalis
3. near the base of the atrioventricular valves folds
4. in none of the mentioned sites
5. in any of the mentioned sites

24. Which drug can be effective in medication induced obliteration of the open arterial duct in preterm infants?

1. indometacin
2. dimedrol
3. propranol
4. phenobarbital
5. D-penicillamin

25. Which signs of congenital open arterial duct can be diagnosed by Echocardiography?

1. visualization of the open arterial duct
2. signs of stenosis of the left artiovenous fistula
3. signs of stenosis of the pulmonary artery
4. all of the listed signs
5. none of the listed signs

26. Which group of congenital heart defects (CHD) is Fallot tetralogy referred to?

1. to CHD of blue type with venoatrial discharge
2. to CHD of pale type with atriovenous shunt
3. to CDH without discharge but with obstacle for blood discharge from the ventricles
4. to none of the listed groups
5. to any of the listed groups

27. Which group of congenital heart defects (CHD) is open arterial duct referred to?

1. to CHD of blue type with venoatrial discharge
2. to CHD of pale type with atriovenous shunt
3. to CDH without discharge but with obstacle for blood discharge from the ventricles
4. to none of the listed groups
5. to any of the listed groups

28. Which group of congenital heart defects (CHD) is interarterial septal defect referred to?

1. to CHD of blue type with venoatrial discharge
2. to CHD without discharge but with obstacle to blood discharge from the ventricles
3. to CHD of pale type with atriovenous shunt
4. to none of the listed groups
5. to any of the listed groups

29. Which group of congenital heart defects (CHD) is interventricular septal defect referred to?

1. to CHD of pale type with venoatrial discharge
2. to CHD of blue type with atriovenous shunt
3. to CHD without discharge but with obstacle to blood discharge from the ventricles
4. to none of the listed groups
5. to any of the listed groups

RHEUMATOID ARTHRITIS

1. What methods of local therapy are used for patients with rheumatoid arthritis?
 1. applications of dimexide solution 0,5%
 2. local application of ointments containing NSAIDs
 3. infiltration of paraarticular tissues with novocain and prednisolone
 4. electrophoresis, phonophoresis of anti-inflammatory drugs
 5. all the mentioned above methods

2. The most effective method of rapid excretion of excessive circulating immune complexes and rheumatoid factor from the body is:
 1. hemodialysis
 2. hemosorption
 3. plasmapheresis
 4. all the mentioned above methods
 5. none of the mentioned above methods

3. What drugs are used for intra-articular introduction for treatment of the patients with rheumatoid arthritis?
 1. methylprednisolone
 2. depo-medrol
 3. hydrocortisone
 4. none of the listed drugs
 5. all the listed drugs

4. In what cases is the administration of sulfonamide anti-inflammatory drugs advisable to treat patients with rheumatoid arthritis?
 1. in patients with rheumatoid arthritis with systemic manifestations
 2. -in patients with rheumatoid arthritis without systemic manifestations
 3. in patients with rheumatoid arthritis complicated by osteoarthritis
 4. in all the mentioned cases
 5. in none of the mentioned groups of patients

5. What drugs are included in a group of remedies of basic treatment of rheumatoid arthritis?
 1. gold preparations
 2. immunosuppressive agents
 3. D-penicillamine (cuprenil)
 4. sulfanamide anti-inflammatory and aminoquinolinic preparations
 5. all the mentioned preparations

6. What criterion allows differentiating rheumatoid arthritis and ankylosing spondylitis to diagnose rheumatoid arthritis?
 1. predominant involvement of vertebral joints
 2. sacroileitis with initial joint involvements
 3. sequential involvement of ankle, knee and hip joints
 4. sequential involvement of small joints of hands and that of elbow, shoulder, knee and ankle joints
 5. typical beggar's hand posture in a patient with round-shouldered back and flexed forward head

7. What criterion allows differentiating rheumatoid arthritis and Reiters disease to diagnose rheumatoid arthritis?
 1. combination of arthritis with chronic chlamidial urethritis and conjunctivitis

2. asymmetric lesion of metacarpophalangeal joint of the first toe, ankle, knee joints
3. symmetrical lesion of metacarpophalangeal and proximal interphalangeal joints of hands
4. sacroileitis
5. plantar fasciitis

8. What criteria allow differentiating rheumatoid arthritis and primary osteoarthritis to diagnose rheumatoid arthritis?

1. involvement mainly of hip, knee overloaded joints
2. symmetrical lesion of proximal interphalangeal joints without formation of periarthritic nodes
3. lesion of distal interphalangeal joints with formation of periarthritic Heberden's nodes
4. all the mentioned criteria
5. none of the mentioned criteria

9. What criteria allow differentiating rheumatoid arthritis and acute rheumatic fever to diagnose the latter?

1. absence of destructive ankylosing involvements of joints
2. rapid effect of nonsteroidal antiinflammatory drugs in acute joint syndrome
3. predominance of symptoms of heart insufficiency over joint pathology
4. all the listed criteria
5. none of the listed criteria

10. What changes of synovial fluid in affected joints are not typical of rheumatoid arthritis?

1. increased turbidity, low viscosity of synovial fluid
2. increased number of cellular elements, neutrophils
3. presence of ragocytes
4. presence of suspended small-sized fragments of articular cartilage
5. presence of rheumatoid factor

11. In what syndrome do edemas, hypoproteinemia, proteinuria, hypercholesterolemia develop in the patient with rheumatoid arthritis?

1. pulmonary syndrome
2. cardiac syndrome
3. nephrotic syndrome
4. neuropathic syndrome
5. anemic syndrome

12. What renal pathology is more often manifested by nephrotic syndrome in patients with rheumatoid arthritis?

1. secondary renal amyloidosis
2. primary renal amyloidosis
3. urolithiasis
4. chronic immunocomplex glomerulonephritis

13. What renal pathology is the most typical for rheumatoid arthritis?

1. tubular interstitial nephritis
2. secondary renal amyloidosis
3. primary renal amyloidosis
4. urolithiasis
5. nephropathy

14. What heart lesions can develop in patients with rheumatoid arthritis?

1. pericarditis sicca

2. focal granulomatous myocarditis with extrasystole, blockades
3. valve failure of aortic orifice
4. mitral valve failure
5. all the listed lesions

15. What pathologies are typical of rheumatoid lung?

1. pneumonitis
2. fibrosing alveolitis
3. pleurisy
4. none of the listed pathologies
5. all the listed pathologies

16. When the patient with rheumatoid arthritis put his hands into cold water the skin of his hands became pale, bloodless and after a short period of time it became purple blue, edematous. How is this reaction called?

