АNSWERS TO SITUATIONAL TASKS FOR

THE 5 TH YEAR STUDENTS OF

МEDICAL FACULTY

Task 1.

It is necessary to perform external drainage of intrahepatic bile ducts.

Task 2.

The resection of a part of the body and tail of the pancreas is shown.

Task 3.

The patient should continue the examination of the stomach to exclude the hypersecretory status of the stomach. The formation of the liver does not require special treatment. Dynamic monitoring is necessary with the frequency of ultrasound examination at least once a year.

Task 4.

Diagnosis: Abscess of the right lobe of the liver. The patient is shown surgical treatment. The best option is minimally invasive surgical treatment - trocar puncture of the abscess cavity under ultrasound control with two-light drainage by type (pig tail). However, it is also possible to use classical surgical treatment - laparotomy, autopsy, sanitation and drainage of the abscess of the right lobe of the liver.

Task 5.

Chronic duodenal obstruction. It is necessary to conduct complex conservative therapy taking into account the recommendations of a psychotherapist.

Task 6.

The most probable localization of the diverticulum in the area of the large duodenal papilla. Conservative treatment is indicated. If it is ineffective, the operation is performed to turn off the 12-duodenum from the passage of food, because it is quite difficult to remove the parafateral diverticulum.

Task 7.

The most likely diagnosis in this clinical case is acute hepatitis, cholelithiasis. An objective imaging method for examining the organs of the hepatopancreto-duodenal zone is magnetic resonance imaging. With the help of it, it is also possible to evaluate the contents of hepaticocholedoch.

Task 8.

According to clinical data, the most likely diagnosis is cancer of the large duodenal papilla. The pathology of the large duodenal papilla is well visualized using endoscopic duodenoscopy. During examination and detection of pathological tissue in the projection of the large duodenal papilla, its biopsy is advisable for verification. A tumor-like formation of sufficient size in this projection can be detected by tomographic examinations (CT or MRI), less often by ultrasound examination.

Task 9.

Differential diagnosis of abdominal injuries: rupture of a hollow organ, parenchymal, hemoperitoneum; chest injuries: heart injury, lung injury, hemothorax, pneumothorax. ECG, survey radiography, ultrasound of abdominal organs, diagnostic laparoscopy. Transition to laparotomy, revision of the abdominal cavity (source of bleeding). Reinfusion.

Task 10.

Blunt abdominal trauma. Two-stage rupture of the spleen. Intra-abdominal bleeding. The patient was not shown to the surgeon, ultrasound examination of the abdominal organs was not performed. Emergency laparotomy. Splenectomy it can be detected by tomographic examinations (CT or MRI), less often by ultrasound examination.

Task 11.

The source of bleeding may be varicose veins of the esophagus. Differential diagnosis should be made with gastric ulcer and duodenal ulcer, Dieulafois disease, hemorrhagic gastritis, Werlhof's disease.

Task 12.

Comprehensive conservative treatment with the installation of the Sengsteikin-Blakemore probe is shown. The patient should be comprehensively examined in order to exclude the presence of portal hypertension syndrome (ultrasound, NMRI).

Task 13.

 It is necessary to perform ultrasound, CT or MRI of the spleen. Splenectomy is indicated for a spleen cyst.

Task 14.

 In this case, you need to think about the abscess of the spleen after injury. Surgical treatment is indicated – splenectomy.

Task 15.

 The patient is shown an esophageal augmentation.

Task 16.

 Cardiodilation should be applied, and if it is ineffective, surgical treatment.

Task 17.

 With pure mitral stenosis, good results are observed with closed finger or instrumental commissurotomy.

Task 18.

 Mechanical prostheses and implants are sources of emboli. In this case, in the long-term postoperative period, embolization of the main vascular bed of the upper limb (axillary artery) occurred, requiring restoration of blood supply to the arm surgically. In addition, it is advisable to prescribe rational anticoagulant therapy.

Task 19.

It is necessary to think about the coelomic cyst of the pericardium. Cyst treatment is operative.

Task 20.

You should think about thymoma or sternal goiter. It is necessary to perform ultrasound and CT of the thyroid gland.

Task 21.

Isogenic, syngenic, alogene. The most optimal donor option is a twin brother (isogenic transplantation) – there is no risk of rejection, no immunosuppressive drugs are required.

Task 22.

A consultation is convened consisting of a resuscitator, a neurologist, a representative of the administration of the institution. To establish the death of the brain, an assessment of stem reflexes is carried out (pupillary to light, corneal, vestibulo-ocular, apnea test). If necessary, confirmatory studies can be used: electroencephalography, assessment of cerebral perfusion. After the diagnosis of irreversible cessation of brain activity (brain death?), the head. The ICU immediately informs the coordinator doctor about it by phone. To establish the death of the patient, the 2nd consultation is appointed, which is held no earlier than 6 hours from the moment of the 1st. After the brain death is confirmed, a representative of the administration invites a forensic medical expert or pathologist to obtain written permission to take organs or tissues from a cadaveric donor. After receiving a written permit for organ harvesting, the medical institution ensures that the notification of the prosecutor's office about the upcoming organ harvesting is processed. An organ harvesting team is invited (the presence of a forensic medical expert or a pathologist during the operation is mandatory.

Task 23.

The patient is shown the appointment of monocomponent insulin preparations before surgery. After performing surgical treatment in the near operational period, correction of the glycemic level with simple insulins. In the future, the issue of a rational pathogenetic therapeutic algorithm for hypoglycemic therapy can be resolved.

Task 24.

The defeat of the iliac vessels is a relative criterion for exclusion from the transplant waiting list, however, in combination with the age of the patient, kidney transplantation is not indicated.

Task 25.

Retrosternal toxic adenoma of the thyroid gland. A scintigraphy of the gland with I 131, ultrasound of the gland is necessary.

Task 26.

Convulsive syndrome due to the removal of the parathyroid glands.