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Внутренние болезни. Сборник тестовых вопросов для студентов 6 курса факультета иностранных учащихся с английским языком обучения / В.М. Пырочкин. – Гродно: ГрГМУ. – с.79.

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В сборнике представлены тестовые вопросы по внутренним болезням на английском языке обучения, предназначенные для самоконтроля, совершенствования знаний и подготовки к экзаменам. Предназначено для студентов 6 курса факультета иностранных учащихся.

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's aortoarteritis
4. nodular polyarteritis
5. Wegener's 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 Wegener's 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 Wegener's 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 Wegener's 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. Wegener's granulomatosis
2. microscopic polyangiitis
3. Churg-Strauss syndrome
4. -lungs are affected in all the mentioned vasculites

GASTROENTEROLOGY

1. What therapy is required in autoimmune gastritis?

1. antacids
2. histamine receptors H2-blockers
3. reparants
4. -substitutive therapy (gastric juice)

2. What drugs are required for treatment of gastritis associated with Helicobacter?

1. vicaline
2. -de-nol
3. almagel
4. -metronidasole
5. -amoxicilline

3. What method of examination is the most reliable to diagnose diaphragmatic hernia?

1. esophagoscopy
2. gastroscopy
3. -roentgenoscopy in a supine position
4. Ph- measurement

4. Radiological signs of nonspecific ulcerative colitis are:

1. scarry stricture of the lumen
2. -multiple ulcers
3. -lack of haustration
4. smooth mucosal surface pattern

5. Radiological signs of Crohn's disease are:

1. the presence of fistulas
2. -narrowing of the intestinal lumen
3. diverticulas
4. impaired haustration of the intestine

6. Season-dependent pains in the epigastric region are typical of:

1. cardial ulcer
2. gastric cancer
3. -pyloric ulcer
4. exacerbation of chronic gastritis

7. The most common manifestations of hypersplenism in liver diseases are:

1. anemia
2. leucopenia
3. thrombocytopenia
4. splenomegaly
5. -anemia, leucopenia, thrombocytopenia, splenomegaly

8. What localization of gastric and duodenal ulcer is most often complicated by haemorrhage?

1. corporeal gastric ulcer
2. antral gastric ulcer
3. pyloric ulcer
4. ulcer of the duodenal bulb

5. -extrabulbar ulcer

9. What complications of ulcerative disease are directly life-threatening for the patient?

1. penetration
2. -perforation
3. stricture formation in the pylorus
4. malignization
5. -haemorrhage

10. What drugs are used to eradicate *Helicobacter pylori*?

1. -amoxicilline
2. -de-nol
3. -metronidasole
4. sucralfate
5. metoclopramide
6. -omeprazole

11. What methods of investigation from the listed below are the most informative in cancer of the esophagus?

1. radiologic investigation of esophagus
2. -esophagoscopy with biopsy
3. cytologic investigation of oesophageal fluid
4. mediastinoscopy

12. What symptoms from the listed below are early signs of cancer of the esophagus?

1. -the feeling of scratching, burning behind the breastbone during a meal
2. -the feeling of a foreign body in the chest
3. difficult passage of fluid food
4. -difficult passage of solid food
5. persistent pain behind the breastbone
6. vomiting with feedings
7. excessive salivation

13. After severe neuro-psychic overstrain the patient developed dysphagia (solid food passes into the stomach better than fluid food), regurgitation and vomiting at the end of the meal and at night (wet pillow sign), retrosternal pain irradiating to the neck, jaw, interscapular region. What disease most probably causes these symptoms?

1. esophageal diverticulum
2. cancer of the esophagus
3. hernia of esophageal opening
4. -esophageal achalasia

14. The patient was admitted to the in-patient department because of exacerbation of ulcerative colitis with complaints about fever, weakness, abdominal distension, recurrent profuse diarrhea. What aspects concerning therapeutic management of the patient from the listed below are true:

1. one should give preference to therapy with loperamide (immodium)
2. -a survey radiography of abdominal organs is necessary
3. treatment with corticosteroids is absolutely contraindicated
4. -surgeon's advice is desirable
5. -it is necessary to take into consideration possible secondary bacterial involvement of the intestine

15. The patient has biliary colic, jaundice and hectic fever with chills. In the blood test: leukocytosis- 16×10^9 mmole/l- ESR-50 mm/h. The most probable cause of this condition is:

1. -choolangitis
2. Budd-Chiari syndrome
3. Gilbert's syndrome
4. hemochromatosis
5. Wilson's syndrome

16. Small bowel obstruction can be a complication of:

1. -terminal ileitis
2. -intestinal tumors
3. -diverticulitis
4. -fractured spinal column complicated by enteroparesis

17. Which of the listed below indices is the most informative for the diagnosis of acute pancreatitis?

1. leukocytosis
2. blood sugar
3. alkaline phosphatase
4. acid phosphatase
5. -amylase of blood and/or urine

18. Crohn's disease can be complicated by:

1. -malabsorption syndrome
2. -intestinal bleeding
3. intestinal polyposis
4. -intestinal perforation
5. -intestinal obstruction

19. For the treatment of gastroduodenal bleeding in ulcer disease it is necessary to take all the measures listed below except:

1. use of cold for the epigastric region
2. -ganglionic blockers
3. E- aminocapronic acid
4. cimetidine
5. gastric lavage with ice water

20. What diseases from the listed below can be complicated by bleeding:

1. -Mallory-Weiss syndrome
2. -gastric ulcer
3. -Zollinger-Ellison syndrome
4. -erosive gastritis
5. -esophageal varicose veins dilatation

21. What from the listed below can induce hepatic coma in the patient with liver cirrhosis?

1. -bleeding from esophageal veins dilated due to varicose
2. -profuse diuresis
3. -persistent vomiting
4. -taking a large amount of protein with food
5. -consecutive acute viral hepatitis B

22. In severe hepatic encephalopathy it is necessary to perform the following treatment:

1. -lactulose
2. -neomycin (per os)
3. kanamycin (parenteral introduction)
4. -hemosorption
5. all the listed above drugs are true

23. Hepatic coma in a patient with cirrhosis can be induced by:

1. -intercurrent infection
2. -large doses of diuretics
3. -haemorrhage
4. -surgery
5. -administration of tranquilizers

24. What measures should be taken first in a patient with acute cholangitis:

1. -administration of antibiotics
2. administration of glucocorticoids
3. urgent surgery
4. -introduction of spasmolytics
5. all the listed above measures are true

25. Hematemesis and watery black stool in a patient can be due to:

1. -Mallory-Weiss syndrome
2. -duodenal ulcer
3. -esophageal varicose veins dilatation
4. -long-term intake of nonsteroidal antiinflammatory drugs

DISEASES OF LARGE INTESTINE

1. In what cases should prednisolone be administered in Crohn's disease?

1. in marked anemia
2. in cachexia
3. in severe systemic lesions
4. in increased activity of the inflammatory process
5. -in all the cases listed above

2. What abnormalities of biochemical blood analysis can be revealed in Crohn's disease?

1. hypoproteinemia
2. hypergammaglobulinemia
3. decreased level of serum iron
4. electrolyte disorders
5. -all the abnormalities listed above

3. What abnormalities aren't typical of complete blood count in Crohn's disease?

1. hypochromic anemia
2. hyperchromic megaloblastic anemia
3. increased ESR
4. neutrophilic leukocytosis
5. -eosinophilia

4. What joint pathology is typical of chronic Crohn's disease?

1. arthralgia
2. arthritis of large joints
3. ankylosing spondylitis
4. -all the pathologies are typical
5. all the pathologies are not typical

5. What symptoms aren't typical of the beginning of acute Crohn's disease?

1. sudden onset of acute pains in the right iliac region
2. bloody diarrhea
3. fever with chills
4. -skin itch
5. palpatory tenderness, thickening, induration of terminal portion of the ileum

6. In what cases aren't glucocorticoids prescribed for patients with nonspecific ulcerative colitis?

1. for patients with severe clinical course
2. in autoimmune hemolytic anemia
3. -in nephrotic syndrome (renal amyloidosis)
4. when other methods of treatment are not effective
5. hormones are prescribed in all the listed above pathologies

7. What drugs are used for the initial anti-inflammatory treatment of patients with nonspecific ulcerative colitis?

1. sulfasalazine
2. salofalk (tidocol, mesalazine)
3. salasopyridazinum
4. salasodimethoxinum
5. -any drug from the listed above

8. What characteristics of the clinical picture are typical of chronic nonspecific ulcerative colitis?

1. gradual onset
2. continuously progressive course
3. marked systemic manifestations
4. -all the characteristics are typical
5. all the characteristics are not typical

9. What is typical of pathogenesis of nonspecific ulcerative colitis?

1. fixation of immune complexes in the intestinal wall
2. neutrophilic infiltration, edematous wall of the large intestine
3. ulcerations, microabscesses, perforated wall of the large intestine
4. fibrosis of mucous membrane, submucosal layer, pseudopolypoidosis
5. -all the abnormalities listed above are true

10. What drugs can contribute to normal gut organisms in patients with chronic colitis?

1. bactysubtil 0.2-1 capsule 3 times daily before meals
2. lactobacterin 3-6 doses 3 times daily
3. bifidumbacterin 5 doses 3 times daily at meal-times
4. -all the drugs can contribute
5. none of the drugs can contribute

11. What criteria can be used for differential diagnostics of chronic colitis and nonspecific ulcerative colitis in favour of chronic colitis?