1. Reiters syndrome
2. carpal tunnel syndrome
3. Sjogrens sicca syndrome
4. Feltys syndrome
5. Raynauds syndrome

17. What complications are typical of rheumatoid arthritis?

1. secondary amyloidosis
2. hypochromic anemia with iron redistribution
3. secondary osteoarthritis
4. none of the listed complications
5. all the listed complications

18. What systemic lesions suggest clinical presentation of rheumatoid arthritis?

1. rheumatoid nodules
2. lymphadenopathy
3. vasculitis
4. pulmonary involvement
5. all the listed lesions

19. What joints are affected too rarely in patients with rheumatoid arthritis?

1. distal interphalangeal joints of fingers
2. proximal interphalangeal joint of little finger
3. the first metacarpophalangeal articulation of thumb
4. all the listed joints
5. none of the listed joints

20. What signs listed below are typical of rheumatoid arthritis?

1. Bouchards nodes in the proximal interphalangeal joints of fingers
2. Heberdens nodes in the distal interphalangeal joints of fingers
3. muscular atrophy and retraction of the back of the hand (amyotrophy)
4. thinned, not folded skin over fingers joints
5. petechial skin rash over affected joints

21. What statement suggests a typical symptom of rheumatoid arthritis- walrus fin?

1. ligamentous apparatus hypermobility of hand
2. varus deformity of hand to radius of the forearm

3. varus deformity of hand to ulnar bone of the forearm
4. deformity of fingers
5. muscular atrophy of the back of the hand

22. What pathologies cause muscular atrophy in patients with rheumatoid arthritis?

1. inflammation of muscular tissue
2. inflammatory degenerative changes of peripheral motor nerves
3. physiological reaction to restriction and absence of joints movement
4. all the listed pathologies
5. none of the listed pathologies

23. What joints are affected at the initial stage of rheumatoid arthritis?

1. wrist
2. metacarpophalangeal
3. proximal interphalangeal
4. none of the listed joints
5. all the listed joints

24. What types of rheumatoid arthritis are accompanied by splenomegaly?

1. Felty's syndrome
2. Still's disease in adults
3. rheumatoid arthritis with involvement of other organs and systems
4. none of the listed types
5. all the listed types

25. In whom can rheumatoid factor be revealed in titer 1:32 of Waaler-Rose test?

1. in healthy people
2. in Still's disease in adults
3. in patients with seropositive rheumatoid arthritis
4. in none of the listed cases
5. in all the listed cases

26. What suggests pathogenesis of rheumatoid arthritis?

1. destructive affection of joints with involvement of cartilage, synovial membrane and capsule
2. damage to synovial membrane, cartilage and epiphyses of bones with osseous formation
3. granulation tissue - pannus in the joint cavity
4. ankylosing joints
5. all the listed disorders suggest pathogenesis of rheumatoid arthritis

27. What is a rheumatoid factor?

1. anti-streptolysin O
2. anti-streptokinase O
3. antihyaluronidase
4. IgM and IgG antibodies to fragment of IgG binding
5. immune complexes

28. What factors are important in the etiology of rheumatoid arthritis?

1. presence of HLA histocompatibility antigen
2. Epstein-Barr virus infection
3. cytomegalovirus infection
4. all the listed factors
5. none of the listed factors

VASCULITES

1. What diagnostic criteria are typical of rheumatic polymyalgia?

1. age of patients older than 50
2. bilateral pain in shoulder joints
3. stiffness in shoulder joints in the morning longer than 1 hour in the absence of radiological signs of arthritis
4. absent signs of inflamed muscular tissue according to the results of biopsy, the normal level of creatine phosphokinase in the blood
5. all the listed above criteria are typical

2. What disease often arises concurrently with rheumatic polymyalgia?

1. rheumatoid arthritis
2. giant cell temporal arteritis
3. Takayasu aortoarteritis
4. nodular polyarteritis
5. Wegeners granulomatosis

3. At what age does rheumatic polymyalgia often develop?

1. at any age
2. in adolescence
3. at the age from 18 till 30 years
4. at the age from 30 till 50 years
5. at the age older than 50 years

4. What diagnostic method is the most effective for life-time verification of giant cell temporal arteritis diagnostics?

1. selective angiography of carotid and temporal arteries
2. two-dimensional ultrasonography
3. Doppler ultrasonography
4. biopsy of temporal artery fragment
5. biopsy of musculocutaneous flap

5. What symptoms may indicate that the patient has giant cell temporal arteritis but not atherosclerotic arterial involvement?

1. the absence of radial artery pulse on one or both sides
2. temporal arteries are swollen, tender and do not pulsate
3. pulse of dorsal arteries of the foot is slightly weak
4. along subcutaneous arteries there are dense, tender and pulsatile nodules

6. What objective signs are typical of classical variant of giant cell temporal arteritis?

1. temporal artery is convoluted, swollen, without signs of pulsation and is acutely painful on palpation
2. temporal arteries are convoluted, thin, dense, painless and without signs of pulsation
3. dense, pulsating nodules (aneurysms) are palpated along temporal arteries
4. any of the listed above symptoms may develop in this disease

7. What symptoms are typical of aortic arch syndrome in patients with nonspecific aortoarteritis?

1. chilly hands, pains, weakness in the muscles of upper extremities
2. stellate telangiectasias in the skin of superior shoulder girdle
3. -diminution or absence of radial arteries pulse
4. -systolic murmur over clavicular arteries

5. -the difference of arterial pressure on the right and left arms is more than 10mm Hg

8. What pathomorphological types of nonspecific aortoarteritis are there?

1. arteritis of aortic arch and its branches: brachiocephalic trunk, left common carotid and left clavicular arteries
2. arteritis of thoracic and abdominal parts of the aorta with the involvement of renal, celiac, superior and inferior mesenteric arteries
3. total involvement of the aorta with all going from it large arterial trunks
4. combined arteritis of the aorta and pulmonary artery
5. all the listed above types of the disease exist

9. What signs indicate the beginning of the third phase of Churg-Strauss syndrome?

1. fever with marked intoxication, myalgia, arthralgia, rapid body weight loss
2. decreased severity of clinical manifestations of bronchial asthma
3. eosinophilic myocarditis with progressive heart failure
4. foci of skin infarction
5. all the signs listed above

10. What sign indicates the beginning of the second phase of Churg-Strauss syndrome?

1. infiltrates in the lungs, digestive organs, heart and other organs
2. hypereosinophilia in the peripheral blood
3. exudative pleuritis
4. urticaria and erythema in the skin integument

11. What features are typical of the clinical picture of the first initial phase of Churg-Strauss syndrome?

1. allergic rhinitis
2. nasal mucosa polyposis
3. sinusitis
4. bronchial asthma with pulmonary infiltrations
5. high fever, myalgia, arthralgia, body weight loss

12. What complaints are typical of Wegeners granulomatosis?

1. complaints about general weakness, fever, myalgia, arthralgia, body weight loss
2. complaints about persistent rhinitis, pains in the nose, mouth, throat, ears
3. complaints about pyohemorrhagic discharge from the nose, mouth, nasopharynx
4. complaints about skin itching
5. complaints about cough hemoptysis

13. What disorders are typical of Wegeners granulomatosis?

1. ulcero-necrotic changes of the respiratory tract
2. infiltrative destructive processes in the lungs
3. focal segmental glomerulonephritis
4. all the listed above disorders are typical of Wegeners granulomatosis

14. What disorders are typical of nodular polyarteritis?

1. stenosing arteritis of coronary arteries with myocardial ischemia right up to infarction
2. arteritis of middle arteries in the system of celiac trunk with dyspepsia, gastroduodenal ulcers, bleedings
3. arteritis of mesenteric arteries of average caliber with bleedings, intestinal gangrene
4. all the listed above disorders are typical of this disease

15. What disorders are typical of nodular polyarteritis?

1. inflammation of cephalic and cerebrospinal vessels with disturbed susceptibility, paresis, epilepsy
2. inflammation and stenosis of testicular arteries with excruciating pain in testicles
3. vasculitis of arteries feeding endocrine glands with dysfunction of the thyroid gland, adrenal glands
4. inflammation of capillaries and glomerules in the kidneys, glomerulonephritis

16. What is the reason for kidneys affection in patients with nodular polyarteritis?

1. diffuse immune complex glomerulonephritis
2. necrotizing vasculitis of arterioles in combination with focal segmental glomerulonephritis
3. stricture formation of renal arteries
4. all the listed above signs are typical of kidney affection in this disease

17. What objective manifestations are typical of nodular polyarteritis?

1. skin integument looks like marble with erythematic, papular, urticarial rash
2. skin necrosis with ulcerations, tissue defects, nevus pigmentosus
3. painful pulsating nodules along vascular trunks
4. gangrene of toes necessitating amputation of them
5. all the listed above signs are typical of this disease

18. What systemic vasculites are accompanied by pulmonary involvement?

1. Wegeners granulomatosis
2. microscopic polyangiitis
3. Churg-Strauss syndrome
4. lungs are affected in all the mentioned vasculites

COLLAGEN DISEASES

1.The biopsy of a musclocutaneous flap taken from patients with dermatomyositis-polymyositis may show:

1. myositis with loss of cross striations, and fragmentation of fibrils
2. basophilia of sarcoplasmic reticulum in myocytes
3. areas of necrosis and fibrosis
4. lymphoid-plasmocytic infiltration of muscular tissue
5. all the mentioned about phenomena

2.Which of the electromyography findings are characteristic of dermatomyositis-polymyositis?

1. normal electric activity of relaxed muscles
2. low-amplitude electric activity during voluntary contractions
3. short, polyphase potentials of motor units
4. spontaneous potentials of fibrillation
5. all the mentioned findings are characteristic of this disease

3.Dermatomyositis-polymyositis affects the following muscles:

1. oculomotor muscles
2. proximal groups of the upper and lower extremities muscles
3. distal groups of the upper and lower extremities muscles
4. all the mentioned above muscle groups

4.The typical clinical signs of dermatomyositis are:

1. myopathy
2. skin lesion
3. arthropathy
4. vasculitis
5. all the mentioned above signs

5.What can be the etiological factor of dermatomyositis?

1. K.rhinoviruses infection
2. Coxsackievirus infection
3. tumor process in the organism
4. any of the mentioned factors
5. none of the mentioned factors

6.Which of the topical therapy methods are indicated for the treatment of systemic sclerosis?

1. application of dimexid solution to the affected skin areas
2. application of ointments containing sulfated glycosaminoglycans
3. injections of lidase around the lesion
4. lidase electrophoresis and phonophoresis into the indurated areas
5. all the mentioned above methods are indicated for application in this disease

7.Which of the drugs should be used in a complex treatment of systemic sclerosis aimed at the peripheral blood supply improvement?

1. nifedipine
2. lisinopril
3. curantil
4. all the mentioned above drugs
5. none of them

8. Which of the drugs and drug combinations are effective in treatment of systemic sclerosis?
1. D-penicillamine with prednisolone
 2. colchicin
 3. delagil
 4. azathioprine with prednisolone
 5. all the mentioned above drugs
9. Which of the criteria allow to differentiate systemic sclerosis from systemic lupus erythematosus in favor of systemic sclerosis?
1. fibrosing arthritis deformans of small hand joints
 2. absence of ankylosis in the affected joints
 3. symmetrical arthritis of proximal interphalangeal hand joints
 4. marked stiffness in the morning
 5. none of the given above criteria could be used in differential diagnostics
10. In what forms of systemic sclerosis does the skin of the face appear as a "tobacco pouch"?
1. guttate
 2. patchy
 3. linear
 4. morphea
 5. CREST syndrome
11. Which of the abnormalities may the ECG of patients with systemic sclerosis show?
1. evidence of myocardial dystrophy
 2. evidence of ischemia
 3. conduction and irritability disturbances
 4. hypertrophy of the myocardium of the left ventricle and the left atrium
 5. any of the mentioned above abnormalities
12. Which of the abnormalities in a full blood count are characteristic of acute systemic sclerosis with highly active pathological process?
1. increased ESR
 2. moderate leukocytosis
 3. moderate hypochromic anemia
 4. all the mentioned above abnormalities are typical
 5. none of the mentioned above abnormalities is typical
13. Which of the kidney lesions are typical of systemic sclerosis?
1. kidney vessels are affected
 2. glomerules are affected
 3. interstitial tissue is damaged
 4. -all the mentioned above lesions are typical
 5. none of the mentioned above lesions is typical
14. Which of the heart diseases are not characteristic of systemic sclerosis?
1. myocarditis
 2. myocardial fibrosis
 3. obliterating endocarditis of coronary arteries with myocardial ischemia
 4. mitral valve insufficiency
 5. verrucous endocarditis
15. Which of the signs of muscular pathology are common in systemic sclerosis?