1. abdominal pains
2. abnormal bowel movement
3. -absent systemic lesions
4. all the criteria can be used
5. none of the listed signs can be used

12. What criteria can be used for differential diagnostics of chronic colitis and irritable bowel syndrome in favour of chronic colitis?

1. abdominal pains
2. abnormal bowel movement
3. -signs of the inflammatory process
4. all the criteria can be used
5. none of the listed signs can be used

13. What results of endoscopy of the large intestine aren't typical of chronic colitis?

1. mucosal hyperemia
2. mucosal edema
3. single superficial erosions
4. increased visibility of vascular pattern
5. -pseudopolypoidosis

14. What syndrome is basic for the clinical presentation of chronic colitis?

1. -pain syndrome
2. malabsorption syndrome
3. maldigestion syndrome
4. all the syndromes listed above
5. none of the listed above

DISEASES OF SMALL INTESTINE

1.What drugs should be used to treat chronic enteritis?

1. vitamin B₁₂
2. group B vitamins
3. liposoluble vitamins (A,E)
4. none of the listed vitamins should be used
5. -all the vitamins listed above should be used in this disease

2.What drugs from the listed below have a central positive coordinating action on motor function of the intestine?

1. cisapride (coordinax)
2. metoclopramide (cerucal)
3. domperidone (motilium)
4. -all the drugs have such an action
5. none of the drugs have such an action

3.What methods should be used in severe chronic enteritis with malabsorption syndrome?

1. enteral feeding with introduction of protein preparations and protein hydrolyzates through a tube
2. intravenous drop-by-drop introduction of the protein (plasma, albumin)
3. intravenous drop-by-drop introduction of protein hydrolyzates, amino-acid mixtures
4. -all the listed methods should be used
5. none of the listed methods should be used

4.What criteria can be used for differential diagnostics of Crohn's disease and chronic enteritis in favour of Crohn's disease?

1. it is manifested by diarrhea
2. it is manifested by malabsorption syndrome
3. -it is accompanied by arthritis, erythema nodosum, ocular lesion
4. all the criteria listed above
5. none of the listed criteria

5. In what syndrome does abnormal intestinal luminal release of fluid, protein, electrolytes in chronic enteritis occur?

1. -exudative enteropathy syndrome
2. malabsorption syndrome
3. maldigestion syndrome
4. in all the syndromes
5. in none of the syndromes

6. In what syndrome is absorption in the small intestine impaired in chronic enteritis?

1. exudative enteropathy syndrome
2. -malabsorption syndrome
3. maldigestion syndrome
4. in all the syndromes
5. in none of the syndromes

7. In what syndrome is digestion in the small intestine impaired in chronic enteritis?

1. exudative enteropathy syndrome
2. malabsorption syndrome
3. -maldigestion syndrome

4. in all the syndromes
5. in none of the syndromes

8. When is physiotherapy as hot compresses on the abdomen, electrophoresis with magnesium sulphate indicated for patients with irritable bowel syndrome?

1. -in severe spasmodic pains
2. in constipations
3. in diarrhea
4. in all the listed cases
5. in none of the listed cases

9. What spasmolytics can be administered to control pains in patients with irritable bowel syndrome?

1. dicetal
2. mebeverine
3. spasmomen (otilonium bromide)
4. buscopan (butylscopolamine)
5. -all the drugs can be used

10. What drugs are indicated for patients with irritable bowel syndrome suffering from diarrhea?

1. steamed wheat bran
2. mucofalc
3. -immodium
4. forlax
5. all the drugs are indicated

11. What mechanisms participate in constipation development in patients with irritable bowel syndrome?

1. increased nonpropulsive segmental movement
2. delayed intestinal transit
3. dehydration of feces
4. coprosthesis in the descending sigmoid colon
5. -all the mechanisms participate

12. What factors are important for the etiology of irritable bowel syndrome?

1. psychogenic
2. endocrine and hormonal
3. toxic
4. alimentary
5. -all the listed factors

CHRONIC CHOLECYSTITIS, CHOLANGITIS

1. What methods are used to treat patients suffering from cholelithiasis with pigmentary and lime constituents of biliary calculi?

1. long-term therapy with bile acids preparations (ursofalk, chenofalk)
2. extracorporeal shock-wave lithotripsy
3. laparotomic cholecystectomy
4. laparoscopic(miniinvasive) cholecystectomy
5. -all the listed methods

2. What signs are the evidence of cholelithiasis complicated by cholangitis?

1. belting pains
2. -chills
3. vomiting, nausea
4. increased pains in the right hypochondrium
5. sudden subsidence of the pains in the right hypochondrium

3. What complications can arise in a patient with cholelithiasis during the attack of biliary colic?

1. obstructive jaundice
2. acute pancreatitis
3. acute cholecystitis
4. none of the listed complications
5. -any of the listed complications

4. What instrumental method is the most effective in diagnostics of extrahepatic biliary cholelithiasis?

1. fibrogastroduodenoscopy
2. ultrasonography
3. radiographic examination with oral intake of radiopaque substance
4. X-ray examination with intravenous introduction of radiopaque substance
5. -endoscopic retrograde choledochopancreatography

5. The administration of which preparations doesn't decrease the tonus of gallbladder wall in a patient with cholelithiasis during the attack of biliary colic?

1. platyphylline
2. nitroglycerine
3. atropine
4. -motylium
5. all the listed drugs

6. What antibiotic has the least ability to concentrate in the bile?

1. ampicillin
2. rifampycin
3. -erythromycin
4. none of the listed antibiotics
5. all the listed antibiotics

7. What biochemical indices confirm the diagnosis of obstructive jaundice caused by calculous obstruction to extrahepatic bile ducts?

1. a high level of conjugated bilirubin in the blood
2. an increased cholesterol content in the blood

3. an increased activity of alkaline phosphatase in the blood
4. -all the listed indices
5. none of the listed indices

8. Gallstones with what composition can reduce their sizes in long-term treatment with bile acids preparations (chenofalk, ursofalk)?

1. pigmentary
2. mixed (cholesterol, pigment, lime)
3. -cholesterol
4. all gallstones regardless their composition
5. none of the listed

9. What diseases contribute to cholesterol gallstones formation?

1. diabetes mellitus
2. chronic renal insufficiency
3. nephrotic syndrome
4. -all the listed diseases
5. none of the listed diseases

10. Under what conditions are pigment stones formed?

1. -in recurrent hemolysis and congenital insufficiency of glucuronyltransferase of hepatocytes
2. in excessive cholesterol in the bile
3. in deficient content of bile acids in the bile
4. in continuous cholestasis
5. in diabetes mellitus

11. What contributes to the formation of cholesterol gallstones?

1. intake of oral contraceptives
2. long-term starvation
3. food intake once-twice a day
4. -all the listed things
5. none of the listed things

12. What drugs can be administered to stabilize hepatic functions in patients with hepatic amyloidosis?

1. essentielle forte
2. lipostabil
3. balanced polyvitaminic complexes
4. none of the listed drugs can be used
5. -all the drugs can be used

13. The cause of death of patients with amyloidosis is:

1. renal insufficiency
2. heart failure
3. adrenal insufficiency
4. -all the listed causes
5. none of the listed syndromes

14. What clinical syndromes can develop in patients with amyloidosis?

1. nephrotic syndrome
2. malabsorption syndrome
3. heart failure

4. -all the listed syndromes
5. none of the listed syndromes

15. Sampling of what tissues is taking for amyloidosis diagnostics?

1. gum epithelium from the oral cavity
2. mucous membrane of the rectum
3. mucous membrane of the duodenum
4. parenchyma of the liver
5. -all the listed tissues

16. What dye is used for amyloidosis diagnostics?

1. methylene blue
2. -congo red
3. Evans blue
4. indigo carmine
5. fast green

17. What organs are affected in amyloidosis?

1. liver
2. spleen
3. intestine
4. pancreas
5. -all the listed organs

18. What drugs can't be administered to excrete copper from the organism in Wilson's syndrome?

1. unithiol
2. British anti-Lewisite (BAL)
3. D-penicillamine
4. -aminalone
5. trientine

19. What symptoms are typical of Wilson's syndrome?

1. -Kayser-Fleisher ring in the cornea
2. "butterfly" dermatitis on the face
3. hemorrhagic purpura
4. all the symptoms are typical
5. none of the symptoms are typical

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 a 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 bleeding arrest 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 signs 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 iron deficiency anemia?

1. -hypochromic
2. normochromal
3. hyperchromic

9. What 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 direct 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 ineffectiveness
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 bleeding arrest 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 aminocaproic 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 for 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 nasal hemorrhage arrest are the most effective in patients with hereditary hemorrhagic telangiectasia?

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

22. What is typical for Rendu-Osler disease:

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 gender-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 (phenocarol, 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 in 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 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 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. -Waldenstroms 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 from erythremia must be differentiated?

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 myeloid leukemia 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 acute leukemias modern classification (WHO, 2008)?

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

42. What is the basis for diagnosis verification 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 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 vitamine 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 characterized by 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 requires:

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. pyruvatkinase
3. glutathionreductasa
4. 6-phosphogluconate-dehydrogenase

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

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

54. Which of the diseases are hereditary hemolytic anemias?

1. Minkowsky-Chauffard disease (hereditary spherocytosis)
2. Marchiafava-Micheli disease
3. autoimmune hemolytic anemia
4. -thalassemias
5. -sickle cell anemia
6. march hemoglobinuria

55. From what the treatment of B₁₂ deficiency anemia should be started?

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

IMMUNOLOGY

1. The clinical manifestations of drug allergy can be:

1. erythremia
2. -nonrheumatic carditis
3. -pancreatitis
4. -hepatitis
5. -glomerulonephritis

2. Allergic cross-reactions to drugs develop due to:

1. -hypersensitivity to chemical substances having the similar structure
2. subcutaneous administration of a drug
3. simultaneous administration of more than 2 drugs
4. administration of heavy doses

3. What are the causes of drug allergy?

1. -long-term, repeated courses of drugs
2. -injections of depot drugs
3. -polypragmasy
4. -hereditary susceptibility to allergy

4. The general principles of drug-induced disease prevention are:

1. -to prescribe drugs strictly justified by clinical situation
2. -to avoid polypragmasy
3. -to collect an accurate drug anamnesis
4. to administer antibiotics only in a complex with antihistaminic drugs

5. Which of the factors provoke the development of an allergy to drugs (D)?

1. -long-term treatment
2. -heavy doses of D
3. intravenous administration of D
4. -frequent, intermittent courses of drug taking
5. taking D without protection with histamine receptors blockers

6. Which of the given conditions is a direct indication for glucocorticoids administration?

1. -severe asthmatic attack
2. atopic dermatitis (localized form)
3. -Stevens-Johnson syndrome
4. -anaphylactic shock
5. pulmonary eosinophilic infiltration

7. In what diseases is tissue lesion based on anaphylactic reactions?

1. -pollinosis
2. -urticaria
3. -anaphylactic shock
4. thymus hyperplasia
5. diabetes mellitus

8. Antibodies IgM to IgG (rheumatoid factor) revealed through laboratory diagnostics evidence with a higher probability of:

1. systemic lupus erythematosus
2. -dermatomyositis
3. -Sjögren's syndrome
4. -sclerodermia
5. -rheumatoid arthritis

9. Antibodies to double-spiral DNA revealed through clinical diagnostics evidence of:

1. -systemic lupus erythematosus
2. dermatomyositis
3. sclerodermia
4. Sjögren's syndrome
5. rheumatoid arthritis

10. The indications for administration of immunoglobulins preparations are:

1. -acute period of infectious diseases
2. prophylaxis of catarrhal diseases
3. immunocomplex diseases
4. -primary immunodeficiencies

11. Which of the blood cells are susceptible to the immunosuppressive action of glucocorticoids in the greatest degree?

1. -neutrophils
2. erythrocytes
3. thrombocytes
4. -lymphocytes
5. macrophages

12. Taking glucocorticoids results in:

1. -decrease in the number of lymphocytes, T-cells mainly
2. decrease in the number of B-cells
3. decrease in the number of neutrophils in blood
4. -suppression of neutrophil migration into tissues
5. -suppression of eosinophils and basophils in blood

13. Human immunodeficiency virus affects:

1. neutrophils
2. -macrophages
3. B-lymphocytes
4. -T-helpers
5. erythrocytes

14. Name the primary sex-linked immunodeficiencies:

1. -Bruton agammaglobulinemia
2. -Wiskott-Aldrich syndrome
3. DiGeorge syndrome
4. chronic granulomatous disease
5. severe combined immunodeficiency

15. Which of the given diseases are more characteristic of defective activation of complement components C₅-C₉?

1. recurring infections of viral etiology
2. -recurring meningococcal infection
3. -recurring gonococcal infection
4. fungal infections
5. pyogenic infections

16. Which of the given manifestations are more characteristic of common variable immunodeficiencies (damaged plasma cells maturation)?

1. it manifests itself in children from the first days of life
2. -it manifests itself more commonly in adolescents and adults
3. -hyperplasia of the lymph nodes and the spleen.
4. increased IgM level
5. eosinophilia

17. Which of the given manifestations are more characteristic of Louis-Bar syndrome?

1. -ataxia
2. tetania
3. -dermatic and ophthalmic forms of telangiectasia
4. accelerated sexual maturation
5. -susceptibility to oncopathology

18. Which of the given laboratory findings are typical of Wiskott-Aldrich syndrome?

1. erythrocytosis
2. -thrombocytopenia
3. increased IgG level
4. -decreased IgM level
5. -increased levels of IgE and IgA

19. What is commonly found in patients with severe combined immunodeficiencies?

1. -anergy in skin allergy tests
2. hyperergic local reactions after antigen administration
3. -increased risk of graft versus host reaction
4. -BCG vaccination may lead to the disease
5. -poliovirus vaccination may result in brain damage

20. Which of the given laboratory findings are more characteristic of selective Ig A deficiency syndrome?

1. -increased levels of IgE and IgM
2. -decreased B-lymphocytes level
3. decreased plasma cells level
4. decreased level of T-helpers type 2
5. -marked decrease in IgA level

21. Which of the given laboratory findings are more characteristic of Bruton disease?

1. increased plasma cells level
2. increased levels of IgE and IgM
3. -decreased levels of all Ig classes
4. decreased level of T-helpers type 1

5. -B-lymphocytes are practically absent

22. Which of the given clinical features are more typical of Bruton disease?

1. -it affects boys
2. it affects girls
3. -hypoplasia of the lymph nodes and the tonsils
4. hypoplasia of the thymus
5. vitiligo

23. Which of the conditions are common in immunodeficiency with primary antibodies deficiency?

1. -autoimmune syndromes
2. -recurrent ear, nose, and throat diseases
3. susceptibility to viral diseases
4. -recurrent respiratory diseases

COLLAGEN DISEASES

1. The biopsy of a musculoskeletal 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-plasmacytic 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. Cocksackievirus 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. -Sjögren'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 plaqvenil 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