1. muscular dystrophy
2. muscular atrophy
3. non-inflammatory muscular fibrosis
4. inflammatory myopathy
5. all the mentioned above variants

16. Which of the forms of joint syndrome are typical of systemic sclerosis?

1. polyarthralgia
2. fibrosing polyarthritis of small finger joints
3. pseudoarthritis
4. the mentioned above variants are not typical of this disease
5. all the mentioned forms of joint syndrome are typical of this disease

17. Which of the syndromes in patients with systemic sclerosis is characterized by dry mouth, absence of saliva, painful gritty sensations in the dry eyes, inability to cry?

1. Raynaud's syndrome
2. Sjogren's syndrome
3. Jaccoud's syndrome
4. Thiebierge-Weissenbach syndrome
5. CREST syndrome

18. Which of the features are typical of chronic systemic sclerosis?

1. formation of CREST syndrome
2. susceptibility to sclerodermic kidney formation
3. absence of susceptibility to lung fibrosis
4. involvement of the pulmonary artery is not common
5. all the mentioned above features are typical of chronic systemic sclerosis

19. What can be included in a definition of CREST syndrome?

1. it is a localized form of systemic dermatosclerosis
2. the inner organs are rarely affected
3. the sclerodermic lesions appear only on the skin of the face and hands distal to metacarpophalangeal joints
4. it is accompanied by sclerodactylia formation
5. all the mentioned above statements can be included in a definition of this syndrome

20. Which of the methods of treatment allows to remove rapidly the excess of immune complexes from the organism of a patient with systemic lupus erythematosus?

1. taking plaquenil 0,2 2 tablets a day
2. taking cyclophosphane 1-4 mg/kg/day orally
3. taking azathioprine 2,5 mg/kg/day orally
4. plasmapheresis
5. all the mentioned above methods

21. The methods of therapy indicated for treatment of acute and subacute systemic lupus erythematosus of stages II and III activity are:

1. taking prednisolone 5-7,5 mg a day orally
2. taking prednisolone 1-1,3 mg/kg/day orally with gradual lowering the dose to a maintenance one
3. pulse therapy with parenteral administration of methylprednisolone 1,000 mg a day during 3 days
4. none of the mentioned above methods is indicated

5. any of the mentioned above methods may be used

22. The methods of therapy indicated for treatment of chronic systemic lupus erythematosus with the minimal activity of immune inflammation are:

1. taking prednisolone 5-7,5 mg a day orally
2. taking prednisolone 1 mg/kg/day orally
3. pulse therapy with parenteral administration of methylprednisolone 1,000 mg a day by intravenous by drop infusion over a 30-minute period
4. none of the mentioned above methods is indicated
5. any of the mentioned above methods may be used

23. Which of the immunologic investigations are obligatory for diagnostics of systemic lupus erythematosus?

1. LE cells
2. circulating immune complexes
3. antibodies to Sm antigen
4. antinuclear factor
5. all the mentioned investigations are obligatory

24. What can an ultrasonography of the inner organs in patients with systemic lupus erythematosus show?

1. effusion in the pleural cavities
2. splenomegaly
3. hepatomegaly
4. nephritis
5. all the mentioned above abnormalities

25. Which of the roentgenologic abnormalities in joints are typical of systemic lupus erythematosus?

1. moderately manifested osteoporosis
2. usuras of the joint surfaces
3. narrowing of the joint fissure, ankyloses
4. all the mentioned above abnormalities are typical
5. none of the mentioned above abnormalities

26. What syndrome evidence is the presence of rheumatoid factor in the blood of a patient with systemic lupus erythematosus related to?

1. antiphospholipid
2. joint
3. hemolytic
4. thrombocytopenic
5. any of the syndromes mentioned above

27. Which of the immunologic indices are typical of systemic lupus erythematosus?

1. antiphospholipid antibodies
2. antinuclear factor
3. antibodies to the native DNA
4. LE cells
5. all the mentioned above indices are typical

PULMONOLOGY

1. What cells take the main part in the development of inflammation in bronchial asthma?
 1. eosinophils
 2. mastocytes
 3. neutrophils
 4. T-lymphocytes
 5. thrombocytes
 6. erythrocytes
2. Allergic bronchial asthma is defined by reactions:
 1. of cytotoxic type
 2. of reagin type
 3. all types of allergic reactions
 4. of delayed allergy
 5. damage by the immune complexes
3. One of the components of aspirin triad is:
 1. maxillary sinusitis
 2. tonsillitis
 3. nasal polynosis
 4. bronchitis
 5. pneumonia
4. Frequent extrapulmonary complication of acute pneumonia is:
 1. toxic infectious shock
 2. hepatitis
 3. meningitis
 4. hyperglycemia
5. The most frequent causes of death of patients with bronchial asthma are:
 1. status asthmaticus
 2. -overdosage of sympathomimetic agents
 3. acute heart failure
 4. acute pulmonary emphysema
6. Name the main clinical manifestations of bronchial asthma:
 1. asthmatic fit
 2. coughing
 3. episode of heavy breathing
 4. loss of consciousness
7. Dyspnea in chronic obstructive bronchitis is caused by the involvement:
 1. trachea
 2. large bronchi
 3. bronchi of average size
 4. small bronchi
 5. bronchioles
8. Conclusive criteria for diagnosis of acute bronchitis are:
 1. clinical data
 2. findings of complete blood count
 3. findings of biochemical blood analysis