MIOCARDIODISTROFIAS, HEART DEFECTS, CARDIOMYOPATHIAS

1. Which diseases can be associated with myocardiodistrophy?

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

2. Which pathological states cause myocardiodistrophy?

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

6. Which signs differentiate myocardiodistrophy 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

3. 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

4. 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

5. 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

6. 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

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

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

10. 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

11. 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

12. 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

13. 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

14. 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

15. 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

16. 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

17. 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

18. 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

19. 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

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

EMERGENCY CARDIOLOGY

1. Name the absolute indications for the endocardial cardiostimulation in acute myocardial infarction:

1. -persistent atrioventricular block of stage II or III with Hiss bundle-brunch block
2. -transient atrioventricular block combined with Hiss bundle-brunch block
3. transient atrioventricular block combined with transient block of the left Hiss bundle-brunch block
4. block of the anterior branch of the left Hiss bundle-brunch block
5. left Hiss bundle-brunch block in preserved atrioventricular conduction

2. Auscultative signs of mitral stenosis are:

1. weakened sound I at the apex
2. -flapping sound I at the apex
3. weakened sound II at the aorta
4. increased sound II at the aorta
5. sound II accent at the pulmonary artery
6. splitting of sound I
7. -sound of opening of the mitral valve
8. -protodiastolic murmur at the apex

3. The cause of sound I increase is:

1. mitral valve insufficiency
2. aortic stenosis
3. extrasystoly
4. aortic valve insufficiency
5. -stenosis of the atrioventricular orifice

4. Point the constituent components of foat-ta-ta-rou :

1. weakened sound I at the apex
2. increased sound II above the aorta
3. weakened sound II above the aorta
4. splitting of sound I
5. splitting of sound II
6. -flapping sound I at the apex
7. -sound at opening of the mitral valve

5. Mark the mechanism of “gallop rhythm” formation:

1. due to sound I splitting
2. due to sound of sound II splitting
3. due to sound of mitral valve opening
4. due to sound of tricuspid valve opening
5. -due to sound of pathological increase of sound III
6. -due to sound of pathological increase of sound IV

6. What does “gallop rhythm” development indicate to?

1. mitral stenosis
2. aortic stenosis
3. insufficiency of mitral valve
4. insufficiency of aortic valve
5. -severe impairment of the contractile function of the myocardium

7. The causes of pulse deficit are:

1. -atrial fibrillation-flutter
2. -extrasystoly
3. hypertension
4. coarctation of the aorta
5. hypertrophic subaortic stenosis

8. Indicate the particular features of pain syndrome in myocardial infarction:

1. -compressing pains behind the breastbone
2. dull and aching pains in the heart area
3. -severe ("morphine") pains
4. mild pains
5. 5-7 minutes duration of pain syndrome
6. -duration of pain syndrome for more than 30 minutes

9. Which disease is characterized by the following signs: hectic fever, profuse perspiration, chill, shortness of breath, general weakness?

1. rheumocarditis
2. -subacute infectious endocarditis
3. Abramov-Fidler myocarditis
4. myocardial infarction
5. spontaneous angina

10. The main clinical forms of angina pectoris are:

1. -stable tension angina
2. -angina occurring for the first time
3. -progressive angina
4. -spontaneous (special) angina
5. abdominal angina

11. The most common morphological base of ischemic heart disease is:

1. vasculitis
2. vascular hyalinosi
3. -coronary vessels atherosclerosis
4. hypertension
5. aortal defect

12. Risk factors of ischemic heart disease are the following:

1. -hyperlipidemia
2. -hypertension
3. -smoking
4. -disturbance of tolerance to carbohydrates
5. -psychoemotional overstrain
6. -obesity
7. -low physical activity

13. Which of the listed below is the absolute contraindication for veloergometry:

1. -acute phase of myocardial infarction (less than 4 weeks following the onset)
2. -progressive (non-stable) angina
3. -acute thrombophlebitis
4. -circulation insufficiency of stage II-III
5. -marked respiratory insufficiency

6. -considerable stenosis of the aortic mouth
7. -fainting in the history
8. -intermittent clubbing
9. atrioventricular block of degree I

14. Which of the listed below electrocardiographic tests are the most informative in diagnosing spontaneous angina?

1. test with atropine
2. -test with ergometrin
3. test with dipyridolil
4. test with potassium
5. -cold test

16. Stable tension angina of functional class III is characterized by:

1. development of angina attack going up the stairs higher than the 1st floor
2. -development of angina attack going up the stairs no higher than the 1st floor
3. -development of angina attack on walking at a normal pace for the distance less than 500m
4. -development of angina attack at psychoemotional tension
5. development of angina attack at carrying weight less than 2 kg

17. Clinical diagnostic criteria for tension angina of functional class II are the following:

1. development of angina attack on walking for the distance less than 100 m
2. development of angina attack going up the stairs no higher than the 1st floor
3. -development of angina attack on walking at a normal pace over the flat surface for the distance no less than 500 m
4. -development of angina attack going up the stairs higher than the 1st floor
5. development of angina attack at carrying weight less than 3 kg

18. Which of the following statements regarding tachyarrhythmia control in WPW syndrome with anterograde impulse conduction are correct?

1. electrocardioversion is impossible to carry out
2. it is not possible to use membrane stabilizing drugs due to their suppressive action to the intraventricular conduction
3. -it is not possible to use isoptin due to likeability of fastening impulse conduction along the additional atrioventricular passage

19. The patient with chronic obstructive bronchitis and symptoms of chronic “pulmonary heart” developed paroxysm of atrial tachycardia. Drug of choice for the paroxysm control is:

1. panangin
2. lidocaine
3. digoxin
4. -verapamil
5. propranol

20. A 40-year old patient, the first day of extensive myocardial infarction. On examination:- pale, mottled cold skin, -sinus tachycardia -140 beats per minute, -blood pressure-70/40mm Hg. Emergency therapy should be started:

1. with administration of mesatone
2. with administration of digoxin
3. with administration of calcium chloride
4. with administration of pentamine
5. -with administration of dopmine

- 21. Thrombolysis at the first hours of myocardial infarction can be obtained by means of:**
1. -urokinase
 2. -tissue-type plasminogen activator
 3. -streptokinase
 4. aspirin
 5. heparin
- 22. What is typical of Prinzmetal's angina?**
1. favorable immediate prognosis
 2. ST depression in ECG during attack
 3. -ST elevation in ECG during attack
 4. -ventricular arrhythmia occurs very often during attack
 5. -most patients have transient spasms of coronary arteries
- 23. What combination of pharmaceutical substances is adequate for treatment of pulmonary edema against the background of arterial hypertension in a patient with acute myocardial infarction?**
1. dibazole, lasix, strophanthine
 2. -Sodium nitroprusside, lasix
 3. strophanthine, lasix
 4. lasix, magnesium sulfate
- 24. Which of the following is the absolute indication for heart pacemaker implantation?**
1. sinus bradycardia and the rate of heartbeats which is 40 per minute
 2. -second-degree AV-block of type two accompanied by attacks of Morgagni-Adams-Stokes syndrome
 3. bradysystolic form of cardiac fibrillation caused by overdose of cardiac glycosides
 4. -sick sinus syndrome manifested by dizzy spells
 5. first-degree AV-block associated with complete block of left branch of His' bundle
- 25. Which of the following statements are correct about AV-blocks?**
1. -they occur more often in posterior than in anterior myocardial infarctions
 2. administration of verapamil is required
 3. -they can occur in cardiac glycoside intoxication
 4. they are always the indication for artificial pacemaker implantation
- 26. What will you pay attention to when restoring sinus rhythm in a patient with cardiac fibrillation?**
1. -characteristics of the cardinal pathology
 2. -associated pathology
 3. -sizes of the left atrium
 4. -prescription of rhythm disturbance
 5. indices of lipid metabolism
- 27. For what rhythm disturbances is ReEntry a common mechanism?**
1. -atrial flutter
 2. -tachycardia from AV-junction
 3. ventricular parasystole
 4. -supraventricular tachycardia in WPW syndrome
 5. for all the listed disturbances

28. Contraindication for electrical cardioversion in persistent cardiac fibrillation is:

1. -cardiac glycoside intoxication
2. -sick sinus node (data from anamnesis)
3. -bradysystolic form of cardiac fibrillation
4. -hyperthyroidism

29. On examination the pulse rate of the patient with myocardial infarction was 40 per minute. What variants of rhythm and conduction disturbances are there in this case?

1. -sinus bradycardia
2. -third -degree atrioventricular block
3. -second- degree atrioventricular block of type two
4. -ventricular bigeminal rhythm

30. In anteroseptal myocardial infarction complicated by second-degree atrioventricular block of type one without disordered hemodynamics a prophylactic probe is indicated for endocardial electrostimulation:

1. -it is correct
2. it is incorrect

31. In myocardial infarction of posterior wall of the left ventricle complicated by complicated by second-degree atrioventricular block of type one without disordered hemodynamics a prophylactic probe is indicated for endocardial electrostimulation:

1. it is correct
2. -it is incorrect

32. A 70-year old female patient developed a paroxysm of cardiac fibrillation for the first time in her life. The rate of ventricular contractions was 138 per minute. Against the background an attack of cardiac asthma occurred. Arterial pressure was 90/70 mm Hg. The method of choice of paroxysm treatment is:

1. administration of procainamide hydrochloride
2. administration of lidocaine
3. -electric pulse therapy
4. administration of diphenin
5. none of the listed

33. What rhythm disturbances from the listed below can be recorded in ECG when the pulse rate is 140 per minute:

1. -sinus tachycardia
2. -supraventricular tachycardia
3. -ventricular tachycardia
4. -regular atrial flutter

34. In what conditions from the listed below is there a high threat of cerebral arterial embolism?

1. rheumatic carditis
2. -infective endocarditis with mitral valve involvement
3. atherosclerotic plaque ulceration in the thoracic aorta
4. infective endocarditis with tricuspid valve involvement
5. thrombophlebitis of the lower extremities

35. What drugs should be discontinued in a threat of myocardium rupture?

1. narcotic analgesics

2. -anticoagulants
3. beta-blockers
4. calcium antagonists
5. nitrates

36. The drug of choice in true cardiogenic shock is:

1. -dopamine
2. digoxin
3. adrenaline
4. noradrenaline
5. mesatone

37. In acute period of myocardial infarction in 100% cases there are disorders of contractile myocardium function that requires imperative administration of cardiac glycosides:

1. it is correct
2. -it is incorrect

38. Paroxysms of cardiac fibrillation can occur in the following conditions:

1. -thyrotoxicosis
2. -hypertrophic cardiomyopathy
3. -mitral stenosis
4. -ischemic heart disease

39. The treatment of spontaneous progressive (instable) angina includes:

1. -limitation of regimen
2. -heparin
3. -vasodilators
4. -disaggregants

40. In what cases from the listed below in acute myocardial infarction are beta-blockers indicated:

1. -in sinus tachycardia associated with arterial hypertension
2. in atrial extrasystoles and a high central venous pressure
3. in first-degree atrioventricular block
4. in sinus tachycardia and a high central venous pressure
5. in none of the listed cases

41. What signs from the listed below are typical of acute left ventricular insufficiency:

1. increased pCO₂
2. -tachycardia
3. normal end-diastolic pressure of the left ventricle
4. peripheral edemas
5. -third heart sound

42. What drugs are used to treat atrioventricular blocks:

1. ethmosine
2. -atropine
3. -isadrine
4. rytminen
5. lidocain

43. Which of the below is ECG evidence of AV block?

1. -prolongation of PQ interval of more than 0.20
2. gradual shortening of PQ interval followed by disappearance of QRS complex
3. independent atrial and ventricular rate, QRS complexes outnumbering P waves
4. -independent atrial and ventricular rate, P waves outnumbering QRS
5. no P waves on ECG

44. Frederick syndrome is a combination of:

1. -atrial fibrillation and complete AV block
2. WPW syndrome and complete AV block
3. slowing of intraatrial and AV conduction
4. atrial fibrillation and complete left bundle-branch block
5. atrial tachycardia and complete left bundle-branch block

45. WPW syndrome includes the following ECG signs:

1. widening of P wave of more than 0.1c and presence of delta wave
2. presence of delta wave and prolongation of PQ interval
3. presence of delta wave, shortening of PQ interval and paroxysmal ventricular tachycardia
4. -shortening of PQ, paroxysmal supraventricular tachycardia and presence of delta wave

46. The method of choice in treatment of paroxysmal ventricular tachycardia complicated by arrhythmic collapse is:

1. carotid sinus massage
2. -electric pulse therapy
3. novocain administration
4. dopamine administration to support hemodynamic parameters
5. administration of polarization solution

47. ECG sings of ventricular tachycardia:

1. ventricular rate 200-300/min
2. -QRS is not less than 0.12 c
3. presence of delta wave
4. equal R-R intervals
5. -AV dissociation, QRS waves outnumbering P waves

48. To control paroxysmal supraventricular tachycardia one may use:

1. -carotid sinus massage
2. lidocaine administration
3. -high-frequency electric atrial pacing
4. -finoptinum administration
5. -adenozintrifosfate administration

49. The drug of choice to treat supraventricular tachycardia is:

1. lidocaine
2. ornid
3. mezatone
4. -verapamil
5. panangin

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 amyloidosis
2. systemic lupus erythematosus
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. -amicacin
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

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. mycoplasmal pneumonia

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. Pneumatothorax 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

25. Typical signs of pulmonary hemorrhage are:

1. -bright red color of blood
2. -incoagulable foamy blood
3. dark red clotted blood
4. blood acidity

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 Reiter's 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 periarticular nodes
3. lesion of distal interphalangeal joints with formation of periarticular 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 aren't 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 intestinal nephritis
2. -secondary renal amyloidosis

3. primary renal amyloidosis
4. urolithiasis
5. nephroptosis

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. Reiter's syndrome
2. carpal tunnel syndrome
3. Sjögren's sicca syndrome
4. Felty's syndrome
5. -Raynaud's 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. Bouchard's nodes in the proximal interphalangeal joints of fingers

2. Heberden's 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's 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 usura 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-strentokinase O

3. antihyaluronidase
4. -IgM and IgG antibodies to fragment of IgG binding
5. immune complexes

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

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

PHARMACOLOGY

1. Chronic hypotensive effect of ACE (angiotensin converting enzyme) inhibitors is due to:

1. inhibition of plasma ACE
2. -accumulation of kinins (bradykinin)
3. -inhibition of local or tissue ACE in different organs
4. direct vasodilatory effect
5. reduction in cardiac performance

3. Budesonid (inhaled glucocorticoid) is the drug which:

1. -causes anti-inflammatory effect in chronic obstructive lung disease
2. -prevents attacks of bronchial asthma in long-term administration
3. -is the main administration used to treat any form of bronchial asthma
4. causes direct bronchodilation effect
5. may help control an attack of bronchial asthma

4. Which antibiotics can be administered to pregnant women with minimal fetal side effects?

1. -penicillins
2. -cephalosporins
3. macrolids
4. fluoroquinolones
5. aminoglycosides

5. Which drugs are obligatory in treatment regimens used to eradicate Helicobacter Pylori?

1. -hydrochloric acid synthesis inhibitor
2. -antibacterial chemical
3. antacid
4. agent increasing gastric mucosa and duodenal regeneration
5. prostaglandin drug (misoprostol)

6. Which chemicals cause anti-Helicobacter pylori effect?

1. -amoxicillin
2. -tetracycline
3. -clarytromycine
4. cephalixin
5. -metronidazol
6. doxycycline

7. Which drugs are used to prevent attacks of bronchial asthma?

1. salbutamol
2. phenoterol
3. -salmeterol
4. -sodium cromoglycate
5. -budesonidum

8. Which drugs can control an attack of bronchial asthma?

1. -salbutamol
2. -phenoterol

3. salmeterol
4. sodium cromoglycate
5. budesonidum

9. Which beta-blocker is most effective in chronic heart failure?

1. -carvedilol
2. atenolol
3. metoprolol
4. propranolol

10. Which drug has been proven to cause cardioprotective effect and its use is warranted in ischemic heart disease?

1. -trimetazidin (preductal)
2. riboxin (inozie-F)
3. mildronate
4. cocarboxilase

11. Which of the below is the drug of choice in treatment of hypertension in pregnant women?

1. -dopegylt
2. enalapril
3. hypothiazide
4. atenolol
5. amlodypin

12. In what case is administration of any calcium antagonist considered dangerous?

1. -presence of an accessory pathway (WPW syndrome)
2. presence of sick sinus syndrome (SSS)
3. presence of chronic renal insufficiency
4. presence of Raynaud's syndrome
5. presence of chronic obstructive lung disease

13. Which beta-blocker causes vasodilating effect?

1. -nebivolol (nebilet)
2. atenolol (tenormine)
3. propranolol (anaprilline)
4. metoprolol (spesicor)

14. What effect is the major antihypertensive effect of diuretics in long-term treatment of arterial hypertension?

1. -non-diuretic
2. diuretic
3. both mechanisms are of similar importance

15. When should the efficiency of antibacterial therapy be estimated?

1. -within 48-72 hours
2. within the first 48 hours
3. in 5 days
4. after discontinuance of therapy (7-10 days)

16. The patient showed allergic reaction to penicillin in the form of urticaria in the past. At present he or she needs administration of an antibiotic for pneumonia. Which of the below antibiotics are more likely to cause the above hypersensitivity reaction?