4. sputum examination
 5. radiological changes in the lungs
9. Tiffeneau index is the index of:
1. total vital capacity of the lungs
 2. alveolar ventilation
 3. airway conductance
 4. ventilation efficiency
 5. maximal oxygen consumption
10. What conditions from the listed below can be accompanied by false bloody expectorations:
1. tonsillar abscess
 2. multiple bronchiectasis
 3. hysteria
 4. scorbutus (sea scurvy)
 5. Goodpasture's syndrome
11. What drugs are contraindicated in status asthmaticus due to overdosage of adrenoceptor agonists:
1. adrenaline
 2. orciprenaline sulphate
 3. isadrine
 4. aminophylline
 5. hydrocortisone
12. What study is the most informative to confirm the diagnosis of suspected spontaneous pneumothorax:
1. gas composition of the blood
 2. ultrasound investigation of the thorax
 3. electrocardiogram to reveal signs of right heart overload
 4. chest roentgenogram
 5. diagnostic pleurocentesis
13. In anaphylactic status asthmaticus:
1. adrenaline administration is indicated
 2. adrenoceptor agonists are contraindicated in all forms
 3. intensive corticosteroid care is necessary
 4. artificial lung ventilation is contraindicated
 5. administration of aminophylline and antihistamine is advisable
14. A typical sign of the second stage of status asthmaticus is:
1. silent areas in the lung
 2. increased cough
 3. hypocapnia
 4. periodic respiration
 5. Kussmaul's respiration
15. In what conditions from the listed below spontaneous pneumothorax may develop:
1. infiltrative pulmonary tuberculosis
 2. pneumococcal pneumonia
 3. bullous pulmonary emphysema
 4. whooping cough

5. mycoplasma pneumoniae
16. Signs of status asthmaticus termination are:
 1. termination of sputum discharge
 2. silent lung
 3. asphyxia relief
 4. productive cough
17. Primary measures in status asthmaticus are:
 1. adrenaline administration
 2. salbutamol inhalation
 3. aminophylline administration
 4. prednisolone and hydrocortisone administration
 5. limitation of infusion therapy
 6. wetted oxygen inhalation
18. Predisposing factors of status asthmaticus are:
 1. exacerbation of acute bronchitis
 2. diagnostic scratch tests
 3. aminophylline abuse
 4. hormonal treatment withdrawal
 5. acute respiratory virus infection
19. What symptoms are typical of spontaneous pneumothorax:
 1. dependence on physical exertion
 2. slowly progressive discomfort behind the breast bone
 3. cold sweat
 4. pain increasing on breathing
 5. pain relieved by nitroglycerin
20. Pneumothorax may occur in:
 1. bullous pulmonary emphysema
 2. acute pneumonia
 3. infiltrative pulmonary tuberculosis
 4. exudative pleurisy
 5. V Subclavia catheterization
21. Electrocardiographic signs suggesting possible development of pulmonary embolism are:
 1. axis deviation to the left
 2. right bundle-branch block
 3. marked Q III and Q AVF
 4. "mitral" P
 5. negative T III
22. Urgent diagnostic tests in suspected pulmonary embolism are:
 1. sputum examination
 2. electrocardiogram
 3. study of the function of external respiration
 4. roentgenography of the thorax
 5. pulmonary angiography
23. Predisposing factors to pulmonary embolism are:

1. deep vein thrombophlebitis of lower extremities
 2. early postoperative period
 3. early activation in postinfarction period
 4. mitral stenosis
 5. aortic insufficiency
24. Typical clinical signs of pulmonary embolism are:
1. cyanosis
 2. central venous pressure
 3. dyspnea
 4. jugular venous distention
 5. sinus tachycardia

NEPHROLOGY

1. What changes in proteinogram are characteristic of renal amyloidosis?
 1. hypergammaglobulinemia
 2. paraproteinemia
 3. hyperalbuminemia
 4. hyperalphaglobulinemia
 5. hyperproteinemia
3. What urine changes are characteristic of proteinuric stage of amyloidosis?
 1. proteinuria above 100 mg, but below 3,0 g /24 hours
 2. proteinuria up to 100 mg / 24 hours
 3. isosthenuria
 4. leucocyturia
4. Development of secondary amyloidosis is typical of the below diseases except for:
 1. scleroderma systematica
 2. rheumatoid arthritis
 3. nonspecific ulcerative colitis
 4. multiple bronchiectasis
 5. multiple myeloma
5. What etiology of nephrotic syndrome contraindicates glucocorticoids?
 1. kidney amiloidosis
 2. systemic lupus erytematosis
 3. subacute and rapidly progressing
 4. acute glomerulonephritis
 5. chronic glomerulonephritis
6. Which is the most reliable method to determine morphological variant of chronic glomerulonephritis?
 1. radioisotope renography
 2. excretory urography
 3. renal ultrasonography
 4. Reberg test
 5. puncture nephrobiopsy
7. Which of the listed drugs are used for pathogenetic therapy of the disease associated with nephritic syndrome?
 1. cyclophosphan
 2. indometacin
 3. aminocaproic acid
 4. isobarin
 5. ketotiphen
8. Which form of chronic glomerulonephritis has the worst prognosis?
 1. latent
 2. nephritic
 3. mixed
 4. hypertensive
9. Which are the main factors of nephritic syndrome pathogenesis?
 1. circulating immune complexes and antibodies to basal membrane

2. ascending infection of urinary passages
 3. decrease in concentration function of kidneys
 4. impairment of urine rheology
10. Which is the main cause of dysproteinemia in nephritic syndrome?
1. incongruence between protein fractions eliminated with urine and produced by hepatocytes
 2. increase of protein catabolism
 3. impairment of protein absorption in the intestine
 4. hyperlipidemia
 5. hypoalbuminemia
11. The main cause of hypoproteinemia in nephritic syndrome is:
1. high proteinuria
 2. decrease in protein production in hepatocytes
 3. increase of protein catabolism
 4. impairment of protein absorption in the intestine
 5. increased excretion of proteins in the intestine
12. Methods to determine the form, sizes and location of calyx-pelvis system of kidneys:
1. excretory urography
 2. radioisotope renography
 3. plain radiography of abdominal organs
 4. determination of glomerular filtration and tubular reabsorption
 5. renal ultrasonography
13. Which of the listed methods is used to evaluate glomerular filtration?
1. clearance of endogenous creatinine
 2. clearance of glucose
 3. clearance of endogenous urea
 4. clearance of uric acid
 5. clearance of protein
14. The normal rate of glomerular filtration by endogenous clearance is:
1. 80 – 120 ml/min
 2. 50 - 75 ml/min
 3. 125 – 145 ml/min
 4. 150 - 170 ml/min
 5. 180 – 200 ml/min
15. What does the term “dysurea” mean?
1. difficult, unpleasant and painful urination, impairment of urination rhythm
 2. nocturnal urination
 3. increase of the amount of daily urine
 4. decrease of the amount of daily urine
 5. disturbance of daily and nocturnal diuresis ratio
16. What does the term “pollakiuria” mean?
1. frequent micturition
 2. difficult urination
 3. painful urination
 4. rare urination