1. -ampicillin
2. -carbapenem
3. -cefatoxim
4. midecamycin
5. norfloxacin

17. What is the postantibiotic effect of the macrolide azitromicine due to?

1. -its high concentration in infiltration zone
2. long half-life of the antibiotic

18. Which method of hormones administration is preferable to control the exacerbation (not an attack! not the status!) of bronchial asthma?

1. -method of administration is of no importance
2. intravenous administration
3. oral introduction

19. The mechanism of immediate bronchodilating effect of glucocorticoids in an attack of bronchial asthma is mainly based on:

1. -hypersensitivity of bronchial adrenoreceptors to catecholamines
2. anti-inflammatory effect of glucocorticoids
3. antiallergic effect of glucocorticoids
4. immunosuppressive effect of glucocorticoids
5. all the above mechanisms are of equal importance

20. For pulse therapy they usually use:

1. -methylprednisolone
2. dexametazon
3. Depo-Medrol
4. dyprospan

21. Which of non-steroid anti-inflammatory drugs is more likely to cause gastroenteropathy?

1. -indometacine
2. aspirin
3. ibuprofen
4. sodium diclofenac
5. naproxen

22. What measures should be taken to prevent development of gastroenteropathy when non-steroid anti-inflammatory drugs are administered to relieve inflammation?

1. administration of cyclooxygenase-2 inhibitors
2. concomitant administration of misoprostol or omeprazole or famotidine
3. consideration of the state of gastrointestinal mucosa at the onset of treatment
4. intramuscular route of drug administration
5. -all the above mentioned measures

23. Which pharmacodynamic effects of non-steroid anti-inflammatory drugs are observed first?

1. -analgesic effect
2. -antipyretic effect
3. anti-inflammatory effect
4. desensitization effect
5. all effects develop almost at the same time

24. Which of the below drugs inhibit cyclooxygenase-2?

1. -nimesulide
2. -meloxicam
3. -celecoxib
4. sodium diclofenac
5. indometacin

26. In what cases may paracetamol be administered?

1. -in toothache for analgesia
2. -in fever for antipyretic effect
3. in arthritis to relieve inflammation
4. in all the above cases

27. Which of the below groups of drugs cause anti-inflammatory effect?

1. -non-steroid anti-inflammatory drugs
2. -glucocorticoids
3. -cytostatic drugs
4. antibiotics
5. all the above enumerated

PHTYSIOLOGY

1. What disease must tuberculoma be differentiated from?

1. bronchopneumonia
2. chronic lung abscess
3. pulmonary gas-filled cyst
4. -peripheral lung cancer

2. Differential diagnosis of tuberculosis and pneumonia rests on blood changes the most important of which is:

1. hemoglobin level
2. erythrocyte sedimentation rate (ESR)
3. -leucocytosis
4. lymphocytes percentage

3. Characteristic signs of focal tuberculosis which help to differentiate it from pneumonia are:

1. temperature 38°-39° C
2. changes are more common in lower portions of the lungs
3. -normal or subfebrile temperature
4. ESR elevated to 30 mm/h

4. Characteristic signs of miliary tuberculosis which help to differentiate it from carcinomatosis are:

1. -high up to 39°- 40° C hectic temperature
2. developing exudative pleurisy with persistent course and haemorrhagic exudate
3. appearance of dyspnea gradually increasing in severity
4. presence of small foci (up to 0.5 cm) with distinct contours which are not fused

5. In pulmonary hemorrhage blood is:

1. -coughed up
2. released with vomiting
3. released without coughing unlike hemoptysis
4. released with bending of body

6. Complications of tuberculosis include:

1. pyelonephritis
2. -spontaneous pneumothorax
3. agranulocytosis
4. -renal amyloidosis
5. fibrous alveolitis

7. Most typical clinical signs of exudative pleurisy are:

1. pain in the chest, hypopnoe
2. high fever, bad cough with mucous discharge, moist rales
3. paroxysmal dyspnea, wheezes
4. -febrile temperature, dullness of percussion sound, diminished breath sounds

8. Physical findings characteristic of dry pleurisy are:

1. dullness of percussion sound
2. diminished vesicular respiration
3. -pleural friction rub
4. increased vocal fremitus

9. In cirrhosis of lung mediastinum organs are displaced:

1. towards the healthy side
2. -towards the affected side
3. are not displaced
4. upwards

10. Cavernous and fibro-cavernous tuberculosis must be differentiated from:

1. pneumosclerosis
2. atelectasis
3. infected cyst
4. -chronic bronchitis

11. The most typical clinical symptoms of circumscribed cloud-shaped tuberculous infiltration are:

1. marked intoxication syndrome, body temperature up to 39°- 40° C, coughing up purulent sputum
2. -light asthenia, sweating, evening temperature up to 37.5° C, hacking with scarce sputum production of above one month duration
3. clinical symptoms are absent
4. dry attack like cough, dyspnea, pain in the chest, body temperature elevated sometimes to 37.1 ° C - 37.3° C

12. The findings of chest examination in focal tuberculosis:

1. barrel-shaped thorax, the apices are swollen and convex in supraclavicular area
2. the chest is without any obvious pathology
3. -the chest is asymmetric, one side is lagging in respiratory movements
4. one side is lagging in respiratory movements, intercostals spaces are smooth on that side

13. The characteristic X-ray evidence of subacute disseminated tuberculosis is:

1. presence of a thick-walled cavity with irregular margin in the middle portion of the lung
2. presence of some large focal shadows up to 3-4 cm in size
3. -presence of a thin-walled "stamped" cavern in the upper lobe
4. narrowing of one of the lung fields, displacement of the mediastinum in this direction

14. The most common complaints of patients with pulmonary tuberculosis are:

1. dry hacking cough of one week duration
2. -long-standing gradually becoming worse cough with small amounts of sputum
3. cough with profuse amounts of sputum in the morning on getting up
4. relatively rare cough of many years' duration with easily discharged mucopurulent sputum

15. The principal strategy whether to induce abortion or maintain pregnancy after tuberculosis has been diagnosed is the following:

1. induced abortion is mandatory
2. induced abortion is advisable
3. -a woman may bear a healthy child

4. induced abortion is completely excluded

16. High-risk group for tuberculosis includes patients with:

1. -diabetes mellitus
2. ischemic heart disease
3. urolithiasis
4. chronic cholecystitis

17. If there is suspicion for tuberculosis a pregnant woman is subjected to:

1. -chest X-ray
2. fluorography
3. sputum analysis for MBT
4. examination is postponed until after the delivery

18. In pregnancy prophylactic fluorography is performed:

1. during the first half of pregnancy
2. during the second half of pregnancy
3. -immediately after delivery
4. as generally accepted once in 2 years

19. The major route of tuberculosis infection in man is:

1. intrauterine infection
2. alimentary infection
3. -inhalation (aerogenic route)
4. transdermal infection (through contact)

ENDOCRINOLOGY

1. Clinical signs of thyrotoxic crisis are:

1. bradycardia
2. -tachycardia
3. -thyroid enlargement
4. -arterial hypertension
5. hypotonia

2. Clinical signs of acute adrenal failure are:

1. -sharp fall of arterial pressure
2. -dyspepsia
3. sharp elevation of arterial pressure
4. hyperpigmentation of skin
5. elevation of body temperature, fever

3. Emergency measures in acute adrenal failure include:

1. -glucocorticoids
2. -mineralocorticoids
3. sulfonamides
4. antibiotics
5. beta-adrenergic blocking agents

4. Emergency measures in hypertensive crisis with pheochromocytoma include:

1. surgical treatment
2. -alpha-adrenoblockers
3. -beta-adrenoblockers
4. diuretics
5. glucocorticoids

5. Clinical forms of pheochromocytoma:

1. -paroxysmal
2. -asymptomatic
3. -against the background of arterial hypertension
4. malignant
5. slowly progressive type

6. Therapy of pheochromocytoma includes:

1. diuretics
2. -surgical treatment
3. -alpha-adrenoblockers
4. angiotensin converting enzyme (ACE) inhibitors
5. -beta-adrenoblockers

7. Hyperosmolar coma is characterized by:

1. hypoglycemia and low body temperature
2. hyperglycemia and acetonuria
3. hyponatremia and acetonuria
4. -hyponatremia, hyperglycemia, absence of urine acetone
5. hyperglycemia and hyperlactacidemia

8. Corticosteroma (Itsenko-Cushing syndrome) is characterized by two signs:

1. low level of blood cortisol
2. -high level of blood cortisol
3. normal blood cortisol
4. high level of ACTH (adrenocorticotrophic hormone) in blood
5. -low level of ACTH in blood

9. Pituitary basophil adenoma (Itsenko-Cushing disease) is characterized by two signs:

1. -high level of blood cortisol
2. normal level of blood cortisol
3. low blood cortisol
4. low level of ACTH (adrenocorticotrophic hormone) in blood
5. -high level of ACTH in blood

10. What is chronic adrenal insufficiency (Addison's disease) characterized by?

1. -pigmentation of skin and weakness
2. liver enlargement and high content of blood iron
3. -predisposition to hypoglycemia
4. -arterial hypotension
5. -weakness for salty food

11. The cause of chronic adrenal insufficiency (Addison's disease) is:

1. -adrenal tuberculosis
2. -autoimmune adrenal disease
3. -cessation ACTH production by hypophysis
4. liver cirrhosis
5. -metastases of malignant tumor to adrenals

12. Autonomous vegetative diabetic cardiopathy is characterized by:

1. -fixed cardiac rate
2. -orthostatic arterial hypotension
3. -cardiopulmonary arrest syndrome
4. arterial hypertension
5. -persistent tachycardia

13. Moriac's syndrome is:

1. combined diabetes mellitus and diabetes insipidus
2. -liver impairment in children with diabetes mellitus combined with growth and puberty retardation
3. combined liver cirrhosis and diabetic nephropathy
4. combined diabetes mellitus and autoimmune adrenal insufficiency
5. combined diabetic retinopathy and diabetic nephropathy

14. Which two of the below insulin drugs can be used to help the patient to recover from hyperketonemic coma:

1. -actrapid
2. -monosuinsulinum
3. semilong
4. ultralong

5. monotard

15. Pretibial myxoedema is characteristic of:

1. -diffuse toxic goiter (thyrotoxicosis)
2. hypothyroidism
3. autoimmune thyroiditis
4. endemic goiter
5. subacute thyroiditis

TESTS ON INFECTIOUS DISEASES IN ENGLISH

1. The biochemical criteria of cytolysis syndrome are:

1. hyperbilirubinemia
2. -high activity of alanine aminotransferase
3. -high activity of LDH, MDH, and ADH
4. hypocholesterolemia
5. -increased activity of mono- and diolase
6. high activity of alkaline phosphatase

2. The main causes of death in patients with viral hepatic cirrhosis:

1. -hemorrhages from varicose esophageal veins
2. perforated gastric ulcer with peritonitis
3. -spontaneous bacterial peritonitis
4. -hepatic coma
5. pancreatitis

3. The symptoms characterizing active chronic viral hepatitis are:

1. maculopapular rash
2. -enlarged liver
3. lymphadenopathy
4. -telangiectasias
5. -varicosis of anterior abdominal wall

4. The laboratory findings confirming the diagnosis of acute viral hepatitis A are:

1. HBsAg in the blood serum
2. -high activity of alanine aminotransferase
3. high level of cholesterol in the blood serum
4. -presence of anti-HAV IgM in the blood serum
5. presence of anti-HCV in the blood serum

5. The laboratory findings confirming the diagnosis of acute viral hepatitis B are:

1. anti-HAV IgM in the blood serum
2. -HBsAg in the blood serum
3. -high activity of alanine aminotransferase
4. high activity of alkaline phosphatase
5. -anti-HBc IgM in the blood serum

6. The signs of an imminent hepatic coma in acute viral hepatitis are:

1. jaundice is not increasing, the liver is enlarging
2. -the intoxication signs, such as nausea, general malaise headache, and dizziness, are increasing
3. -prothrombin index is decreasing, the level of free bilirubin in the blood is increasing
4. -increasing temperature, leukocytosis in the full blood count
5. -increasing temperature, tachycardia, unstable hemodynamics
6. -the liver size is decreasing, the pains in the right subcostal area are becoming more severe
7. leucopenia, lymphocytosis, decreased ESR

7. The diseases followed by parenchymal jaundice are:

1. -acute viral hepatitis

2. -chronic viral hepatitis
3. -toxic hepatitis
4. cancer of the pancreas head
5. cholelithiasis
6. -generalized forms of salmonellosis
7. intestinal yersiniosis

8. The signs of the gastrointestinal tract involvement in typhoid fever are:

1. -thickened tongue with a muddy gray coating, clean on the edges, bright red with imprint of teeth
2. -enlarged liver
3. enlarged spleen
4. -pain and rumbling in the right iliac region
5. -positive Padalka's symptom, flatulence
6. loose, frequent stool of offensive odor and muddy color
7. -constipation, the stool is often loose, of a "pea-soup" type

9. The characteristic picture of full blood count in typhoid fever in acute stage is:

1. leukocytosis
2. -leucopenia
3. -aneosinophilia, relative leukocytosis
4. hypereosinophilia
5. -thrombocytopenia
6. -accelerated ESR
7. decelerated ESR
8. erythrocytosis

10. Intestinal perforation in typhoid fever is characterized by the following symptoms:

1. knife-like abdominal pain
2. -signs of peritoneum irritation
3. paroxysmal pain in the left iliac region
4. -abdominal muscles tension in the ileocecal region
5. -growing severity of abdominal pains
6. -constant pain in the ileocecal region

11. Intestinal bleeding in typhoid fever is characterized by the following symptoms:

1. -hypotonia, tachycardia, skin pallor
2. increasing temperature
3. hypertensive crisis
4. -melena
5. -a cut in a temperature curve (an abrupt fall of temperature to the norm and even below)
6. -decrease in the number of erythrocytes and of hemoglobin level
7. it develops during the first week of the disease
8. -it occurs during the second and third weeks

12. Which of the stools is typical of salmonellosis:

1. -watery profuse
2. -loose, but remaining fecal in character
3. -with offensive odor
4. without characteristic fecal odor

5. -of a muddy type

13. The common complications in gastrointestinal forms of salmonellosis are:

1. myocardial infarction
2. -infectious-toxic shock
3. -hypovolemic shock
4. -perforation of the small intestine

14. Which of the given below escherichias cause colitis:

1. -enteropathogenic
2. -enteroinvasive
3. enterotoxigenic
4. -enteroadhesive

15. HIV is found in:

1. -blood
2. -sperm
3. -saliva
4. -lacrimal fluid
5. vomit

16. The clinical standard for the beginning of continuous antiretrovirus therapy in HIV-infection is decreasing of CD-4 level to:

1. 400/ μ l
2. 500/ μ l
3. 600/ μ l
4. -200/ μ l
5. 300/ μ l

17. The clinical signs of HIV-related symptom complex are:

1. -unmotivated fever of continued or intermittent type within 3 months and more
2. loss of body weight by 5%
3. -unmotivated diarrhea within more than a month
4. -persisting generalized lymphadenopathy (within more than 3 months)

18. The ways of HIV-infection transmission are:

1. alimentary
2. -hemocantact
3. -sexual contacts
4. air-born droplets

19. The drugs indicated for specific treatment of HIV-infection are:

1. ribaverin
2. -nucleoside inhibitors of reverse transcriptase
3. rebetol
4. -non-nucleoside inhibitors of reverse transcriptase
5. acyclovir
6. -protease inhibitors

20. The clinical group of "A1" HIV-infection means:

1. decrease of CD₄ below 200/mm³
2. decrease of CD₄ below 200-499/mm³
3. -increase of CD₄ above 500/mm³

21. Which of the antiviral chemical preparations are administered in grippe:

1. -remantadine
2. antiinfluenzal immunoglobulin
3. -oseltamivir
4. -bonaphton
5. -amantadine