5. nocturnal urination
17. Which fluctuations of relative density of urine are characteristic for isostenuria?
1. 1010 – 1012
 2. 1005 – 1015
 3. 1012 – 1022
 4. 1010 – 1020
 5. 1020 -1025
19. The minimal deviation of relative urine gravity by Zimnitsky test (daily diurnal diuresis 1200 ml, maximal specific gravity 1020) is:
1. 10 units
 2. 20 units
 3. 15 units
 4. 8 units
 5. 5 units
20. In the treatment of nephritic crisis the following is warranted:
1. reopoliglucin
 2. glucocorticoids
 3. heparin
 4. concentrated albumin solution
 5. diuretics
21. Acute renal failure is the most frequent complication of:
1. poisoning with heavy metals salts
 2. acute polinephritis
 3. burning disease
 4. syndrome of prolonged compression
 5. acute hemolytic anemia
 6. all the listed situations
22. In acute renal failure the indication for emergency hemodialysis is:
1. cramps syndrome
 2. hyperkalemia more than 7.5 mmol/l
 3. hypotension
 4. decrease of blood pH down to 7.3
23. Which of the following states can be the cause of acute renal failure?
1. acute glomerulonephritis
 2. intake of phenacetinum containing medications
 3. shock
 4. Goodpasture's syndrome
24. Which of the listed states can be the indication for emergency hemodialysis in ineffective diuretic therapy?
1. creatinine over 0.6 mmol/l
 2. progressing acidosis and hyperkalemia over 7.5 mmol/l
 3. arterial hypertension
 4. nausea and vomiting
25. Which of the following antibiotics is contraindicated in acute renal failure?

1. ampicillin
 2. streptomycin
 3. amikacin
 4. gentamicin
 5. erythromycin
26. Nephrotoxins which are able to cause acute renal failure include:
1. X-ray contrasting agents
 2. nonsteroid anti-inflammatory drugs
 3. heavy metal salts
 4. cardiac glycosides
 5. aminoglycosides
27. Complications of acute renal failure are:
1. anemia
 2. gastrointestinal bleedings
 3. pericarditis

ACUTE RHEUMATIC FEVER

1. ECG changes in acute rheumatic myocarditis include the following:
 1. T-wave flattening or inversion
 2. low voltage of QRS complex
 3. QT-interval prolongation
 4. all answers are incorrect
2. What sign is not used as major Jones criterion for diagnosis of acute rheumatic fever:
 1. significantly increased titers of antistreptococcal antibodies
 2. carditis
 3. polyarthrititis
 4. chorea
 5. erythema marginatum
3. List the major clinical signs of acute rheumatic fever:
 1. carditis
 2. polyarthrititis
 3. chorea
 4. skin manifestation (erythema marginatum, subcutaneous nodules)
4. Etiology of acute rheumatic fever:
 1. Staphylococci
 2. Pneumococci
 3. Group A β -hemolytic Streptococci
 4. Viruses
 5. Enterococci
5. What in patient's history is indicative for acute rheumatic fever:
 1. burdened heredity
 2. frequent acute tonsillitis
 3. evidence of antecedent Strep infection
 4. rheumatic history
6. Graham-Steell murmur can be auscultated in:
 1. mitral stenosis and aortic regurgitation
 2. mitral stenosis and pulmonary hypertension
 3. aortic regurgitation
 4. valvular aortic stenosis
 5. aortic coarctation
7. In what valvular heart disease Austin-Flint murmur can be found:
 1. mitral regurgitation
 2. aortic regurgitation
 3. aortic stenosis

4. pulmonary stenosis
 5. mitral stenosis
-
8. What is the most common arrhythmia in patients with mitral stenosis:
 1. paroxysmal atrial tachycardia
 2. atrial flutter
 3. atrial fibrillation
 4. atrioventricular dissociation
 5. left atrial escape rhythm
-
9. What valvular heart diseases are characterized with long natural history of preserved heart function:
 1. mitral stenosis
 2. mitral regurgitation
 3. tetralogy of Fallot
 4. aortic stenosis
 5. all answers are incorrect
-
10. Three component rhythm (fou-ta-ta-rou) is typical for:
 1. mitral regurgitation
 2. aortic regurgitation
 3. aortic stenosis
 4. mitral stenosis
-
11. Increased S_1 is a diagnostic sign of:
 1. mitral regurgitation
 2. aortic stenosis
 3. extrasystoly
 4. aortic regurgitation
 5. mitral stenosis
-
12. Auscultative findings in mitral stenosis include the following:
 1. loud S_1
 2. accentuated P_2
 3. three-component rhythm
 4. diastolic rumbling murmur at the apex
-
13. What is the major auscultative sign of aortic regurgitation:
 1. increased S_1
 2. accentuated P_2
 3. protodiastolic murmur at the aorta
 4. diastolic murmur at the apex
 5. systolic murmur at the aorta

14. List extracardial signs of aortic regurgitation:

1. skin paleness
2. bobbing motion of the patient's head with each heartbeat (de Musset sign)
3. carotid shudder (pulse)
4. increased systolic and decreased diastolic blood pressure

15. What is the major auscultative sign in aortic stenosis:

1. decreased S_1 at the apex
2. absence of A_2
3. harsh systolic murmur at the aorta
4. accentuated P_2
5. accentuated A_2

16. What valve is involved most commonly in infectious endocarditis:

1. mitral valve
2. aortic valve
3. tricuspid valve
4. pulmonary artery valve

17. What is the most important component of pharmacological treatment of infectious endocarditis:

1. high doses of antibiotics
2. low or medium doses of antibiotics
3. NSAIDs
4. drugs that improve myocardial metabolism
5. corticosteroids
6. anticoagulants and antiplatelet drugs