22. The most common complications in grippe are:

1. meningitis
2. myocarditis
3. -pneumonia
4. pancreatitis
5. -sinusitis

23. The syndromes characterizing typical uncomplicated grippe are:

1. high body temperature within 3-5 days
2. intoxication syndrome
3. otitis media
4. rhinopharyngo-tracheitis
5. hepatosplenomegaly

24. The syndromes characterizing adenovirus infection are:

1. -moderate intoxication
2. -lymphadenopathy
3. conjunctivitis
4. -rhino-pharyngo-tonsillitis
5. laryngitis

25. There can be distinguished the following syndromes adenovirus infection:

1. -acute rhinopharyngitis
2. -rhino-pharyngo-pneumonias
3. -pharyngoconjunctival fever
4. -acute conjunctivitis or keratoconjunctivitis
5. -mesadenitis with diarrhea
6. laryngitis

26. The syndromes common in paragrippe are:

1. -moderate intoxication
2. tonsillitis
3. conjunctivitis
4. rhinopharyngitis
5. -rhino-pharyngo-laryngitis

27. The syndromes common in rhinovirus infections are:

1. tonsillitis
2. -mild intoxication

3. lymphadenopathy
4. -rhinitis (rhinorrhea)
5. tracheitis

28. The symptoms of typical colic form of acute dysentery are:

1. -increasing body temperature
2. repeated profuse vomiting
3. -paroxysmal abdominal pains
4. -scanty loose stool with mucus and blood
5. epigastric pain

29. The major signs of dysentery are:

1. -paroxysmal pains in the left iliac region
2. -stool containing mucus and blood traces
3. -tenesmus colon
4. -siomoid spasm
5. dark-green stool
6. stool containing hyaline mucus

30. The clinical symptoms of food toxic infections are:

1. -repeated vomiting
2. -pains in the epigastric region
3. hepatolienal syndrome
4. -loose watery stool
5. pains in the lower abdomen

31. The characteristic clinical features of food toxic infections progression are:

1. gradual onset
2. -dramatic onset
3. -manifestation of gastroenteritis are predominant
4. manifestations of colitis are predominant
5. -rapid reverse dynamics of disease

32. The drugs intended for the treatment of food toxic infections include:

1. nitrofurantoin derivatives
2. -standard saline solutions
3. -enzyme preparations
4. -antispasmodic drugs
5. laxative drugs

33. The laboratory method of intestinal amebiasis diagnostics is:

1. parasitologic bile investigation
2. parasitologic urine investigation
3. -fecal parasitoscopic study
4. bile microscopy
5. fecal bacteriologic investigation

34. Name the clinical features of meningococcemia:

1. -very dramatic onset with chill
2. -high fever

3. -skin pallor and cyanosis
4. -hemorrhagic rash on the skin
5. enlarged liver and spleen

35. The characteristic liquor changes in meningococcal meningitis are:

1. -cloudy cerebrospinal fluid
2. -increased cytosis of neutrophilic character
3. -cellular albumin dissociation
4. albumino-cytologic dissociation
5. increased cytosis of lymphocytic character

36. Which methods of pathogenetic therapy are used in meningococcal meningitis:

1. rehydration
2. -disintoxication
3. -measures preventing brain swelling and edema
4. -antishock measures
5. -cardiac and vascular drugs when needed

37. Drugs of choice for treatment of generalized meningococcal infection forms are:

1. -levomycetin sodium succinate
2. -penicillin
3. -cephtriaxon erythromycin
4. lincomycin

38. The diagnostic criteria of tuberculous meningitis are:

1. acute onset, sudden fever, cramps
2. early development of hemorrhagic syndrome
3. -a history of pulmonary and non-pulmonary tuberculosis
4. -lymphocytic pleocytosis in the liquor
5. -glucose content in the liquor is markedly decreased
6. -gradual, insidious of the disease
7. -meningeal syndrome appears by 5th-6th day of the disease
8. full blood count shows hyperleukocytosis

39. Which of the symptoms are present in infectious mononucleosis:

1. -enlarged tonsils
2. -film coatings on the tonsils
3. -enlarged submandibular and servical lymph nodes
4. -hepatolinal syndrome
5. purulent conjunctivitis

40. Which of the given syndromes are characteristic of infectious mononucleosis:

1. -generalized lymphadenopathy
2. -angina
3. -hepatolinal
4. -intoxication
5. -hematologic

41. In which of the diseases may generalized lymphadenopathy syndrome be present:

1. -infectious mononucleosis

2. -chronic toxoplasmosis
3. -HIV
4. tularemia
5. plague

42. The drugs used in treatment of herpes simplex infection are:

1. -acyclovir
2. -medovir
3. ribaverin
4. -phamcyclovir
5. -phoscarnet

43. Name the signs of pharyngeal diphtheria (membraneous form):

1. -the film is not removed easily
2. -the film is thick and cannot be spread between spatulas
3. -after the film removing the surface is bleeding
4. the film is floating on the water surface
5. -when the film is in the water it is sinking to the bottom

44. Which of the medicines is used for specific treatment of patients with diphtheria:

1. -antidiphtheric serum
2. glucocorticosteroids
3. antidiphtheric gamma globulin
4. diphtheria toxoid

45. The clinical features of pneumonic plague are:

1. gradual onset, unmarked intoxication
2. -high fever, breathlessness, cyanosis
3. the hemogram shows leucopenia, lymphocytosis, increased ESR
4. -foamy sputum with blood
5. -chest pain
6. -frequent development of cardiovascular collapse

46. Which of the clinical symptoms are characteristic of primary pneumonic plague:

1. -sudden onset
2. -chill
3. -cough
4. -chest pain
5. seropurulent sputum
6. -sputum with blood

47. The symptoms evidencing of localized changes in bubonic plague are:

1. -the lymph nodes have no distinct contours
2. -the skin over the lymph nodes is reddened
3. -the lymph nodes tend to become suppurated
4. -the lymph nodes are highly painful
5. the skin over the lymph nodes shows no changes

48. The characteristic clinical symptoms of acute brucellosis are:

1. -fever

2. -sweating
3. radiculitis
4. -polyadenopathy
5. -hepatosplenomegaly
6. dysmenorrhea

49. The characteristic clinical symptoms of chronic brucellosis are:

1. -fever
2. -sweating
3. -polyradiculoneuritis
4. distal colitis
5. -hepatosplenomegaly
6. -sacroileitis

50. The clinical signs of malaria are:

1. -fever
2. exanthema
3. -enlarged spleen
4. lymphadenopathy

51. What is the phase sequence in malarial paroxysm:

1. fever-chill-sweat
2. sweat-chill-fever
3. -chill-fever-sweat
4. chill-sweat-fever

52. The group of hematoschizontropic drugs includes:

1. -delagil
2. -plaqvenil
3. -quinine
4. primachin
5. -chloridin

53. The most common first manifestation of paralytic syndrome in botulism is:

1. dyspeptic syndrome
2. -disturbed vision
3. dysphagia
4. dyspnea

54. The clinical symptoms of cholera are:

1. -profuse liquid, watery stool
2. -decreased skin turgor
3. pain in the lower abdomen
4. increased body temperature
5. paroxysmal pain along the intestines

55. Which of the clinical manifestations of exanthema are common in Lyme disease (tick borreliosis)

1. Boston exanthema
2. polymorphic exudative erythema

3. -migrating erythema
4. Tshamer's erythema
5. Rosenberg's erythema

56. The anthrax carbuncle is characterized by:

1. -protuberance over the skin surface
2. -black scabs or crusts
3. -presence of satellite blisters around the scab
4. tenderness on palpation
5. -diffuse subcutaneous edema

57. A patient with leptospirosis usually complains of:

1. -marked weakness, fatigue
2. -pain in the calf muscles
3. pain in the big joints
4. painful urination
5. -hemorrhages into the scleras

58. A patient with epidemic typhus usually complains of:

1. -marked fever
2. -impairment of consciousness
3. dysuria
4. -petechechial and roseolous rash
5. vomiting

59. Which of the symptoms are common for rabies in prodromal stage:

1. -headache
2. -increasing of the body temperature to subfebrile level
3. -aches in the wound area
4. exitation, euphoria
5. -feelings of fear, melancholy, anxiety, apathy, depression

60. The clinical picture of SARS in the primary stage shows:

1. -fever with chill
2. -sweating
3. -muscular pains and headaches
4. polyadenopathy
5. breathlessness
6. -dizziness

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