18. What are probable causes of aortic regurgitation:

1. Marfan syndrome
2. syphilitic aortitis
3. rheumatic heart disease
4. dissection of the aorta
5. aortic coarctation
6. all answers are incorrect

19. Duroziez and Traube signs are typical for:

1. tetralogy of Fallot
2. ventricular septal defect
3. aortic regurgitation
4. mitral stenosis
5. aortic coarctation

20. What sign is indicative for activity of rheumatic fever:

1. leucopenia

2. proteinuria
 3. antiDNA antibodies
 4. antinuclear factor
 5. increased titer of ASO (antistreptolisin O)
-
21. Three-component rhythm in mitral stenosis results from:
 1. S_3
 2. opening snap of mitral valve
 3. systolic click in mitral valve prolapse
 4. splitting of S_1
 5. splitting of S_2
-
22. At echocardiography in patient with mitral stenosis you are expecting:
 1. left ventricular dilation
 2. left atrial dilation
 3. increased pressure gradient at mitral valve
 4. increased pressure gradient at aortic valve
 5. increased pulmonary pressure

MYOCARDITIS, PERICARDITIS, INFECTIVE ENDOCARDITIS

1. Among infective myocarditis the most common are:
 1. Viral.
 2. Bacterial.
 3. Parasitic.
 4. Fungal.
2. Non-infective myocarditis are due to:
 1. Allergic reactions.
 2. Toxic effects.
 3. Chemical effects.
 4. Effects of physical factors.
 5. All of the above mentioned
3. Myocardial biopsy to verify for verification the diagnosis of myocarditis, where:
 1. The positive results of myocardial biopsy confirm the diagnosis.
 2. Negative biopsy excludes the diagnosis of myocarditis.
 3. Both answers are correct.
4. Confirmation of inflammatory changes of the myocardium can be obtained by:
 1. Myocardial scintigraphy with thallium-201.
 2. Myocardial biopsy.
 3. Myocardial scintigraphy with technetium pyrophosphate.
 4. Radionuclide ventriculography.
 5. All of the above mentioned
5. What shall we do if, myocarditis is diagnosed?
 1. Obligatory use of anti-inflammatory drugs
 2. Treatment in most cases is symptomatic.
 3. The obligatory use of glucocorticoids.
 4. The obligatory use of drugs improving the metabolic processes in the myocardium
 5. The correct answer is absent.
6. What can be applied in severe progressive course of myocarditis:
 1. Glucocorticoid hormones.
 2. Azathioprine.
 3. Both answers are correct.
 4. The correct answer is absent.
7. Administration of anti-inflammatory drugs in patients with myocarditis:
 1. Contraindicated in acute period of viral infection.
 2. Generally contraindicated in viral myocarditis.
 3. Both answers are correct.
 4. The correct answer is absent.
8. The most common cause of constrictive pericarditis in young people is:
 1. Tuberculosis.
 2. Syphilis.
 3. Rheumatism.
 4. Injuries of the pericardium.
 5. Systemic connective tissue diseases.

9. Aseptic pericarditis include:

1. Pericarditis in diseases of the blood.
2. Pericarditis in malignant tumors.
3. Allergic or autoimmune affection of myocardium.
4. All of these forms.
5. None of the above.

10. Aseptic pericarditis include:

1. Postinfarction pericarditis.
2. Postcommissurotomy pericarditis.
3. Uremic.
4. All of the above.
5. None of the above.

11. In acute pericarditis occurs:

1. Precipitation of fibrin.
2. Accumulation of exudate.
3. None of the above.
4. All of the above.

12. What can we see in chronic pericarditis:

1. The proliferation of granulation tissue takes place
2. Adhesions are formed between the membranes of pericardium.
3. Obliteration of the pericardial cavity occurs.
4. All of the above.

13. Paradoxical pulse- is:

1. The disappearance of the pulse or the reduction of its filling during inspiration.
2. The low amplitude of the pulse wave on the peripheral arteries at high amplitude on their magistral vessels.
3. 1 and 2 are correct.
4. None of the above.

14. What is the cause of "paradoxical pulse" in patients with pericarditis:

1. Abrupt decrease of cardiac output in inspiration.
2. Increase of cardiac output on the exhalation.
3. Arrhythmias.
4. All of the above.
5. The correct answer is absent.

15. What changes of central venous pressure during fluid accumulation in the pericardium?

1. Increases.
2. Reduced.
3. No changes.
4. Changes are not characteristic.

16. Hemodynamic changes in adhesive process in pericardium are due to:

1. Restriction of diastolic myocardial distension.
2. Reduce the effect of the suction capacity of the chest.
3. Compression of the large veins.
4. All of the above.

5. 1 and 3 are correct.

17. Acute fibrinous pericarditis is not characterized by:

1. Bradycardia.
2. Fever.
3. Retrosternal pain.
4. Pericardial friction rub.
5. Dysphagia, increased chest pain when swallowing

18. In acute fibrinous pericarditis may occur:

1. Tachycardia.
2. Pericardial friction rub.
3. Chest pain.
4. Lowering blood pressure.
5. All of the above.

19. What is the most important symptom for the diagnosis of acute fibrinous pericarditis:

1. Tachycardia.
2. Pericardial friction rub.
3. Chest pain.
4. Dysphagia.
5. Lowering blood pressure.

20. What are the main characteristics of pericardial rub in fibrinous pericarditis:

1. Better heard in the sitting position.
2. No connection with breathing.
3. Increases with pressure stethoscope.
4. It is heard in systole and diastole.
5. All answers are correct.

21. Where can you hear pericardial friction rub?

1. In the interscapular space.
2. Over the entire area of the absolute dullness of the heart.
3. In a small area in the IV intercostal space on the left.
4. All answers are correct.
5. The correct answer is absent.

22. What is the most informative diagnostic method for fibrinous pericarditis without effusion:

1. Radiography.
2. Echocardiography.
3. Auscultation.
4. Electrocardiography.

23. What is not typical for pain in acute pericarditis:

1. Dull, oppressive character of the pain.
2. Duration of pain for more than 30 minutes.
3. Retrosternal localization of pain.
4. Reduction in pain after taking nitroglycerin.
5. Pain depends on breathing, movement, swallowing, body position.

24. What ECG changes usually does not occur in fibrinous pericarditis:

1. Concordant ST-segment deviation in all chest leads.

2. Negative T wave
 3. Deviation of the electrical axis to the left.
25. What clinical signs may be present in exudative pericarditis:
1. Shortness of breath.
 2. Dullness of heart sounds.
 3. Expanding the borders of cardiac dullness.
 4. Tachycardia and paradoxical pulse.
 5. All of the above.
26. What is not typical for exudative pericarditis:
1. Forced position "pose of deep slope."
 2. Congestion in the systemic circulation.
 3. Bradycardia.
 4. Bronchial breathing due to compression of the lungs.
 5. Paradoxical pulse.
27. What can occur in cardiac tamponade:
1. Pronounced dyspnea.
 2. Cyanosis.
 3. Tachycardia.
 4. Thready pulse.
 5. All of the above.
28. What are the radiological signs of exudative pericarditis:
1. The increase in heart size.
 2. Weakening pulse.
 3. Smoothed contours of the heart.
 4. All of the above.
29. What can cause endocarditis:
1. Viruses.
 2. Q fever bacillus.
 3. Salmonella.
 4. All of the above.
 5. None of the above.
30. What are the main predisposing factors to infective endocarditis:
1. Transient bacteremia.
 2. Hemodialysis.
 3. The presence of artificial heart valves.
 4. All of the above.
 5. None of the above.
31. Infective endocarditis occurs more often:
1. In patients with valvular lesion.
 2. In patients with intact valves.
 3. The incidence of endocarditis is about the same in patients with valvular lesion and not having it.
32. What is the most common clinical manifestation of subacute infective endocarditis:
1. Fever.

2. Arthralgia.
 3. Petechiae on the skin and mucous membranes.
 4. Changing the shape of the nails.
33. In subacute infective endocarditis may occur:
1. Myocarditis.
 2. Vasculitis of small vessels.
 3. Embolization of small vessels with the development of abscesses.
 4. All of the above.
 5. None of the above.
34. Which valve is rarely affected in subacute infective endocarditis:
1. Mitral valve.
 2. Aortic valve.
 3. Tricuspid valve.
 4. 1 and 3 are correct.
35. What can cause myocardial infarction in infective endocarditis:
1. Bacterial and thrombotic masses embolism.
 2. Lesion of vasa vasorum.
 3. All answers are correct.
 4. None of the above.
36. What can occur in subacute infective endocarditis:
1. Diffuse glomerulonephritis.
 2. Infarction of the kidney.
 3. Focal nephritis.
 4. All of the above.
 5. None of the above.
37. Sign of renal infarction in acute infective endocarditis is are:
1. Pain in the lumbar region.
 2. Hematuria.
 3. Dysuria.
 4. All of the above.
 5. The correct answer is absent.
38. In subacute infective endocarditis anemia is observed:
1. In most patients.
 2. Rarely.
 3. Not occurs
39. Acute infective endocarditis is characterized by:
1. The presence of fever and chills.
 2. The presence of leukocytosis.
 3. Rapid formation of valvular heart disease.
 4. The rapid emergence of signs of heart failure.
 5. All of the above.
40. Patients with acute infective endocarditis are characteristic:
1. Bacteremia.
 2. Leukocytosis.

3. Increased ESR.
4. All answers are correct.
5. 1 and 3 are correct.

41. In acute infective endocarditis can be observed:

1. Lesion of CNS.
2. Valvular heart disease.
3. Embolism to various organs with the development of septic metastatic lesions.
4. Renal failure.
5. All of the above.

42. Which valve is affected most often in subacute infective endocarditis?

1. Mitral valve.
2. Aortic valve.
3. Tricuspid valve

43. Auscultation findings of aortic valve lesions in subacute infective endocarditis are characterized by:

1. Systolic murmur with a peak in II intercostal space on the right.
2. Diastolic murmur at Botkin's point.
3. Diastolic murmur on the apex of heart.

44. In subacute infective endocarditis may occur:

1. Extrasystole.
2. Atrial fibrillation.
3. AV conduction disorders.
4. Sinus bradycardia or tachycardia.
5. All of the above.

45. Infective endocarditis may be complicated by the development of:

1. Pericarditis.
2. Myocarditis.
3. Of both.
4. Not one of them.

46. What is the most specific for subacute infective endocarditis:

1. Increased ESR.
2. Anemia.
3. Leukopenia.
4. Bacteremia.

47. What are the reasons for the negative result in blood cultures of patients with infective endocarditis?

1. Viral nature of endocarditis.
2. Improper techniques of taking blood.
3. Using a set of insufficient media.
4. All of the above.

48. Predisposing factors to infective endocarditis include:

1. Valvular heart disease.
2. Bacteremia.
3. Embolism.

4. All of the above.

49. The most informative instrumental method of investigation in infective endocarditis is:

1. X-ray examination.
2. Electrocardiography.
3. Echocardiography.
4. Radionuclide ventriculography.
5. Phonocardiography.

50. Vegetations in infective endocarditis consist of:

1. Platelets.
2. Fibrin.
3. Microorganisms.
4. All of the above.

51. If the cause of infective endocarditis is streptococcal infection, you should prescribe:

1. Penicillin.
2. Penicillin in combination with gentamicin.
3. Ampicillin.
4. Vancomycin.

52. If the cause of infective endocarditis is gram-negative bacteria, you should prescribe:

1. Penicillin.
2. Penicillin and streptomycin.
3. Tetracyclines.
4. Gentamicin and / or ampicillin.
5. Amphotericin B.

53. If the cause of endocarditis is staphylococcal infection that is resistant to penicillin, you should prescribe:

1. Oxacillin.
2. Methicillin.
3. Cephalosporins.
4. All of the above.

54. Endocarditis caused by fungi, requires the treatment:

1. Ampicillin.
2. Tetracycline.
3. Amphotericin B.
4. Kanamycin.
5. Carbenicillin.

55. The main indications for surgical treatment of infective endocarditis are:

1. Refractory heart failure.
2. Recurrent thromboembolism.
3. Fungal endocarditis.
4. All of the above.

56. The duration of treatment with antibiotics for infective endocarditis usually is:

1. 2 weeks or less.
2. 4-6 weeks.
3. More than 6 weeks.

4. The correct answer is absent.

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